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GURUKUL'S C.M.E

GURUKUL'S C.M.E
ज्ञानं वर्धति आत्मबलम्

A Quarterly Magazine For Medicine Reorientation

KNOWLEDGE BUILDS CONFIDENCE

लवंग

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Editor's Desk

Dear Physician,

Interacting with you; fellow practitioners always gives immense acedemic satisfaction starting with **Chintan** sharing views towards untiring long journey of Ayurved since ancient era to present day status with many a ups & downs as **debacle & developments** followed by opinion of one of the experts regarding present day improvements in column **"Atithi Vartalaap", role of Rasayan** (anti aging) managment, therapeutic efficacy of ayurvedic analgesic as well as nervine procedure in the form of **"Vidha Karma",** ancient technique of ayurved for controlling dehydration among infants as well as children by rural health workers, reorintation of herbal knowledge of **"Lavang"** and precise medical information on **Apasmaar (Epilepsy)** by ayurvedic medicine.

Modern day Life Style Diseases like hazards of intake of **sugar**, rising cases of **Chronic Kidney** Diseases and popular remedies of **joint replacement**s are few of the write ups contributed by experts of modern medicine.

Dr. Shruti
Co-Editor

Thanks.

With Regards

Dr. Dinesh Vasishth
Ph.D (Internal Medicine, Ayurveda), M.B.A

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Chintan!

DEBACLE & DEVELOPMENT OF AYURVED

Dear Doctor,

Dear Doctor, as we know for any situation or science to improve an all round cohesive effort is ever required as what ancient ayurved has witnessed.

Let's Think Over (Chintan)

1. *Only medical system originated by natural resources well suited to Indian climate, crops, body constitution keeping our generations* ***active & agile****.*
2. *In long journey our kings nurtured it in letter and spirit with the help of* ***gurus of gurukuls****.*
3. *Subsequently* ***Mughals*** *utilized it more for sexual means (Aphrodisiacs) in diet or drugs (Medicines) while the* ***Britishers*** *promoted it but not at par with English medicine.*
4. *Post independence the same trend continued by Indian politicians, serving bureaucrats and elite public at large.*
5. *Gradually medical colleges associated hospitals started developing in various districts of the country at the cost, risk of poor Indians and our pathy along it's practitioners started suffering.*
6. *Very soon W.H.O propagated ALLOPATHY as preventive and curative medicine under it's various policies and programs while redefining Ayurved as alternate/ herbal / traditional medical system.*
7. *Remedy for emergency situations i.e Surgery Ordinary or spealised got prominence , popularity globally based on scientific protocols for the benefit of mankind .*
8. *Gradually ayurved went into dormant or debacle stage with no sufficient progress besides A.Y.U.S.H practitioners preffered ALLOPATHY for prompt breakthrough in private practice so onus lies on it's physicians to for sluggish growth.*
9. *In 2014 situation changed for better as new government emphasized the revival of India's rich heritage i.e in Ayurved sector too.*
10. *The department of A.Y.U.S.H initiated developing on present day research tools duely incorporated by Allopathic hospitals on various topics & projects.*
11. *So once again social acceptance with recognisation is on the rise nationally and internationally with the simultaneous reputation of it's practitioners, quality manufacturing pharmaceuticals, standardised ayurvedic medicines based on research and clinical protocols.*
12. *Now is the right time to shoulder responsibility in sharing national health care by ayurvedic means for our developments*
13. *Like Modern Medicine remember or don't fail to share medical knowledge among our selves .*

Thanks & Regards

Prof. Vd. M. P. Prabhudesai
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'Atithi Vartalap'

Sir you are welcome as guest of honour to the privileged coloum.

Q1. As you as you shared, born in 1951, you are in twilight of age but I am happy to say that you are enjoying golden era of professional life.

Ans. Yes I am enjoying my present bonus life by offering my professinal services for the cause of Ayurveda, since more than 50 years although I am working as a honourable guru in Rashtriya Ayurveda Vidyapeeth **(R.A.V.)**.

Q.2. Please explain M.F.A.M (Gold Medallist) stands for topping Maharashtra, 1972.

Ans. I passed M. F. A. M. in 1972 an integrated course, run by Maharashtra Faculy of Ayurvedic Medicine studied both Ayurveda and Modern Medicine simutaniously under respective teachers.

Q.3. Sir ,you did P.G in Kayachikitsa (Internal Medicine) in 1979,what remained the subject of " Research Thesis " kindly Throw light.

Ans. I have passed A. V. P. **(Ayurvidya Parangata)**, post-graduate course in Ayurveda, in 1979, cnducted by Tilak Maharashtra Vidyapeeth, Pune in Maharashtra. I did it in Kayachikitsa subject, approved by University of Pune.

Q.4 Although you started your career as Medical Officer but what made you to shift to teaching ! .

Ans. It was my destiny, I joined R. A. Podar Ayurvedic College Mumbai, in 1977. With the grace of the God, I realized that this academic career was the most proper area for my achievements.

Q.5. What is the clinical application of basic principles (Padarth Vigyan)?

Ans. Padarth-vijnaan is the basis of Ayurveda. Its principles (Siddhantas) like Pancha-Mahabhutas, Tridosh, Prakruti, Agni, Koshtha etc. are taught during the first year. But till today, there is no proper provision to apply those clinically on patients. Basically, the divison of subjects, as clinical and non-clinical so basis of teachers still is totally a wrong concept. **Vruddhi** and **kshay laxanas** of **dosha-dhatu-mala** should be demonstrated at bedside patients clinically with their significanse in O. P. D. and IPD Usually, students are examining patients during their last year, but I propose to examine them from the first year onwards, so should non clinical teachers attend OPD'S thrice a week applying them.

Q6 Prof. You had been guide to PGs & PhD what kind of subjects you advised or emphasized clinical or non clinical in nature.

Ans. Unfortunately, our Ayurvedic faculty is still supposed to follow (copy) under principles and rules of Modern Medicine. So, presentation of cases, research-work is seen to be performed according to their protocol and proforma. While there is no protocol treatment in Ayurveda, like the Modern Medicine.

Q.7 At some stage you taught **Sharir Rachna (Anatomy), Panchkarma and Yog** so how did you incorporat?

Ans. Anatomy (Shareer-Rachana), Yoga, Panchakarma all different areas of the science have the same base in Ayurveda. Unless and until you know the base, it is difficult to amalgamate. Ayurveda considers the human-body as a whole and in live state. While treating, Ayurvedic physician should not think only of the diseased part of the body. Like allopathic doctor. But we should consider about **Atma, Indriya and Mana.** Nowadays, it is popular belives that help longevity of human-life has increased with the advancements in Modern Medicine, but what about the quality? Many patients are consuming a lot of medicine daily, but they are fed up of living longer.

Q8. With due permission may I ask you that your life partner is sailing in the same boat of Ayurved ,is she an academician or a physican! Please react .

Ans. My wife, **Dr. Madhuri** is working as a Panchakarma Physician and offering **'Garbha sanskar'** services to the expectant mothers, She has written many articles about successful stories of sterility cases.

Q9. It's a pride you, your esteemed wife Dr M Madhuri Prabhu Desai, beloved sons along with wives also ayurvedists serving the needful deserves salutation.

Ans. Beside my wife our elder son Dr. Mukul and my younger Dr. Mihir have done B.A.M.S. while my elder daughter in law Dr. Rama as well younger daughter in law have passed B.A.M.S. complited On-line Diploma in Yoga & are pursuing M. D. completed.

Q.10 Kindly throw light on age old Ayurvedic methods on Agni karma,Vidha karma and Rakt mokshan (Blood Letting)for therapeutic utility.

Ans. Age old methods like Agnikarma, and Viddhakarma have a vast therapeutic utility, instant pain-killers. Ayurveda has been blammed for late results. My students sent by Rashtriya Ayurved Vidyapeeth are getting sufficient experience to get confidence to do independent Ayurvedic Practice, in this specialised field.

Q11. Please share your exclusive experience on local medicaments for non healing ulcers (Vran).

Ans. For non-healing ulcers, one should know the **awstha** (state) of the wound. **Dushta Vrana** (infected wound) and **Shuddha Vrana** (wound with healthy grannulation tissue) are types of the state of the wound. The 'dushta' vrana never heals till it is 'shuddha'. so **Ropana** (healing) is possible.

For example patients usually share suffering from other dieases too eg. hypo or hyperthyroidism, gall stones, carcinoma of some organ. Never forget to ask what their complaints are. Then think of Ayurvedic fundamental before start before treatment.

Q12 Sir, how fundamental concept of " Prakriti "can contribute as tool for practice.

Ans. This is a very basic question. Acoording to Ayurved 'the Concept of Prakriti', all the human-beings on the earth differ in Prakriti from one another based on mind and body status. Every individual, even twin, differs in Prakriti. This is a very important Ayurvedic concept. You have to decide the Prakriti of any individual approaching to you for your advice. The unique Prakriti-concept of Ayurved is one of its peculiarities. Treatment for maintenance of your health with Dinacharya, **Ritucharya** and Sadvritta (for mental health), is an another peculiarity. There can not be a common protocol for every individual, like allopathic treatment. You have to judge the Prakriti of the individual first, to decide a 'pin-point' treatment. So, I always suggest that even the first year students of Medicine, should attended O.P.D., to assess the **Vriddhi-Kshaya lakshanas of Doshas**, second year student should assess nidan-panchak and samprapti of the diseas and which dravya is used on what grounds in that particular state of the disease. It is a wrong belief that Ayurvedic treatment does

not have side-effects. Some **'Ushna-virya'** dravyas, like Bhallatak can cause ill-effects if used wrongly, in Pitta-prakriti individuals. You have to use oil-based anuloman dravya, when needed, if the patient is with **'krura-koshtha'** of Vata-prakriti. Ayurveda is blammed also for not having any data-base, not having any research about fixed protocol for a particular disease. If the basic Ayurvedic parameters like Agni, **Koshtha, Prakriti,** Nidra are not common in all, how one can expect data-base and research in terms of 'modern parameters', which are not accepted to assess according to Ayurved.

Q13. What is your years of experience regarding acceptance of Ayurvedic medical system as science in India or Overseas.

Ans. Ayurved is the most scientific medical science, based on ever sustained basic principles. Only thing is, it is not accepted by the international medical field, due to difference in basic parameters applied to get recognition as a science. According to Ayurved, parameters for anything to get approved are 1) Pratyaksha - which can be percieved through our sense-organs, 2) Anumana - that is based upon previous experience and 3) Aaptopadesha - Which has been told and advised by the seers in that particular field. this may be known as 'verbal approval'. Modern science is based upon and accepts Pratyaksha. It accepts Anumana to some extent. But it does not accept Aaptopadesha, which is supposed to be of supreme power, according to Bharatiya Darshana Shastras. During the period of Corona epidemic, modern medical could not proove to be effective, while Ayurvedic treatment could do a lot. The Medical community worldwide, is realizinging the change. As modern medicine was not knowing anything about Corona, Ayurved also has faced it for the first time. But the 'Tridosha-Theory' in Ayurved, guided us how to tackle with a disease which is not described in our texts. This is the supremacy of our Aaptopadesha. It will require some more time to get global acceptance. But with the grace of the God, if the same ministry prevails over the time, the Day is not far away to get recognition to Ayurved as the 'only Global Medical Science'.

Q14. Pof. Sir you are honourable Guru at Rashtriya Ayurved Vidyapeeth of AYUSH please share your observation.

Ans. The Rashtriya Ayurved Vidyapeetha has started 'one year certification course' in Ayurved, for the graduates and post-graduate student of Ayurved, on the basis of 'Guru-shishya Parampara' of **Gurukul paddhati**, which was prevailing effectively, in ancient Bharat. The present Ayush Ministry has realized that the present syllabus of B.A.M.S., is is not covering the whole content of Ayurved. Many Ayurvedic Graduates prefer to practice Modern Medicine, after passing, as they are not confident enough to practice Ayurved, independently, especially when their is no family back-ground. **'Ashta-Vaidya Parampara'** was prevalent since ancient time in specially South Bharat. The previous practitioners were not educated through regular courses in any recognized institution. Even then, they were practicing the thrapies effectively, as an inharitage from their ancesters. This and the basic Panchakarma Paddhati of Ayurved was neglected by the then leaders and ministers. The Rashtriya Ayurved Vidyapeeth, run by Ayush Ministry, started this course to fufil the lacunae in present eduction. It has approved certain Ayurved Gurus, who have minimum twenty years of experience in **Panchakarma, Ksarsutra, Agnikarma and Viddhakarma, Striroga, Balroga,** Dentistry, **Asthi-Vaidya, Marma-Vaidya, Siddha-Vaidya, Pharma-Vaidya** etc., in Bharat. It cunducts a regular entrance examination for new-commers every year. The successful candidates are asked for their choice of Vaidya. Only thing is the expected Guru should be at least **250 kms. away** from their residence. So usually, the students are from outside states. This course has following advantages - 1) Because of the limlited number students, **personal attention** of the Guru is available, which not possible during

college-life. 2) They get accostommed with various techniques which were unknown in their **states (and college)**. 3) They can manufacture the required drugs that are used often during their practice. 4) They can handle and treat the patients, individually. 5} They get accostommed with various traditions festivals and may learn the local language and local recipes. Thus, a very nice time for getting mixed up with our **desha-bandhus.** 6) **Samhita-Vachan** is a never before incidence, during this period. Many of my students I find, had never gone thrrough the original Sanskrit text of Samhitas. They read the tranlation only. My students are always fascinated by the quick-most pain-relief, by **Agnikarma, Viddhakarma,** by observing the positive results in non-healing diabetic and other wounds, effective treatment in sterility and so on.

Q15. What is the future of B.A.M.S/ M D (Ay) physicans ? Please suggest.

Ans. Future of the present generation of B.A.M.S. and M. D. students is bright. Only they should get backing from Government. All the concerned efficient staff should be appointed at every lavel.

Suggestions for budding Practitioners - a) As mentioned in the first chapter of **Astang-Rhiday**, all Physicians should have a full faith in Ayurvd. We all follow this and treat all the patients. Before the invention of Maodern Medicine, Ayurved was prevalent, since ages. At that time also wounds were treated without anti-biotics and were washed without present antiseptics. Even then, they got favourable results. b) - Before sitting in consulting chair, everybody should visit various Ayurvedic Centers, especially for **Siddha-vaidya, Marma-Vaidya, Ashi-Vaidya, Agnikarma, Viddhakarma, Danta-Vaidya, Netra-Vaidya and Panchakarma** and local health-trditions like soya-rigpa etc. While learning, they shoul arrange educational trips for this with proper Government subsidy. c) - Never depend upon your assistants till they are properly trainned. d) - Start **'Suvarna-prashana'** facility for children from day-one of your clinic. e) - Regularly arrange **Agnikarma and Viddhakarma** Camps in your nearby localities or villages with the help of local organizations, f) - **Regular Camps** for various diseases in your clinic and invite dignitories for that event. g) - Never neglect the patient which is your **God for bread and butter**. h) - Use the social media wisely, Create your page/web-site and update it every-day.

i) Diagnosis with Modern Medicine and thinking to treat with Ayurvedic drugs creates jumbling only. Diagnose with Ayurvedic guidelines followed by Ayurvedic treatment.

Q16. Please advocate your humble advise for magazine Gurukuls C.M.E.?

Ans. It is a very nice initiative of your magazine, Gurukuls C.M.E., for sharing of information about the progress of Ayurved and recent works in Modern Medicine. It is important to know the recent trends in Modern Medicine, as well Ayurvedic Practitioner should be wel-versed with this, as the patients when for ayurvedic consultation with their filed-records. Many a times, you get an additional idea about the pathology and course of the disease.

'Atithi Vartalap' is a very nice topic in your magazine, to make the reader aware about the various ideologies prevalent in different parts of our country so the interested students and practitioners can approach the Atithi (Hon. Guest). It is appricieted to include knowledgable articles of Modern Medicine as well.

Now a days world kwows Modern Science so we should be prepared to explain our ancient shastras (Text Books) in the terms they are accostommed to.

I wish you all the best in your venture.

Hon. Member
Editorial Board

Dr. Sathyanarayana B
Principal and Medical Superintendent
Muniyal Institute of Ayurveda
Medical Sciences
Manipal

ROLE OF RASAYANA (GERIATRIC CARE) IN AYURVEDA- ADDING LIFE TO YEARS

Introduction: In recent years, there has been a tremendous increase in the pace of human ageing around the world. WHO estimates that about 22% of the world's population will be over 60 years of age by 2050.

What is Ageing?

Ageing is characterized by gradual loss of musculo-skeletal, sensory, cognitive, reproductive, immunological, endocrinal, and psychological functions. It is a major risk factor for many non-communicable, chronic, and degenerative diseases.

Ageing mechanisms:

Modern science has identified different ageing mechanisms at cellular and molecular levels such as chromosome and telomere regulation, proteostasis, insulin signalling, autophagy, oxidative stress, mitochondrial functioning, cytoskeletal integrity and hormesis. These ageing mechanisms are potential therapeutic targets to prevent and control ageing and associated diseases

Table 1: Important ageing mechanisms and potential anti-ageing therapeutic targets

Sr. No.	Ageing mechanism	Cause of ageing	Potential anti-ageing therapeutic target
1.	Chromosome and telomere regulation	Shortening of telomere length	Improvement of telomerase activity and suppression of telomere shortening
2.	Proteostasis	Proteostasis failure	Regulation of proteostasis
3.	Insulin signaling	Increased insulin/ IGF-1 signaling	Reduction in insulin/ IGF1 signaling
4.	Autophagy	Inhibition of autophagy	Stimulation of autophagy
5.	Oxidative stress	Increase in oxidative stress	Reduction of oxidative stress or anti-oxidation
6.	Mitochondrial functioning	Mitochondrial dysfunction	Boosting mitochondrial function
7.	Cytoskeletal integrity	Dysregulation of cytoskeleton	Maintenance of cytoskeletal structure
8.	Hormesis	Absence of hormesis	Induction of hormesis

Role of Ayurveda in geriatrics: The quest for blissful ageing draws our attention to - affordable, accessible, safer, age-friendly and holistic approach of Ayurveda in prevention and treatment of geriatric disorders. Recent evidence also supports the role of these classical interventions in geroprotection due to their -anti-oxidant, telomerase enhancing, autophagy inducing, senolytic, hormetic and adaptogenic activities.

Ayurvedic guidelines for healthy ageing For healthy ageing, classical interventions such as Abhyanga (oil massage), Mitahara (dietary restriction), Upavasa (fasting), Vyayama (physical exercise), Rasayana chikitsa (rejuvenation therapy), Mahakashaya (main decoctions), Rasaushadhi (metal or mineral formulations), Achara rasayana (rejuvenating behavioral therapies), etc. have been ascribed to improve longevity and extend corresponding health span.

Rasayana chikitsa (Rejuvenation and Anti-ageing therapy): It encompasses a plethora of herbal and metallic or mineral formulations as well as behavioural medicine. Multiple anti-ageing pharmacological activities of classical rasayana herbs have been proven by modern researches

Examples: Amalaki Rasayana: Amalaki rasayana, a classical herbal formulation shows effective anti-ageing effect by improving tolerance to a variety of cell stresses through reduced ROS and lipid peroxidation, enhanced SOD activity and HSP and by repairing DNA damage and maintaining telomere length facilitated by an increase in telomerase activity

Rasayana drugs: Triphala rasayana shows anti-oxidant, nitric oxide scavenging, anti-cancer, immunomodulatory and anti-inflammatory activity, Brahma rasayana retards ageing process and tumor growth. Natural products such as Resveratrol (Draksha), catechin (Khadira, Ashoka), epicatechin (Vijaysara),curcumin (Haridra) and quercetin (Amalaki, Nimba, Draksha) have been identified for their anti-ageing activity

TABLE 2. RASAYANA HERBS AND THEIR ANTI-AGEING PHARMACOLOGICAL ACTIVITIES

Sr.No.	Herb	Anti-ageing pharmacological activities
1.	Amalaki, (*Emblica officinalis*)	Anti-oxidant, adaptogenic, telomerase enhancing, autophagy inducing, insulin sensitizing, mitochondrial biogenesis enhancing activities
2.	Haritaki (*Terminalia chebula*)	Anti-oxidant , adaptogenic, cytoprotective , oxidative stress inhibitory, neuroprotective , autophagy enhancing activities, inhibition of agedependent shortening of the telomeric DNA length
3.	Bibhitaki (*Terminalia bellirica*)	Anti-oxidant, anti-depressant activities
4.	Mandukparni (*Centella asiatica*)	Anti-oxidant, DNA protective, anti -amnesic , neuroprotective, neuroregenerative, antiinflammatory , nootropic and mitochondrial dysfunction inhibitory activities
5.	Yashtimadhu (*Glycyrrhiza glabra*)	Anti-oxidant, nootropic, adaptogenic, autophagy inducing, mitochondria protective activities
6.	Guduchi (*Tinospora cordifolia*)	Anti-oxidant, life -span enhancing, nootropic , neuroprotective, hepatoprotective, hormone regulatory, anti -stress, immunomodulatory, adaptogenic, insulin sensitizing activities
7.	Shankhapushpi (*Convolvulus pluricaulis*)	Anti-oxidant, neuroprotective, memory enhancing, anti-stress, anxiolytic, anti-depressant activities

8.	Vidari (*Pueraria tuberosa*)	Anti-oxidant, immunomodulatory, adaptogenic, anti-inflammatory activities
9.	Shatavari (*Asparagus racemosus*)	Anti-oxidant, adaptogenic, phyto-estrogenic activity
10.	Ashwagandha (*Withania somnifera*)	Anti-oxidant, adaptogenic, anti-ageing, immunomodulatory, telomerase enhancing, neuroprotective, anti-stress activities
11.	Pippali (*Piper longum*)	Anti-oxidant, adaptogenic , senolytic , autophagy promoting activities
12.	Bhallataka (*Semicarpus anacardium*)	Anti-oxidant, cytoprotective, anti-inflammatory activities
13.	Punarnava (*Boerhaavia diffusa* L)	Antioxidant, Antistress, Adaptogenic, Immunomodulatory activities
14.	Haidra (*Curcuma longa*)	Anti-oxidant, co-inducer of hormesis, senolytic, neuroprotective, modifies sirtuins and AMPK

Rasayana as an inducer of Hormesis: Low levels of stress from physical, chemical and biological stressors often, but not always, result in the functional improvement of cells, tissues, organs and organisms—a phenomenon termed physiological hormesis (Calabrese et al., 2007; Mattson, 2008a). Curcumin is a co-inducer of HSP and has wide ranging biological effects depending on its dosage (Bala et al., 2006; Deorukhkar et al., 2007; Kunnumakkara et al., 2008). Scientists have previously reported that at lower doses (0.3 and 1 μM) curcumin stimulates proteasome activity, enhances HSP induction after HS, and stimulates sodium pump activity (Ali and Rattan, 2006; Rattan and Ali, 2007). Induction of hormesis may be achieved with the help of hormetins like classical metallic formulations, abhyanga, vyayama and certain rasayanas.

Daily behavioural regimens like abhyanga, vyayama and achara rasayana help reduce stress hormones, induce autophagy and maintain the synchrony of the circadian system that is tightly coupled to cellular metabolism. Rasayana as an inducer of Hormesis: Recent reports have also indicated that certain nanoparticles (NPs) may also exhibit a hormetic dose-response.

Role of Rasoushadhi including Bhasma that contain nanoparticles in inducing hormosis has to be further evaluated.

Effect of Rasayana on telomere: Maintenance of telomere length is facilitated by an increase in telomerase activity upon rasayana administration in aged individuals. The results of a study carried out by Guruprasad et.al, suggest that Amalaki Rasayana may enhance the telomerase activity appropriately in aged individuals which may be associated with the other related biological effects to promote quality of health. Amalaki Rasayana may prevent the erosion of telomeres over a period of time in aged individuals to promote healthy ageing. The increase of telomerase activity may delay the onset of ageing process by marking critical upper limit of telomere length.

Rasaushadhi (Metal or mineral formulations) as Rasayana: Shilajit (Asphaltum punjabianum) shows anti-inflammatory, analgesic, anti-diabetic, immunomodulatory, anti- anxiety and adaptogenic properties.

Tamra bhasma (incinerated copper) when given in lower doses, potentiates anti-oxidant activity in rats. Swarna bhasma (incinerated gold) preparations have significant anti-oxidant and restorative effects in global and focal models of ischemia. Swarna bhasma-treated animals have shown significant increase in superoxide dismutase and catalase activity that reduces free radical concentrations in the body. Traditional gold preparations are attributed with tonic/rejuvenating and antioxidant properties. Enzymatic parameters (lipid peroxidase, reduced glutathione, catalase, glutathione reductase, glutathione-S-transferase, glutatione peroxidase, superoxide dismutase, and glucose-6-phosphate dehydrogenase) were employed to assess ischaemic brain damage and its modulation. Significant restoration of altered values to near normal levels by Ayurvedic Swarna Bhasma and Unani Kushta Tila Kalan (25 mg/kg, orally for 10 days), suggest potentials for gold preparations in cerebrovascular diseases. (Shah Z A, Vohora S B, Antioxidant/ restorative effects of calcined gold preparations used in Indian systems of medicine against global and focal models of ischaemia, Pharmacology and Toxicology, 2002 May;90(5):254-9)

In an experimental animal model, swarna bhasma treated animals showed significantly increased superoxide dismutase and catalase activity, two enzymes that reduce free radical concentrations in the body.(A Mitra, S Chakraborty, B Auddy, P Tripathi, S Sen, AV Saha, B Mukherjee,Evaluation of chemical constituents and free radical scavenging activity of Swarna bhasma (gold ash), an Ayurvedic drug, J ournal of Ethnopharmacology. 2002;80:147-153 PMid:12007704)

Rasayana herbs to treat age related cognitive decline: Herbs like amalaki (Emblica officinalis), hareetaki (Terminalia chebula), haridra (Curcuma longa), manduka parni (Centella asiatica), aindri (Bacopa monniera), yastimadhu (Glycirrhiza glabra), guduchi (Tinospora cordifolia), shankhapushpi (Convolvulus pleuricaulis), vacha (Acorus calamus), jyotishmati (Celastrus panniculata), kushmanda (Benincasa hispida), Jatamamsi (Nardostachys jatamamsi), ashvagandha (Withania somnifera) and kapikacchu (Mucuna pruriens (Linn.) are already proven of their efficacy in experimental and preclinical levels. These herbs mostly act on reactive oxygen species and oxidative stress injury by antioxidant properties and neuro- protective activity. Acetylcholine esterase inhibition, N-Methyl-D-Aspartate antagonism, Dopaminergic activity, Anti-amyloidogenic activity, Inhibition of Tau aggregation, neuroprotection and immune modulation are activity path ways.

Achara Rasayana as anti-ageing: Achara rasayana positively influences our environment, people, relationships, attitudes, values, health, social policies, support systems and their services, thus supporting and maintaining our intrinsic capacity and functional ability, which is a key to Healthy Ageing.

Conclusion: Ageing can be a blissful celebration only if it is coupled with optimum health. The Rasayana are primarily of promotive value and are essentially meant to rejuvenate the body and mind to impart longevity against ageing and immunity against disease. The selected interventions of Ayurveda exhibit anti-ageing effects in different laboratory organisms and humans, implying some commonalities in the underlying ageing mechanisms and universal applicability of these interventions. Recent advances on the field of phytochemistry, biotechnology, pharmacogenomics and pharmacology helped to understand the varied modes of action of rasayana therapy including Rasayana herbs and formulations with anti-ageing

as primary target. There is a huge scope for further interdisciplinary research of translational value in this area. A person who takes suitable diet and practices self-control lives full span of 100 years, without illness. Ayurveda Rasayana Chikitsa is found not only to add years to life but also life to years so that person lives with optimum health in old age along with better life expectancy

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etc.

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CLINICAL ASPECT OF VIDDHA KARMA

Infertility is a medical condition affecting either the male or female reproductive system, characterized by the inability to conceive despite having regular, unprotected sexual intercourse for 12 months or more. The Ayurvedic treatment of Shodhan (purification) and shaman (balancing) therapies assists in eliminating blockages in the channels, pacifying imbalanced dosha, and facilitating the optimal formation of healthy semen (Shukra dhatu) and ovum .

As per Bhel Samhita, Bandhyatva is caused due to vitiation of Vata.

Causes of Vata Vyadhi :- Ksaya Janya & Avarodha Janya

Kshaya janya Vata Vyadhi Treatment :-

• Santarpana, • Pachana, • Anuvasana Basti
• Agnikarma (not Viddha Karma)

Avarodha janya Vata Vyadhi Treatment :-

• Snehana, • Swedan, • Niruhan Basti, • Agnikarma
• Viddha karma

Causes of Male Infertility:-

• Endocrine disorders = 2 - 5 %
• Sperm transport disorders = 5 %
• Prim. Testicular defects = 65 - 80 %
• Genetics :- Low sperm count
• Drugs , Smoking , Radiation
• Infection
• D.M., Thyroid disorders
• Flame retardant, Pesticides, • Testicular Malformations, • Hormone Imbalance
• Blockage in Vas deferens
• Presence of ASA, IgG, IgM, IgA
• Cystic Fibrosis, • Prostatitis, • Varicocoele
• Orchitis / Trauma, • Hypo-Prolactinaemia
• Hypo-Pituitarism

Causes of Female Infertility:-

• Structural defects in Fallopian tube
• Uterus problems in releasing eggs
• Infection, • Advanced Maternal Age
• Anti-thyroid antibodies, • Oligo-ovulation or An-ovulation, • Endometriosis, • Pituitary Adenoma
• Hypothalamic Amenorrhea, • Premature ovarian failure, • PCOS, • Over / underweight

Introduction of Viddha Karma :-

Viddha karma has been described at Sushruta Samhita, Sharira sthana, 8th Chapter & Ashtanga Hridaya, Sutra Sthana, 12th Chapter. In Sushrut Samhita, Viddha karma has been nominated as Vyadha & Succhi Vedha at Charak Samhita, Vyadhan at Ashtanga Hridaya respectively.

Succhi + Vedha

Succhi means needle….Vedha means bore a hole to drain out Avrita Vata or vitiated Rakta or Puya (Pus). Viddha karma outcome depends on Vyadhan site & depth where we have to pierce needle over specified location.

Viddha karma Schedule :- It is usually done three days continuously thereafter once in a week till recovery is achieved.

Pramana for Viddha Karma :-

• Anguli pramana :-
4 F = 8 cm, 2 F = 4 cm, 1 F = 2 cm
1.5 F = 3 cm

Investigations :-
• Hemogram
• B.T. C.T. P.T. (INR)
• Blood sugar Fasting & P.P.

Requirements :-
• OPD room
• Valid BMW Contract
• Focus Light
• Mantra Instrument
• Disposable needles size.. 26 x 1/2

Viddha points @ Bandhyatva / Infertility:-
• Sthapni Marma
• 2 F above to Pada kshipra (B/L)
• Angushtha moola (B/L)
• 4 F above to Gulpha sandhi (B/L)
• Medially 1/3rd between line joining Ant. Sup. iliac spine & pubic symphysis.

Causes of Male Infertility (Not treatable by V. K.) :-
Endocrine disorders
Sperm transport disorders
Prim. Testicular defects
Genetics: - Low sperm count
Drugs, Smoking, Radiation
Infection
D.M., Thyroid disorders
Flame retardant, Pesticides
Testicular Malformations
Hormone Imbalance
Blockage in Vas deferens
Presence of ASA IgG, IgM, IgA
Cystic Fibrosis
Prostatitis, Varicocoele, Orchitis / Trauma
Hypo-Prolactinaemia, Hypo-Pituitarism

Causes of Female Infertility (Not treatable by V. K.):-
• Structural problem in uterus & fallopian tube
• Infection, • Advanced Maternal Age
• Pituitary Adenoma, • Hypothalamic Amenorrhea
• Endocrinal disorders

Viddha points @ PCOD :-
• 2 F above to Kshipra marma (B/L Foot)
• Angushtha moola (B/L)
• Lateral 1/3rd of union in b/w Ant. Sup. iliac spine & pubic symphysis
• Same points of Stress viz.
Uro - madhye i.e. (Mid point in b/w Rt. & Lt. nipple)
Sthapni marma @ Depth :- ¼ th brihi)

Causes of PCOD (Not treatable by V. K.) :-
• Hypo- thyroidism, • Cushing Syndrome
• Hyper-prolactinaemia, • Pituitary disorders
• Adrenal disorders

Causes of E.D. :-
• H.T. / D.M. / C.A.D
• Drugs
Thiazides, B blockers, # Antihistamine
Epilepsy drugs
• Depression / Stress, • Surgery
TUR
• Hypogonadism, • Neurological disease
Parkinsonism
• Endocrinal disorders viz. Hyperprolactinaemia
• Infection
Covid- 19
• Obesity
• Smoking , Alcohol
• Dyslipidaemia

V.K. @ E. D. / Oligospermia/ Azoospermia / Varicocoele :-
• Lateral side of scrotum @ ½ brihi depth

• Base of Penis @ ¼ brihi depth
• 2F above to Penis by stretching penis to above side @ ¼ brihi
• 2F above to Kshipra Marma (Pada)
(If aadhmana is present @ ¼)
• Angushtha Moola (B/L) (Semen secretion if associated with micturition)
• 4 F above to Gulpha sandhi

Causes of Obstructive Azoo / oligo-spermia :- (Treatable by V. K.) :-

• Post Testicular :-
* Vas deferens obstruction
* Ejaculatory duct obstruction

Diagnosis :- Testicular biopsy can differentiate between non obstructive & obstructive cause. V. K. is specially indicated in Obstructive cause.

Causes of Non Obstructive Azoo/ oligo-spermia :- (Not treatable by V. K.)

A) Pretesticular :-
* Low FSH level
* Hypopituitarism * Hyperprolactinaemia
* Chemotherapy

B) Testicular :-
• Undescended Testis
• Orchitis, • Surgery, • Radiation, • Mast cell Inhibitors

Causes of E. D. (Not treatable by V. K.) :-

• Drugs, • Surgery, • Neurological disorders
• Endocrinal disorders, • Infection
• Obesity , • Smoking, • Alcoholism
• Hypogonadism, • Dyslipidaemia
• Depression / Stress

V. K. @ Tubal blockage :-

Rt. Tube blockage :-

Viddha Points :-

1 F above to Lt. Upanasika (Viparaya)
2 F above to Kshipra (Pada)
Angushtha mula
Lateral 1/3rd of union in b/w Ant. Sup. iliac spine & pubic symphysis..(if stiffness is at lateral side or above)

Or

Medial 1/3rd of union in b/w..(If abdomen pain with blood clots)

Or

B/L 1/3rd of union... (If no menses since after puberty)

Causes of Tubal Blockage (Not treatable by V. K.) :-

• Infection
• Abdominal Surgery
• Endometriosis
• P. I. D

V. K. @ Fibroid (Not effective but palliative) :-

S/S :- Dysmenorrheal / blackish colored periods / cramps

Viddha Points :-

*Lateral 1/3rd of union of ASIS & pubic symphysis

* Angushtha mula

Conclusion :-

Viddha Karma acts as catalyst while rendering therapeutic effect by clearing the blockage in Vata channels & by raising blood flow . We have to continue Shaman & Shodhan chikitsa along with Viddha karma in order to achieve best results but there are few limitations of Viddha karma where we have to treat other causes for infertility where hormonal disturbances & structural defects play dominant role.

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An Easier Management Of Dehydration Among Children Rare Case Study

Introduction:

In India there are many areas which had been rural, remote and raw in nature where traditional healers and birth attendents play key role in controlling and curing many a disorders like loose motion, where infant patient's **Bregma (Talu/ Anterior Fontanale)** is depressed due to dehydration of water and electrolytes.

One of the practice seen is to apply cotton soacked with breast milk repeatedly till the patient recovers a rare case of study here.

A trial in **Konkan area of Maharastra** where medical facilities were not available so this procedure was tried with satisfactory results.

In February 1989, we got chance to try this method in a dehydrated baby, 28 days old, in which all the available methods for dehydration, including i.v. Infusion, were failed. Along with loose motions baby had vomiting as well parents being poor and due to lack of conveyance hospital facilities at for off. As the parents showed full faith in us so we decided to try this simple method.

Being encouraged by the favorable results we tried this method successfully in 33 babies till the end of September 1989.

When we presented the case study in **Third International Congress in Traditional Asian Medicine at Mumbai, in January 1990,** we received many letters of encouragement so after personal scientific communication we decided to modify this method a little further because of which we could include children up to **6 years of age**, which is supposed to be the high-risk age group.

In this modification we tried and advised massage to the whole body of the patients with naturally available milk (i.e. **cow's, buffalo's, breast**). Milk-soaked cotton-swab was applied to the patent bregmas of younger babies as well.

An attempt is being made here with positive treatment to present our practical experience during these efforts.

Selection of patient:

During initial trial we selected dehydrated babies up to the age of 1½ year, i.e. before ossification of anterior fontanelle (i.e. with patent bregma); but for modified experiment we preferred children up to 6 years of age, who were suffering dehydration.

Till now only 72 cases are on record (including 33 cases of initial trial) as the village that we have chosen for service to rural people has total population not exceeding one thousand five hundred only and secondly, it is very difficult to convince the illiterate parents to allow us this unusual experiment on their severely ill children.

We have omitted the children with vomiting of cerebral origin and with fourth degree dehydration.

Thus, for selection of children in this experiment we applied two main criteria as follows-

1. Age of the child under trial should not be more than 6 years.

2. The child under trial should be dehydrated.

Method:

In our initial study we applied absorbent cotton-swab soaked in naturally available milk to patent bregmas (ant.fontanelle) of dehydrated babies and before it could become dry, it was replaced by another swab. This was repeated till applied swab remained wet approximately more than one minute.

In the modified method, all children under trial were massaged with naturally available milk, all over the body till its rate of disappearance was markedly diminished and their skin regained its normal luster and elasticity. This procedure was also followed in younger babies with patent bregmas.

As for as possible we preferred breast-milk to apply at Talu in babies with patent bregma and for massage we used any of the naturally available milk.

We omitted re constituted milk for this particular study, which is not easily available in our area.

Especially the children with severe and repeated vomiting were stopped all oral feeds.

Observations:

The work is going on, but for the purpose of communication, the group of 33 babies of our initial trial (i.e. group one) and the groups of 39 children of our modified experiment (i.e. group two) are being analyzed. The number of patients is comparatively less; as many of the outpatients have not appeared again for follow up examination.

Our observations are as follows-

1. Immediate observation after applying milk-soaked cotton-swab to Talu of dehydrated babies was that the **swab becomes dry after some time**.

2. Similarly after massaging the whole body with natural milk, it was **disappeared in the skin**.

3. Both above observations clearly indicate absorption of **milk through skin and anterior fontanelle (i.e. Talu)** and the rate of absorption was found to be equally proportional to the degree of dehydration.

4. Signs of rehydration were seen in babies under trial, within ten to thirty minutes depending upon degree of dehydration.

5. **The milk applied over whole body of the baby**, turned into a whitish layer as the signs of dehydration got reduced & we thought this was the marker to assume that dehydration Is under control.

Table showing age-wise classification

Age of patient	Male	Female
Group One		
1. Less than one month	1	1
2. Between 1 to 2 months	1	1
3. Between 2 to 6 months	4	3
4. Between 6 months to 1 year	8	3
5. Between 1 to 1½ years	7	4
Total	**21**	**12**

Group Two		
1. Less than 6 months	6	3
2. 6 months to 1½ years	4	5
3. 1½ years to 3 years	9	6
4. 3 years to 6 years	3	3
Total	**22**	**17**

Table showing degree of dehydration

Sr. No	Degree	Group One		Group Two	
		Male	Female	Male	Female
1.	First	11	3	11	2
2.	Second	7	2	7	7
3.	Third	3	7	4	8
	Total	**21**	**12**	**22**	**17**

Table showing symptom-wise classification

Group	Symptom			
	Only loose motions		Loose motions with vomiting	
	Male	Female	Male	Female
1.	16	8	5	4
2.	16	10	6	7
Total	**32**	**18**	**11**	**11**

Discussion and Conclusion:

According to W.H.O., dehydration is supposed to be No. 1 killer in children less than 6 years of age. So especially in areas where communication or expertise is not available, a simple method to manage dehydration is very much desired. Naturally and easily available substance like milk (cow's, buffalo's or goat's or breast) when properly used especially in remote rural areas can avert the risk and provide relief to patient as well as parents.

Established ways for rehydartion, at times, fail for lacking in getting proper (and cheaper) route. In attempt to find a route (especially intravenous) aseptic precautions are not that meticulously followed. So the risk of infection is much more and disastrous, on background of dehydrated stage. So more substitute mean and method utilized to compensate the risk will be very much appreciated.

So an attempt was done to try this positive drug, non-blind schedule of scrutiny. The single or double blind pattern was not desired in the emergency situation of dehydration. Placebo or otherwise intervention could not be thought of both ethically and by social circumstances.

This simple method for rehydration has following advantages:

1. This **method is very simple and safe.** The material required for management is easily and naturally available, almost everywhere and the risk of excess-dosage is not there.

2. It can be **tried at home,** thus may save many man-hours of parents, anxiously strained and wasted during hospitalization of their child, for i.v. infusion. Even non-earning domestic member of the family can carry out this method at home.

3. It will help to **minimize the risk of probable introduction of infectious** (like virus B hepatitis, aids etc.) through i.v. route or i.v. infusion fluids, especially where the social and professional meticulosity for asepsis is less.

4. This, being almost a **no-cost remedy**, will bring down the total cost of treatment, especially desirable in developing countries, like India.

5. **Mother's scientifically** health-valuable breast-milk, which is otherwise shunted out with psychologically painful stimuli, in case of severely vomiting child; is used in this method. So the mother is satisfied to see her breast-milk is utilized for her baby, & not wasted. Additionally, it may prevent problem breast-abscess risk.

6. This method is definitely more **useful than present O.R.S.,** especially so in children with total rejection of any oral intake.

7. As it covers the **major risk-age-group** dying by dehydration, it will be an additional support to M.C.H. scheme to deal with the killer No.1 of children.

We are quite aware of this positive non-double-blind management's limitations. It may have lesser scientific weightage. But the fact remains that within the situation, with limited economic and social aspects, at remote and least communicable areas; especially in rainy season and quality of professional skill care unavailable, the report has golden merits.

While summing up we wish "best of health to all".

This paper was presented in-

1.Third International Conference on Yoga and Ayurveda (IASTAM) at Mumbai in January 1990

and

2. Fourth World Congress on Ayurveda at Bangalore in December 1991.

Re Thoughts

1. Respect is farned, honesty appriciated, trust gained & loyacity is returned
2. Some flowers blossom in sun keep cool others do well in shades, so enjoy life in every situation.
3. Plans are nothing, planning is every thing- **Dwilght Deisenowr**
4. One Must not fear, it's a mind killer causes many diseases frank harbert
5. World is full of willing people, some are willing to work, rest are winning to let down others- **Robert Frost**

DHAROHAR

HERBAL MEDICINE

"Devkusum"

HINDI - Lavang ; **SASNKRIT -** Sri Prason; **ENGLISH-**clove; **LATIN -** Syzgium Aromaticum.

General Description - TREE (30 - 40) Feet tall remains green round the year ; **Leaves** - Green in color oval shaped (3- 4)" ; **Flowers** - Scented violet colored; **Fruits** - Lavang alike called 'MOTHER' clove; sold in market as dried flowers.

Found & Cultivated in Tamil Nadu, Kerala while imported from Sri Lanka & Singapur.

It takes 7- 8 years when long buds red in colour are ready for use.

CHEMICAL COMPOSITION - Clove oil contains an alkaloid Uzinol (70- 90) % ,Uzinol acetate (2- 17)% , Caryophylene besides in flowers, leaves & plant root .

Protein 5.2 % ,Fats 8.9 % ,Carbohydrates 46% ,Minerals 5.2 % ,Fats 8.9 % along with Calcium ,Phosphorus, Iron ,Iodine ,Carotene ,Thai mine, Riboflavin etc

THERAPEUTIC CHARACTERISTICS -

1. It's Kaph & Pitt shaamak .
2. When applied locally on Fore head for Cough ,Cold.,Headache ; For Oral application as Chewable as stimulant of Throat ,Buccal cavity ,Dental as well as Gum Disorders Clove oil as pain killer ; For Lumbago (Katishool) ,Sciatica (Ghridhsi),Arthritis (Aamvaat). Local application on Penis for Erectile Dysfunction (Dhwaj Bhang).
3. In Disorders of Despepsia (Agnimandya) ,Anorexia (Aruchi),Flatulence (Adhman),Acid peptic (Amalpitt),I.B.S (Grahni),Hepat Billiary Disorders (Yakrit Vikar).
4. In cases of Cough (Kass), Breathing problem (Shwas),Hicoup (Hikka), Tuberculosis (Kshay).
5. Lavang is anti viral ,anti bacterial, anti inflammatory.
6. In cases of chronic dermatitis (Charm Twak) as allergic ,fungal Disorders.
7. For cases of Early Seeman Discharge (Shukrastambhan) & enhances quality as well as quantity of Lactation (Stan shodhan / vridhi).
8. Used in general debility (Samnya durbalta), As Aphrodisiac (Vajikaran) .
9. Useful part Buds (Pushp Kalika) .
10. Dose 1 - 2 gm ,OIL 1-3 drops.
11. Common Formulation Lavangaadi Vati / Churan, Avipatikar Churan, Devkusum Rsss.

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Conceptual Study Of Apasmara (Epilepsy) & Its Line Of Treatment

Abstract
Apasmara is a psychosomatic disorder which is one of the disease among the eight mahagada or mahavyadhi mentioned in classical texts of Ayurveda. It effects person both physically as well as mentally (sharir and manas). It involves memory, intelligence (intellect) and consciousness (mind).The main characteristic feature of this diseases are Tama Pravesha (transient loss of consciousness or entering into darkness), Bheebatsa Cheshta (fearful or abnormal movement of limbs) smrutibudhisatwasamplawat (perversion or derangement of Smruthi, Buddhi and Satva). So, there is temporary lossof memory, convulsions, frothy discharge from mouth in this disease. This disease is very thoroughly explained in Ayurvedic classics. If we follow principles of Ayurveda it is easy to understand the concept behind the disease and its effective management.

Keywords: Apasmara, Smriti, Sangyavhastrotas, Shodhan etc

Introduction
Apasmara is a psychosomatic disorder which is one of the dreadful disease among the eight mahagada or mahavyadhi. Apa means loss (to lose) and especially the consciousness which is one of the cardinal sign.

It involves memory, intelligence (intellect) and consciousness (mind). According to **Acharya Charak**, Apasmara is Apagama i.e loss (loss of) Smriti (memory/retention), derangement or perversion of Dhi (intellectual capacity) and Sattva (mental strength). It is also characterized by Bibhitsa Chesta (scary / irrelevant behavior) with abnormal activities like transient loss of memory, convulsions, abnormal postures of body and froth from mouth. After this temporary phase of irrelevant behaviour, patient is again normal.

In Madhava Nidana, Apasmarais mentioned with details as the loss of Smriti with main characteristic feature of Tamaha Pravesha which occurs all of sudden. After this aura condition, patient again regains consciousness. In Apasmar, due to the perversion or derangement of Smriti, Buddhi and Satva, classical features such as Tama Pravesha and Bheebitsa Cheshta occurs.

Nidan of Apasmara

This is psychosomatic disorder it involves all three sharir doshas and two manas doshas Rajah and Tamas. Mainly due to following reasons:

Nidan of Apasmara, Aharaj, Viharaj, Manas, Other reasons Aharaj:

- Viruddha (incompatible foods)
- Malina (unhygienic or impure) food,

• Decomposed food
• Habitual intake of unwholesome food

Viharaj:

• Vegadharana (Suppresion of natural urges).
• Gachtamchrajaswala (sexual intercourse with menstruating woman)

Manas:

• Mind totally afflicted or overpowered by Rajas and Tamas Doshas.

• Affliction of mind byexcessive Chintha (tensions or worry), Kama, shoka (grief), Bhaya (fear), Krodha (anger), etc.

• Either Ayoga, Atiyogaor Mithyayoga of Indriya with their arthas and Karmas (actions).

• Suppression of satva Guna or dominance of rajas and tamas guna.

Other reasons:

• Atiyoga, Ayoga, and Mithyayoga of Panchakarma.
• When doshas get imbalanced.

Types of Apasmara
This disease is classified under four headings.

Types of Apasmara, Vataja, Pittaja, Kaphaja, Sannipataja

Samprapti (Pathogenesis) Hetu Sevan, Vitiation of doshas (vatadi doshas)

Sathansanshraya at hridya, {also affected by predisposing manas bhava like chinta, bhaya, shoketc}

Manovahastrotusavarodha, (derangement of mind, intellect, and senses)

Indriyavikruti, Sangyavahashrotusavrodha ,(transient loss of consciousness, abnormal movement)

Bibhitsa Cheshta + Tamah pravesh, Apasmara veg Smrutinash, Samprapti Ghataks of Apasmara

Doshas	Vata – Prana, Vyan, Udanvayu Pitta – Sadhak Pitta, Kapha – Tarpak Kapha; Manas doshas predominance of Raja tama
Dushya	Rashadhatu, Mana
Agni	Mandhya
Srotodusti	Sanga
Srotas	Manovaha
Kha-Vaigunya	Mana
Udbhavasthana	Hruday
Adhisthana	Mana, Indriya
Vyadhimarga	Madhyamamarg

Purvarupa

The prodromal symptoms of Apasmara are Hritkampa (palpitationof heart), Shunyata (feeling of the emptiness of the heart), Sweda (sweating), Dhyanam (constant involvement in thoughts), Moorcha (fainting), Pramoodatha (sangyanasha or syncope), Nidra nasha (insomnia), Bhruvyudhasya (abnormal twitching of eyes), Akshi vaikrutha (constant abnormal/ irregular movements of eyes), Ashabdhasravana (auditory hallucinations), Bhrama, Tamo darshana (black outs / temporary loss of vision without alteration in consciousness), Avipaka (indigestion), Aruchi (aversion to food and drinks), Kukshiaatopa (Gugling noise in the abdomen), moha (confused state of mind), Singhanakaprastrava (Flowing out of saliva and nasal secretion), Daurbalyam (Loss of strength), Angamarda (body ache), thrist etc.

Sadhya – Asadhya

Apasmar attack varies according to doshas too. In Vataj Apasmar attack occurs after twelve days, in pittaja after fifteen days, in kaphaj after a month. Apasmar which occurs due to vitiation of all three doshas is incurable. Beside that which occurs in a weak person and whose duration is very long even if it is vitiated by single dosha it is also incurable.

Management of Apasmara [9]

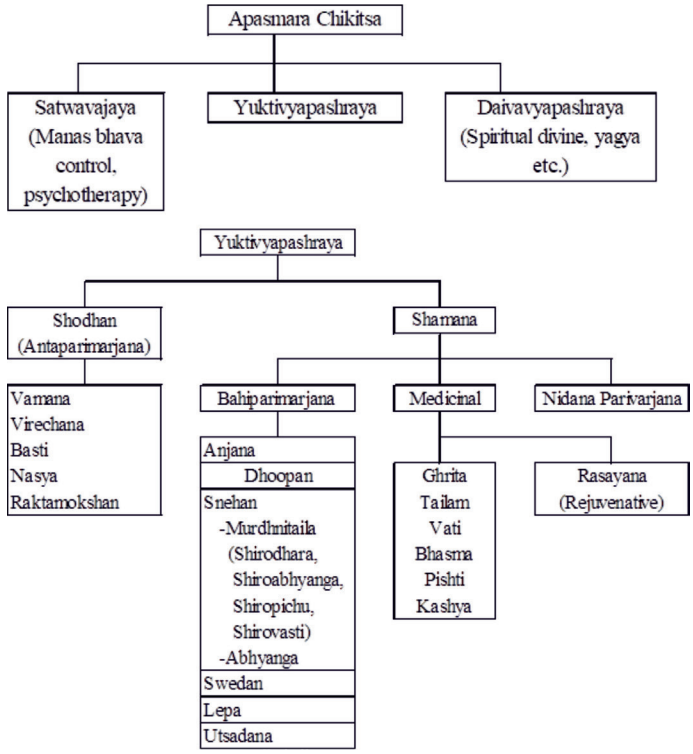
In this, the heart, strotas and mana which are totally vitiated or obstructed by doshas must be aroused earlier or must be given some very teekshan or strong Panchkarma procedures like vamana (emetic therapy) etc.

Shodhan according to Dosha predominance:

Dosha	Treatment
Vata	basti (medicated enema)
Pitta	virechana (purgation)
Kaphaj	vamana (emesis)

Acharya Sushruta also recommended Raktamokshan (Siravedha) from the veins in temple area.

Chikitsa Siddhanta (Treatment Protocol)



Discussion

Apasmara is a Psychosomatic disorder which is considered as one of the eight mahagada as per Ayurvedic texts. This disease has an episodic manifestation.Ayurveda has very clear and detailed view of Apasmar. It has clearly mentioned its signs symptoms as per doshas.Indisease management too, it is clearly mentioned to remove the obstruction among sangyavahastrotas. It also explains about bringing all doshas under equilibrium and balanced state. It not only includes Panchkarma procedures along with sanshamana medicines but it also guide about the other treatment modalities for this major disease. Other modalities such as Satvavajya treatment, Rasayana, yoga pranayama etc all

provides a sort of package for effective disease management. So, it is easy to understand and plan treatment according to severity and chronicity of disease. In nutshell, Panchakarma, Antaparimarjana, Bahiparimarjana, all together do a remarkable job for its management. So, this disease should be clearly understood as a whole and it will be boon for society to manage it properly.

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PM lays foundation stone for an Ayurveda Research Institute

In a momentous step towards advancing healthcare and promoting traditional medicine PM Narendra Modi laid the foundation stone (virtually) of Central Ayurveda Research Institute in Rohini, and termed it as the "Ayurveda's – next big leap". The ceremony was attended by Prataprao Jadhav, Union Minister of State (Independent charge), Ministry of Ayush and other dignitaries.

Emphasising the Government's focus on making healthcare accessible to the poorest of the poor, the Prime Minister remarked that the Government is also promoting traditional Indian medicine systems like AYUSH and Ayurveda. He added that over the past decade, the AYUSH system has expanded to more than 100 countries. Modi highlighted that the first WHO institution related to traditional medicine is being established in India. He added that a few weeks ago, he inaugurated the second phase of the All India Institute of Ayurveda. He also extended his special congratulations to the people of Delhi for this achievement.

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ART OF JOINT REPLACEMENT SURGERY

Joint Replacement Surgery can be a helpful and life changing surgical treatment procedure. This involves totally or partially replacing the diseased Joint surfaces of joint that has been damaged beyond repair.

The damaged joint surfaces are replaced by an artificial joint made of metallic alloys. It was earlier steel- surgical grade.

MATAERIAL USED ARE

1. STEEL
2. Cobalt chromium alloy
3. Titanium alloy
4. Ceramic

5. Zirconium alloy (also called OXINIUM)

Metal on one side of moving surface of moves on high density Polythene surface.

These corresponding metal on plastic (ultra-high-density polythene) makes it a virtually frictionless surface with long life. Metal on metal bearing surface have been withdrawn because of serious side effect.

JOINTS MOST COMMONLY REPLACED

A. Hip joint most successful surgery.

B. Knee joint most commonly replaced. Because of high prevalence knee osteoarthrosis.

C. Shoulder and elbow replaced are third and fourth joints as less indicated.

History of successful and modern joint replacement started with Sir John Charnley who Pioneered Low Friction Hip Arthroplasty can be fixed with cement or uncemented. The metal surface can be fit with rapid setting Methyl Methacrylate bene cement. This cement fixes the under surfaces of artificial surface to the bone giving it immediate strength and bonding. It is used in old aged People. The noncemented joint replacement is used in younger generation patient. The under surface of artificial

implant is corrugated or coated Hydroxyapetate allow bone growth on metal surface. This metal is a very durable and long-lasting bondage usually patient after joint replacement surgery can lead a normal life. They can walk and lead a normal life walking, climbing, driving, cycling, swimming, travelling is feasible after such surgery.

COMPLICACATION ENCOUNTERED

1. Infection is potentially serious complication seen in joint replacement.
2. Dislocation of Joint.
3. Painful Joint.
4. Stiffness and immobility.
5. Loosening of joint/prosthesis.
6. Fracture around these joints.

These complications may need a second surgery

Revision of joint replacement.

LIFE OF REPLACED JOINT

Usually, 20-25 years or may last entire life span.

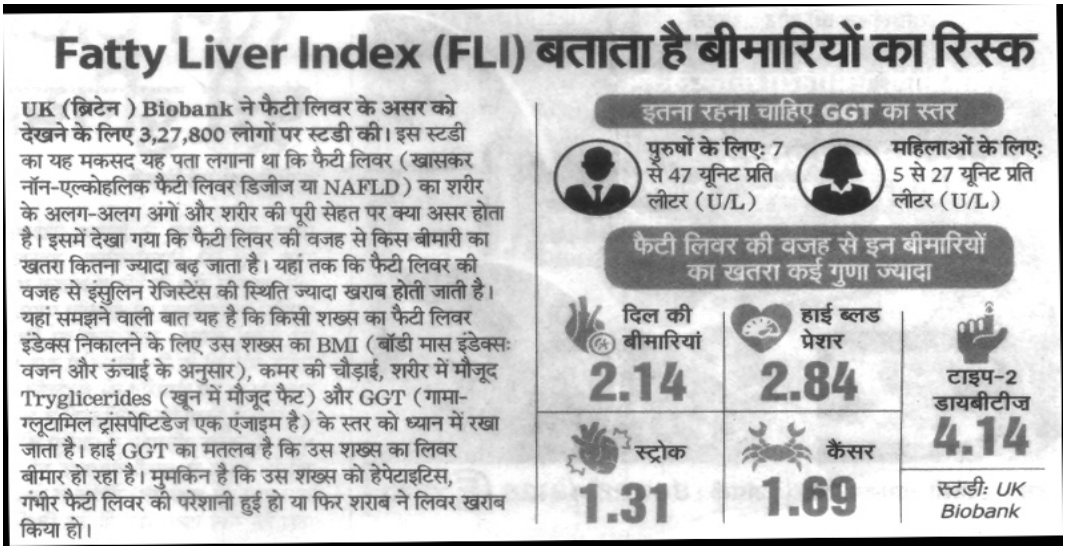
LATEST ADVANCES

1. Joint replacement done with computer assistance CAS (Computer Assisted surgery)
2. Robotic assistive surgery (to give more accuracy and alignment).
3. Patient specific implants (PSI).
4. Dual Mobility hip replacement to prevent dislocation.
5. Rotating platform knee Replacements.
6. Suture less knee replacement to give cosmesis.
7. All plastic Tibial components.
8. Unicondylar knee replacement.
9. Small joint like finger joint.
10. Radial head replacement.

It takes around 3 months to 1 year for a person to feel totally normal after surgery.

Hemiarthroplasty or bipolar hip replacement is life saving for fracture of femur head in old osteoporotic related fracture.

Patient with hip fracture begins to walk after a day of his or her surgery.



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Burden Of Chronic Kidney Diseases In India

Background

Chronic kidney disease (CKD) has become one of the most important, chronic, non communicable disease epidemics in the world, including India. It is clear that treatment of CKD and its advanced stage, that is, end-stage renal disease (ESRD), is consuming a huge proportion of health resources in most of the country, and in India it is beyond the reach of the average Indian. Thus, it is crucial that prevention of CKD become an important goal of the medical fraternity, government, and public at large in any country, including India.

The prevalence of CKD is increasing dramatically and the cost of treating it poses an enormous burden on healthcare systems worldwide. About 1 in 10 people have some form of kidney damage, and every year millions die prematurely of complications related to their kidney disease.

Although the exact reasons for the growth of the ESRD program are unknown, changes in the demographics of the population, differences in disease burden among racial groups, and under-recognition of earlier stages of CKD and of risk factors for CKD may partially explain this growth. One reason is the rapidly increasing worldwide incidence of diabetes and hypertension.

Early chronic kidney disease has no sign or symptoms. You can help delay or prevent kidney failure by treating kidney disease early. A person can lose up to 90% of their kidney function before experiencing any symptoms.

The lack of community-based screening programs has led to patients being detected with CKD at an advanced stage. It is possible that early detection of kidney disease through community based screening programs might have an impact on this problem through earlier intervention. Awareness was observed to be low. Data supports the importance of improving the education and early detection of CKD. It should be stressed to all primary care physicians taking care of hypertensive and diabetic patients to screen for early kidney damage. Early intervention may retard the progression of kidney disease. Planning for the preventive health policies and allocation of more resources for the treatment of CKD/ESRD patients are imperative in India.

IMPACT OF CKD AND ESRD ON MORTALITY

— Patients with chronic kidney disease (CKD) and particularly end-stage renal disease (ESRD) are at increased risk of mortality, particularly from cardiovascular disease (CVD). Survival probabilities for dialysis patients at one, two, and five years are approximately 81, 65, and 34 percent, respectively.

MAGNITUDE OF CKD

In India, given its population >1 billion, the rising incidence of CKD is likely to pose major problems for both healthcare and the economy in future years. In the absence of a renal registry in India, the true magnitude of CKD/ESRD is not known. Most of the data related to CKD are hospital-based, from few tertiary care centers, which document the spectrum of etiology for CKD rather than the magnitude of the problem.

In India, the projected number of deaths due to chronic disease was around 5.21 million in 2008 and is expected to rise to 7.63 million in 2020 (66.7% of all deaths). The average global prevalence values for treated ESRD (not diagnosed ESRD), dialysis and transplant patients were 280, 215 and 65 patients per million (ppm), respectively. In India, the average prevalence values for treated ESRD (not diagnosed ESRD); dialysis and transplant patients were 70, 60 and 10 ppm, respectively. This number is increasing globally at a rate of 7% every year. Indeed, it has been recently estimated that the age-adjusted incidence rate of ESRD in India to be 229 per million population (pmp), and >100,000 new patients enter renal replacement programs annually in India. It is estimated that only 10–20% of ESRD patients in India continue long-term RRT. It is estimated that in India in 1 year, there are 3,500 new renal transplant + 3,000 new continuous ambulatory peritoneal dialysis (CAPD) initiation + 15,000 new maintenance hemodialysis (MHD) patients. About 2,00,000 persons in India enter terminal kidney failure each year. Millions of other people suffer from lesser types of kidney diseases. On the other hand, because of scarce resources, only 10% of the Indian ESRD patients receive any renal replacement therapy (RRT). However, despite the magnitude of the resources committed to the treatment of ESRD and the substantial improvements in the quality of dialysis therapy, these patients continue to experience significant mortality and morbidity and a reduced quality of life.

COST OF THERAPY OF CKD IN INDIA

Not only is the magnitude of the CKD/ESRD problem high in India, but the cost of RRT is also exuberant. The cost of each hemodialysis (HD) session in India varies from Rs 1500 to Rs 4000 in private hospitals. The monthly cost of HD varies from Rs 12000 to Rs 50000. So we are the cheapest in the world and yet more than 90% of Indians cannot afford it.

The cost of an AV fistula construction is Rs 6000 to Rs 40000 varying grades of private hospitals. The average cost of erythropoietin per month is Rs 4000 to Rs 20000.

The average cost of kidney transplant varies from Rs 50000 in a government set-up to Rs 600000 in an average private hospital. Also the yearly maintenance cost post transplant for drugs amounts to Rs 200000 per year or Rs 15000 per month.

In all major studies of ESRD from different parts of India (mostly hospital-based studies), men in their 30s were the most common group affected by the disease. Thus, an employed patient with ESRD must search for finances for his treatment, not only for direct treatment cost but also for the indirect cost of a loss of job/working days, which is enormous. Thus, many calling CRF a "chronic revenue failure" is not inappropriate, especially in the Indian context. Cost of CKD The prevalence of kidney disease is increasing dramatically and the cost of treating this growing epidemic represents an enormous burden on healthcare systems worldwide. Even in high income countries, the very high cost of long term dialysis for increasing numbers of people is a problem. In low and middle income countries long term dialysis is unaffordable. The best hope for reducing the human and economic costs of chronic kidney disease and end-stage renal disease therefore lies in prevention.

In India less than 10% of all patients who need it receive any kind of renal replacement therapy. The lack of available RRT results in the preventable deaths of many thousands of children with diarrheal diseases and women with complications of pregnancy in the developing world every year. WKD 2013 was dedicated to spreading the message of the importance of acute kidney injury (AKI).

FACILITIES FOR RRT IN INDIA

Aside from the cost of RRT, availability of RRT is also an issue in India. For the treatment of any disease, availability and affordability are two important issues. There is lack of adequate number

of nephrologists (currently ≈ 1,100), hemodialysis (HD) units and the cost of treatment makes the treatment inaccessible for most. There is also unequal distribution in the availability of the nephrology services with only 9% and 2.5% of the nephrologist in the East and Central India, respectively. There is rapid expansion of the MHD facilities mainly in the private sector in the last few years owing to growing need and increasing affordability of the people. The government sector cannot afford to provide MHD, and thus only runs RT-oriented dialysis. In the absence of a well-organized cadaver program, living donors constitute the major donor source in India and, unfortunately, a large number of them are unrelated.

India has approximately 180–200 RT centers with the most in the private sector. Annually, approximately 5000 transplants are done. Live related RT is more popular in India; a section of them is unrelated which is unethical and illegal in India. This is largely due to the gap between demand and availability that is unmet. Deceased donor transplant (DDT) can bridge this gap to some extent and can reduce the waiting time for RT and reduces commercial transplantation which is illegal in India.

Other problems

1. Ignorance to disease, health checkups and mild symptoms.

2. Poor compliance to medications, regular follow ups, AV fistula formation, and regular dialysis. Patients feel that if they are asymptomatic or no weight gain then they start skipping dialysis sessions.

3. Poor acceptance to disease, if nephrologists' advice for initiation of dialysis but most of the patients wait till any complications occur.

4. Poor understanding to early initiation of dialysis, timely AV fistula formation and preemptive transplantation.

5. Still there is a scarcity of donors irrespective of many family members.

STRATEGIES FOR THE IMPLEMENTATION OF A PREVENTION PROGRAM IN INDIA

1. Starting awareness of CKD in the medical community and among policy makers and the community at large through the print media, electronic media, radio, and pamphlet distribution at appropriate forums like hospitals, schools, banks, shopping malls, and so forth.

2. Planning multicentric studies for finding the prevalence of CKD and its causes in 4 corners of the country.

3. Screening for CKD should not be universal but should be performed in individuals at increased risk of developing CKD—DM, hypertension, age more than 60 years, CVD, families' history CKD, hyperlipidemia, obesity, metabolic syndrome, smokers and patients treated with potentially nephrotoxic drugs. Implementing regular screening for CKD in patients with diabetes mellitus and hypertension.

4. Referring patients with CKD to an appropriate setup for planning management.

5. Educating medical personnel about the algorithmic approach for the management of patients.

With this approach, we are likely to fulfill the following short-term objectives of: making people aware of CKD and its importance; finding the prevalence of CKD and its major causes in India in community-based studies; showing the impact of screening high-risk individuals to the community and policy makers.

Finally, CKD/ESRD is a major problem for India, and with increasing diabetes burden, it is going to increase further. Managing the whole population of these patients will be impossible for India, where many other issues are of more priority than CKD. However, money invested now in establishing a prevention program for CKD in India is certainly going to give results in years to come and, ultimately, in the long-run will still be cost effective.

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THE EFFECTS OF BLOOD SUGAR ON LONG-TERM HEALTH

Sugars are carbohydrates which is a source of energy in any food. Sugar as a term includes all carbohydrates that are broken down into simpler sugars called 'Glucose' inside the body, which are readily utilised as energy.

Intake of sugar gives a sudden boost to the energy as it quickly raises the blood sugar levels, but as the cells absorb it and sugar levels drop, one immediately starts feeling drained and exhausted, which is also known as "Sugar Rush".

Along with quick energy boosts, too much sugar intake can lead to health problems, which is a growing concern in the medical and health fields.

Easy access to ultra-processed and pre-packaged meals and a shortage of time to prepare own meals at home has given rise to excess intake of junk foods and nutrient-deficient and energy-dense foods. This, in turn, leads to many health problems such as weight gain, diabetes, heart conditions, skin issues, etc.

In Winter, our sugar consumption increases as it provides comfort, satiety, and warmth, but it can be harmful in many ways if taken in the wrong combinations or over-consumed.

Excessive intake of sugar can have the following negative effects on the body:

1.Weight Gain: Excessive consumption of sugar-sweetened foods and beverages results in an increase in visceral fat, which can lead to heart problems and diabetes. Sugary foods and drinks contain high amounts of calories but no nutrients, increasing the overall caloric intake, leading to weight gain and, hence, Obesity.

Obesity caused by excessive sugar intake is considered to be a higher factor for type 2 Diabetes.

2.Diabetes: Regular intake of sugar resists the production of insulin, a hormone that is produced by the pancreas and regulates blood sugar levels, increasing the risk of Diabetes. Excessive intake of sugary foods such as bakery items, sweets, chocolates, fruit juices, and refined sugar should be avoided.

3.Heart disease: Consuming too much sugar results in inflammation, obesity and also high blood pressure, high triglyceride levels and abrupt blood sugar levels. All of these are a cause of various heart problems.

4.Tooth decay: Sugar from food gets stuck to the teeth, and bacteria present in the mouth react with it to produce acids. This results in erosion of tooth enamel, causing cavities and other dental problems. Hence, good oral hygiene and reduced intake of sugary foods can help prevent dental health issues.

5.Acne: High-sugar foods cause a spike in insulin and blood sugar levels, which leads to excess oil secretion and androgen production, leading to

inflammation, which causes acne. Also, as the sugar molecules bind with the proteins, a process called glycation occurs, which damages two of the proteins (Collagen and Elastin) responsible for skin's elasticity and firmness, causing wrinkles and skin sagginess, making one look older.

6.Energy crashes: Foods high in sugars but lacking other nutrients (proteins, fats or fibre) give a sudden boost to energy, but the instantly spiked blood sugar levels quickly drop, causing a crash of energy and leaving one exhausted and fatigued, often leading to irritability.

Tips for cutting down the sugar intake

Here are some simple tips and tricks to reduce the intake of added sugars:

• Go natural with fruits. Eat whole fruits instead of converting them into juices or smoothies. Include a handful of nuts with fruit to avoid sudden energy crashes and increase satiety.

• Avoid taking cereals, plain bread, juices, granola bars, tea or protein shakes for breakfast. Include some healthy protein and fat sources, for example, cottage cheese, tofu, nuts and seeds, etc., with fresh greens for satiety and avoiding the need to consume sugary products for an immediate boost of energy.

• Do not add white or brown sugar to your tea, coffee or milk. Prefer unprocessed jaggery, khaand or any other natural form of sugar.

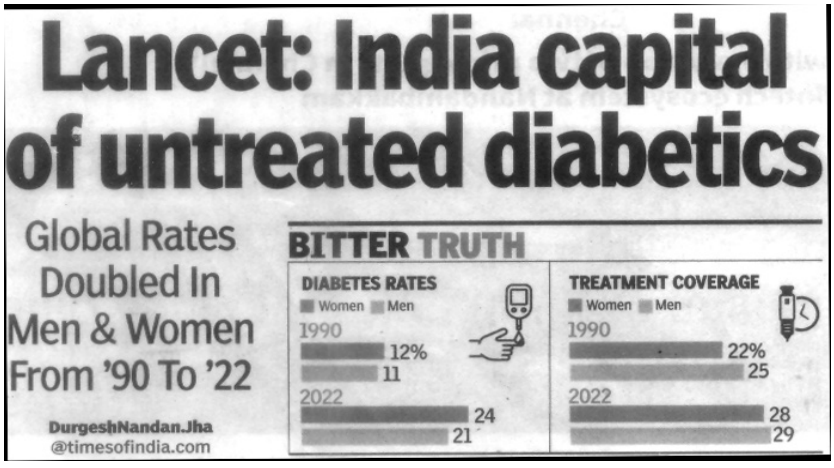
• Say no to sodas, diet coke, fruit juices, energy drinks or any other carbonated drinks. Swap it with plain water, lime water, non-caffeinated tea or any herbal tea.

• Avoid regular ketchup and synthetic sauces. Instead, use homemade sauces, nut butter or marinades for salads, etc.

• Make sure to eat well before going on a shopping spree. Never visit the grocery store on an empty stomach, as this will lead to buying less nutritious but calorie-dense foods. Maintain a food diary to record the daily intake during the day and, hence, make conscious decisions to change when required.

• Try to make the most of your meals at home and prepare a weekly food menu in advance so that your meal preparation is well sorted for the next week.

Though occasionally consuming small amounts of sugar is perfectly healthy, one must avoid it whenever possible.



Research Thesis

M.D/M.S/Ph.D

Dr. Dinesh Vasishth
B.A.M.S A & U Tibbia College
University of Delhi
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Gyan - Pradan

TOPIC - EVALUATION OF " MEDOHAR GUGGLU " (CLASSICAL DRUG) ON OBESITY

AIMS - To find out if **Medohar Gugglu** a classical drug reduces content of body fat and modifies the fat (Med) metabolism.

OBJECTIVE-(a) Does it bring about clinical improvement !

(b) Does it reduce sign and symptoms of Medovridhi (Sthoulaya /Obesity) .

(c) Is this medicine free from sde effects and well tolerated !

General Review. -Now a days Obesity (STHAULYA) is a life style disease popular and prevalent in urban cities and towns. But Ayurved dating back 5000 years has description of **Ashtau Nindatani** (Eight Wretcheds or Censorable Disorders) by great health thinkers **Charak, Sushrut Vangbhat** etc.

Causes : According to Ayurved when a person

a. Does excessive eating **(Ati sampoorna)**
b. Heavy food **(Guru Ann)**.
c.Sweet food **(Madhur Padarth)**
d. Cold drinks,refrigerated food eatables **(Sheet Food)**
e. Oily/ Fatty Food **(Snigdh Padhrath)**.
f. Least physical exercises **(Avyayam)**.
g. Day time sleeping **(Diva swap)**
h. Absence of sexual activity **(Avyavy)**
i. Too much merry making **(Harsh Nityata)**
j. No serious thinking **(Achintan)**
k.Heridatory **(Beej swabhav)**

Simultaneously now a days eating too much dense food comprised of sugar, oily, salt, confectionery, fast / pakaged /least home made food, aerated drinks, red meat, little or insufficient physical exercises etc contribute in gain of energy.

Study Design - It was a single blind study & group comparison in research methodology,No special exercise was advised, Lekhneeya Dravyas except Vati **Medohar Guggulu** of 500 mg each 2 Tabs 3 Times A Day with Luke Warm water for 60 days and a regular followup (check up) of/after 15 days.

Before the clinical study standardization of research medicine with it's respective ingredients was done in a reputed laboratory was under taken at **Bhede Research Foundation**, Pune, Maharashtra.

All patients accepted written terms & condition based on inclusion & exclusion criteria e.g **Age** between 18-60years, Diagnosed as **Obese** (Medo vridhi),**Weight** >70 kg, Fats depot/collection at **waist, nape of neck, triceps, hips & abdomen** besides ignoring/leaving behind affected patients of **hormonal imbalance, genetic disorder,** history of **steroids, insulin, oral contraceptives, pregnancy**,

atheletes, body builders, **leprosy/tuberculosis etc.**

Places (Hospitals) of study **Seth Tara Chand Hispital,** Rasta Peth, **Pune under guidance of Prof Dr B K Bhagwat & A & U Tibbia Colleges / Hospital, Karol Bagh,** New Delhi under honourable guide **Prof Dr. Rajni Sushma.**

Following sign & symptoms were studied /observed **Ayurvedic Viwes Guruta, Alasya, Atinidra, Durbalta, Ati swed, Pipasa adhikta, Mukh Talu Shosh,Mukhe Madhurya**

Modern view Age, Sex, Education, Monthly Income, Body Weight, B.M.I, Laboratory Investigations e.g Hb, All Types Of Cholesterol, B.S.L observed every 15 days.

Number of 100 & 104 were Clinically tried at both Hospitals.

All parameters and observations based on statically analysid applying **Students unpaired ' t ' test.**

Obesity (Sthulya) is difficult to treat Clinically although modern medicine has warned about the failure of treatment.

While on this backdrop age old popular formulation Tab **Medohar Guggulu** ayurvedic combined treatment of **Lekhneeya Gana Dravyas,Vyaam** (Regular/Sufficient Exercises), **Pattaya apthya** (Dos'& Don't) brought about positive results with sense of well being besides no side effects were observed.

In ayurved this is managment & treatment Of choice, cost effective, proved signs / symptoms can be tried.

This protocol can control, contain as well as cure many a symptoms to a great extent.

Medohar Guggulu a classical combination of 10 herbs **e.g. Harad, Baheda, Awla, Sonth, Mirach, Pipal, Chitrak, Jatamansi, Vaividang** each 9 of same weight while 10th **Shudh Guggulu** equal to 9 ingredients mixed together as all are **Lekhniya Dravayas** according to ayurveda while modern medical science difines these as **apptiser, digestive, laxative, antiflatuent, antiinflammatory, antioxident, anti diabetic, anti lipidaemedic, tonic** etc. inhibts effects of causes as well as sign and symtoms of Sthoulaya (Obesity) giving encouraging and satisfactory outcome.

जरा विचारें

1. अहंकार और संस्कार में फर्क है अहंकार दूसरों को झुकाकर खुश होता है जबकि संस्कार स्वयं झुक कर खुश होता है।
2. जिसको सहना आ गया उसे जीवन जीना आ गया।
3. हर वक्त गिले शिकवे ठीक नहीं, कभी तो छोड़े 'नोका' को लहरों के सहारे।
4. ईमानदारी व मेहनत बहुत महंगा शौक है, हर कोई नहीं पाल सकता।
5. जिंदगी की परीक्षा में अकं नहीं होते, दूसरा यदि अपने दिल में जगह दे दे तो समझो पास हो गये।

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- Normalizes platelet count and stimulates immunomodulation[1]
- Relieves the signs and symptoms of viral fever effectively[1]
- Add on drug in patients with the viral fever and thrombocytopenia[1]

1. Ramesh Kannan S et al, International Journal of Innovative Research in Medical Science, Vol 04, Issue 09, Oct 2019

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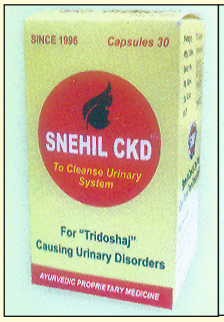


Composition
Each 500mg Capsule Contains

Shothaghani (Boerhavia Diffusa)	(Water Ext.)	150 mg
Tiktshaak (Crataaeva Nurvala)	(Water Ext.)	150 mg
Trikantak (Tribulus Terrestris)	(Water Ext.)	150 mg
Veervriksh (Terminalia Arjuna)	(Water Ext.)	50 mg

Bhavna - **Krimighna** (Curcuma Longa), **Joa** (Barley)
Amrittashtak Kwath (Sharangdhar Sanghita)

Dose : 1 Capsule 2-3 Times A Day For 3 Months

Indications : To Control **Fever, Painful & Burning Conditions Of Kidney, Ureter, Bladder, Urethra, Prostate**

MRP. **240/-** (30 caps.)

Composition
Each 500mg Capsule Contains

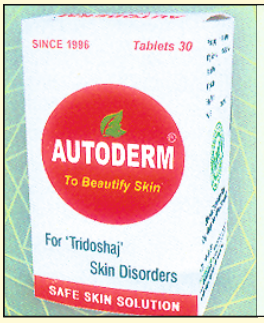
Shuddha Godanti Bhasma	**300mg**
Laxmi Vilas Ras	**90mg**
Satva Ashwagandha	**50mg**
Satva Tagardi Kwath	**30mg**
Satva Patoladi Kwath	**30mg**

Bhavna *Amritashtak Kwath, Panchtikta Kwath Dashmool Kwath*

Dosage *1 Capsule 2-3 Times A Day With Warm Water Or Milk For 3 Months*

Indications : *Acute or Chronic Headache From Anxiety, Stress, Disturbed Sleep, Sinusitis, Migraine, Menopause & Viral Fever*

MRP. **180/-** (30 caps.)



Composition
Each 500mg Tablet Contains

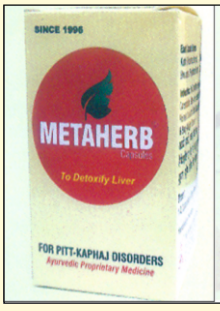
Gandhak Rasayan		250 mg
Raktsar (Acasia Catechu)	(Water Ext.)	100 mg
Beejak (Pterocarpus Marsupium)	(Water Ext.)	75 mg
Kilim (Cedrus - Deodara)	(Water Ext.)	75 mg

Bhavna **Mahamanjishthadi Kwath** (Sh. S.)
Patolaadi Kwath (Y. R.)

Dose 1 Tablet 2-3 Times A Day For 3 Months

Indications Remedy For **Allergic, Inflammatory & Fungal Disorders** e.g Boils, Urticaria, Acne, Eczema, Hair Loss, Herpes, Psorasis, Diabetic & Old Age Irritation.

MRP. **240/-** (30 Tab.)



Composition
Each Capsule Contains

Kutki (Picrorrhiza Kurroa)	(Water Ext.)	250mg
Bhuiamla (Phyllanthus Niruri)	(Water Ext.)	250mg

Bhavna Amla, Jo, Haldi, Neem, Amrita, Punarnawa

Dose 1 Capsule 2 Times After Meals For 3 Months

Indications For Controlling **Hyper Acidity, Fatty-Liver, Constipation, Hepatitis A,B,C, Raised Cholesterol, Blood Sugar, Uric Acid & Body Weight** (Obesity)

MRP. 210/- (30 caps.)

Composition
Each 500mg Tablet Contains

Asgandh (Withania Somnifera)	(Water Ext.)	100mg
Arjun (Terminalia Arjuna, Roxb)	(Water Ext.)	100mg
Adrak (Zingiber Officinale)	(Water Ext.)	100mg
Amrita (Tinospora Cordifolia)	(Water Ext.)	100mg
Ati Rasa Asparagus Racemosus	(Water Ext.)	100mg

Bhavna **Dashmool** Qwath & **Trifla** Qwath

Dose Adult : 1 Tablet Twice A Day
Children Above 10 Years : 1 Tablet Daily

Indications To Enhance Energy, Immunity For Physical, Mental & Psychological Well Being.

MRP. 210/- (30 caps.)