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आयुर्विद्या

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AYURVIDYA

Magazine

शंखं चक्रं जलौकां दधतमृतघटं चारुदोर्भिश्चतुर्भिः ।
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संपादकीय

थुंकणाऱ्यांच्या देशात !

डॉ. दिलीप पुराणिक

काही वर्षांपूर्वी भारतात परदेशी पर्यटक आले होते. भारत दर्शन केल्यानंतर त्यांना पर्यटन करतांना आलेल्या अनुभवांविषयी व भारतातील लोक आणि एकूणच भारताविषयी काय मत झाले ह्याबाबत विचारणा झाली. त्यावर भारत देश व भारतीय लोक ह्याबद्दल बोलताना त्यांनी भारत हा ''थुंकणाऱ्यांचा देश आहे (A spitting country)'' असे उत्तर दिले. कांही वर्षांपूर्वीची परदेशी व्यक्तींची मल्लीनाथी गंभीरपणे विचार केल्यास आजही लागू होते असे म्हटल्यास वावगे ठरू नये.

सामाजिक व आरोग्याच्या दृष्टीने विचार केल्यास थुंकण्याची सवय अथवा प्रवृत्ती किती घातक आहे हे लक्षात येते. सार्वजनिक ठिकाणी थुंकण्याची आवडती ठिकाणे म्हणजे रेल्वे स्टेशन, वाहतूक केंद्रे (S.T. Stands), ऐतिहासिक ठिकाणे, प्राचिन स्थळे, सांस्कृतिक केंद्रे ह्यांचा समावेश होतो. थुंकण्यासाठी ह्याच नाही तर रस्ता दुभाजक, जाहिरात रंगविलेल्या भिंती ह्यांचा सर्रास वापर केला जातो. थुंकणाऱ्यांना वेळ व काळाचे कांहीच बंधन नसते. तसेच थुंकण्यास कांही कारण लागतेच असे नाही. खूप कंटाळा आला, खूप थकवा आला, खूप राग आला तरी थुंकल्याने अनेकांना मानसिक समाधान लाभते. दुचाकी, चारचाकी अथवा रिक्षासारखी तीन चाकी वाहने चालवितांना सिग्नलला थांबायला लागल्यास तोंड बाहेर काढून 'पचकन' थुंकण्याचा मोह अनेकांना आवरता येत नाही. अतिशय चांगल्या पद्धतिने सुशोभित केलेल्या भिंती ''पिचकारी'' मारुन खराब करण्यात धन्यता मानण्याची घातक प्रवृत्ती अनेक शिक्षित व अशिक्षितांनी जोपासलेली असते आणि असे करण्यात त्यांना एकप्रकारचे 'भूषण' वाटते. भारतीयांमध्ये तंबाखू, पान, गुटखा खाण्याची सवय असंख्य व्यक्तींना असते. तंबाखू मिश्रीत पान खावून ''लाल पिचकारी'' मारणे म्हणजे घाणेरडेपणाचा कळसच असतो. परंतु ह्या कळसाला गवसणी घालणारे उच्च शिक्षित देखील असंख्य आहेत.

सार्वजनिक ठिकाणी थुंकण्याचे सामाजिक व आरोग्यविघातक दुःष्परीणाम खूपच गंभीर आहेत. रस्त्यावर भिंतीवर थुंकतांना इतर व्यक्तिंना अतिशय किळस येते, थुंकलेले ठिकाण कमालीचे विद्रुप होते, कांही वेळा थुंकीचे द्रवरुप शिंतोडे इतरांच्या अंगावर उडाल्याने थुंकणारी व्यक्ती कितीही ''थोर'' असली तरी तिच्याबद्दल कमालीची शिसारी निर्माण होते व त्या व्यक्तीच्या प्रती घृणा निर्माण होते.

सार्वजनिक ठिकाणी थुंकण्याने (Public Places) सामाजिक आरोग्यावर होणारे परीणाम महाभयंकर आहेत. अनेक प्राणघातक रोगांचा प्रसार थुंकीतल्या कणांद्वारे (Droplet) होत असतो. विशेषतः नुकत्याच आलेल्या Covid-19 ह्या जागतिक महामारीचा प्रसार प्रामुख्याने खोकला व थुंकण्याद्वारे झालेला आहे हे लक्षात घेतले तरी थुंकण्याची सवय किती घातक आहे हे लक्षात येते. Covid-19 बरोबरच SARS - Cov - 2 virus, Tuberculosis, Enfiuenza, Common Colds ह्या सारख्या रोगांचा प्रसार थुंकण्यामुळे होतो. तसेच AIDS ग्रस्त रुग्णही आपल्या ''थुंकीचा प्रसाद'' इतरांना देत असतात. थुंकीबरोबरच Mucus सारखे पदार्थही बाहेर टाकले जातात. त्यावर माशा बसून हे रोग पसरण्याचा धोका खूपच विघातक असतो.

थुंकणाचा सार्वजनिक तसेच सामाजिक आरोग्यावर जसा गंभीर परीणाम होतो तसेच त्यामुळे कमालीची पर्यावरण हानी देखील होत असते. खोकला आणि थुंकण्यामुळे हवा कमालीची प्रदूषित होते. प्रदूषित झालेली हवा आधिच श्वसनाशी संबंधित रोग्यांचा त्रास वाढवू शकते. त्यामुळेच श्वास (Asthma), कास (Cough), प्रतिश्याय (Allergic Rhinitis), ह्या रुग्णांचे वेग (Attacks) वाढण्याची शक्यता असते.

थुंकण्याच्या घातक सवयीमुळे होणाऱ्या दुःष्परीणामांना तोंड देण्यासाठी अनेक देशांनी, शासकीय तसेच निमशासकीय स्तरावर पाउले उचलली असून थुंकणाऱ्यांविरुद्ध मोहिमा सुरु केलेल्या आहेत. तसेच ह्या सवयीपासून परावृत्त करण्यासाठी प्रबोधनात्मक कार्यक्रमाही राबविण्यात येत आहेत. पोस्टर्स, व्याख्याने, व्हिडीओ फिल्मस ह्याद्वारे जनजागृती करण्याचे उपक्रम राबविण्यात येत आहेत. सिंगापूर, युनायटेड किंगडम् (UK), ह्यामधील देशांनी थुंकणाऱ्यांविरुद्ध कडक कायदे केलेले असून दंडापासून (Fine), तुरुंगवासाची (Jail), कारवाई करण्याची तरतूद ह्या कायद्यांमध्ये आहे. तसेच New York City's Anti Expectoration Law-1896 चा समवेश होतो.

भारतात देखील थुंकण्याविरुद्ध राष्ट्रीय तसेच राज्य स्तरावर कायदे व नियम लागू केले आहेत. (Laws Against spitting In India). ह्यामध्ये (1) Factories Act - 1948, (2) Indian Railways Rules - 2012, (3) Dock workers Regulations 1990, (4) Disaster Management Act - 2008 ह्या राष्ट्रीय स्तरावरील प्रतिबंधात्मक कायद्यांचा समावेश होतो. राज्यस्तरावरही बहुतेक राज्यांनी कायदे केले आहेत. ह्यामध्ये (1) Tamilnadu Prohibition of Smoking Act - 2002, (2) Goa Prohibition of Smoking & Spitting Act - 1997 (3) Delhi Police Act - 1978 (4) Bombay Police Act - 1951, (5) Haryana Municipal Act -

1973 अशाप्रकारच्या कायद्यांचा समावेश होतो.

भारतातील सामाजिक मानसिकता, आरोग्यविषयक जाणिवा ह्यांचा विचार करता सार्वजनिक प्रबोधन, जनजागृती, शिक्षण आणि त्याबरोबरच कायद्याचा अंकुश ह्यांचा अवलंब केल्यासच थुंकण्याच्या घातक प्रवृत्तीस आळा बसू शकेल असे वाटते.

Ethics In Good Research Practice

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

The word "ethics" is derived from the Greek word, ethos, which means customs or characters. Ethics is an understanding of the nature of confits arising from moral imperative and how best we may deal with them is very essential. (1) The term "Research" refers to a class of activity designed to developer contribute to generalizable knowledge. Generalizable knowledge consists to theories principles or relationship or the accumulation of information on which they are based that can corroborated by accepted Scientific method of observations and inference. In the present context" research" includes both medical and biomedical to indicates its relation to health. Those who support the need for research argue that no new treatment should be offered outside the context of a controlled trial, so that treatment effectiveness and efficacy can be measured ab initio not for the sake of the patients currently researching it but also for all future patients' research involving human subjects included. (1,2)

As per Nature Editorial entitled "When it comes to good practice in science, we need to think global but act local". International codes of conduct are important, but grass-roots efforts are the key to embedding research integrity. When it comes to research integrity, scientists use the language of aspiration, whereas policymakers talk about hard rules and enforcement. The need for a unified approach is slowly gaining recognition. The World Science Forum, a biennial meeting of researchers and policymakers from different countries, issued a declaration at its November 2019 conference in Budapest that called for, among other things, "harmonisation and enforcement of standards of conduct of scientific research across borders and across public and private research". The declaration also supported processes by which scientists "can report suspected research misconduct and other irresponsible research practices, without fear of reprisal" and it urged clearer procedures for responding to such concerns. (3).

In this article attempts are made to discuss the importance of Ethics as a part of Good Research Practice for the researchers, Research scholars, Research Students, Teachers, in general for Indians who are associated with medical research field.

Ethical principle of research - In view of importance of ethics following things are to be followed for Good Research practice.

Honesty - Ensure honesty in all forms of scientific communication with colleagues, sponsors or the general public. (4) Report data, results, methods, procedures and publication status honestly. Do not fabricate, falsify, or misrepresent data in scientific publication in general on should avoid plagiarism.

Objectivity - Avoid bias in all aspects of research (4). In research planning, conducting your experiment, generating your data, data of analysis and interpretation, peer review, personnel decisions, grant writing and expert testimony are needed. In addition to these, avoid bias in other aspects of research where objectivity is expected or required.

Integrity - Maintain consistency of thought and action (4) One has to disclosed his Integrity during performance, conducting the experiments during analysing his data and for publication of data. One should maintain integrity while drafting project.

Carefulness - Avoid errors or negligence at all times (4). During planning and conducting the experimentation and during collecting data and analysing data and presenting data carefully is

requirement of good publication. As a part of ethic, one should take voluntary consent of volunteers who are undergoing clinical research.

Openness - Share information about your research and be open to criticism and new ideas (4). During planning and conducting and experimentation one should be show openness till completion of experimentation. During collaborative project during discussing and planning and submission of collaborative project one should show openness for the project.

Transparency - Disclose all the necessary information needed to evaluate your research (4). During planning, conducting experimentation, collecting data, analysis of data transparency is essential for the successful project.

Accountability - Be responsible for all concerns related to your research (4), Completion and publication of research project is accountability of project of the research team work.

Intellectual Property Right - Avoid plagiarism, give proper credit to all contribution in your research and honour all forms of intellectual property. (4) Do not published data, methods, or results before submission of the proposal for the award of Intellectual Property right. In simple word if you publish you will be at loss of award of Intellectual Property right.

Confidentiality - Protect and safeguard all confidential information recorded in your research findings (4). Once if you published your data, results of your achievements in your research work in publication you are not allowed to published again otherwise it will become self-plagiarism.

Responsible Publication - Publish for the sole reason to advance the knowledge in your field (4). If you publish your research achievements in your publication it will become your credit for ever. One should remember if you do plagiarism, it will become misconduct in research publication. You will face appropriate action for your Deeds.

Responsible Mentoring - Help and mentor other researchers and promote their welfare (4). He should teach them research methodology and allow them to work employing that knowledge to conduct Research work.

Respect for Colleagues - Respect and treat all your colleagues fairly (4). Allow to get your Colleagues coauthorship in publication in which he has contributed in work, which you are going to published and further give credit in Intellectual Property right for his involvement and contribution.

Social Responsibility - Aim to promote social good through your research (4) In medical field if you are conducting clinical trial as a investigator he should take voluntary consent from patients as a social responsibility and the rights for participation in trial voluntarily for undergoing that clinical trial and has right to leave that trial voluntary without assigning any reason, has also right to get appropriate compensation as per legal norms as well as ethical consideration for any untoward effect of medicine under that trial or any other medical situation that one has to give assurance for compensation for the same as per legal norms.

Non-Discrimination - Avoid discrimination in all forms against colleagues (4) One should give appropriate respect to his colleague and others in your team.

Competence - Improve your own personal competence and also promote the competence of science as a whole (4). It is important to improve competence of research students by guide for competence of research project. One should help your colleague to improve their competence in the field in which they are engage.

Legality - Obey all relevant laws and policies (4). In order to carry out any research in biological field, it is necessary to carry out Ethical approval for their project using the Biological Research Regulatory Approval Portal (BioRRAP) introduced by Department of Biotechnology Government of India on 17/6/2022. (5)

Animal Care - Respect and care for all animal species (4) For approval for Laboratory animal house, Animal Ethics committee, quarantine, maintenance, handling, breeding, conducting any experiments after getting approval from ethics committee and if necessary, disposing any approved CPCSEA laboratory animals, one has to follow guidelines of Committee for the

Purpose of Control and Supervision of Experiments on Animals. (CPCSEA) In India. One has to also follow "Breeding of and Experiments on Animals. (Control and Supervision) Rules, 1998" and time to time revised rules. Under which they have to follow alternative techniques to conduct animal experiments by Reduction using a smaller number of animals or Replacement by alternative techniques to conduct experiments or Refine your techniques in short they have to follow 3R during animal experiments (6).

Human Subjects Protection - Respect human dignity and take special precautions wherever needed (4). It is necessary to registrar the ethics committee of hospital or institute as per notification of G.S.R.63(E)Dated 8thFebruary 2013 with Drug Controller General of India (DCGI)and follow the Schedule Y along with rules 122A, 122B, 122D, 122DA, 122DAC and 122E is the key document that governs clinical research in India. (7) Subsequently amendments were carried out time to time and revised these rules. In general Protecting participants from harm. Those are to be followed while doing Clinical Research in India.

Advantages of Ethic in Good Research Practice - There are many advantages of Ethics in Good Research Practice during research some of them are as follows: 1) Research expands your knowledge in the field in which researcher is working. 2) Research gives you the latest information of various Ethical guide lines following during Research area. 3) The process of research opens up new opportunities for learning and growth. Doing research gives you a solid foundation on which you can build your ideas and opinions 4) Research encourages you to find the most recent information available. In certain fields, especially scientific ones, there's always new information and discoveries being made. With the latest information, you'll be better equipped to talk about a subject and build on ideas. 5) Having curiosity and a love of learning take you far in life. Research opens you up to different opinions and new ideas. It also builds discerning and analytical skills. Thus, research process rewards curiosity. 6) If you are in the field of research, in medicine, your research might identify diseases, classify symptoms, and come up with ways to tackle them. 7) Research is used to help raise awareness of issues like climate change, racial discrimination, gender inequality, and others. Without hard facts, it's very difficult to prove that climate change is getting worse or that gender inequality isn't progressing as quickly as it should. Thus, help to solve environment and social problem. 8) Depending on what the issue is, your research can focus on what others have done before. You might just need more information, so you can make an informed plan of attack and an informed decision. When you know you've collected good information, you'll feel much more confident in your solution and them by in your research. 9) Research helps you identify the most unique and/or important themes. You can choose the themes that fit best with the project and its goals.10) When your research is good and thoughtful, researchers in that field are more likely to pay attention as it has introduced new ideas.

Summary - The Ethical research should be carried out by researchers as a part of Good Research Practice and it should be essential for the advancement of knowledge that benefits patients, doctors and all others in aspects of health care and also for the ecological and environmental well-being on this planet.

Reference -

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Paanchamulikiyavagu In Clinical Practice

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.....पेया सवाते पाञ्चमूलिकी।। च.सू.२/१९
सवाते इति सवाते अतिसारे। आयुर्वेददीपिका

PaanchamulikiYavagu is beneficial inVataja Atisar. Paanchamuliki Yavagu is the third Yavagu among the twenty eight Yavagus. From the name of this Yavagu it is pretty clear that this Yavagu is prepared with Panchamula (group of roots of five plants).

Seven Panchamulas along with their attributes are prescribed in the Classical Texts viz. Bruhat Panchamula, Laghu Panchamula, Madhyam Panchamula, Jeevan Panchamula, Tuuna Panchamula, Valli Panchamula and KantakaPanchamula.

Bruhat Panchamula and Laghu Panchamula, in various combinations and formulations are more frequently prescribed as a remedy for various ailments.

A number of Yavagus are prescribed in the classical texts prepared with Laghu Panchamula and Bruhat Panchamula.

The above mentioned Yavagu is to be prepared with Laghu Panchamula.

पञ्चमूलमत्र स्थिरादिपञ्चमूलं; यदुक्तं जतकर्णे –
''ध्रुवाद्यैर्वाय्वतिसारे'' इति; ध्रुवादिः विदारिगन्धादिः।
आयुर्वेददीपिका

Some of these Yavagus prepared with Laghu Panchamula along with the abovementioned Yavagu will be discussed in this article. Some of the Yavagus prepared with Bruhat Panchamula will be discussed in the next article.

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

Laghu Panchamula - Shalaparni, Prushniparni, Bruhati, Kantakari and Gokshur together are called Laghu Panchamula.

Rasa - Madhura, Tikata, Kashay. **Vipak -** Madhura. **Veerya -** Anushna. **Guna -** Laghu. **Effects on Doshas -** Pacifies Pitta and Vata. It pacifies all three Doshas according to Ashtanga Sangraha and Ashtanga Hruday. **Karma -** Balya, Bruhan, Grahi. **Remedy for Diseases -** Jvara, Shwas, Atisar, Ashmari etc.

Atisar - In Atisar, Yavagus are to be implemented after Langhna and Pachana when the patient feels hungry. The apt condition when Yavagus should be offered to the patient has been discussed in details in the third article on 'Pippalyadi Yavagu'. Readers may please refer to it.

The abovementioned Paanchamuliki Yavagu i.e. Yavagu prepared with Laghu Panchamula is recommended for Vataja Aisar. This Yavagu is recommended for Pittaj Atisar as well in Atisar Chikitsa.

Vataj Atisar - A group of medicines which pacifies Vata and Kapha and which is Deepan and Pachan has been prescribed in Vataj Atisar Chikitsa in Charak Samhita. It is recommended for preparing various recipes like Yavagu, Odana, Yusha etc. for the patient of Vataj Atisar.

Bala, Bilva, Patha, Shunthi, Dhanyak, Shati, Vacha, Jeraka, Pippali, Vrukshamla, Pomegranate, asafoetida, rock salt etc. along with Laghu Panchamula are the ingredients of the group.

The apt medicines should be selected and used in combinations or separately with respect to the Dosha, Agni, Bala of the patient, season etc. Similar group is prescribed in Ashtanga Sangraha and Ashtanga Hruday for preparing Yavagu and other formulations.

Yavagu, Yusha etc. should be prepared with Kvatha or Paneeya of the above mentioned medicines. This Yavagu is Agnideepan, Pachana, Vataanuloman. It pacifies Vata. It maintains strengthof the patient.

शालिपर्णी पृश्निपर्णी बृहती कण्टकारिकाम्।
बलां श्वदंष्टां बिल्वानि पाठांनागरधान्यकम्।।
शटीं पलाशं हपुषां वचां जीरकपिप्पलीम्।।
वृक्षाम्लं दाडिमाम्लं च सहिङ्गु बिड सैन्धवम्।
प्रयोजयेदन्नपाने विधिना सूपकल्पितम्।।
वातश्लेष्महरो ह्येष गणो दीपनपाचनः।
ग्राही बल्यो रोचनश्च तस्माच्छस्तोऽतिसारिणाम्।। च.चि. १९/२६-२९

क्षुद्वतस्तु
लघुपञ्चकोलहस्तिपिप्पलीबलाबिल्वपाठाहिङ्गुधान्यकजीरकशठ–
गन्धपलाशहपुषायवानीतिन्तिणीकदाडिमबिडसैन्धवैरन्नपानं
यवाग्वादि कल्पयेत्।। अ.सं.चि. ११/५ (अतिसार)
क्षुद्वतः अतिसारिणः लघुपञ्चमूलादिभिः दोषाद्यपेक्षया संयुक्तैः
पृथग्भूतैर्वा नानाविधया कल्पनया क्वाथादिकया
यवागूयूषौदनादिकमन्नं कल्पयेत्।। इन्दुटीका

Pittaj Aisar - Langhna and Pachana should be implemented until Ama is properly digested in the beginning of the therapeutic course of Pittaj Atisar.

Afterwards, when the patient feels hungry, Yavagu, Manda etc should be offered. Laghu Panchamula, Shatavari, Bala, Atibala, Shurpaparni are recommended for preparing Yavagu etc. Yavagus and other recipes should be prepared in the paneeya (Siddha Jala) of these herbs.

These herbs are Madhura, Tikta, Mrudu and Sheeta or Anushna. They pacify Pitta and still strengthen the Agni. Yavagu prepared with them is very much apt for giving strength to the patient and the Agni as well in Pittaj Atisar.

लङ्घितस्य चाहारकाले
बलातिबलसूर्पपर्णीशालपर्णीपृश्निपर्णीबृहतीकण्टकारिकाशतावरी
– श्वदंष्ट्रानिर्यूहसंयुक्तेन यथासात्म्यं यवागूमण्डादिना तर्पणादिना
वा क्रमेणोपचारः। च.चि. १९/५० (पित्तातिसार)
निर्यू (?) हश्ब्देनच षडङ्गविधानसिद्धं जलमुच्यते,
यवाग्वादिसाधने तस्यैवाधिकारात्। आयुर्वेददीपिका उपोषितस्य
चान्नकालेऽभीरुह्रस्वपञ्चमूलबलाद्वयसूप्यपर्ण्यादिमृदुमधुरतिक्तदीप
नद्रव्यनिर्यूहयुक्तान्
कालविन्मण्डपेयासक्तुयूषरसादीनीषदम्लाननम्लान् वा कवोष्णान्
सुशीतान् वा सक्षौद्रान्।। अ.सं.चि. ११/१३ (पित्तातिसार)
पेयादि क्षुधितस्यान्नमग्निसन्धुक्षणं हितम्।
बृहत्यादिगणाभीरुद्विबलाशूर्पपर्णिभिः।।अ.ह्.चि.९/५६ (पित्तातिसार)

Jvara - Yavagus are Vyadhivipareeta Aushadha for Jvara. The role of Yavagus in Jvara Chikitsa has been explained in details in the second article under the topic 'Attributes and Functions of Yavagus'. Readers may please refer the article.

In the treatment course of Jvara,Yavagus are prescribed after implementation of Langhana. After proper implementation of Langhana the patient gets appetite. Yavagus should be offered to the patient at meal time.

A Yavagu prepared with Laghu Panchamula is prescribed when a patient of Jvara suffers from Kasa, Shwas or Hicca. This Yavagu is Deepan and Svedana. It alleviates the pain.

शृतां विदारिगन्धाद्यैर्दीपनीं स्वेदनीं नरः।।
कासी श्वासी च हिक्की च यवागूं ज्वरितः पिबेत्। च.चि.३/१८३-१८४
ह्रस्वेन पञ्चमूलेन हिक्कारुक्श्वासकासवान्। अ.सं.चि. १/२०
(ज्वर) ह्रस्वेन पञ्चमूलेनहिक्कारुक्श्वासकासवान्। अ.ह.चि.१/२६-३४ (ज्वर)

Purana Rakta-Shali or Shashtika are recommended for preparing Yavagu and Odanaetc for the patient of Jvara. These Purana Rakta-Shali or Shashtika themselves are also a remedy for Jvara (Jvarapah)

रक्तशाल्यादयः शस्ताः पुराणाः षष्टिकैः सह।।
यवाग्वोदनलाजार्थे ज्वरितानां ज्वरापहाः। च.चि. ३/१७८-१७९

After Garbhapat (After miscarriage) - The woman needs proper treatment after miscarriage to re-establish the Dhatusamya in her body. Some specific Yavagus are prescribed for her.

Immediately after the miscarriage she should be made to drink liquor as much as possible for her. It serves three purposes Cleanses the Uterus (Grbha-koshtha-vishuddhi), making her forget the pain (Artivismaran) and cheering her up from the grief of the miscarriage or losing the infant (Praharhsana). Then she should be offered food which proves to be appropriate for her particular condition.

The appropriate food is - Which can dry up the Kleda in Doshas and Dhatus without vitiating Vata (Dosha-Dhatuparikleda Shoshan), rather pacify Vata
Maintain her strength (Balarakshan)
Satisfying and Energising (Preenan)

Yavagu prepared with Laghu Panchamula is prescribed in Ashtanga Hrudayfor this purpose. As this Yavagu is prescribed for drying up the Kleda, unctuous substances like oil or ghee and salt are contraindicated to be added to it. Thus this Yavagu helps in maintains strength orf the woman. It energises. It helps in drying up the kleda in the Dhoshas and Dhatus and yet does not let Vata vitiate.

Though not mentionedin Ashtanga Hrudaya this Yavagu should be prepared with Uddalaka Vrihi. The attributes and role of Uddalaka Vrihi in this particular condition will

be explained in the next article.

This Yavagu should be used only until the kledai n the Doshas and Dhatusis dried up.

व्यपगतगर्भशल्यां तु
स्त्रियमामगर्भासुरासीध्वरिष्टमधुमदिरासवानामन्यतममग्रे
सामर्थ्यतः पाययेद्गर्भकोष्ठसुद्ध्यर्थमर्तिविस्मरणार्थं प्रहर्षणार्थं च,
अतः परं संप्रीणनैर्बलानुरक्षिभिरस्नेहसंप्रयुक्तैर्यवाग्वादिभिर्वा
तत्कालयोगिभिराहारैरुपाचरेद्दोषधातुक्लेदविशोषणमात्रं कालम्।
अतः परं....।। च.शा. ८/३१
गर्मे निपतिते तीक्ष्णं मद्यं सामर्थ्यतः पिबेत्।।
गर्भकोष्ठविशुद्ध्यर्थमर्तिविस्मरणाय च। लघुना पञ्चमूलेन रूक्षां
पेयां ततः पिबेत्।। अ.हृ.शा. २/९-१०

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

Garbhini Paricharya : A Case Study

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Introduction : Obstetrics is largely preventive medicine. The aim of obstetrics and preventive medicine is the same, viz. to ensure that throughout pregnancy and puerperium, the mother will have good health and that every pregnancy may culminate in a healthy mother and a healthy baby. Now a days , obstetrics is widened to community and social obstetrics to escalate public health. This article will focus on role of Ayurveda in antenatal care (ANC) through the eye of preventive medicine. Child birth is the happiest moment for the mother as she is taking care for it since nine months. Care during those nine months prefers the term Antenatal care. The care taken by herself during pregnancy and care to be given by Ayurveda with timely observation is Garbhini Paricharya. According to Ayurvedic perspective Garbhini Paricharya refers to antenatal care with recommendation of Aahara (specific dietary regimen), Vihar (normal daily activities and therapeutic procedure) and modifications in psychological behavior. Acharyas have described monthly dietary regimen to fulfill requirements of the pregnant women, behavior alterations to enhance spiritual and mental status and Aaushadhi dravya and procedure to treat complication during pregnancy. Ayurveda also suggests avoiding some dietetics and life style which are contraindicated during pregnancy are known as Garbhopaghatakar Bhavas. These Bhavas should be avoided and use of garbhasthapaka drugs which are beneficial for the fetus should be used as mentioned in samhitas. This study shows proper implementation of Garbhini Paricharya, definitely ensures not only healthy child but also normal healthy delivery and helpful to the mother in post natal period.

Case Study : A 27 years female came with Amenorrhea of 1½ months, then advised to do UPT, which came positive. After which advised USG (A+P)and routine blood tests.

For further treatment the patient was provided information about Garbhini Paricharya and the garbhini was adviced to follow the month wise treatment according to Ayurveda .

Month wise treatment Internal Therapy - As per the treatise of Ayurveda the month wise treatment was given to the garbhini. Details of month wise treatments, given to the pregnant woman are given in **Table 1.**

External Therapy -

1) Sarvang Abhyang with Bala (Sida cordifolia) Tail From 7thmonth upto delivery.

2) Yonipichu with Bala (Sida cordifolia) Tail Start of 9th Month till delivery.

3) Anuvasan Basti with Shatavari (Asparagus racemosus) Sidhha Tail 1st and 2nd week of 9th month (3rd and 4th week was also recommended but the delivery occurred before that).

4) Shatavari (Asparagus racemosus) siddha Kshirpaak udarpichu used During 9th month (when noticed that amniotic fluid level was decreased).

5) Pippali (Piper longum) Churna + Erand (Ricinus communis) Tail Lep on udar at start of labour pain.

(Table 1)		
Masanumasik Treatment	**Additional Treatment**	**Outcome**
	Month 1	
(Pregnancy detected on 35th Day, so treatment started from 2nd Month)		
	Month 2	
i. Dvitiya Mas Vati - 2 Tablets twice a day with Anupan Cow milk ii. MadhurAushadh siddha cow milk iii. Shatavari (Asparagus racemosus) kalp - 1tsp with 1 cup cow milk iv. 8-10 Draksha (Vitis vinifera) phant at bed time.	- ii. Helped Foetal Growth	i. Stabilized foetus iii. Helped in Malanuloman
	Month 3	
i. Tritiya Mas Vati - 2 Tablets twice a day with Anupan cow milk Ii. Cow milk with Madhu + Sarpi iii. Shatavari (Asparagus racemosus) kalp - 1tsp with 1 cup cow milk iv. 8-10 Draksha (Vitis vinifera) phant At Bed Time	**Symptoms :** Haemoglobin level reduced to 7.2gm% ,Daurbalya **Treatment :** Raspachak (125mg), raktapachak (125mg), Ananta (Hemidesmus indicus) (250mg), Praval-panchamrut (60mg), Tapyadiloh (125mg), Dhatri loh (125mg) Twice Daily After Meals	i. Stabilized foetus ii. Helped Foetal Growth iii. Daurbalya Reduced iv. Helped in Malanuloman
	Month 4	
i. Chaturtha Mas Vati - 2 Tablets twice a day with Anupan cow milk ii. Extracted butter (Navneet) from cow milk iii. Shatavari (Asparagus racemosus) kalp - 1tsp with 1 cup cow milk	**Symptoms :** Low Haemoglobin level i.e. 7.8gm% **Treatment :** Raspachak (125mg), raktapachak (125mg), Ananta (Hemidesmus indicus) (250mg), praval-panchamrut (60mg), Tapyadiloh (125mg), Dhatriloh (125mg) + Raktavardhak avaleh (1tsp) Twice Daily After Meals	i. Stabilized foetus ii. Helped Foetal Growth and Nourished Heart iii. Daurbalya Reduced

iv. 8-10 Draksha (Vitis vinifera)phant - At Bed Time		iv. Hrullas Reduced v. Helped in Malanuloman vi. Haemoglobin level increased to 7.8 gm% vii. Weight of patient increased from 59 Kg to 60kg
Month 5		
i. Pancham Mas Vati - 2 Tablets twice a day with Anupan cow milk ii. Extracted Ghee from cow milk iii. Shatavari (Asparagus racemosus) kalp - 1tsp with 1 cup cow milk iv. 8-10 Draksha (Vitis vinifera) phant- At Bed Time	**Symptoms :** Low Haemoglobin level 8gm% **Treatment :** Raspachak (125mg), raktapachak (125mg), Ananta (Hemidesmus indicus) (250mg), praval-panchamrut (60mg), Tapyadiloh (125mg), Dhatriloh (125mg) + Raktavardhakavaleh (1tsp) Twice Daily After Meals	i. Nourished Foetus physically and mentally ii. Helped in Malanuloman iii. Maintained Haemoglobin level and prevented Pandu
Month 6		
i. Shashthama Mas Vati - 2 Tablets twice a day with Anupan cow milk ii. Madhuraushadh ghee iii. Shatavari (Asparagus racemosus) kalp - 1tsp with 1 cup cow milk iv. 8-10 Draksha (Vitis vinifera) phant- At Bed Time	**Symptoms :** Low Haemoglobin level -8.5gm% **Treatment :** Raspachak (125mg), raktapachak (125mg), Ananta (Hemidesmusindicus) (250mg), praval-panchamrut (60mg), Tapyadiloh (125mg), Dhatriloh (125mg) + Raktavardhakavaleh (1tsp) Twice Daily After Meals	i. Nourished Foetus and developed its strength, complexion and Intellegence ii. Helped in Malanuloman iii. Haemoglobin level increased to 8.5 gm% iv. Weight of patient increased from 60 Kg to 61kg
Month 7		
i. Saptama Mas Vati - 2 Tablets twice a day with Anupan cow milk ii. Madhuraushadh ghee	**Symptoms :** Ubhay pad shotha, daurbalya **Treatment :** Patha (Cyclea peltata) (125mg), Dhamasa (Fagonia cretica) (125mg), Shwadanshtradi guggul	i. Nourished and devloped Foetus ii. Reduced Ubhay pad Shotha

iii. Shatavari (Asparagus racemosus)kalp - 1tsp with 1 cup cow milk iv. 8-10 Draksha (Vitis vinifera)phant - At Bed Time	(60mg) Apankal Suvarnmalini vasant (125mg per week) Raspachak (125mg), raktapachak (125mg), Ananta (Hemidesmus indicus) (250mg), praval-panchamrut (60mg), Tapyadiloh (125mg), Dhatri loh (125mg) + Pravalbhasm (60mg) + Suvarnmakshik bhasm (60mg) + Raktvardhak avaleh (1tsp) Twice Daily After Meals	iii. Weight of patient increased from 61 Kg to 64kg iv. Prevented Kikvis
Month 8		
i. Ashtama Mas Vati - 2 Tablets twice a day with Anupan cow milk ii. Shatavari (Asparagus racemosus) kalp - 1tsp with 1 cup cow milk iii. 8-10 Draksha (Vitis vinifera)phant - At Bed Time	Treatment :Raspachak (125mg), raktapachak (125mg), Ananta (Hemidesmus indicus) (250mg), praval-panchamrut (60mg), Tapyadiloh (125mg), Dhatriloh (125mg) + Pravalbhasm (60mg) + Suvarnmakshik bhasm (60mg) + Raktvardhakavaleh (1tsp) Twice Daily After Meals Suvarnmalinivasant (125mg per week)	i. Nourished and devloped Foetus ii. Maintained physical and mental wellbeing of Garbhini iii. Helped in Malanuloman iv. Haemoglobin level increased to 10.00 gm%
Month 9		
i. Navam Mas Vati - 2 Tablets twice a day with Anupancow milk ii. Madhuraushadh siddha tail anuvasanbasti iii. Shatavari (Asparagus racemosus) kalp - 1tsp with 1 cup cow milk iv. 8-10 Draksha (Vitis vinifera) phant - At Bed Time	Suvarnmalini vasant (125mg per week) 3rd Week of month labour pain started - Saindhav 1pinch + Erand (Ricinus communis) Tail (1-2ml) with warm water every 30-40 mins of interval given upto delivery. Total dose administrated 10ml-20ml over 5-6hrs.	i. Helped in Vatanuloman and maintained health of Garbhini and weight found 69Kg ii. Helped in Normal Prasav iii. Post Prasav - Health of Mother maintained iv. Delivered 2.8kg healthy female baby

Discussion - The total pregnancy period is divided into 3 phases : during first trimester predominance of kapha, second trimester pitta and in the third trimester vata takes place. For maintainance of doshas, health of mother and development of foetus the Garbhiniparicharya was explained to the Garbhini and followed accordingly. Garbhini paricharya was followed according to Treaties. So that the development of foetus and maintenance of the Bala (Strength), Arogya (Health) of both the garbhini and foetus takes place. After routine checkup, hemoglobin has been found 8.8gm% , Weight 58KG and other tests were within normal limits. So treatment planned accordingly and started as per the Table No.1.

Pregnancy detected on 35th Day, so treatment started from 2nd Month.

Masanumasikvati has been given monthly to stabilize and for maintaining growth as well as development of foetus. Also to maintain health of Garbhini.

Shatavari - Madhur, madhur, shit, guru in guna. It nourishes Mans dhatu and Sharir. So it helps garbhini to maintain her Bala and also enhances production of milk (helps in lactation after delivery). Hence Shatavari (Asparagus racemosus) kalp - 1tsp with 1 cup Godugddha has been given throughout the pregnancy.

Draksha (Vitis vinifera) - Madhur Kashay, Madhur, Sheet, Snigdha, Guru in guna. It helps in Prasadhan of RaktaDhatu ,pushti of mansdhatu. So it maintains the Haemoglobin level and it also acts as a malanuloman. So that Garbhini never gets constipation throughout the pregnancy. Hence 8-10 Draksha in phant form in Nishi kal has been given throughout the pregnancy.

Garbhini did not suffer Chhardi (Vomitting) and Hrullas (Nausea) in 2nd month.

In 3rd month, in routine checkup it has been found that Hemoglobin level reduced to 7.2gm% from 8.8gm%. So combination mentioned in Table No.1 was given to improve Rasa, Rakta Dhatvagni and Prasadan of Raktadhatu. Hence, Daurbalya has been reduced.

In 4th Month for improving the Hemoglobin level Raktavardhak Avaleh has also added. At the end of the 4th month Hb level increased to 7.8gm%. and the same treatment maintained till 8th month. And at the end of 8th Month Hb found 10.00 gm%.

In 7th month ubhay pad shotha and daurbalya found in garbhini so treatement as specified in Table No.1 has been given. It helped in Pachan and reduction of kleda.

Vasant Kalpaare best for Garbha poshan so Suvarna Malini Vasant has been given from 7th Month to 9th month.

From 7th month sarvanga abhyanga with bala tail has been given to nourish foetus, maintain strength of garbhini and vatanuloman.

At the start of 9th month Yonipichu with Bala (Sida cordifolia) Tail and Anuvasan Basti with Shatavari (Asparagus racemosus) Sidhha Tail have been given for the Vatanuloman and to give strength to Yonimarg to deliver baby easily.

At the start of 9th month, in USG amniotic fluid level was found decreased So Shatavari (Asparagus racemosus) siddha Kshirpaak udarpichu used as Shatavari helps in improving amniotic fluid level. After 1 week amniotic fluid level found normal.

Pippali (Piper longum) Churna + Erand (Ricinus communis) Tail Lep on udar and orally saindhav + eranda tail have been given at start of labour pain for vatanuloman, smooth and normal delivering of baby.

Vyayam, sanchalan, yoga asan was also advised which are recommended to do during pregnancy for smooth delivery. Also advised to stay happy, do whatever she wants (Dauhrud) and read spiritual books, listen calm peaceful music.

Also garbhini was advised to avoid ati guru, ushna, tikshana hara , excessive exercise, sexual intercousre, heavy work or weight lifting, night awakening, fierce pose, mental disturbance, alcohol, smoking and fasting.

Conclusion - Patient delivered an active female child of 2800 gms after 8 months and 2 weeks normally. The total pregnancy period was completely managed by Ayurvedic treatment. As per the treaties , Medicines, Rasa Aushadhis and Ahar-Vihar, garbho-psthaphakar bhavas were used. No adverse reactions were found. This study shows proper implementation of

Garbhini Paricharya, definitely ensures not only healthy child but also normal healthy delivery and helpful to the mother in post-natal period.

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Case Study Of Diabetic Foot Ulcer And Below Knee Amputation

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Introduction : • In recent era diabetes mellitus is most common life style disorder along with hypertension.

• The most of person suffering from diabetes mellitus having more complication than that of hypertension.

• The Incidence is more than 62million ,which is more than 7.25% of adult population among and middle age adult 6-7% and pre diabetes 5-6%.

• Average age onset is 42 years.

• Annual incidence of diabetic foot ulcer or necrosis 2 to 5%.

• Diabetic ulcer may lead to abscess, Cellulitis, septicaemia, necrosis.

Conceptual Study:

Case Study: 63YRS /M C/O Swelling and pus discharge from right dorsal and plantar aspect of foot for debridement and later on below knee amputation .

Aim : To study the surgical and medical management of right diabetic ulcer and below knee amputation .

Objectives : To observe the surgical and medical management diabetic ulcer and below knee amputation.

Material And Methods : Name - XYZ, Age - 63yrs/m, Religion - Hindu, Occupation - worker.

Complaints Of :

• Wound present at dorsal and plantar aspect of right foot ; 15days.

• Swelling present at right foot with fever; 15 days.

• Discharge from wound with foul smell.

Past history : S/H/O - Debridement and Amputation of right greatertoe 2yrs ago.
M/H/O:- No any major illness
K/C/O:D.M Since 2 yrs (not on Rx)
Family History : No any
Physical Examination : G. C Fair and Afebrile
P- 84/min, BP- 110/60 mmHg, CVS S1S2 N, CNS- Conscious and Oriented.
RS - AEBE clear.
P/A - Soft and non tender, B-PASSED, M-CLEAR.

General Examination :

• Toxic look.

• Pallor , Icterus Not seen.

• No regional Lymphadenopathy.

Local Examination :

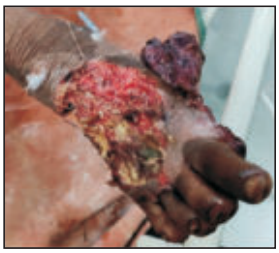


Fig.No.(1)
Post op debridement

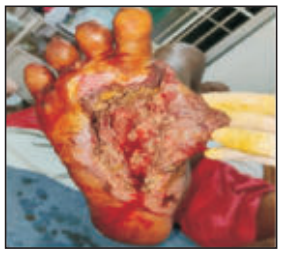


Fig no.(2)
Post op Debridement

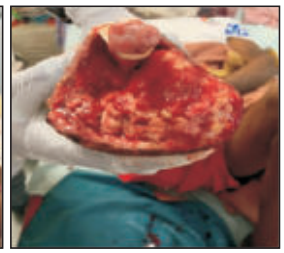
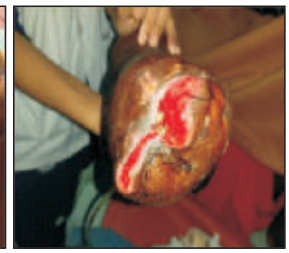
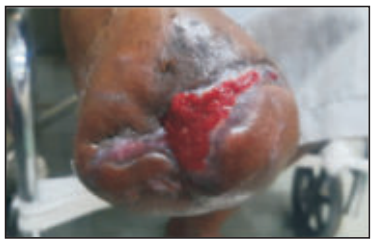


Fig.No(1)
Post op Amputation



After closure
of amputated wound



After 30 days wound

• Wound present at dorsal aspect of right foot and sole and left foot planter aspect.
• Discharge present from right foot at wound side.
• Foul smell to discharge.

Investigation : Hb -10.6 gm%,
WBC - 21000/cmm, RBC- 4.76mil/cmm
PLT - 2.75LAKH /cmm, BSL{R} - 213 mg / dl,
HIV and HBsAg- Negative.

Treatment and managment:

Conservative -

INJ-PIPTAZ 4.5gm I.V T.D.S IN 100 ml NS , INJ-METRO 500mg I.V. T.D.S, INJ-PAN40mg IV BD.
I.V. FLUIDS and posted for Debridement with sos below knee amputation.

Surgical Procedure : Anaesthesia spinal Position - supine

Debridement : All dead tissue, necrosed part and slough removed

Observation : Patient observed for 3 days after debridement but there was no any changes in WBCs count so planned for Below Knee Amputation.

B. K. Amputation :

• Tourniquet applied.
• Under AAP painting and draping done.
• Incision made near about 14cm below knee joint.
• Anterior incision is deepened up to bone.
• The periosteum covering, the subcutaneous surface of tibia is raised.
•The muscles of anterior compartment are severed , ant. Tibial vessels and nerve divided.
• Peroneal muscles are divided, the fibula is cut 2cm above from line of tibia section with help of gigli sow.
• The posterior incision is deepened through the posterior group of muscles.
• Tourniquet released and checked for haemostasis, short saphenous vein is divided between ligature -Tibialis posterior, Soleus and Gastrocnemius muscles remain with flap.
• Posterior surface of tibia is free from all attachments by a knife ,tibia is cut with gigli sow.
• Bone end done soft with Rasper, Romovac drain no.16 fixed.
• Posterior muscles sutured to periosteum on anterior aspect of tibia and skin of posterior flap sutured to anterior flap.
• Dressing done. Posterior slab given.
• Patient shift to ward in good condition.

POST OP :

• INJ-PIPTAZ 4.5gm IV TDS IN 100ml NS
• INJ-AMIKACIN 500mg IV BD, INJ-METRO - 500 mg IV TDS, INJ PAN 40mg IV BD
• After third day two P.C.V were given INJ-VIT C 2 AMPULE in 100ml NS for three day
• After twenty days romovac drain removed and dressing done healthy granulation seen.
• After one month stitches removed and

patient discharge.

Discussion And Conclusion :

• Diabetic ulcer is common condition and in majority cases debridement require but in this case patient is going on septic condition so below knee amputation performed.

• After amputation patient required 45 days for complete healing of wound.

• After healing of wound, patient's counselling done and was convinced for prosthetic leg.

• Now, patient is living his life happily with prosthetic leg.

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Study Of Symptoms Of Pranavaha Strotasvitiation In Diseases

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Two years ago, a lady around 55 years old came to clinic. Having symptoms like dry cough, generalized weakness. She was unable to talk. She doesn't have any history of other medications. There were continuous episodes of dry cough to that patient. Doctor prescribed her some Kasaghna medicines like kanakasava, sitopaladi churna with honey etc. and asked to come again after few days. After few days, that leady came again with same symptoms. We were surprised. How is it possible? What is wrong in treatment? Is diagnosis wrong? We were trying to find out some other cause. Then doctor suggested some pathological tests to that leady patient like hemogram, BSL random etc.

She came to clinic with pathological reports. There were some surprising reports. Her BSL (blood sugar level) random is around 400 mg/dl. Then we got clear picture of disease. Nidana of that vyadhi was Amaja kasa. And medicine was Chandramruta rasa (Yogaratnakara).

After 4-5 days she came again to clinic happily with minimum symptoms. And after 30 days of medication her BSL was around normal level.

That means patient showing some pranavaha strotas related symptoms, not nessasary our diagnosis is pranavaha strotas related. Other diseases like Atisara, grahani also shows some symptoms related with pranavaha strotas like shwasa, kasa etc.

According to WHO, about 65 million of people suffer from COPD (chronic obstructive pulmonary disorder) and 3 million die from it each year. About 334 people suffer from asthma, the most common chronic disease of childhood affecting 14% of all children globally. Pneumonia kills million of people annually and is a leading cause of death among children under 5 years. Over 10 million people develop Tuberculosis and 1.4 million die from it each year making the most common lethal infectious disease.Lung cancer kills 1.6 million people each year.

What the concept of Pranavaha strotas according to Ayurveda ? Prana means life. Existence of life depend upon prana. Prana is type of vata dosha. Pranavayu located in murdha Pradesh (head region), having transmission through chest and throat region

and having functions like maintenance of intellect, sense organs and mind. And also spitting, sneezing, eructation, inhalation and expiration, swallowing of food etc.

Strotas means channel like structure which carry particular dhatu undergoing transformation to their destination. Sushrutacharya explains strotas structureas same as respective dhatu, long, broad, minute. There are 13 strotas in body. Pranavaha, Annavaha and Udakavaha, these are strotas responsible to carry some foreign physical material and converted into poshaka by pachana kriya.

The channel which carries Prana (vital breath) called as a pranavaha strotas. Each strotas have their mulasthana i.e., prabhavasthana (origin). Mulasthana of Pranavaha strotas are Hridaya and Mahastrotas. Hridaya as a mula of pranavaha strotas because of its role in Pranavahan karma. Hridaya is responsible for taking impure blood and propel it into lungs for purification. After receiving this oxygenated blood, heart propels it to all body tissue. Mahasrtotas is alimentary track or koshtha or Amashaya.

As per Sushrutacharaya origin of pranavaha strotas hridaya and rasavahi dhamanya i.e., oxygenated blood carrying channel. The characteristics manifestation of the vitiation of these channels are too long or too restricted, aggravated, shallow or frequent respiration associated with sound and pain. That means criteria for paravaha strotas dushti is depend upon deterioration of shwasa (breathing). Sushrutacharya explains viddha (trauma) lakshana. Strotas produces groaning, bending down of the body, loss of consciousness, illusion, shivering or may ultimately prove fatal. Pranavaha strotas get vitiated by wasting, suppression of natural urges, indulgence in unctuous things, performance of exercise while hungry and such other harmful regimens.

Hikka, Shwasa and Kasa showing Pranavaha strotas dushti. Treatment for pranavaha strotasdushti same as shwasa vyadhi.

Other diseases showing Shwasa Hikka and kasa as a symptom or as a upadrava. Which cause of pranavaha strotas dushti is responsible to show particular symptoms like Hikka, Shwasa and kasa either Kshaya,

(Table 1)		
Vyadhi	**Lakshana**	**Karan mimansa**
Vataja Jwara	Shushka kasa	Roukshya annapana Vata prakopa Mulasthana gata Vyadhi
Kaphaja Jwara	Shawasa, Kasa	Amashaya samudbhava vyadhi and kapha dosha mula sthana
Antarvegi Jwara	shwasana	Mulasthanagata vyadhi
Asthigata Jwara	Shwasa	Uttarottar dhatudushti kshaya avastha
Majjagata Jwara	Shwasa, Hikka, Kasa	Kshaya avastha
Vata-kaphaja Jwara	kasa	Amashaya samudbhava
Kapha-pittaja Jwara	kasa	Amashaya samudbhava
Sannipataja Jwara	Shwasa Kasa	Tridosh dushti, Amashaya samudbhava
Vata-kapholbana hina pitta Jwara	Kasa	Tridosh dushti, Amashaya samudbhava
Kapholbana Vata-pitta hina Jwara	kasa	Tridosh dushti, Amashaya samudbhava
Vatolbana kapha Madhya pitta hina Jwara	Shwasa	Tridosh dushti, Amashaya samudbhava
Vatolbana Pitta Madhya Kapha hina Jwara	Shwasa Kasa	Tridosh dushti, Amashaya samudbhava

Samasannipata Jwara	Kasa Shwasa	Tridosh dushti Amashaya samudbhava
Raktapitta Upadrava	Shwasa, Kasa	Rakta dhatu dushti kshya avastha
Vataja Gulma	Ucchavasavrodha	Mahastrotas sthana vyadhi mulasthana dushti
Kaphaja Gulma	Kasa Shwasa	Mahastrotas sthana vyadhi mulasthana dushti
Sahasajanya Rajayakshma	Shwasa kasa	Urapradesh kshata Vata dosha prakop responsible for dhatu kshaya
Sandharanajanya Rajayakshma	Shwasa Kasa	Sandharan
Shoshajanya Rajayakshma	Kasa Shwasa	Dhatu kshaya
Vishamashanajanya Rajayakshma	Kasa	Pranavaha strotas Mulasthana dushti
Unmada as a Poorvarupa	Ucchavasadhikkya	Vishamashana as a hetu of unmada mulasthana dushti
Kshatakshina	Kasa	Kshata dhatu kshaya
Vataja Udara	Shushka kasa	Udara Samprapti Prana, Agni, Apana Dushti
Kaphaja Udara	Kasa Shwasa	Udara Samprapti Prana, Agni, Apana Dushti
Plihodara	Kasa Shwasa	Udara Samprapti Prana, Agni, Apana Dushti, Kshya karaka hetusevanen
Baddhagudodara	Shwasa Kasa	Avarodha in guda marga as sandharana
Kshatodara	Hikka, Shwasa, Kasa	Udara Samprapti Prana, Agni, Apana Dushti
Jalodara	Shwasa, Kasa	Udara Samprapti Prana, Agni, Apana Dushti
Udara Upadrava	Shwasa, Kasa, Hikka	Kshaya avastha
Sahaja Arsha	Kasa, shwasa	Avarodha in guda marga as sandharana
Vataja Arsha	Kasa	Avarodha in guda marga as sandharana
Kaphaja Arsha	Kasa	Avarodha in guda marga as sandharana
Vataja Grahani	Kasa Shwasa	Mulasthanasya vyadhi
Kaphaja Grahani	Kasa	Mulasthanasya vyadhi
Pandu Samanya Lakshna	Shwasa	Dhatu kshaya
Kaphaja Pandu	Shwasa Kasa	Dhatu Kshaya
Vataja Atisara	Vinishwasana	Agni dushti- Mulasthana dushti
Sannipataja Atisara	HIkka Shwasa	Agni dushti- Mulasthana dushti Drava dhatu sarana kshaya avastha
Vataja Chardi	Kasa	Mulasthanasya vyadhi
Sannipataja Chardi	Shwasa	Mulasthanasya vyadhi
Vataja visarpa	Kasa, Tamaka shwasa	Anya darunaihi
Agni Visarpa	Hikka Shwasa	Anya darunaihi
Granthi Visarpa	Hikka, Shwasa, Kasa	Anya darunaihi
Upasargaja Trushna	Shwasa	Kshaya avastha
Visha vegavastha (6th)	Hikka	Uttarottara dhatu dushti Anya darunaihi
Vataja Madattyaya	Hikka Shwasa	Hridaya sthana vikruti (mulasthana)

Vrana Upadrava	Kasa Shwasa Hikka	Kshaya avastha
Udavarta Upadrava	Kasa Shwasa	Kshaya avastha, roukshya sandharana, vyayamat kshudhitasya
Hrudroga samanya lakshana	Shawasa Kasa Hikka	Mulasthanasya vyadhi sandharana
Dushta Pratishyaya Upadrava	Shwasa kasa	Sandhrana hetu
Gudagata Vatavikara	Kasa Shwasa	Similar to sandhanara hetu
Pranavrutta Udana Vata	Nishwasa ucchavasa sangraha	Pranavayu dushti
Kaphavrutta Prana Vata	Nishwasa ucchavasa sangraha	Pranavayu dushti
Vatarakta Upadrava	Shwasa Hikka	Kshaya avastha
Bijopghatajanya Klaibya	Kasa Tamaka Shwasa	Dhatu kshaya avastha

Sandharana, Raukshya annapana, Vyayam kshudhitasya or Anya darunaihi. **(See Table 1)**

Around 55 types of diseases having symptoms related with pranavaha strotas. Vata dosha and kapha dosha are predominant. Shwasapresent in around 31 diseases as a symptom. Kasa present in 33 diseases as a symptom and hikka present in 10 diseases as a symptom. In 10 diseases Shwasa, hikka, kasa present as a upadrava.

Not only respiratory system related diseases having symptom like shwasa kasa, hikka; but also, atisara, grahani, unmada like diseases having pranavaha related symptoms.

If vata dosh involment is there; cause is ruksha ahar vihar and vega sandharana.

Mulasthana of kapha dosh is amashaya and mulasthana of pranavaha strotas is mahastrotas so, diseases due to kapha vriddhi showing pranavaha strotas related symptoms.

In case of Rajayakshma vyadhi, due to hetusevan like sahasa, vega sandharana, vishamashana, kshaya, all doshas get vitiated mostly vata dosha, accumulate in ura pradesh and showing symptoms related with pranavaha strotas dushti.

There is one more cause for pranavaha strotas dushti which is anya darunahi. That means other system related diseases can be shows Pranavaha strotas related symptoms. Chronic diseases show Shwasa hikka symptoms.

Conclusion is disease foundation is depending upon nidana. To know about which factor responsible for that disease formation is important. If symptoms related with pranavaha strotas dushtiare present, not necessary our diagnosis is in relation with pranavaha stotas dushti. There are some other factors which are responsible show particular symptoms.

According to Ayurveda, first line of treatment is Nidana parivarjan (avoiding the cause). Then vyadhi can be treated with the help of Shodhana or shaman chikitsa according to rugna bala. And then Apunarbhav chikitsa i.e., pathya apathya, to avoid repetition of that disease. Pranavaha strotas related diseases can be treated like Shwasa vyadhi.

The main purpose of Ayurveda is, preserve the health of healthy and cure the disease of unhealthy. The person who follows dinacharya, ritucharya live disease free.

Congratulations!

Prof. Dr. Sadanand V. Deshpande, I/C Principal, Tilak Ayurved Mahavidyalaya, Pune has been appointed as member of Faculty of Ayurved of Bharati Vidyapeeth, Deemed University, Pune.

Rashtriya Shikshan Mandal and Ayurvidya Masik Samiti extends congratulations and warm greetings for future success to Prof. Dr. S. V. Deshpande.

शारंगधरोक्त आमवात कल्प - एक अध्ययन

डॉ. सुजाता खडसे, प्रथम वर्ष पद्व्युत्तर विद्यार्थीनी, द्रव्यगुण विभाग, टि.आ.म.वि., पुणे.

प्रा. डॉ. अपूर्वा संगोराम, विभाग प्रमुख, द्रव्यगुण विभाग, टि.आ.म.वि., पुणे.

प्रस्तावना – वर्षाऋतूमध्ये वातप्रकोपामुळे वाताचे अनेक रोग निर्माण होतात, तसेच तो पूरक असलेले व्याधी पुन्हा जागृत होवून अतिशय भयंकर अशा वेदना निर्माण करतात. त्यामधलाच एक चिरकाली असणारा व्याधी म्हणजे आमवात.

आम व वात हे दोन शद्व एकमेकांच्या विरूद्ध धर्माचे असून, आम हा जलरुपी तर वात हलका, आम हा स्निग्ध तर वात रुक्ष, आम हा स्थूल स्वरुपाचा तर वात सूक्ष्म, आम स्थिर तर वात चल असे त्यांचे गुणाधर्म आहेत. आमवातामध्ये अग्नीचे म्हणजे तेज या महाभूताच्या गुणांचे स्वरुप व त्याचा प्रखरपणा कमी होतो, तसेच पृथ्वी व आप हा दोन महाभूताच्या गुणांची विकृत स्वरुपात वाढ होते. अग्नीचे पचन करण्याची शक्ती कमी होते व आमाचे स्वरुप वाढते. त्याचे स्वरुप कफासारखेच असल्यामुळे व्याधीची ओळख करुन देताना आम कफाचाच उच्चार केला जातो, उपचारही त्याला धरुनच करतात. परंतु म्हणतात मात्र आमवात.

वर्षाऋतूमध्ये मुख्यतः अग्निमांद्य दिसून येतो, तर आमाची निर्मिती ही सर्वामध्येच होते का? किंवा आमवात हा मग सर्वानाच का होत नाही? त्याची सम्प्राप्ती कशी घडत जाते व त्यावरील शारंगधरोक्त शमन चिकित्सा याचे वर्णन सदर लेखात आले आहे. आधुनिक शास्त्रात आमवात हा Rheumatoid arthritis (RA) शी जोडला गेला आहे, बदलत्या जीवनशैलीमुळे हा एक सर्वसामान्यामध्ये सामान्यपणे आढळून येणारा व्याधी निर्माण झाला आहे.

संकल्पना –१) आमवात व्याधी इतिहास – इ.स पूर्व १५०० मध्ये, ऋग्वेदामध्ये ह्या व्याधीचे थोडक्यात वर्णन आलेले आहे, पहिल्यादा 'आमवात' ह्या व्याधीची संपूर्ण माहिती लघुत्रयींपैकी मधूकोषकारांनी (700 AD) त्यांच्या माधव निदानामध्ये केली आहे., शारंगधराच्या पूर्णखंडामध्ये आमवात चार प्रकारचे आहेत, असे वर्णन आलेले आहे.

२) व्याधी हेतु – विरुद्धाहार चेष्टस्य मन्दाग्नेर्निश्चलस्य च। स्निग्ध भुक्तवतो ह्यन्नं व्यायामं कुर्वतस्तथा।। मा.नि. २५

अ) विरुद्धाहार– हे आम वाढवायला मदत करते, दोषांना दुषित करते, शरीरामध्ये साठून राहते. **ब) विरुद्ध चेष्टा –** दिनचर्या योग्य नसणे, त्यामुळे जी अग्नी योग्य वेळेलाअन्नाचे पाचन, जरण करतो तो विषम होतो व त्यामुळे आम निर्माण होण्यास मदत होते. **क) मंदाग्नी निश्चलत्व –** बैठ्या जीवनशैलीमुळे किंवा सध्याच्या होत असलेल्या Mordernisation मुळे ब्रेड, जंक फूड, चायनीज फूड चा वाढता प्रभाव यामुळे अग्निमांद्याचे प्रमाण वाढते आहे. **ड) स्निग्ध भुक्तवतो ह्यन्न व्यायाम –** व्यायाम, ख वैगुण्य म्हणून अन्न घेतल्या नंतर निदान तयार होते आणि स्निग्ध भोजनाबरोबर त्याचे संयोजन आमवातासाठी विशिष्ट निदान करते.

३) सम्प्राप्ती – वायुना प्रेरितो ह्याम: श्लेष्मस्थानं प्रधावती। तेनाव्यर्थ विद्ग्धोरसौ धमनी: प्रतिपद्यते।।२।।
वातपित्तकफैर्भूयोदूषित: सोऽन्नजो रस:।
स्त्रोतास्यभिष्यन्दयति नानावर्णोऽतिपिच्छिल:।।३।।
जनत्याशु दौर्बलं गौरवं हृदयस्य च।

हेतुसेवन
↓
आमउत्पत्ती
↓
हा आम वायूने प्रेरित होवून मुख्य श्लेष्मास्थानच्या ठिकाणी आश्रित होतो.
↓
त्रिदोषानी प्रकुपित हा नानावर्णाचा, पिच्छिल आमरस स्त्रोतसापर्यंत पोहोचतो
↓
स्त्रोतसामध्ये क्लेद उत्पन्न करतो. हृदयामध्ये दुषित आमामुळे हृदगौरव, दौर्बल
↓
चलयुक्त गुणामुळे वायू आमाचे संचारण करतो
↓
संधिच्या ठिकाणी संचारी वेदना
↓
आमवात

सम्प्राप्ती घटक–

दोष –	वात – व्यान, समान, प्राण	
	पित्त–पाचक	कफ – श्लेषक
दुष्य–	धातु – रस	उपधातु – सिरा, स्नायू
शारिरीक मल –	पुरीष	
	धातुमल – कफ	स्त्रोतोदुष्टी – संग

(तक्ता १)		
कल्प नावे	**मुख्य घटक**	**कार्य**
शुण्ठी पुटपाक	शुष्ठीचूर्ण, एरण्डजैर्दलै	.....तेन यान्ति शमं पीडा आमातीसारसन्मवाः।।४३।। शा.सं. (अनुपान / मात्रा – खडीसाखर. काल – प्रातःकाल)
धान्यपंचक क्वाथ	१) धनिया, २) बाल बिल्ब, ३) नागर	.....आमशूलहरं ग्राहि दीपनं पाचनं परम्।
रास्नापंचक क्वाथ	१) रास्ना, २) गिलोय, ३) देवदार, ४) नागर, ५) एरंड, ६) गुडुची	.....सप्तधातुगते वाते सामे सर्वाङ्गजे पिबेत ।।८५।।
रास्नासप्तक	१) रास्ना, २) गोक्षूर, ३) एरण्ड, ४) देवदार, ५) पुनर्नवा, ६) गुडूची, ७) आरग्वध, ८) शुण्ठीचूर्ण	...जङ्घ। कटिग्रहे। पार्श्व पृष्ठो–रुपीडायामामवाते सुदुस्तरे।।८७।। मात्रा = ४ तोला

(तक्ता २)			
कल्पना / कल्पनाम	**घटकद्रव्ये**	**काला/मात्रा/ अनुपान**	**गुणधर्म**
सप्तमुष्टिक यूष –	१) कुलत्थ, २) यव ३) कोल ४) मूद्ग ५) मूलकग्रन्थि ६) शुण्ठी ७) धान्यक		...सन्निपातज्वर जयेत। आमवातहरः कण्ठहृद्ववत्रांणां विशोधनः ।।५६।। मुख्यतः श्लेष्मानिलापहः
उष्णोदक विधी –	जल १/८ किंवा १/४ किंवा १/४ शिल्लक राहीपर्यंत तापवावे.		– दीपन, कफवातहर वस्तीशोधन
शुण्ठ्यादी कल्क –	१) सुंठ, २) तिल, ३) गुड	दूध मात्रा–१ तोला	...परिणामभवं शूलआमवातं च नाशयेत ।।१८।।
पञ्चसमचूर्ण –	१) शुण्ठी, २) हरितकी, ३) कृष्णा त्रिवृत्त, ४) सौवर्चलं लवण		... आध्मावजठरार्शोध्न – आमवातहरं स्मृतम्।
अजमोदादि चूर्ण –	१) अनमोदा, २)विडंग, ३) सैन्धव ४) देवदारु, ५) चित्रक ६) पिप्पली मूलं ७) शतपुष्पां ८) पिप्पली	उष्णजल	....श्वयथुनाशनम् । आमवातरुजंहन्ति सन्धिपीडाच गुध्रसीम् ।।१८।। कटिपृष्ठगुदस्थांच जङ्घयोच रुजं जयेत। तूनी प्रंतूनी विश्वाची कफवातामज्ञायेत।।१९।।
लवणभास्कर चूर्ण –	१) सामुद्रलवण, २) सौवचल ३) बिड, ४) पिप्पली–पिप्पलीमूल ५) कृष्णजीरक ६) पत्रक ७) नागकेशर, ८) तालीस	मस्तु तक्र, मध आसव मात्रा–१ शाण (३ माशा)	वातश्लेष्मभव गुल्मप्लीहानमुदरक्षयम् ।।१४४।। अर्शांसि गृहणीकुलं विवन्धां च भगन्दरम्। शोंफंशूल श्वानकासामावातं च हृदुनम् ।।१४५।। मदान्ती नाशयेदेवद दीपनं–पाचनं परम्।।
दुसरा शुष्ठी पुटपाक –	१) एरण्डमूळ २) शुष्ठी कल्क (भावप्रकाश – शूलरोगाधिकार)	२ तोला– मध (प्रातःकाल)	
बाहुशाल गुड –	१) सूरण ३२ तोला २) वृद्धदारु १६ तोला ३) शुद्ध भल्लातक–१६ तोला ४) शुण्ठी, काली मरिच, इलायची, पिप्पली, आवला, दालचीनी –१२ तोला ५) मधू –६४ तोला (बहुशालगुड –रसायन)		–जयेदर्शांसि सर्वाणि गुलं वातोदरं तथा। आमवात प्रतिश्याय ग्रहणी क्षय पीनशान ।।१२।। हलीमकं पाण्डुरोगं प्रमेहंच रसायनम्।

उद्भंवस्थान – आमाशय, पक्वाशय
अधिष्ठान–कफस्थान (संधी,आमाशय,त्रिकप्रदेश)
शेगमार्ग–मध्यम रोगमार्ग
व्याधीस्वभाव – आशूकारी, कष्टसाध्य
स्त्रोतस – अन्नवह, रसवह, अस्थीवह.

रूप – बस्तीमध्ये आमवात असा व्याधी म्हणून वर्णन आलेले नाही, मात्र त्या सारखी लक्षणाची चिकित्सा सांगितली गेली आहे. बंगसेन संहिता मध्ये, पूर्वरुप सिरारुजा (cephalgia) मात्ररुजा (Bodyache) सांगितलेले आहे.

रूप – माधवनिदान, भावमित्र आणि काही आचार्यानी आमवाताचे खालील प्रमाणे लक्षण सांगितले आहे व त्याची विभागणी केली आहे. १) प्रत्यात्म रुप २) सामान्य रुप

३)दोषानुबंध रुप ४) प्रवृद्ध रुप

माधवनिदाना नुसार –

अंगामर्दोऽरुचिस्तृष्णा ह्यालस्यं गौरवं ज्वरः।
अपाकः शुनताडङ्गानामावातस्य लक्षणंम्।।६।। मा.नि

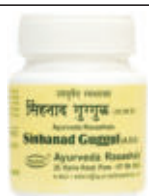
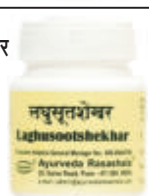
आचार्य शारंगधरानी दोषाच्या अनुबंध असतानाची लक्षणेवर्णिली आहे. १) वातानुंबधी आम–शूल.

शमन चिकित्सेमध्ये शारंगधराचार्यांची कल्प आमवातात मोठ्या प्रमाणात वापरली जातात ती पुढीलप्रमाणे.

(तक्ता १ पाहा)

पित्तानुबंधी आम – दाह, शोथ. **कफानुबंधी आम –** स्थौल, कंडू,स्तैमित्य. **सन्निपातज –** वरील सर्व लक्षणासोबत सर्वागशोथ हे लक्षण दिसते.

प्रवृद्ध लक्षण – स कष्ट सर्व रोगाणां सदा प्रकुपितो भवेत। हस्तपादशिरो गुल्फत्रिक जानूरुसान्धिषु।।७।।
करोति सरुजं शोथं यत्र दोषः च्पधते।
स देशो रुजतेज्त्यर्थ व्याविद्ध इव वृश्चिके।।८।।
जनमेत्सोडग्निदौर्बल्य प्रसेकारचिगौरवम्।
उत्साहहानि वैरस्यं दाहं च बहुमुत्रताम्।।९।। मा.नि.

आमवात व्याधीवरील आयुर्वेद रसशाळेचे उपयुक्त कल्प...	**सिंहनाद गुग्गुळ** 
महारास्नादि क्वाथ 	**ॲमेक्स** 
दशमूलारिष्ट 	**लघूसूतशेखर** 
पंचकोलासव 	**सूतशेखर साधा** 

प्रवृद्ध अवस्थेमध्ये आमवात कष्टसाध्य होत जातो, हस्त–पाद, शिर, गुल्फ, त्रिक, जानू, आवि, उरु मध्ये पीडायुक्त शोय, मोठ्या संधीमध्ये सुरुवातीला वेदना होण्यास सुरुवात, भ्रमणशील पीडा, वृश्चिकदंशवत वेदना होणे हे त्याचे विशेष लक्षण आहे.

● अग्निमांद्य, लालास्त्राव, अरुचि, गौरव, उत्साह शाक्ति नष्ट होते. ● शरीरात विरसता, शरीरदाह, मूत्रदाह, पोटामध्ये भारीपण व शूल जाणवायला लागते, निद्राविपर्यय (दिवसा झोप व रात्री जागरण किंवा झोप न येणे) कर्मशक्ती नष्ट होते.

प्रकार – माधव निदान, भावप्रकाश व योगरत्नाकारामध्ये दोषानुसार आमवाताचे आलेले आहे. १) एकदोषज २) द्विदोषज ३) त्रिदोषज २) आचार्य हरितानुसार –४ प्रकारचे १) विष्टंभी २) गुल्मी ३) स्नेही ४) सर्वांगी.

चिकित्सा – १) निदान परिवर्जन २) शोधन ३) शमन ४) योगासन (प्रकृतिक चि.) (तक्ता २ पाहा)

● आमवाता बरोबर इतर व्याधी असल्यास कोणत्या द्रव्याचा वापर करुन औषधे द्यावी याबद्दल ही माहिती दिली आहे.

निष्कर्ष – १) शारंगधर संहितेत अनेकविध द्रव्यांच्या अनेकविध कल्पना वर्णित आहे. त्यापैकी सद्यकाळात बहुतेक सर्व द्रव्य उपलब्ध आहे त्यांपैकी 'रास्नासप्तक क्वाथ'हा तर सर्वत्र वापरला जातो, ग्रंथोक्त पाठाप्रमाणे विक्रिसाठी सुद्धा आहेत. २) 'लवणभास्कर चूर्ण' या कल्पाला विविध अनुपानाबरोबर सेवन तसेच काल, मात्रा याचाही चिकित्सेमध्ये उल्लेख केला आहे. ३) द्रव्याच्या कल्पना सुद्धा दोषानुरुप वापरुन चिकित्सा करायला सांगितली गेली आहे. वातकफप्रधान व अग्नीदीपनकरण्यासाठी तेसच सम्प्राप्ती भंग करण्यासाठी क्वाथ, युष, पुटपाक,कल्क, चूर्ण, वटी इ.चा वापर करावा. ४) आमवाताची शोधनोपक्रम करताना आमावरस्था नाही, याबद्दल पाहावे लागते, आमवातास कारणीभूत ठरणारा आम हा अतिपिच्छिल असतो, त्यामुळे स्त्यानता निर्माण होवून तो धातूगतालीन होतो व वातामुळे त्याला संचारित्व येते. त्यासाठीच सुरुवाती पासूनच वरील उल्लेखलेल्या शमन चिकित्सेला वापर केला गेल्यास, रुग्णाची प्रकृती, व्याधी अवस्या, दोष स्थिती लक्षात घेवून चिकित्सा केली तर सम्प्राप्ती नक्कीच भंग होवून रोगप्रशमन होणार.

संदर्भ – १) शारंगधर संहिता, आढमल्लढीका, चौखंबा सुरभारती प्रकाशन वाराणसी, संस्करण २०९३. २) माधवनिदान, मधुकोषटीका, श्रीसुदर्शन, शास्त्री विरचित विद्योतिनी हिंदी टिका, चौखंबा प्रकाशन वाराणसी, संस्करण २०१८. 3) Yadav Garima et at, Amavata or Rheumatoid arthritis (An Ayurvedie review), word journal at pharmaceutical research, volume 10, June 2021.

The Level Of Prevention As Per Ayurveda

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Introduction: The goal of medicine is to promote health, to preserve health and to restore health when it is impaired and to minimize suffering and distress. This goal is embodied in the word "prevention." The incidences of lifestyle diseases like diabetes mellitus, hypertension, dyslipidaemia, obesity associated with cardiovascular diseases is rising day by day. This is because of lifestyle related factors like physical inactivity, lack of exercise, bad food habits etc. It is our responsibility to focus on lifestyle modification and there by prevention of diseases. Ayurveda has great contribution in treatment of diseases as well as prevention of diseases.

प्रयोजनं चास्य स्वस्थस्य स्वास्थ्यरक्षणम् आतुरस्य विकारप्रशमनं च ।। (च. सु. ३०/२६)[1]

Conducts like dincharya, rutucharya, aharvidhividhan, sadvritta etc. are described in detail in Ayurveda. This all come under the heading of prevention as per Ayurveda. As we know preventive medicine has become new fast-growing aspect in medicine, so we must have to look into this concept through Ayurveda also. In modern science concept of prevention is explained at various levels, so if we want to explained prevention levels through Ayurveda this article explains it thoroughly.

Aim and objectives: To explore the level of prevention through Ayurveda.

Material and Method: Classical Ayurvedic text like Charaka Samhita, Sushrut Samhita, Ashtanghrudya, Ashtangsangrah, etc with their commentaries, research articles related to this topic, Text book of preventive and social medicine.

(1) Primordial prevention - A newer concept receiving special attention in the prevention of chronic diseases. It is the prevention to avoid the development of risk factors. Here, efforts are done directly towards discouraging children from adopting harmful lifestyle[2]. Inculcating healthy habits is termed as primordial prevention. Many adult health problems have their origin in their childhood, because this is the time where lifestyle is adopted (for ex. eating pattern, physical exercise etc.) as per Ayurveda we can include dincharya (daily regimen), rutucharya (seasonal regimen), sadvritta etc. under this heading.

• **Dincharya -** daily regimen is indicated for the maintenance of hygiene, brighten the indriyas, strengthen the body, promote the health and longevity etc. daily regimen begins with getting up from the bed till one goes to his bed in the night. Various activities/actions included in this are: -

• (Awakening early in the morning)
• brushing of the teeth
• gargling
• collyrium
• nasal drops
• massage
• wearing cloth
• diet habit
• night sleep
• tongue cleaning
• mouthwash
• smoking
• exercise
• bath
• wearing footwear
• holding a stick

• **Rutucharya -** Rutu is a synonym of time and charya is regimen to be followed. The changes in diet and practices in response to change in climatic condition like heat, cold, rain etc. is rutucharya.[3]

• **Sadvritta -** Sad meaning good &vritta meaning regimen/ conduct.[4]

सत्तां वृत्तमनुष्ठानं देहवाङ्मनः प्रवृत्तिरुपं सद्वृत्तमनुष्ठेयम् । (च.पा. चे.सु.८/१७)

Always one should act in such a way that, he will be always healthy by remembering all the things mentioned in sadvritta. It is regarded as one of the measures to prevent various types of diseases. Continuously practicing these

principles gives balance and peace to the mind. These are various codes of good conducts like vyavahrika sadvritta (ethical codes of conduct), dharmika sadvritta (moral), sharirika sadvritta (physical). Sadvritta is an essential tool in modern era to prevent and eradicate the root cause of various diseases.

(2) Primary prevention : It can be defined as 'action taken prior to the onset of diseases, which removes the possibility that disease will ever occur'. Primary prevention may be accomplished by measures designed to promote general health wellbeing and quality of life of people or by specific protective measures. The concept of primary prevention is now applied to the prevention of chronic diseases such as CHD, HT, cancer etc. On elimination or modification of risk factors of diseases.[5] As per Ayurveda we can include the concept of veg-dharan (suppression of natural urges), pathya-aaharvihar, suvarnaprashan etc. under the heading of primary prevention.

• **Vegvidharan :**

रोगाः सर्वेऽपि जायन्ते वेगोदिरणधारणैः।।

Always the diseases are produced due to the forceful creation of unmanifested urges and suppression of manifested urge.[6]

One should not suppress the natural urges of flatus, faeces, urine, yawing, vomiting, tear, hunger, thrust, sleep... etc. If we are not following this, it leads to the development of various psychosomatic disorders. Small issues would convert into the big, life-threatening diseases. It is about the respecting the body reflexes; we respect them and get respect in return in the form of balanced mind and body health.

• **Pathyakar aahar vihar sevan -** Pathya is a holistic principle and contribution of Ayurveda. Pathya means that which is good, beneficial for health. Apathya means that which is harmful, not beneficial for health. Pathya will include diet, exercise, sleep, lifestyle etc. Pathya in the form of diet and behaviour regimen should be adopted in daily life for disease prevention and health promotion.

पथ्यं पथोनपेतं यद्यच्चोक्तं मनसः प्रियम्।
यच्चाप्रियमपथ्यं च नियतं तत्र लक्षयेत।।

Pathya enhances the lifespan, lustre, enthusiasm, memory, ojas and agni. It is for the maintenance of hygiene, excellence of indriyas, enhancement of bala, promotion of health; pathyakar aahar like raktashali, yava (barley), godhuma (wheat), mudga (green grama), amalaka, godhugdha, dadima etc. should be consumed and pathyakar vihara like vyayama, nidra etc. should be done.

Pathya aahar provides energy, nutrition and strength to the body while the behaviour regimen helps in maintenance of body hygiene and mental calm so as to lead a stress free and disease free long healthy life.

• **Suvarnaprashan -** It is one of sixteen samskara mentioned in ancient Ayurvedic literature. It involves the administration of microfine and herbomineral gold particles called suvarna bhasma mixed with honey and ghee. Oral administration of processed Suvarna in children is an ancient and unique practice.

सुवर्णप्राशनं हयेतन्मेधाग्निबलवर्धनम्। आयुष्यं मंगलं पुण्यं वृष्यं वर्ण्य ग्रहापहम।। मासात् परममेधावी व्याधीभिर्न च धृष्यते। षड्भिर्मासैः श्रुतधरः सुवर्णप्रशनाभ्दवेत्।। [7]

(3) Secondary prevention : It is defined as 'action which halts the progress of a disease at its incipient stage and prevents complication'.[8] It reduces the symptoms of disease, its duration and also treats the disease. In Ayurveda we can do secondary prevention with Aushadhi chikitsa, rutu shodhana, rutu haritaki sevana etc. For every disease there are various aushadhi chikitsa explained by our great Acharyas. With the help of shamana and shodhana we can achieve a prevention over a disease. There are many types of kalpas, kwath etc. included in it with various combination of herbs, minerals, gems etc. shamana- suppression of the vitiated doshas. This can be achieved by- pachana, dipana, kshudha dharan, trushnadharan, vyayama, atapa, anilasevan.

Shodhana- elimination of aggravated doshas. This is achieved by panchakarma i.e., vamana, virechana, basti, raktamokshana, nasya. By this treatment we can treat the

disease from the root cause and prevent its complication(updravas).

• **Rutushodhan -** Panchkarma of Ayurveda are purificatory measures which cleanses the toxins from the cellular level and also prevents the production as well as deposition of toxin in the body. It also rejuvenates the body cells. It plays a major role in prevention and cure of lifestyle disorders. As name suggest rutu anusar shodhan i.e., season wise purification.

Rutu	Aggravated Dosh	purification
Vasant	kapha	Vamana
Sharad	pitta	Virechan
Varsha	vata	Basti

• **Rutuharitakisevan :** Acharya charaka stated haritaki as best among pathya (wholesome) dravya. According to bhavprakash haritaki should be taken with specific anupana in specific rutu for best rasayana effect.

सिन्धूत्थ शर्कराशुण्ठी कणामधुगुडैः क्रमात। वर्षादिष्वभया प्राश्या रसायनगुणैविषया।।(भावप्रकाश)[9]

Rutu	Anupana
Varsha	Saindhava (rock salt)
Sharad	Sharkara (sugar)
Hemant	Shunthi (zingiberofficinale)
Shishir	Pippali (piper longum)
Vasant	Madhu (honey)
Grishma	Gud (jaggery)

(4) Tertiary prevention : When the disease process has advanced beyond its early stage, it is still possible to accomplish prevention. This might be called tertiary prevention.[10] These measures are capable to reduce or to limit the impairment or disabilities caused by the disease and also minimize suffering caused by existing diseases. It helps to adjust in good manner with unavoidable circumstances.

Through Ayurveda we can do it with rasayana sevana, satvavjaya (rehabilitation at psychological component), aahar based on aaharvidhi Vidhana(therapeutic nutrition).

• **Rasayana** are a group of medicines and activities which are beneficial for the enhancement of the quality and quantity of all the tissues of body. Rasayana are also disease modifying medicines and help in curing the diseases. They help in enhancing the ayu (life span), buddhi (intellect), and bala (strength and immunity) etc. of the person.

• **Satvavjaya**- satva means mind, avajaya means to win or conquering. Thus, satvavjaya treatment is to gain control over the mind of the patient and helping them to keep their mind and senses detached from the unwholesome subjects (including stress, anxiety etc.)

• **Aaharvidhividhan**- Vidhi means laws and aaharvidhi means laws of dietetics which are beautifully explained in Ayurvedic literature. These diet rules are: ushna ashniyat (food should be warm), snigdham ashniyat (food should be unctuous), matravat ashniyat (food in proper quantity), jirne ashniyat (intake after digestion of previous meal), virya avirudham ashniyat (intake of food having no contradictory potencies), isht deshe ishta sarva upkaranam ashniyat (intake in proper place and with all accessories), na atidrutam ashniyat (intake not too slow), ajalpana ahasana tanmana bhujita (intake with concentration) etc.

Discussion and Conclusion : In order to conclude one who desires for healthy and happy life, one has to follow regular preventive principle like dincharya, ritucharya etc. mentioned in Ayurveda for the prevention of diseases. One has to take care of diseases, in its initial stage, by following appropriate preventive aspect of Ayurveda.

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Comprehensive Review Of Arjuna (Terminalia arjuna)

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Introduction : Arjuna is mentioned in various texts such as Charak Samhita, Sushrut Samhita, Ashtang Hridaya, Nighantus such as Raj Nighantu, Kaidev Nighantu, Bavprakash Nighantu, Chakradatta and Bhavmishra. Arjuna is the most beneficial plants in indigenous system of medicine for the treatment of various critical diseases. Arjuna helps to maintain a healthy heart and decreases the effects of stress and anxiety. Arjuna belongs to Combrataceae family and grows throughout India. The ancient Acharayas have mentioned the properties of the Arjuna and recommended mainly for the management of Hridrogas, Vrana, Prameha, Visha vikaras, Asrugdhara, Shukra doshas, Udardprasamana, Kustha, Krimighna, Svitraghna, Bhagnasandhankara etc.

Terminalia arjuna is a popular Indian Medicinal plant with its bark been used for over centuries as Cardio tonic. The Bark has been found to contain several bioactive compounds including Saponins and Flavonoids. A number of experimental and clinical studies have been conducted to explore therapeutic potential of Arjuna in Cardio-vascular ailments. The modern medical researchers have also carried out so many researches on Arjuna and added few contribution with the ancestry knowledge. The main use of Arjuna is cardio-tonic and has a good safety outline when used in combination with other conventional drugs for Coronary vasodilatation and cardiac hypertrophy. Other reported use include anti-oxidant, hypotensive, anti-atherogenic, anti-mutagenic and gastro-productive effect. The stem bark of the plant is acrid, sweet, cooling, styptic, tonic, anti-dysenteric, febrifuge in nature, urinary astringent and expectorant. Chiefly cardio-tonic as it improves blood supply to heart.

Aim : Study of comprehensive review of Arjuna.

Objectives : 1) To make compilation of relevant data about Arjuna from relevant literature. 2) To study and understand its importance and therapeutic utility.

Historical Review : Many references of Arjuna have been traced in various Samhita namely; Charak Samhita, Sushrut Samhita, Harita Samhita, Samgraha granthas like Chakradatta, Yogaratnakar, Sharangdhar Samhita, Bhavprakash, Vangasena; Nighantu Granthas viz. Dhanvantari NIghantu, Raj Nighantu, Nighantu Adarsh, Shaligram Nighantu, Astanga Nighantu, Kaiyadeva Nighant, Bhavprakash Nighantu had described Arjuna and its therapeutic use in detail.

Botanical Identity :

1) Botanical Name : Terminalia arjuna (Roxb).

2) Family : Combratetaceae.

3) Vernacular Names : • Hindi : Arjun.
• English : Arjun Myrobalan.
• Telugu : Tella maddi. • Marathi : Sadaru.
• Gujarathi : Sadado. • Sanskrit : Arjuna.
• Tamil : Marudam Pattai. • Kannada : Maddi.
• Bengali : Arhan. • Assam : Orjun.

Synonyms : Indradru, Kakubha, Dhavala, Viravriksa, Partha, Nadisarja, Dhanvi, Veeradru, Shatadruma, Shambra, Prasunaka, Kuruveeraka, Indra sunusca, Gandivi, Shvetavaha, Savyasaci.

Classification :
• **Gana :** Kashayaskandha, Udarda Prashamana (Charak). Nyagrodhadi, Salasradi (Sushruta).
• **Kula :** Haritakyadi (Combrataceae).
• **Rasa :** Kashaya. • **Guna :** Laghu and Ruksha.
• **Vipaka :** Katu. • **Virya :** Sheetha.
• **Prabhav :** Hridya.

Geographical Distribution : The species is common in mixed dry deciduous tropical forests throughout India and commonly present on the river banks, stream in Maharashtra, Uttar Pradesh, Bihar, Madhya Pradesh, West Bengal, Odisha, South and Central India.

Morphological Characters : Arjuna is a large

deciduous tree with spreading crown and dropping branches. It attains a height of up to 35m. Its bark is thick, grey to pinkish green, smooth, thin, coming off in irregular sheets. Leaves are sub- opposite, 10-15cm long and 4-7cm broad; base is rounded or heart shaped, often unequal sided, veins are reticulate.

Floral Characteristics : Flowers are white in colour and bisexual, sessile and occur in simple or panickled spikes with linear bracteoles. Calyx is glabrous and has five short triangular lobes.

Fruit is oblong, fibrous-woody drupe, about 2.5-5cm in size. It is dark brown when mature and has five hard, projecting veined wings (5-7 hard angles). The lines on wings are oblique and curved forward.

Flowering and Fruiting Time :

Flowers : March to June.

Fruits : September to November.

Climate and Soil : The plant naturally occurs in sub-tropical and tropical moist regions. The tree prefers alluvial loamy or black cotton soils, which are loose, moist, and fertile and have good drainage and water holding capacity. The plant also survives in open sunny and low rainfall areas.

Chemical Constituents : The Stem and Bark contains Triterpenoids such as Arjunin, Arjunic acid, Arjunolic acid, Arjungenin, Terminic acid, Arjunoside 4 and 5, Arjunosides, 2-alpha 3 beta dithydroxyurs, glycopyranosylester. Glycosides such as Arjuntenin, Arjunoside 1and2, Arjuna phthanoloside, Terminosin. Flavonoids such as Arjunolene, Arjunone, Bio-calein, Luteolin, Gallic acid, Ethyl-gallate, Qupelargonidin, Oligomeric, Proanthocyanidins. Tannins such as Pyrocatechols, Punicallin, Punicalagin, Terchebulin, Terflavin-C. Minerals and Trace elements like Calcium, Silica, Zinc, Copper, Magnesium and Aluminium are present.

The Roots contains Triterpenoids such as Arjunic acid, Arjunolic acid, Oleanoic acid, Terminic acid. Glycosides such as Arjunoside 1, 2, 3 and 4, 2-alpha, 19alpha dihy-28-Oic acid and Glycopyranoside are present.

Observations : Extensive literature survey revealed that Arjuna has a long history of traditional use for a range of Cardiac diseases. Much of the traditional uses have been validated by scientific research. In Vedic Period the drug was widely used in Kriminashaka, Vayu mandala shodhaka, Bala vardhaka, Hridya. In Charak Samhita Arjuna is mentioned in the Kashayaskandha gana as anti-urticarials. As one of the ingredients in Shadyusha Yoga for the management of Diarrhoea. As an ingredient in Pushyanuga Churna for the management of Asrugdara. One of the main drugs in the Lutivisha Siddhayogas which are curative of ulcers resulting from the insect and spider bites. Arjuna is also used for wound healing and Prameha. In Sushrut Samhita Arjuna is used as alkaline anti-venomous compound "Ksharagada" for anti-poisonous virtues. In the form of Ghrita along with Dhataki for the clotting of semen. Poultice of Arjuna bark with Madhuka and Jambhu should be applied for glandular swellings due to pitta after application of Leeches and irritation. In the form of Neelitaila and Sairiyakaditaila for blackening the grey hairs. Along with udumbara, jambu for the management of Raktapitta. In Vaghabhtha Arjuna is used as Rasayana along with Rodhra, Gayatri etc for the treatment of Prameha. One of the ingredients for the treatment of Arshas. Useful in Bala Chikitsa. Arjuna is used as Ghrita along with Dhataki for the management of Kunapa. As Nasya, Kavala Grahana, along with Mustha etc for the management of Mukharoga.

The bark is easily leached and the solution is used in Tanneries. It ferments more slowly and penetrates more rapidly than the solutions of other tanning materials.

In recent studies of Arjuna following Observations were seen :

1) Arjuna kwatha 25 ml twice daily when assessed in Hypertensive patients with increased Left Ventricular mass, a significant decrease was observed in both systolic and diastolic Blood Pressure; Left ventricle mass index was only significantly reduced due to negative Chronotropic and Inotropic effect of Arjuna.

2) In recruited patients of Coronary Heart Diseases, the Arjuna tree bark powder 500mg in capsules for 1 months, shows significant decrease in total cholesterol and LDL

cholesterol.
3) The alcoholic and aqueous extract bark extract of Arjuna shows effective inhibition of enzymes in human Liver microsomes.
4) In a clinical trial the Isoproterenol administration for 15 days in Rats, improved Cardiac functions and Baro-reflex sensitivity. It has also attenuated hypertrophy and fibrosis of the Left Ventricle. Arjuna exerts beneficial effect on LV functions, myocardial remodelling and autonomic control in Congestive Heart Failure.
5) In stable Coronary Artery Disease 500mg of Arjuna, twice daily for 3 months shows significant decrease in Serum Triglycerides as well as in various inflammatory cytokines Interleukin-6, Interleukin-8.
6) Arjuna choorna at a dose of 500mg twice daily in Ischaemic mitral regurgitation following acute myocardial infarction patients for 1-3 months showed significant decrease in Ischaemic mitral regurgitation and considerable reduction in Angina frequency.
7) The Methanolic extract of Arjuna 50-100mg/kg on Diclofenac sodium induced Gastric ulcer in Rats, shows the Gastro protective effect due to its free radical scavenging activity and cyto protective nature.
8) The Ethanol extractions of Arjuna exert hypo lipidemic and antioxidant effect in hyper-lipidemic rats.
9) The aqueous extract of Arjuna 125-250mg/kg in Rats prevented the isoprenaline induced increase in oxidative stress and decline in endogenous antioxidant level and also prevent fibrosis.
10) Methanol, ethanol, Acetone aqueous both hot and cold extracts from the leaves and bark of Arjuna were tested for their antimicrobial activity against Staphylococcus aureus, Escherichia coli, Pseudomonas aeruginosa and Candida albicans. Acetonic leaf extract was found to be best against S. aerues. Organic bark extract showed almost equal inhibition of all Gram negative bacteria. Aqueous extract exhibited good activity against S. aureus.

Discussion : Arjuna is one of the most important source of traditionally used medicines. The results from various Samhitas and Nighantus studies indicate Arjuna possesses many qualities including Kustha, Vata roga, Dipan, Pachan, Jwara, Osteoporosis, Pregnancy to infertile women, strength, anti-inflammatory, antitumour, hypoglcemic and immunomodulatory properties, as well as exerting an influence on the endocrine, nervous and cardiopulmonary disorders. According to the Samhitas and Nighantus Arjuna used in the various form or medium. Its decoction after administration reveals regeneration of cardiac tissues in the infarcted area. The review indicates that Arjuna may be useful in many ailments, including Arthritis and other musculoskeletal disorders and Hypertension. There are a few preliminary studies available on the effects of Arjuna on the immune system, central nervous system, hemopoetic system and general growth promotion to form a basis for further studies but not enough evidence to provide a firm scientific basis for definitive therapeutic uses.

Conclusion : In conclusion Samhitas and Nighantus are the basic literature for understanding and identification of Terminalia arjuna as a medicinal plant. According to all Acharayas Arjuna has Kashaya rasa, Sheetha Veerya, Katu Vipaka, Ruksha and Laghu Guna, Hridya Prabhav, acts as Kapha-Pittahara. On review of Arjuna in different Samhita and Nighantus we find the different synonyms and different properties along with useful formulations and their medicinal uses as Cardio tonic, hypoglycaemic effect, strength, Immunomodulatory action, hypotensive effect, Lipolytic action etc. It is used in Bhagna, Sadhya Vrana, Shukrameha, Puyameha, Medoroga, Hridroga, Ksaya and Trishna;as well as in Cardiovascular diseases. The effectiveness of Arjuna as an anti-ischaemic agent and as a potent antioxidant, preventing LDL, reperfusion ischaemic injury to the heart and its potential to reduce atherogenic lipid levels have sufficiently demonstrated in different experimental and clinical studies. So this Terminalia Arjuna tree is beneficial and should be cultivated more to meet medicinal requirement at cheaper value. However continuous research progress of using Terminalia Arjuna is very much needed in the regards of exact molecular mechanism, drug

administration, drug-drug interactions and toxicological studies.

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अभिनंदन ! डॉ. सुभाष रानडे व डॉ. सौ. सुनंदा रानडे ह्यांचा सन्मान

आयुर्वेद टिचर्स असोसिएशनच्या वतीने डॉ. सुभाष रानडे व डॉ. सौ. सुनंदा रानडे ह्यांना दि. १६ ऑगस्ट २०२२ रोजी "Evidence Based Ayurved' विषयावरील राष्ट्रीय परीषदेत 'Global Ayurved Ambassador Award' देवून गौरविण्यात आले.

ह्याच परीषदेच्या निमित्ताने डॉ. निलाक्षी प्रधान ह्यांना Best Teacher In Shalakyatantra Award देवून सन्मानित करण्यात आले. तसेच डॉ. विद्या उंडाळे ह्यांना Best Teacher In Agadtantra Award, डॉ. मिनाक्षी रणदिवे ह्यांना Best Teacher In Kriya Sharir Award देवून गौरविण्यात आले.

राष्ट्रीय शिक्षण मंडळ, टिळक आयुर्वेद महाविद्यालय व आयुर्विद्या मासिक समितीतर्फे डॉ. सुभाष रानडे, डॉ. सुनंदा रानडे, डॉ. निलाक्षी प्रधान, डॉ. विद्या उंडाळे व डॉ. मिनाक्षी रणदिवे ह्यांचे हार्दीक अभिनंदन व शुभेच्छा!


डॉ. मिनाक्षी रणदिवे


डॉ. निलाक्षी प्रधान


डॉ. विद्या उंडाळे

आयुर्वेद रसशाळा – ८७ वा वर्धापन दिन (१ ऑगस्ट २०२२)

डॉ. सुहास कुलकर्णी – जनरल मॅनेजर

राष्ट्रीय शिक्षण मंडळाची घटक संस्था असलेल्या आयुर्वेद रसशाळेचा ८७ वा वर्धापन दिन१ ऑगस्ट २०२२ रोजी साजरा करण्यात आला. आयुर्वेद रसशाळा सभागृहामध्ये पार पडलेल्या कार्यक्रमाचे अध्यक्ष म्हणून राष्ट्रीय शिक्षण मंडळाचे उपाध्यक्ष डॉ.भा.कृ. भागवत उपस्थित होते. आयुर्वेद रसशाळेचे अध्यक्ष डॉ. र. ना. गांगल, आयुर्वेद रसशाळा फाउंडेशनचे अध्यक्ष डॉ. वि. वि. डोईफोडे, राष्ट्रीय शिक्षण मंडळाचे सचिव मा. डॉ. राजेंद्र हुपरीकर उपस्थित होते तसेच राष्ट्रीय शिक्षण मंडळाच्या नियामक मंडळाचे मान्यवर सदस्य उपस्थित होते.

कोविड १९ च्या नियमांमधे सूट मिळाल्यामुळे सर्व कामगार व कर्मचारी, संलग्न संस्थांमधील कर्मचारी तसेच अनेक हितचिंतकांच्या उपस्थितीत हा कार्यक्रम झाला.

कार्यक्रमाची सुरवात धन्वंतरी स्तवन व पूजनाने करण्यात आली. डॉ. र. ना. गांगल यांनी उपस्थितांचे स्वागत केले व प्रस्तावना स्वरूपात आयुर्वेद रसशाळेच्या आजपर्यंतच्या प्रवासाचा आढावा घेतला.

आयुर्वेद रसशाळेच्या कामकाजाच्या दिवसांमधे सर्वाधिक उपस्थिती असणाऱ्या श्री. सुनील भालेराव, श्री. प्रदीप आल्हाट, सौ. शोभा देशमाने, सौ. विजया भगत, सौ.अनिता साबळे, सौ. पूजा शिंदे या कामगारांचा तसेच कर्मचाऱ्यांमध्ये श्री. मिलींद आवटे व सौ. वैशाली कोडीतकर यांचा सत्कार मा. डॉ. वि. वि. डोईफोडे यांचे हस्ते करण्यात आला. त्यानंतर मा. डॉ. वि. वि. डोईफोडे यांनी मनोगत व्यक्त केले. आयुर्वेद रसशाळेमधे सुरवातीपासून आजपर्यंत झालेल्या बदलांचा उल्लेख डॉ. डोईफोडे यांनी केला तसेच पुढील होणाऱ्या काही बदलांबाबत सर्वांना माहिती दिली.

आयुर्वेद रसशाळेच्या मार्केटिंग विभागामधील श्री. आदित्य रानडे, एरिया सेल्स मॅनेजर व श्री. समाधान ढाणे, सिनिअर सेल्स मॅनेजर यांचा गुणवंत सेल्स स्टाफ म्हणून सत्कार मा. डॉ. राजेंद्र हुपरीकर यांचे हस्ते करण्यात आला.

राष्ट्रीय शिक्षण मंडळ, विशेषतः आयुर्वेद रसशाळेवर अधिक लोभ असणाऱ्या, पुणे महानगरपालिकेच्या माजी नगरसेविका सौ. माधुरी सहस्त्रबुद्धे यांनी आयुर्वेद रसशाळेबद्दल गौरवोद्गार काढत आपले मनोगत व्यक्त केले.

आयुर्वेद रसशाळेच्या कामगार व कर्मचाऱ्यांमधील श्री. विष्णू शिंदे, श्री. आशिष खांबे, सौ. कविता गोरे, श्रीमती सुचिता पलसे या कामगारांचा गुणवंत कामगार म्हणून व कर्मचाऱ्यांमधे सौ. अनुजा पंडीत यांचा गुणवंत कर्मचारी म्हणून सत्कार डॉ. भा. कृ. भागवत यांचे हस्ते करण्यात आला.

आयुर्वेद रसशाळेच्या सर्व विभागांमधे सर्वात उत्तम विभाग म्हणून मूळद्रव्य विभागाची निवड करण्यात आली. या विभागास डॉ. भा. कृ. भागवत यांचे हस्ते पुरस्काराने गौरवण्यात आले. पुरस्काराचा स्वीकार मूळद्रव्य विभागातील डेप्युटी मॅनेजर डॉ. योगेश प्रभुणे यांनी केला.

त्यानंतर डॉ. भा. कृ. भागवत यांनी मनोगत व्यक्त केले. आयुर्वेद रसशाळेच्या भविष्यातील वाटचालीस त्यांनी शुभेच्छा दिल्या.

आयुर्वेद रसशाळा समितीचे सदस्य डॉ. ओंकार उरणे यांनी उपस्थितांचे आभार मानले. कार्यक्रमाचे सूत्रसंचालन आयुर्वेद रसशाळा समितीच्या सदस्य डॉ. अपूर्वा संगोराम यांनी केले.

मा. डॉ. भा. कृ. भागवत व मान्यवर यांच्या शुभहस्ते धन्वंतरी पूजन संपन्न झाले.

वर्धापनदिन समारंभात डॉ. भागवत, अध्यक्षीय मनोगत व्यक्त करताना.

वर्धापनदिन प्रसंगी व्यासपीठावर उजवीकडून – डॉ. हुपरीकर, सौ. सहस्त्रबुद्धे, डॉ. भागवत, डॉ. डोईफोडे, डॉ. गांगल व डॉ. कुलकर्णी.

आरोग्याचा अमृत महोत्सव!

डॉ. अपूर्वा संगोराम,
कार्यकारी संपादक

नुकताच दि. १५ ऑगस्ट २०२२ रोजी स्वातंत्र्याचा अमृत महोत्सव आपण सर्व देशवासियांनी उत्साहात साजरा केला. स्वातंत्र्य मिळून ७५ वर्षे पूर्ण झाल्यामुळे हा स्वातंत्र्यदिन अनेक वेगवेगळ्या उपक्रमांसहीत साजरा केला गेला. घर घर में तिरंगा, रॅली, स्वातंत्र्य लढ्यात सहभागी स्वातंत्र्यसेनानींचा गौरव, राष्ट्रगीत इ. विविध उपक्रमांनी हा आजादी का अमृत महोत्सव साजरा करण्यात आला. हा आजादी का अमृत महोत्सव हे स्वावलंबनाच्या दिशेने उचललेले महत्वाचे पाऊल आहे. स्वाभिमान आणि स्वातंत्र्यानंतर आता देश सातत्याने स्वावलंबनाच्या मार्गावर पुढे जात आहे त्याचेच हे द्योतक आहे, अशी हा अमृत महोत्सव साजरा करण्यामागची आपल्या देशाच्या धुरीणांची भावना आहे. या पार्श्वभूमीवर आरोग्याच्या क्षेत्रामध्ये गेल्या ७५ वर्षांमध्ये काय घडले त्याचाही आढावा घेणे गरजेचे आहे.

आपल्या राज्यघटनेनुसार मूलभूत अधिकारांमधील कलम २१ मध्ये आरोग्याचा हक्क हा भारतीय नागरिकांचा मूलभूत अधिकार आहे. आरोग्याच्या हक्कात निरोगी जीवन जगता येण्यासाठी आरोग्यकारक परिस्थिती उपलब्ध करणे व आरोग्याची चांगली पातळी गाठता येण्यासाठी अनेक पातळीवर शासनाने आरोग्यसेवा व सोयी उपलब्ध करून देणे अपेक्षित आहे. यासाठी अगदी प्रशिक्षित मनुष्यबळ, संसाधनांची उपलब्धता, रुग्णसेवेची हमी, औषधांची उपलब्धता, या आरोग्यसेवा प्रत्येक नागरीकाला मिळायला हव्यात.

राष्ट्रीय आरोग्य कार्यक्रमांतर्गत विविध रोगांवरील लसीकरण, मोफत उपचार, नवनवीन व्याधींवरील उपाययोजना, यासाठी कार्यक्रमांची आखणी, संतति नियमनाबद्दल जनजागृती इत्यादींसाठी धोरण आखायला हवे. माता–बाल संगोपन, कुपोषण यासारखे प्रश्न आजही गंभीर स्वरुपात समोर उभे आहेत. या सर्वांवर उपाययोजना करून मार्ग काढणे हे अत्यंत गरजेचे आहे. देशातील माता–बाल मृत्यूचे प्रमाण, कुपोषण इ. समस्या बहुतांशी निम्न आर्थिक स्तरातील वर्गामध्ये जास्त आढळतात. जवळ जवळ ५०% बालके कुपोषणाच्या विळख्यात आहेत. तरीही यासाठी कालबद्ध राष्ट्रीय कार्यक्रम/धोरण आखले जात नाहीत. दुर्देवाने भारतासारख्या एवढ्या प्रचंड लोकसंख्या असलेल्या देशात आरोग्यावर संपूर्ण राष्ट्रीय उत्पन्नाच्या केवळ १.१% इतकाच खर्च केला जातो.

आरोग्यविषयक सेवा या ग्रामीण पातळीवर तितक्याच सक्षमतेने उपलब्ध करणे, जनतेला प्रशिक्षित करुन आरोग्याचे प्रश्न सोडविणे हेही तितकेच महत्वाचे आहे.

मोठमोठ्या सुपरस्पेशालिटी हॉस्पीटलची उद्घाटने करुन किंवा नवीन वैद्यकीय महाविद्यालयांची घोषणा करुन हे प्रश्न सुटणारे नाहीत किंबहुना कोविड महामारीमध्ये ज्या पद्धतीने तातडीने सक्षम यंत्रणा उभी करण्यात आली, तळागाळातील लोकांमध्ये सुविधा मिळण्याची व्यवस्था झाली त्याच पद्धतीने अत्यंत रास्त दरात वैद्यकीय उपचार ग्रामीण व शहरी भागात दिले तर खऱ्या अर्थाने आझादी का अमृत महोत्सवामध्ये 'आरोग्याचा अमृत महोत्सव' साजरा करता येईल.

औषधी दुकान
आरोग्यासाठी नेहमीच विश्वसनीय!

डॉ. सौ. विनया दीक्षित,
उपसंपादक

दरवर्षी २५ सप्टेंबर रोजी 'जागतिक फार्मसीस्ट दिवस' साजरा केला जातो. औषधी निर्माणशास्त्र व औषधी दुकानदार यांच्यावर सर्वच चिकित्सा प्रणालींची खरी मदार असते. रुग्णाला येणारा गुण किंवा होणारा अपाय यांचे भवितव्य फार्मसीस्टच्याच हातात बऱ्याच अंशी असते.

या जोखीमपूर्ण जबाबदारीच्या कामात २४ X ७ तास स्वतःला उभं राहून काम करणाऱ्या सर्वांविषयी कृतज्ञता व्यक्त करण्याची ही एक संधीच आहे.

औषधी दुकानदार डॉक्टरने रुग्णाला तपासून दिलेली औषधांची व्यवस्थापत्रे prescriptions नीट वाचून समजून त्यानुसार औषधे / डोस रुग्णाला व त्याच्या नातेवाईकांना समजावून सांगतो, देतो. कधी एकाची 'औषधाची चिठ्ठी' दुसऱ्याला असे झाले तर जाणकार दुकानदार नेहमी नातेवाईकांना कशासाठी रुग्णाला ॲडमीट केले आहे? हा प्रश्न नेहमीच विचारतो. किंवा रुग्णच समोर असेल तर काय त्रास होतोय? यावरुन तो काही दुःष्परीणाम जनक औषधे चुकीच्या व्यक्तीला मिळण्यापासून रोखण्यासाठी सदैव जागरुकपणे प्रयत्नशील असतो. अर्थात काही शंका आल्यास निश्चितपणे फोन करुन खात्री केली जातेच.

औषधी दुकानांची महाराष्ट्रात व भारतातच एकूण संख्या अक्षरशः न मोजता येईल अशीच आहे. एखादवेळेस चहा, झेरॉक्स यांची दुकाने दिसणार नाहीत पण शहरीभागात औषधी दुकाने मात्र चौकाचौकात, समोरासमोर भरपूर असतात.

अर्थात यामागे जरी 'आर्थिक लाभ' हे महत्त्वाचे कारण असले तरी यावर्षीच्या घोषणे प्रमाणे 'Pharmacist- Always trusted for health' हेही प्रकर्षाने लक्षात घ्यावे.

अर्वाचीन – Allopathy pharmacy साठी पदवीपूर्व, पदव्युत्तर, डिप्लोमा असे विविध विद्यापीठ मान्यता असलेले शिक्षण उपलब्ध आहे व B. Pharm / D. Pharm / M. Pharm गुणवत्ता धारक प्रमाणित व्यक्तीच औषधी दुकानाचा व्यवसाय करु शकते किंवा तिथे पूर्ण वेळ उपस्थित राहून सेवा देऊ शकते हा मुख्य पायाभूत नियम पाळला जातो. बाकी इतर अनेक नियम Food & Drug Act प्रमाणे असतातच.

दुर्दैवाने आयुर्वेदात औषधी निर्माण शास्त्राची वेगळी शाखा अजूनही पदवी अभ्यासक्रमांच्या यादीत नाही. यासाठी वेगळ्या संस्था, महाविद्यालये यांची प्रभावी योजना आजही अस्तित्वात नाही. आरोग्य विद्यापीठांना आयुष प्रणालीसाठी जिव्हाळा आहेच परंतु या प्रकारे उपक्रम सुरु करण्याची प्रेरणा अजूनही सापडलेली नाही. आयुष किंवा ASU- आयुर्वेद, सिद्ध व युनानी औषधी निर्माण शास्त्रातील पदवीधर उपलब्ध होणे ही काळाची गरज आहे.

Pharmacovigilance अंतर्गत अनेक आयुर्वेद व युनानी महाविद्यालयात केंद्रे कार्यरत आहेत. औषधांचे काही अपायकारक परीणाम झाल्यास ते तातडीने नोंदवले जातात व पुढील कार्यवाही होते. Drug Standardization साठी बऱ्याच संशोधन प्रकल्पांना प्रोत्सहन मिळते. तरीही औषधी निर्माण शास्त्र केवळ २ ते ३ वर्षे स्वतंत्रपणे शिकून त्यात प्राविण्य मिळवून आयुर्वेदीय औषधी दुकाने चालवणारे आयुर्वेदीय फार्मसीस्ट आजही उपलब्ध नाहीत. आयुर्वेदीय व युनानी औषधांच्या हाताळीत ही जोखीम आहे हे लक्षात घेऊन सरकारने त्वरीत पाऊले उचलून या स्वरुपात शैक्षणिक प्रणालीची सुरुवात करण्याची योजना अमलात आणावी हीच Pharmacist Day च्या निमित्ताने श्री धन्वतरी चरणी प्रार्थना!