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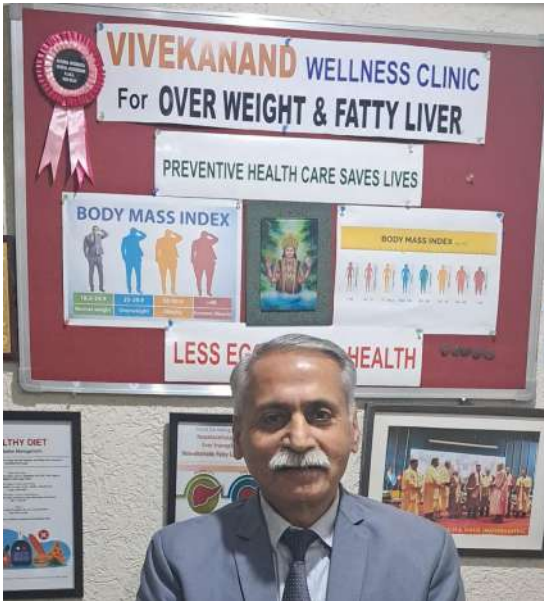
Volume 13

Issue 1

October, November, December 2025

www.ddvgurukul.in

Editor's Desk



Dear fellow Physician,

It is always a pleasant feeling to present the professional views of experts based on years of their clinical & academic experience; the leading one is introduction with **integrated approach** of management of ancient to present day life style disease i.e **over weight / obesity** by simple, successful ayurvedic tools followed by one by a stalwart **Padamshree awardee**, on **Ras Shastra** (Ayurvedic Metallurgy) for research on '**cancer**' ailments; an answer to emergency situations by ancient modes of treatment as detailed in ayurvedic texts of **Shalakyas** (E N T) diffusing common myth in society; an amicable answer to rising **kidney failures** patients with ayurvedic medicaments; management of present day ill effects of social media among teenaged girls by ayurvedic maneuvers making it the need of hour, re introduction & orientation of **Lahsunaadi Ksheer** during **Sheet Ritu** (winter season) for various seasonal ailments are a few of the ayurvedic write ups .

Introduction and management of **male infertility** among educated, rich, urban population; brief & precise care of oral as well as dental disorders among **diabetics** followed by one of awareness for rising cases of **cancer of cervix** among women specially in metros .

Thanks.

With Regards

Dr. Dinesh Vasishth
Ph.D (Ayurved Medicine)

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Gurukul's C.M.E.

Quarterly Magazine Circulation

A.Y.U.S.H Departments

Ministry, C.C.R.A.S/ R.A.V/ N.C.I.S.M/ A.I.A,

Govt. Ayurvedic Colleges, B.A.M.S, M.D. Physicians (Ay). in Delhi N.C.R

I.C.M.R/ National Medical Library/C.S.I.R /W.H.O

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With Your Photograph, Before **31st March, 2026**

At **gurukulscme@gmail.com** **www.ddvgurukul.in**

Gurukul's C.M.E, A Quarterly Magazine is printed at Param Offsetters, A-9, Okhla Industrial Area, Phase-I, New Delhi-110020 & Published from: 326, Sant Nagar, East of Kailash, New Delhi-110065. Mobile: **08800675116**

Designed By : V . V. Photo Design Prints, Mob .: 9811080157, **Owner, Publisher, Printer & Editor :** Dinesh Vasishth



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Integrative Approach In Obesity - Ati Sthoulya

Abstract:

Obesity is a global phenomenon World Obesity Federation, predicts that one billion people globally, including 1 in 5 women and 1 in 7 men, will be living with obesity by 2030. An effective intervention is required. There are many modalities to deal with this, the Traditional medicine potential may be utilized for masses. In this review article attempt has been made to provide precise information.

Key Words: Ati Sthoulya -Obesity, Meda-Adipose tissues, Langhan-Short fasting, Lekhan-Scraping, Ganas-Group, Kwatha-Decoction,, Vati-Tablet, Basti-Enema. Introduction:

At the present day, "Ati Sthoulya" roga or obesity is a challenging problem all over the world. The "TANWEE" or slim body is always praised in all times, in Ayurveda-an ancient health care system of India the Slim body is considered better than the obese body in all respects. Obesity is a disease due to consumption of excessive calories (Santarpanottha Vikara).

Ati Sthoulya (obesity) is considered as one of the eight despicable conditions as described by Acharya Charaka. Obesity is recognized as a disease by WHO and obesity causes many diseases hence called mother of diseases. Worldwide obesity has nearly tripled since 1975, with about 13% of adults being obese and about 39% of adults being overweight. The countries in the world with the highest obesity rates are (in order) USA, Mexico, New Zealand,

Australia, United Kingdom, Canada, and Ireland. The World Obesity Atlas 2022, published by the World Obesity Federation, predicts that one billion people globally, including 1 in 5 women and 1 in 7 men, will be living with obesity by 2030.

Obesity is accumulation of excess fat in the body which may lead to negative effects on health, reduced life expectancy and/or increased health problems. A major proportion of Diabetes, Ischemic Heart Disease, Hypertension, Ischemic Stroke, Osteoarthritis, and Cancer burden may be attributed to Overweight and Obesity.

In Ayurveda, Atisthaulya – Mega body figure (Obesity) is described as excessive accumulation of Meda (fat/adipose tissue) and Mamsa (flesh/ muscle tissue) leading to flabbiness of hips, abdomen, and breast. It is considered as

CAUSES OF OVERWEIGHT/OBESITY

- Increased intake of energy-dense foods that are high in fat, carbohydrates
- Overeating and Irregular food habits
- Lack of Physical activities due to sedentary lifestyle
- Genetics, endocrine disorders, Medical Reasons or Psychiatric illness
- Day – time sleeping

SYMPTOMS:

- Breathlessness even on little exertion / physical activity.
- Lack of interest in doing work.

- Profuse sweating with foul body odor.
- Excessive hunger.
- Feeling tired.
- Excessive sleep.

DIAGNOSING OVERWEIGHT/OBESITY

Body Mass Index (BMI): Overweight and Obesity are assessed using Body Mass Index (BMI). It is defined as a person's weight in kilograms divided by the square of his / her height in meters (kg/m²).

Healthy/Normal BMI – 18.5 – 24.9

BMI of Overweight – 25 – 29.9kg/m²

BMI of Obesity - ≥ 30 kg/m²

Waist circumference should also be used in addition to BMI to measure Central obesity and disease risk in individuals with a BMI less than 35kg/m².

Normal range of Waist circumference:

Men: 94–102 cm; Women: 80-88 cm

Further, following Lab investigations are recommended to assess the risk of other related health problems The investigation of the obese patient ECG, electrocardiogram; FT₄, serum free thyroxine; TSH, thyroid stimulating hormone.

THE ECONOMIC COSTS OF OBESITY

Given the high prevalence of obesity and the significant associated health risks, the economic costs of obesity have been estimated to be 3–8% of total health care expenditure. It has recently been shown that BMI is associated with the annual rates of inpatient days, number and cost of outpatient visits, and costs of outpatient pharmacy and laboratory services.

The relative risk of developing associated diseases in obese women and men.

Disease	Relative risk in women	Relative risk in men
Type 2 diabetes	12.7	5.2
Hypertension	4.2	2.6
Myocardial infarction	3.2	1.5
Colon cancer	2.7	3.0
Angina	1.8	1.8
Gallbladder diseases	1.8	1.8
Ovarian cancer	1.7	-
Osteoarthritis	1.4	1.9
Stroke	1.3	1.3

Line of Treatment:

Preventive Measures:

Overweight and obesity, as well as their related noncommunicable diseases, are largely preventable. Supportive environments and communities are fundamental in shaping people's choices, by making the choice of healthier foods and regular physical activity the easiest choice (the choice that is the most accessible, available, and affordable), and therefore preventing overweight and obesity.

Unhealthy diet results in building up of adipose tissue in the body resulting in weight gain & obesity. Physical activity lessens the energy imbalance between calories consumed on one hand, calories expended on the other hand resulting in weight gain & obesity. Hence, intake of a healthy diet consisting of sufficient fiber, adopting an active lifestyle, and practicing Yoga and Meditation to manage stress and fatigue are highly recommended for the prevention of Overweight / Obesity.

Lifestyle modifications such as · Mild to Moderate exercise according to individual capacity.

· Regular habit of Brisk morning walk for 30 minutes.

- Avoid sedentary habits.
- Avoid excessive sleep.
- Avoid watching TV while having food.
- Avoid Alcohol and Smoking

Do's:

- Take low-fat and low-calorie food items.
- Take more proteins to stay longer without food.
- Steamed/ boiled and baked vegetables rather than fried.
- Take frequent small meals to avoid food cravings.
- Drink skimmed milk instead of whole milk.
- Take Healthy foods such as – oatmeal, walnuts, salads, bitter gourd (Karela), drumstick (Shigru), barley (Yava), wheat, green gram (Moong dal), honey (Madhu), Indian

Gooseberry

(Amla), pomegranate (Anar) and snake gourd etc. and skimmed Buttermilk.

- Include cabbage in daily meals. It will stop the conversion of sugars to fat.
- Use warm water for drinking.
- Include lemon in diet and drinks.

Don'ts:

- High carbohydrate vegetables like – potato, rice etc.
- More sugary or sweet products, more dairy products, fried and oily foods, fast foods, excess salt.
- Salty foods or excessive salt in meals.

Shamana (Palliative) treatment: 4, 5

- Langhan (Fasting), “Langhanam Param Aushadham,” Ayurveda gives importance to short-

term fasting as the supreme medicine.

Langhana Definition: 6,7 The procedures or a substance which create lightness in the body are called langhana. “Yat kinchillaghavkaram dehe tallanghanam smrtam” “Langhanam laghavay tat”

- Japanese cell biologist Yoshinori Ohsumi won the Nobel Prize in Medicine in 2016 for his research on how cells recycle and renew their content, a process

called autophagy. Fasting activates autophagy, which helps slow down the aging process and has a positive impact on cell renewal

- Ama pachan (oral use of digestive herbal preparations to augment the fat metabolism).

- Ruksha Udwartan (Dry medicated powder massage), enhances skin circulation and temperature to melt excess subcutaneous fat deposition, dryness brings lightness. Hence substances with rooksha guna are used. Sookshma (minute): helps the medicine to enter each channel of the body and brings lightness.

- Heavy and non-nourishing diet/items like Honey, salad, puffed rice etc. are advised.

- Physical exercises, Yoga postures, and mental work is also recommended.

Samshodhana Chikitsa – Panchakarma: Bio-Cleansing Therapy. This is a novel approach to bring the peripheral accumulated morbid material in the gastrointestinal tract and to expel it through different procedures as mentioned below.

- **Vaman** (Therapeutic emesis), The process of expelling morbid material through the mouth is called vamana.

- **Virechan** (Therapeutic purgation), “adhobhagam virechan sangyakam” The process of expelling morbid material through anus is known as virecana.

• Lekhan vasti (Medicated enema) is advised for the management of Ati Sthaulya. The elimination of morbid matter using gentle scraping herbs from the large intestine through enema is called "Lekhan Basti".

There are many Single drugs-herbs having safe and efficacious action to treat obesity like Haritaki-Terminalia chebula, Guduchi-Tinospora cordifolia, Vidanga-Embelia ribes, Musta-Cyperus rotundus, Sunthi-Ginger, Amla-Indian gooseberry, Guggulu-Commiphora mukula, and many more. Apart from this there are many classical compound drugs like Trikatu, Navak Guggulu, Triphala Guggulu, Vidangadi Churna, Takrarishtha, Navayasa lauha, Arogya Vardhini Vati etc.

In general, the Ayurvedic standard single herbs and compound drugs are devoid of any side effects if consumed in prescribed doses, duration with vehicle drugs like honey, warm water etc. On the contrary, some selected herbs and compound drugs are having side benefits like Commiphora mukula, Terminalia chebula etc. reduces obesity and increases lifespan by correcting dyslipidemia, blood pressure and gut flora etc.

Charaka has given a single Gana of 10 drugs (Lekhanya Gana), while Sushruta and Vagbhata have mentioned 8 and 10 Ganas respectively. A total of 160 different herbs have been described as acting as anti-obesity.

Here narrating some studies found effective in reducing obesity and correcting Dyslipidemia.

• Terminalia chebula: In clinical evaluation of Haritaki-Terminalia chebula Churna-Powder is found effective in reducing obesity. • Clinical Trial on Vyoshadi Guggulu in the. Prevention and Management of Medoroga Obesity. Vyoshadi Guggulu is a very famous Ayurvedic medicine in vati form. This vati has Guggulu (commiphora mukul) as its base. It is widely used in the Ayurvedic

treatment for obesity. Vyosha means Trikatu – pepper, long pepper and ginger. These are the main ingredients of this tablet of Vyoshadi Guggulu Tablets • A comparative clinical study on Vyoshadi Guggulu and Bilwadi Kwath in the management of Sthoulya with special reference to physical parameters of Obesity¹⁴. • Clinical Efficacy of Apamarga Tandula and Vyoshadi Guggulu on Sthaulya-Obesity¹⁵. • Antihyperlipidemic activity of Navaka Guggulu prepared with fresh (Naveena) and old (Purana) Guggulu: A randomized clinical trial.

• A Clinical Study of the Efficacy of Varadi Kashaya Vati and Navak Guggulu in the Management of Sthaulya w.s.r. to Childhood Obesity

• Hypolipidemic Effect of Triphala in Experimentally Induced Hypercholesteremic Rats.

The study highlights the efficacy of Ayurvedic herbal formulation Triphala (Terminalia chebula, Terminalia bellerica, and Emblica officinalis) on total cholesterol, Low density lipoprotein (LDL), Very low-density lipoprotein (VLDL), High density lipoprotein (HDL) and free fatty acid in experimentally induced hypercholesteremic rats. Four groups of rats were employed namely control, Triphala treated, hypercholesterolemia rats (4% Cholesterol+1% cholic acid+egg yolk) and Triphala pre-treatment in hypercholesteremic rats.

Results showed significant decrease in the total cholesterol, LDL, VLDL, and free fatty acid in Triphala treated hypercholesteremic rats. In conclusion Triphala formulation was found to have hypolipidemic effects on the experimentally induced hypercholesteremic rats.

• Effect of guggulu (Commiphora mukul-Engl) on serum lipids in obese subjects. J Res Indian Med 1973;8(4):1-8. Mahesh S, Pandit M, and Hakala C.

• A Clinical Study on Medovridhi (Hyperlipidemia) and its Management with Eranda

Kshara Yoga-Drug

Conclusion:

The conclusion can be drawn that there are many simple modalities available in Ayurveda-Traditional Systems of medicine for Obesity treatment. The medicinal herbal therapy with Panchakarma-Bio-Cleansing and dietary advise will be more effective than only herbal medicine.

Result:

The results narrated in review paper are effective but requires more deep scientific research. Only few herbs are validated but there is treasure of herbs to be validated and this is possible involving academic, research institutes and pharmaceuticals conducting trials at multicenter worldwide.

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FIRST AID HOME REMEDIES FOR FEW COMMON SHALAKYA (E.N.T.) DISORDERS

Ayurveda is a well-developed medical science that offers solutions for all problems, including emergencies. However, this fact is unknown to most Ayurveda physicians, and therefore this knowledge has not been properly propagated in society that Ayurveda can manage all problems, including their first-aid management. Even with a little knowledge of home remedies, many common problems can be managed within home itself. Here, a few common problems have been mentioned. This article is written to re-establish the lost confidence of the public that not only allopathic science but that Ayurveda can also effectively handle such cases in a better way.

key words-Ayurveda, home remedies, first aid, well developed

Few Netra Rogas (Eye Disorders)

Eyeache:

Eyeache due to any cause, including mild trauma, is one of the common eye problems. Local mild seka (warm fomentation) with soft cloth gives tremendous results. Frequent fomentation with hot air from mouth through a handkerchief also gives very good relief in mild trauma.

Itching and watering of eyes:

Eye wash with Triphala kashaya (boil 3–5 g of powder with 50–60 ml of water and reduce it to 20–30 ml) twice daily is a very effective treatment. A small amount (2 pinches) of phitkiri (alum) can

also be added.

Redness or burning in eyes:

Eye wash should be done with kashaya prepared from an equal combination of Triphala with Yastimadhu or Amla with Yastimadhu churna (prepared by the same method). blinking of eyes 10–30 times by taking the liquid in a eye cup or small bowl bringing close to eye is a very comfortable method to accomplish this.

Initial vision-related problems:

Along with any of the above eye washes, Shatavari churna (3–6 g) should be taken with milk. Cow ghee, mung dal, and barley (jau) should be increased in the diet. Vegetables like chaulai, bathua, karela, kakora, drumstick, and mooli processed with cow ghee should be included.

For Ear Problems

Earache:

Earache is a common problem faced by patients. The best home remedy is dry local seka on and around the ear for 5–10 minutes. Inclusion of extra sneha in the diet (ghee in Sharad and Grishma ritu, and oil in other seasons) should be done. Karnapooran with lukewarm mustard oil or mustard oil processed with garlic can also be done.

Earache after common cold:

One to two drops of mustard oil should be instilled

in each nostril along with the above treatment..This process can be repeated till feeling of cleanliness in throat .

Itching in the ear:

Five to seven black pepper (kalimirch) should be chewed after meals. Milk, curd, and lassi should be restricted, and karela or other bitter foods should be included in the diet. Local dry seka should be done.

Discharge from the ear:

Along with the above treatment, 2 drops of mustard oil should be applied in each nostril in the morning and evening.

For Nose-Related Problems

Pratishyaya (Rhinitis / Common Cold):

It usually occurs during seasonal changes. Local seka (using a heated cloth or hot pad), snigdha-ushna ahara (hot and unctuous diet), and vihar (staying in a warm environment) are the main treatments in the amavastha (initial phase). Sleeping with the entire head and face covered is a very good home remedy to bring pratishyaya into pakwavastha within a day.

After 1–2 days, it converts into pakwavastha if the above treatment is followed. At this stage, the patient feels heaviness in the head and face, and running nose and sneezing stop. In this condition, mustard oil should be applied in the nose morning and evening, and hot soup with black pepper should be taken. salt water gargling and steam also can be added.

Nasal blockage (difficulty in nasal inspiration):

Take hot soup with sufficient cow ghee (5–15 ml) or even more, along with salt and a little black pepper, both morning and evening. Along with this, put cow ghee in the nostril(4-6 drops) followed by steam inhalation in summer and autumn, and sesame oil (til tail) in other seasons.

Stuffy nose with heaviness in the head:

The same treatment as for nasal blockage should be

followed. In addition, hot water gargling with a little salt and black pepper should be done.

Mukha Rogas (Oral Disorders)

Toothache:

Toothache is a very common problem. If it occurs without dental caries, local seka should be done externally for 5–10 minutes, and oil pulling with sesame oil or any medicated vatahara taila gives relief. Soft and unctuous diet should be taken.

Toothache due to caries:

Along with the above treatment, food particles stuck in the tooth cavity should be cleaned first. Then turmeric powder or its paste should be applied to the affected area.

Loosening of teeth / bleeding or pus discharge from gums:

Gandusha (filling of the oral cavity) with a decoction of any one of the Chatur Kshirivriksha (Vata, Udumbar, Plaksha, Ashwattha) should be done.

If pain occurs along with discharge:

Gandusha should be done with sesame oil.

If gandusha is not possible:

Sesame seeds should be chewed frequently.

Shirashool (Headache)

Headache with common cold:

Treatment of pratishyaya should be followed. Steam inhalation with Vicks or similar medicines can also be added.

Headache without cold:(occurring in the pre-monsoon season or aggravating towards evening):

Take 5–10 ml of sesame oil with milk and instill 4–6 drops of sesame oil in each nostril.

If headache aggravates at midday or midnight (usually due to highBP):

Instill 4–6 drops of cow ghee in each nostril. Take ghee with milk and avoid hot and spicy food.

Conclusion

Ayurveda is a divine science gifted to humanity since the Tretayug, offering solutions for every problem faced by human beings. Due to its long history, many misunderstandings about its literature have arisen, which has reduced confidence in Ayurveda. Gradually, Ayurvedic physicians began practicing mixopathy for the treatment of various diseases, as modern science was also introduced into the Ayurveda syllabus.

Now is the time to move towards independent Ayurvedic practice; otherwise, Ayurveda will not regain its rightful respect in society. With this aim, the topic of first aid management for a few Shalakyas diseases has been selected as the theme of this article. To establish a healthy world such knowledge of Ayurveda should be propagated in the society. If young generations begin to think in this direction knowledge about first aid home remedies for every disease can be explored and propagated in the world. The article will encourage Ayurvedic physicians to reflect on this approach for all other diseases, including emergencies.

जरा विचारें

1. खेल में (एकजुट) करने की शक्ति होती है, जो बहुत कम स्थानों में होती है
2. दुनिया छोड़ो, पहले उसे खुश रखो जिसे आप हमेशा आईने में देखते हैं।
3. मन ही मित्र और मन ही शत्रु! जैसा विचार वैसा ही परिणाम पाओगे।
4. पुण्य का अर्थ है कुछ ऐसी कमाई जिसे मनुष्य भी छीन सके।
5. जिम्मेदारियों की कोई उम्र नहीं होती, कोई बचपन से निभाता है, और कोई 55 में भी भूल जाता है।



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'Renal Failure' Diagnostic Consideration & Prognosis

Cases of Kidney Failure, termed as Chronic Renal Failure are increasing worldwide and due to its grave prognosis in its last phase it's called as End Stage Renal Disease (ESRD) which requires Dialysis on frequent intervals and advised for Kidney Transplantation to save the life of the patient which has its own terms, conditions and limitations based on immunological factors in addition to social and economical issues of the affected person. In India, many patients out of them come to seek a possible alternative treatment in Ayurveda. Since the nature of the disease is quite challenging, it's the duty of the Ayurvedic Specialist to diagnose, assess the prognosis according to Ayurveda and to inform the patient about the possibility of getting relief and to which extent it can be achieved by Ayurvedic treatment in clear terms.

Mutravah Srotas:

मूत्रवहानां स्रोतसां वस्तिर्मूलं वङ्कशणौ च, (चरक स्रोतोविमान 5/7) The organs which are involved in formation and excretion of मूत्र ie; Urine, are termed as Mutravah Srotas which extends from वङ्कण to वस्ति ie; from kidneys to ureters to urinary bladder to urethra.

General Signs and Symptoms of Vitiating of Mutravah Srotas: In continuation of the above-mentioned shloka, **Charak Samhita** has described the following signs and symptoms arising out of the vitiating of Mutravah Srotas:

प्रदुष्टानां तु खल्वेषामिदं विशेषविज्ञानं भवति य तद्यथा –

1. अतिसृष्टः : Urine is produced in large quantity ie; volume of output is more than the input.
2. अतिबद्धः : Obstructed micturition.
3. प्रकुपितम : When the normal color, smell, appearance and constitution of the urine is altered – indicate towards the vitiated urinary channels by Doshas.
4. अल्पाल्पः : Drop by drop passing of urine.
5. अभीक्षणं : When both the volume of urine and frequency of micturition increase irrespective of day or night.
6. बहलः : When more viscous urine is passed.
7. सशूलः : Painful micturition.

Besides the above symptoms, we find other specific signs and symptoms associated with specific diseases like Prameha, Mutraghat, Mutrakriccha and Ashmari. However, it is quite difficult to pinpoint any sign which can lead us to diagnose a case of Renal Failure.

As we know that in the cases of Renal Failure the most common symptom of vomiting associated with other gastro-intestinal upsets is found due to

raised blood urea and when we explore the chapter of छर्दि रोग (Charak Chikitsa adhyay 20) dealing with grave conditions of vomiting, a condition of सन्निपातज छर्दि, we find the following description of the vomiting due to Mutrvah Sroto Avarodh ie; obstruction in the organs of urinary system :

विटस्वेदमूत्राम्बुहानि वायुः स्रोतांसि संरुध्य यदोर्ध्वमेति ।

When the vitiated Vayu obstructs the Malvaha, Swedvah, Mutravah and Ambuvah srotas and moves upwards...

उत्सन्नदोषस्य समाचितं तं दोषं समुद्भूय नरस्य कोष्ठात् (चरक चिकित्सा 20 /16)

Then Doshas accumulated in Koshtha of the patient are thrown out producing severe Vomiting.

विण्मूत्रयोस्तत् समवर्णगन्धं तृट्श्वासहिककार्तियुतं प्रसक्तम् ।

In such condition the color and the smell emanating from the vomit is similar either to stool or urine. The patient also suffers in severe pain due to excessive

thirst, difficulty in breathing and hiccough.

प्रच्छर्दयेद् दुष्टमिहातिवेगात्तयाअदिताश्चाशु विनाशमेति ।।

(चरक चिकित्सा 20 /17)

And the vomiting is quite forceful outpouring the gastric contents extremely vitiated by toxins. Such a patient having the above-mentioned symptoms indicates a bad prognosis and dies very soon.

Conclusion:

Thus, we can conclude that a patient suffering from frequent forceful vomiting, the contents of which emanate the smell of urine/ ammonia is indicative of मूत्रवह स्रोतो अवरोध ie; obstruction of higher urinary channels leading to Kidney Failure and is said to be incurable as clearly stated in above shlokas describing सन्निपातिक छर्दि रोग and is stated as असाध्य. Here we find the symptoms, signs, the test, the diagnosis and the prognosis, all pertaining to Chronic Renal Failure in this chapter dealing with सन्निपातिक छर्दि.

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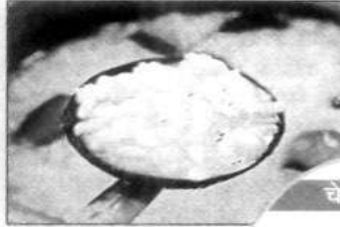
Recent Developments

पेट को ठीक करे, प्रेगनेंट महिलाओं में आयरन बढ़ाए: रिपोर्ट

बासी चावल की कांजी में छिपा सेहत का राज़!

■ NBT रिपोर्ट, चेन्नै

तमिलनाडु और कई राज्यों में पारंपरिक रूप से खाया जाने वाला पझाया सोरु कांजी यानी मिट्टी के बर्तन में रात भर भिगोया हुआ बासी चावल अब डॉक्टरों की मान्यता भी पा चुका है। चेन्नै के स्टेनली मेडिकल कॉलेज की रिसर्च बताती है कि यह गर्भवती महिलाओं और खून की कमी से जूझ रही लड़कियों के लिए खास फायदेमंद है। रिसर्च में पाया गया कि 100 ग्राम पके चावल में आयरन



लगभग 3.4 मिलीग्राम होता है, लेकिन मिट्टी के बर्तन में 12 घंटे भिगोने के बाद यह 73.91 मिलीग्राम तक बढ़ जाता



हैं, जो गर्भवती महिलाओं की रोज की जरूरत से दोगुना है। छह महीने तक खाली पेट इसका सेवन पेट की गंभीर बीमारियों में भी लाभकारी पाया गया। इसमें लेक्टोबैसिलस जैसे अच्छे बैक्टीरिया और 200 से अधिक पोषक तत्व मौजूद हैं। तमिलनाडु सरकार इसे किशोरियों की डाइट में शामिल करने की योजना बना रही है।

ताकि इलाज में न हो देरी और ज्यादा खर्च

एक ही टेस्ट से कई बीमारियों का पता लगाने की कोशिश में ICMR

■ NBT रिपोर्ट, नई दिल्ली

कई बीमारियों का पता लगाने के लिए इंडियन काउंसिल ऑफ मेडिकल रिसर्च (ICMR) सिंगल टेस्ट पर विचार कर रहा है। इसे गंभीर इन्फेक्शन की जांच में तेजी लाने के लिए एक अहम कोशिश के तौर पर देखा जा रहा है। एक्सपर्ट का कहना है कि यह बॉर्डर स्पेक्ट्रम एंटीबायोटिक्स के गैर जरूरी इस्तेमाल और एंटी-माइक्रोबियल रेजिस्टेंस के जोखिम को कम करने में भी मदद कर सकता है। एक ही बार में सही बीमारी पकड़ में आएगी। डॉक्टर तुरंत सही दवा देंगे। गंभीर मरीजों की जान बचाने में मदद मिलेगी। अस्पतालों और लैब्स में टेस्ट का बोझ कम होगा, क्योंकि ICMR ने बताया है कि स्टेप-बाय-स्टेप टेस्ट का तरीका न सिर्फ लागत बढ़ाता है, असली कारण जानने में भी देर लगती है।

क्यों ऐसा करना जरूरी है?

अभी एक-एक करके बीमारी के टेस्ट होते हैं, जिससे इलाज देर से शुरू होता है। अगर एक ही टेस्ट सब दिखा दे, तो सही इलाज शुरू करना आसान और तेज हो जाएगा।

अस्पताल का खर्च और मरीज की तकलीफ दोनों बढ़ते हैं।

डॉक्टर देर से रिपोर्ट मिलने तक मजबूरी में बॉड-स्पेक्ट्रम एंटीबायोटिक दे देते हैं।

इससे एंटीबायोटिक रेजिस्टेंस बढ़ता है।



कौन-कौन सी बीमारियां इसमें शामिल होंगी?

- तेज बुखार वाली बीमारियां: डेंगू, मलेरिया, टाइफाइड, स्क्रब टाइफस
- दिमाग: जापानी इन्सेफलाइटिस, मेनिंजाइटिस, ब्रेन इंप्लेमेंशन
- सांस की बीमारियां: इन्फ्लुएंजा, कोविड-19, वायरल न्यूमोनिया
- दस्त वाली बीमारियां: हेजा, रोटावायरस, बैक्टीरियल डायरिया

खराब खानपान और लाइफस्टाइल से बढ़ा मोटापा: एक्सपर्ट

■ NBT रिपोर्ट, नई दिल्ली: खराब खानपान और लाइफस्टाइल की वजह से देश में मोटापा तेजी से बढ़ रहा है। पिछले कुछ दशकों से इसके आंकड़ों में तेजी आई है। पहले केवल शहरी क्षेत्र में यह देखने को मिलता था, लेकिन अब गांवों में भी मामले तेजी से बढ़ रहे हैं। यह कहना है मेडिसिन विभाग के डॉ. नवल का। उन्होंने बताया कि आजकल यह भी देखने को मिल रहा है कि लोगों के हाथ-पांव पतले होते हैं, लेकिन पेट पर ज्यादा फैट जमा होता है, जोकि ज्यादा खतरनाक है। उन्होंने बताया कि एक पुरुष के कमर की गोलार्ध 36 इंच और महिलाओं की 32 इंच से अगर ज्यादा है तो ये मोटापे से ग्रस्त है। चाहे इनका बीएमआई क्यों न कम हो।

AIIMS में वर्ल्ड ओबेसिटी डे पर प्रेस कॉन्फ्रेंस आयोजित

मंगलवार को वर्ल्ड ओबेसिटी डे के मौके पर एम्स में एक प्रेस कॉन्फ्रेंस का आयोजन किया गया है, जहां सर्जरी विभाग के डॉ. असुरी कृष्णा ने बताया कि मोटापा बढ़ने पर सर्जरी केवल एक विकल्प है। सर्जरी के बाद करीब 30 से 40 प्रतिशत फैट खत्म हो जाता है, लेकिन उसके बाद भी एहतियात बरतने की जरूरत है। अगर लापरवाही की गई तो छह महीने बाद दोबारा मोटापा हो सकता है। एम्स में मोटापे की सर्जरी दूरबीन विधि के साथ रोबोटिक सर्जरी भी की जा रही है। लोग मोटापे से बचने के लिए नियमित एक्सरसाइज, फास्ट फूड से परहेज और कम आभ्रल का सेवन करें। वहीं, डॉ. शिवंगी ने कहा कि आजकल मोटापे को कम करने के लिए लोग तरह-तरह की दवाएं, सर्जरी करा रहे हैं। जिससे कुछ हद तक मोटापा कम हो जाता है और बाद में शरीर के कई हिस्सों में त्वचा लटक जाती है।

Chintan! Healthy Thought

A.Y.U.S.H ERA

Dear Doctor, reminding an hour strikes twice per day e.g. 12 a.m. / p.m. so is times of past to present i.e ayurved witnessed with many a turmoils.

Let's think over for 'Chintan'

*1. As we know a **pan India** medicine serving our fore fathers healthier; made civilization grew in countless fields.*

*2. With **Mughal** empire Ayurved was practised more by compulsion not compassion rather more for Aphrodisiacs.*

*3. When **British rule** was replaced it was not given due importance but for **British Pharma** propagated by them as well as W.H.O declining further acceptance of ayurved.*

*4. Modern medical system by means of education in **English medium**, Practice in English as well as doctors with English intent & style made Ayurved at demeaning level.*

*5. After independence **Indian leaders** along with **burocrates** continued in same way not realising it's importance but for cold response.*

*6. Simultaneously we **practitioners of I S M** did the same damage our selves; preferred Alopathic system & promoting its doctors for early and easy survival paying a heavy price of professionalism and self respect.*

*7. Hat's off to honourable **Vaidyas & manufacturing pharmaceuticals** who carried further the legacy. We should be highly appreciating and thankful to them.*

8. With all round developments worldwide vis a vis in modern education, science and technology but poor in life style finding no true / appropriate solution, mostly medical specialists made to think of our primitive testament in terms of medicine / surgery.

*9. With the declaration of **Internatioal Yog Day** by W H O; India (Bharat) drew world attention as well as to control, contain, cure menace of life style disorders.*

*10. So were the circumstances made to think for **Life Style Modification**, as appropriate remedy or **Preventive Medicine**.*

*11. New era **commenced in 2014** as new central government realised old heritage of our healthier past came; with new policies and programmes for the renewed developments of ayurvedic system and it's physicians.*

*12. An independent department **A.Y.U.S.H** allocated with due funds started with renewed zeal.*

13. Many a well ness centres are functional in India and abroad giving enough opportunities in employment to Ayurvedic physicians and entrepreneurship to ayurvedic manufacturing units for export and domestic use.

14. Lets think affirmatively that appropriate time has reemerged to promote time tested medicine on grounds of clinical and scientific experimentation.

15. Concluding we should truely make all the opportunities tiding in our favour but ethical way nationally and internationally.

Atithi Vartalaap



Guest Interaction

PADMA SHRI, VAIDYA BALENDU PRAKASH

Ayurvedic Physician, Padaav-Speciality

Ayurvedic Treatment Centre

Founder, Vaida Chandra Prakash Cancer

Research Foundation (VCPCRF) Prakash Villa, Beside Rave

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Q.1 To begin with, please share your early as well as professional qualification !

Ans: Dr. Dinesh, I was a science graduate (B.Sc.) before joining Baba Mast Nath Ayurvedic College, Rohtak, Haryana, from where I completed my BAMS and later dedicated myself to clinical practice, research in Rasashastra.

Q.2 What made you to opt for B.A.M.S after B.Sc !

Ans: I belong to a traditional Ayurvedic family, but a personal experience also influenced me strongly. During my graduation, I suffered from herpes zoster and did not get relief from modern treatment. When my father treated me with Ayurvedic medicine, I recovered quickly. This incident and my observations in his clinic treating serious diseases convinced me to adopt Ayurveda as my full-time career.

Q.3. Please share your family background.

Ans: My father, Late Vaidya Chandra Prakash Ji, was a renowned Rasa Vaidya who practiced in Meerut. He prepared all medicines himself based on Rasashastra and clinical experience, and many difficult diseases were treated successfully at his clinic.

Q.4 Any past moment or incidence of pride.

Ans: There are many, but I still remember cases where patients diagnosed with terminal

cancers recovered after Ayurvedic treatment prepared by my father, including pancreatic cancer cases. Such recoveries became widely discussed and strengthened my belief in Rasashastra.

Q.5. Whom you consider your favourite enabling you to get prestigious national award !

Ans: Proudly and emotionally I say, my father remained my ideal and Guru. Whatever I could achieve is due to the grace of Lord Dhanvantari, blessings of my parents, guidance of my teachers, and good wishes of well-wishers.

Q.6 Kindly throw light in brief on research study among patients of Acute Promyelocytic Leukemia (APML) in collaboration of IRCH, AIIMS New Delhi sponsored by CCRAS, New Delhi.

Ans: A pilot study on **Acute Promyelocytic Leukemia (APML)** was conducted in collaboration with Indian Rotary Cancer Hospital, AIIMS, New Delhi, and was sponsored by CCRAS, Ministry of AYUSH. The medicine was based mainly on **Rajat Bhasma** along with herbal components, prepared by me at my clinic following classical Rasashastra procedures. Out of 15 enrolled patients, 11 completed treatment and showed complete remission. The

formulation later received **US and European patents.**

Q.7. Vaidya Ji, you are a firm believer of age old texts of Siddha (Proven) formulations in Rasashastra well supported by present day clinical and evidence based protocols; kindly share your work behind Padma Shri Award.

Ans: The Padma Shri was mainly awarded for the successful APML research project, where Ayurvedic metal-based formulations showed remission in a fatal type of blood cancer under monitored conditions. Establishing proof of concept for such a serious disease through Ayurveda was considered a significant contribution.

Q.8 Dr Balendu Ji it will be nice of you to throw light on Project I-3 CAP at Dhanvantari Ayurvedic College, Chandigarh led by Director General CSIR Padma Vibhushan Dr Raghunath A Mashelkar along with Prof. Dr C. K. Katiyar Ji.

Ans: After the APML experience, the next objective was to strengthen Ayurveda at three levels — **Individual physicians, Teaching and Clinical Institutions**, and Industry, all on one platform. This was the concept of Project I-3 CAP. Under this project, an Ayurvedic treatment protocol for migraine was developed based on diet, lifestyle and formulations and compared with modern medicine. The results were encouraging in safety and efficacy and were published in international journals.

Q.9. Dear Dr. what would you say on non iron ayurvedic formulation to improve nutritional anemia, kindly share its ingredients.

Ans: Controlled studies showed that a combination of **Sootshekhar Rasa and Sitopaladi Churna** improves nutritional anemia more

significantly than Iron Folic Acid alone. This formulation was included in **Technology Vision 2035, and ICMR**, New Delhi recommended it for multi-centre studies in 2016. It is now available commercially under the name NUMAX.

Q.10. What is herbo-mineral preparation for various URTI disorders (Urdhva Jatrugata Rogas) and when it will be available in open market?

Ans: A herbo-mineral formulation containing multiple herbs and **Mandura Bhasma** was developed for allergic rhinitis and upper respiratory disorders. Clinical studies showed it to be much more effective and safer than antihistamines. It has now been licensed and is available in the market under the name IMMBO.

Q.11. What will be therapeutic advantage of NUMAX comprised of Soot Shekhar Ras & Sitoplaadi Churna?

Ans: NUMAX improves digestion, metabolism and absorption of iron, rather than only supplementing iron. It gives sustainable improvement in hemoglobin with fewer side effects, making it useful especially in adolescents and women.

Q.12 As yourself disclosed a Hepato Protective product in the name of PRAK-20 based on experimental clinical studies. Please share its parts in brief.

Ans: **Prak-20 is a modified version of the classical formulation Punarnava Mandoor.** Experimental and clinical studies have shown it to possess hepato-protective, anti-fibrotic, anti-inflammatory, detoxifying and antiviral properties, useful in chronic liver disorders.

Q.13. Dr Sahib as you are in social media since 1999 onwards, may I address you 'Cancer

Healing Ayurvedic Physician'? Please react.

Ans: Frankly speaking, I consider myself an Ayurvedic physician treating patients from ordinary cold to serious diseases like cancer. I always feel contented serving patients through Ayurvedic principles.

Q.14 As you held many positions domestically and internationally, what is your invaluable suggestion to budding Ayurved scholars and physicians?

Ans: I sincerely advise fellow fraternity members to remain in regular touch with studies and be more focused through keen observation and reasoning. Developments in both Ayurveda and modern medicine should be understood and applied wisely so that treatments become more effective, safe, easily available and pocket-friendly. I pray to Lord Dhanvantari to bless everyone in fulfilling their goals.

Q.15 Before concluding I would like to know more about your credentials, academically and as head of various institutions.

Ans: I have been honored with Padma Shri in 1999 and recently awarded D.Litt. by IES University, Bhopal. I have served as

Honorary Physician to the President of India, Chairman and Member of various advisory boards of the Ministry of AYUSH, Head of Clinical Research Units at Regional Cancer Centre, Thiruvananthapuram and Dhanvantari Ayurvedic College, Chandigarh, and Founder-Director of Vaidya Chandra Prakash Cancer Research Foundation. I am also associated with universities as Professor of Practice and have delivered lectures in India and abroad.

Q.16 Hon Ayurvedic Physician, humbly requesting for your invaluable guidance to Quarterly Magazine Gurukul's CME for its growth.

Ans: I strongly feel that professional magazines like Gurukul CME should promote evidence-based clinical practice, encourage young physicians to document outcomes, and bridge classical Ayurveda with modern scientific thinking. Such platforms are essential for strengthening Ayurveda in today's healthcare system.

Thanks & Regards

**Encourage - Paper, Cloth, Jute Carry Bags
Rather Polythene (Plastic) For Daily Use**



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ANUBHAV

CLINICAL - EXPERIENCE

THERAPEUTIC BENEFITS OF 'LAHSUNADI KSHEER'

As we ayurvedic physicians know that "Sheet Ritu" (Winter Season) spanning approximately 7-8 weeks brings many health promoting opportunities on one side & simultaneously various challenges are witnessed e.g rise in body weight (Medo Vridh); disorders of U.R.T.I (Kass, Shwas Urdhv Jatrugat Rog); Inflammatory, Painful Musculoskeletal Disorders (Aamvaat/Vaat Rog); Pruritis, Fungal (Rakt/Twac Rog); Raised Bad Cholesterol, Hypertension, Heart Attacks (Hridya Rog) are some of the prominent ones.

As I tried and treated, age old Ayurvedic recipe "LAHSUNADI KSHEER" as supplement alone for normal patients besides patients suffering from other diseases by ayurvedic or allopathic medicines.

Preparation - 1 single medium sized pod (Kalee) cut in pieces dipped in 100 ml of hot water kept over night next / following morning adding 100 ml of milk preferably cow milk .Boiling of total 200 ml to make it half i.e nett 100 ml ready for drinking, sugar not preferred but sugar crystals (Misri) may or may not be added.

DOSE-Once A Day Warm In The Morning.
Let me share signs & symptoms.

1. Decrease in pain of joints, musculoskeletal parts, swelling, lethargy, constipation, kass/shwass, skin roughness, irritation, kass swass etc. sound sleep.

2. Increase in sense of well being, strength, stamina, shinning of skin / scalp hairs et.

This formulation is like an Amrit "Winter Tonic / Supplement For All Patients & Physicians.

Nasya

Cleans and Lubricate both nostrils with oils of **Shadh Bindu, Til, Nariyal, Sarnso, Cow - Ghee** twice a day to check pollution effects of **Smoke & Smog.**



DR. INDU SHARMA
B.A.M.S, (S.K.A.C.), Kurukshera
Pursuing Masters In Veda's & Vedic Sciences
Bhishm a IKS PUNE,
Maharashtra.

HAZARDS OF SOCIAL MEDIA AMONG TEENAGED GIRLS WITH AYURVEDIC MANAGEMENT

“न हि ज्ञानेन संदर्शम पवित्रमहि विद्यते”

तत्सवयम् योगसंसिद्धः कालेनत्मनी विहान्ति विंदती।। सुभाषित भावद्ध

भावार्थ— ज्ञान-विज्ञान से बढ़ कर कोई पवित्र वस्तु नहीं है। परन्तु जब विवेक ना हो तो वही ज्ञान विनाशकारी बन जाता है।

As we Indians realise that presently our country Bharat is not lagging behind in terms of science or technology in any field to compete with.

We equally witness that any facility may bring comfort as well as dependency at par with unhealthy disadvantages e. g over ,mis or ill use of social media on tender or teenaged school or college going girls.

Not going into much historical details of "computer" in India intrduced becoming popular for public ,way back around 1985 onwards.

During last nearing 50 years has made computer ,mobile phone etc for every one' s part & parcel of daily life but simultaneously afflicting unhealthy disadvantages too.

Common disorders are fuelling body image issues, eating malnourished or erratic patterns qualitatively, anxiety, depression, sleep disturbances, low self esteem, tuned to unrealistic ideals,harmful besides social comparisons etc

developing immature or developing mind to self ill perceptions as well as lack of mental well being .No sufficient time is given to sports, social engagements and parents to their siblings.

All these factors precipitate degenerating further physical,mental, psychological health of affected girls.

In addition agonising pathologies of osteoporosis, leucorrhoea, Urinary Tract Infection with Low back ache, irregular appetite, either body weight loss or gain, anaemia, PCOD, eye issues, Hyperacidity, Constipation, Hyperthyroidism, Hypertension, Diabetes Mellitus etc are commonly encounterd.

Ayurvedic Management

- Correction / disciplining of Life style habits since early age should be innitiated.
 - Only needful and purposeful usage of computer and mobile should be encouraged.
 - Sports indoor or outdoors for cardio vascular exercises should be made mandatory.
 - Sleeping in time and napping post lunch for school going students be maintained for regulating circadian rythem.
 - Regular intake of milk at bed time , curd / chhach at lunch, honey, apple / banana/ awala be made an essential daily recipe or food.
- Seasonal green vegetables, sprouted daal grains,

other fruits as well as some nuts should be preferred on daily basis.

For mental and stress induced psychological health yog & pranayam should be made a regular practice.

Parents need to behave like elders ,role models before their siblings having get together at dinners ,before sleeping sharing and advising daily developments for trust and confidence

among family members .

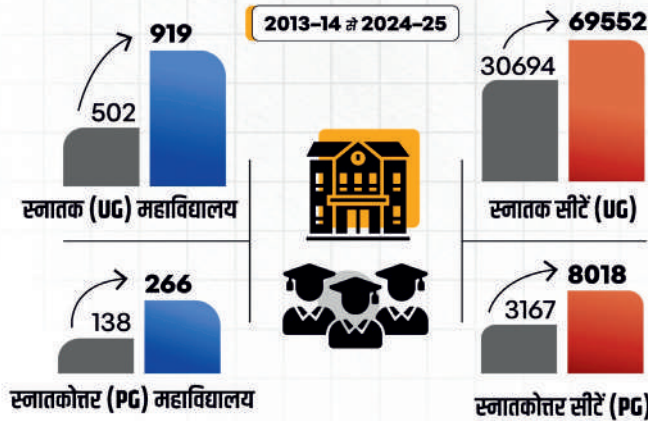
Common herbs as medicines (Aushdhis) may be taken to boost immunity and stamina e.g Brahmi, Shankhpushpi, Asgandh, Jatamansi, Shatavari ,Asoka etc.may be taken as per advice of ayurvedic physician (Lady Doctor) .

Note Girls need to focus on avoiding snacks like sugary candies ,cakes / pastries , spices foods like momos etc for healthy and holistic wellbeing.



« भारत में आयुष शिक्षा » क्षेत्र का विस्तार

देश में ASUSR&H के स्नातक और स्नातकोत्तर महाविद्यालयों की संख्या में हुई उल्लेखनीय वृद्धि



आयुष शिक्षा चिकित्सा और अनुसंधान को बढ़ावा

अधिक जानकारी के लिए स्कैन करें





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Male Infertility & Life Style Modifications

Up to 50% of couples with infertility involve some component of male factor infertility. Despite the growing need for care, male infertility is often underrecognized and undertreated.

While we may be comfortable with a medical approach to male infertility, we are also responsible for knowledge about lifestyle modifications .

There is sufficient literature to support weight reduction by and exercise, smoking cessation, and alcohol moderation.

Obesity

Obesity is associated with .lower serum testosterone. Decreased Lutenizing hormone (LH). Elevated rates of oligospermia or azoospermia. Decreased ejaculate volume, sperm concentration, and total sperm count.

The relationship between obesity and male infertility is likely multifactorial. Hypothalamic gonadotropin-releasing hormone (GnRH) pulses that regulate the hypothalamus-pituitary-gonadal (HPG) axis depend on appropriate caloric and nutritional intake.

When there is an energy imbalance, whether inadequate or excessive, disruption in GnRH pulses causes impairments in semen quality.

Excess adipose tissue also results in increased conversion of testosterone to estradiol, which may lead to secondary hypogonadism through HPG axis suppression.

Obesity may also increase endorphins that blunt the GnRH pulse .

Additionally, excess scrotal fat has been hypothesized to elevate scrotal temperatures resulting in impaired sperm quality.

Tobacco

- Smoking has been associated with
- Lower sperm concentration,
- impaired sperm motility and Impaired morphology
- increased frequencies of sperm aneuploidy.

Use of chewing tobacco also has a dose-dependent negative effect on sperm count, motility, morphology, and viability.

Smoking appears to increase levels of spermatotoxic benzo(a)pyrene and cause oxidative injury to sperm DNA.

Benzo(a)pyrene is a highly mutagenic carcinogen.

Compared to nonsmokers, the sperm of smokers show high levels of benzo(a)pyrene binding to DNA in sperm.

Cigarette consumption also lowers serum antioxidant activity (superoxide dismutase, P = 0.01) in a dose-dependent manner.

The American Society of Reproductive Medicine (ASRM) prudently discourages smoking and exposure to tobacco smoke in both men and women attempting to conceive.

Alcohol Consumption

Alcohol consumption is associated with deterioration of sperm parameters and

testicular pathology in a dose-dependent fashion.

One study suggests that even one alcoholic drink a day may negatively impact miscarriage rates and live birth rates associated with in vitro fertilization (IVF).

A case report demonstrated progressive alcohol-induced sperm alterations during heavy chronic alcohol intoxication (165 g alcohol daily for 10 years). The initial finding was teratospermia (August 2002), followed by oligoasthenoteratospermia (March 2005), cryptozoospermia (June 2007) and ultimately azoospermia (November 2007). A testicular biopsy (December 2007) revealed maturation arrest of the germinal cells at the pachytene stage with no mature sperm cells.

Once alcohol withdrawal was achieved (January 2008), normospermia occurred within 3 months (April 2008).

The effect of alcohol and alcohol sobriety on male

infertility has not been assessed with a RCT. From the available literature, evidence suggests a dose- and duration-dependent effect of alcohol on male infertility.

While an adverse effect on sperm parameters was not detectable in men with limited alcohol use, progressive deterioration in semen quality was demonstrated in several studies.

Habitual alcohol abuse is also associated with hypogonadism which may arise from both primary testicular failure and an inhibition of gonadotropins.

The deleterious effects of alcohol on male fertility may be reversible with alcohol abstinence.

Even when semen parameters are not affected, alcohol use is associated with higher miscarriages and lower birth rates with IVF.

The evidence is sufficient to recommend minimizing alcohol consumption for men.



Re Thoughts



1. Avoiding certain people to protect emotional health is not weakness but wisdom
2. Little corrections make big solutions.
3. Life is short it's upto us how we make it sweet & memorable
4. It's always better to be comfortable with discomfort
5. Time is free but priceless so avail it's utility.





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'Oral Care' Among Diabetics

Oral health is a crucial part of overall health, especially for individuals living with diabetes. When blood sugar levels stay high for long periods, the body's immune system weakens and the risk of infections increases - including infections in the mouth. Good oral hygiene is therefore not only about having clean teeth; it is an important part of diabetes management and general well-being.

Why Diabetes Affects Oral Health

Diabetes changes the way the body fights bacteria and heals tissues. High glucose levels in saliva encourage bacterial growth, while reduced blood circulation can slow healing. As a result, people with diabetes are more likely to experience dental and gum problems if oral care is neglected.

Common Oral Problems

1. Gum Disease (Gingivitis and Periodontitis)

Gum disease is one of the most common complications. Bacteria form plaque on teeth and gums, which can harden into tartar if not cleaned regularly. This leads to inflammation and infection of the gums.

Warning signs include:

Red, swollen, or bleeding gums



Persistent bad breath

Gum recession

Loose teeth or tooth loss

Untreated gum disease can also make blood sugar harder to control, creating a harmful cycle.

2. Dry Mouth (Xerostomia)

Diabetes and certain medications can reduce saliva production. Saliva protects teeth by washing away food particles and neutralizing acids. When the mouth is dry, the risk of cavities, mouth sores, fungal infections, and difficulty chewing or swallowing increases.

3. Slow Healing and Infections

High blood sugar can delay healing after dental procedures or mouth injuries. Cuts, ulcers, or extractions may take longer to recover and are more prone to infection. Preventive care becomes especially important for this reason.

Daily Oral Care Routine

Maintaining a consistent oral hygiene routine greatly reduces the risk of complications.

Brush Twice Daily: Use a soft-bristled toothbrush and fluoride toothpaste. Clean gently along the gum line where plaque accumulates.

Replace Toothbrush Regularly: Every 3–4 months or sooner if bristles are worn.

Floss Daily: Flossing removes plaque and food particles between teeth. Interdental brushes or water flossers are good alternatives if traditional floss is difficult.



Use Mouthwash: An antimicrobial or fluoride mouthwash can help reduce bacteria and strengthen enamel.

Stay Hydrated: Drinking water helps combat dry mouth and supports saliva flow.

Regular Dental Visits

Dental check-ups every six months or as recommended by a dentist are essential for early detection of gum disease, cavities, or infections. Always inform the dental professional about:

Your diabetes conditions

Current medications

Recent blood sugar levels

This allows safe and personalized treatment planning.

Diet and Nutrition

A healthy diet supports both oral and overall health.

Limit sugary snacks and sweetened drinks.

Choose balanced meals with vegetables, fruits, lean proteins, and whole grains.

Drink adequate water throughout the day.

Controlling sugar intake helps prevent tooth decay

and keeps blood glucose levels stable.

Blood Sugar Control

Maintaining good glycemic control is one of the most effective ways to protect oral health. Stable blood sugar reduces the risk of infections, inflammation, and delayed healing. In turn, healthy gums can contribute to better diabetes control by reducing chronic inflammation in the body.

Lifestyle Habits

Smoking and tobacco use significantly increase the risk of gum disease, oral cancer, and delayed healing risks already elevated in diabetes. Quitting tobacco greatly improves both oral and general health outcomes.

Key Takeaway

Oral care for people with diabetes requires consistency and awareness. Brushing and flossing daily, visiting the dentist regularly, eating a balanced diet, staying hydrated, avoiding tobacco, and maintaining proper blood sugar control together form the foundation of a healthy mouth. Oral health is not separate from overall health - it is an essential part of living well with diabetes.

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Management Of 'Cervix Cancer'

Cervical cancer is second most common cancer in India with an incidence of 18% as per GLOBOCAN 2020. It is also the second leading cause of death with high mortality rate. India ranks highest in Asia for cervical cancer cases followed by China.

Risk Factors

Average age 35-45years
Multiple sexual partners
Poor personal hygiene
Delivery of first baby before 20years
Colitis at young age
Poor socioeconomic status
Multiparity
HPV infection, STDs,
Smoking, drug abuse
Immunocompromised status
Women with pre- cancerous lesion

Clinics Features-

Child- bearing age group females present with

1. Menstrual complaints like irregular menses, polymenorrhea, intermenstrual bleeding, continuous bleeding, post coital bleeding.
2. Excessive discharge per vaginum, blood stained or foul smelling discharge
3. Difficulty in passing urine/stools
4. Constitutional symptoms- decreased appetite, weight loss, fatigue

Examination Findings

Discharge per vaginum, growth on cervix which bleeds on touch, bulky uterus (due to

pyrometerscollection of pus in uterus) Induration in vagina and surrounding structures due to spread of cancer.

Due to such symptoms patients present early and can be picked up in early cases. Cancer cervix is one such cancer which can be prevented by following the available screening programs.

Prevention of cervical cancer-

Primary prevention- there are three available vaccines Gardasil (against HPV 6,11,16, 18), cervarix (16,18) and nonavalent (6,11,16, 18, 31,33,45,52,58)

Age group 9-14 years

Two dose schedule 0.5ml at 0 and 6-12 months

Three dose in immunocompromised and age >15years 0.5ml at 0, 1-2 and 6 months. It can be given till 45 years but the efficacy decreases.

Secondary prevention- screening strategies like conventional Paps smear, liquid based cytology, HPV testing and visual inspection with acetic acid (VIA). Paps smear should be done from 25 years of age followed by 3 yearly, whereas HPV testing from 30 years followed by 5 yearly. At low resource setting screening can be done by VIA.

Management-

Biopsy o the cervical lesion should be done to confirm the diagnosis followed by histopathological

examination. If there is no obvious growth but screening test is suggestive of high grade lesion or

cervical cancer then colposcopic directed biopsy should be performed.

To know the spread of the cancer contrast enhanced CT or MRI is done. This helps to know the size, location, extent of the growth, spread to surrounding as well as distant organs and lymph node involvement. If available PET- CT can be done in preference to CECT / MRI. All this helps in staging the disease and helps in planning the management of the disease.

To know the performance status of the patient and whether the patient will be able to tolerate the treatment some routine investigations are done- blood group, complete blood count, liver and kidney function, thyroid, blood sugar fasting and post prandial, ECG, chest X-RAY, urine routine and microscopy. If surgery is planned then pre-anesthetic check up.

Next step in management includes staging of the

disease which is done by FIGO 2018.(Table 1)

Treatment-

Treatment depends on stage of the disease and in case of young patient, whether she wants to preserve fertility or not. Surgery (different types of hysterectomy with bilateral salpingoophorectomy

depending on stage) is preferred mode of treatment in case of early disease whereas in cancers with size >4cm or spread to surrounding structures like bladder and rectum concurrent chemo-radiotherapy (CCRT) is preferred.

If patient wants to preserve fertility in early stages like stage 1A1- cervical conisation and in stage 1A2, 1B1 - radical trachelectomy with pelvic lymphadenectomy can be performed.

CCRT is preferred in case of stage 1B3 and 11A2 onwards.

Recurrence - can occur locally or with distant spread. Most recurrences occur in first 2 years of disease diagnosis and are associated with poor prognosis due to progressive disease. Further treatment plan depends on prior treatment received, performance status of patient site of recurrence.

Follow up- patients are required to follow up every 3-4 months for first 2 years, then 6 monthly till 5 years and then annually. At each visit history, examination should be done and according investigations should be advised. Patients can be offered hormone replacement therapy if they are <50 years and present postmenopausal symptoms.

Stage	Description
I	The carcinoma is strictly confined to the cervix (extension to the uterine corpus should be disregarded)
IA	Invasive carcinoma that can be diagnosed only by microscopy, with maximum depth of invasion <5mm ¹
IA1	Measured stromal invasion <3mm in depth
IA2	Measured stromal invasion ≥3mm and <5mm in depth
IB	Invasive carcinoma with measured deepest invasion ≥5 mm (greater than Stage IA), lesion limited to the cervix uter ¹
IB1	Invasive carcinoma ≥ 5mm depth of stromal invasion, and < 2cm in greatest dimension
IB2	Invasive carcinoma ≥ 2cm and < 4cm in greatest dimension
IB3	Invasive carcinoma ≥ 4cm in greatest dimension
II	The carcinoma invades beyond the uterus, but has not extended onto the lower third of the vagina or to the pelvic wall
IIA	Involvement limited to the upper two-thirds of the vagina without parametrial involvement
IIA1	Invasive carcinoma < 4cm in greatest dimension
IIA2	Invasive carcinoma ≥ 4cm in greatest dimension
IIB	With parametrial involvement but not to the pelvic wall
III	The carcinoma involves the lower third of the vagina and/or extends to the pelvic wall and/or causes hydronephrosis or nonfunctioning kidney and/or involves pelvic and/or para-aortic lymph nodes ¹
IIIA	The carcinoma involves the lower third of the vagina, with no extension to the pelvic wall
IIIB	Extension to the pelvic wall and/or hydronephrosis or nonfunctioning kidney (unless known to be due to another cause)
IIIC	Involvement of pelvic and/or para-aortic lymph nodes, irrespective of tumor size and extent (with r and p notations) ¹
IIIC1	Pelvic lymph node metastasis only
IIIC2	Para-aortic lymph node metastasis
IV	The carcinoma has extended beyond the true pelvis or has involved (biopsy proven) the mucosa of the bladder or rectum. (A bulous edema, as such, does not permit a case to be allotted to Stage IV)
IVA	Spread to adjacent pelvic organs
IVB	Spread to distant organs

Moving News

Heart failure can be managed and reversed

Dr Shalendra Bhadoriya

Heart failure, once considered a progressive and fatal disease with a five-year survival rate similar to many cancers, is now a potentially manageable and even reversible condition.

Heart failure occurs when the heart cannot pump enough blood to meet the body's needs. The most common cause is damage to the heart muscle after a heart attack, which is responsible for about half of all cases.

Other causes include viral infections, sepsis, chronic kidney disease, abnormal heart rhythms, and systemic illnesses such as sarcoidosis or amyloidosis. Rarely, it may result from pregnancy-related complications or congenital defects, which can sometimes cause sudden death in young adults.

Long-standing high blood pressure, diabetes, and obesity can also lead to heart failure, even when the heart's pumping function appears normal.

Modern medicine has now transformed outcomes. Effective heart failure medications and advanced treatments like angioplasty (stents), bypass surgery, pacemakers, AICD, CRT-D, and

radiofrequency ablation have significantly improved recovery.

Open-heart surgery is much safer, and many patients can undergo valve replacement without surgery using TAVR (Transcatheter Aortic Valve Replacement) or MitraClip procedures. Many heart holes can also be closed without surgery through catheter-based devices.

Early detection with echocardiography, stress testing, and coronary angiography allows timely intervention and better outcomes.

Equally important are lifestyle changes — controlling blood pressure, blood sugar, cholesterol, and weight, along with regular exercise, healthy eating, and stress reduction. These measures help reverse heart failure and prevent its progression.

For advanced cases, heart transplantation remains a life-

MODERN MEDICINE AND LIFESTYLE CHANGES CAN HELP REVERSE AND MANAGE THE DAMAGE CAUSED BY HEART FAILURE



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saving option. Greater public awareness and support for organ donation can help provide new hope for patients with end-stage heart failure.

Disclaimer: The veracity of the claims made in this article is the responsibility of the hospital and doctor concerned.

हेल्थ विज्ञान को मजबूत करने में आयुर्वेद अहम: आयुष मंत्री

■ NBT रिपोर्ट, नई दिल्ली

केंद्रीय आयुष राज्य मंत्री प्रतापराव गणपतराव जाधव ने कहा है कि कोट्टकल की आर्य वैद्य शाला जैसे प्राचीन आयुर्वेदिक संस्थान स्वस्थ भारत' के राष्ट्रीय विज्ञान को मजबूत करने में बड़ी भूमिका निभा सकते हैं। उन्होंने यह बात पद्मभूषण डॉ. पी. के. वारियर मेमोरियल आयुर्वेद

सेवाओं को वैश्विक स्तर पर बढ़ावा देने के लिए आयुष निर्यात संवर्धन परिषद बनाई गई है। उन्होंने बताया कि अब तक 25 से ज्यादा देशों ने आयुर्वेद को मान्यता दी है। हाल ही में हुए दूसरे WHO ग्लोबल समिट में करीब 100 देशों ने हिस्सा लिया और पारंपरिक चिकित्सा, खासकर आयुर्वेद और योग को बढ़ावा देने पर सहमति जताई। डॉ. कौस्तुभ ने कहा कि आयुर्वेद भारत

सेमिनार ASK@62 कार्यक्रम को वचुअल सदेश के जरिए रविवार को कहा। सेमिनार का उद्घाटन आयुष मंत्रालय के सलाहकार डॉ. कौस्तुभ उपाध्याय ने किया। कार्यक्रम में के. हरिकुमार, डॉ. पी. एम. वेरियर, डॉ. ए. रघु, डॉ. वंदना सिर्रोहा, डॉ. रघुराम अय्यागिरी और डॉ. पी. रामकुमार समेत कई विशेषज्ञ मौजूद रहे।

इस मौके पर डॉ. कौस्तुभ उपाध्याय ने कहा कि आयुर्वेद उत्पादों और

की प्राचीन चिकित्सा पद्धति है और पूरी दुनिया में तेजी से आगे बढ़ रही है। आर्य वैद्य शाला के मुख्य कार्यकारी अधिकारी के. हरिकुमार ने बताया कि उनके चैरिटेबल अस्पताल ने पिछले 10 सालों में 20 मिलियन से ज्यादा मरीजों का इलाज किया है। मरीजों को मुफ्त इलाज, खाना, रहने की जगह और दवाएँ दी गईं। उन्होंने कहा कि आर्य वैद्य शाला हर साल 18 लाख से ज्यादा मरीजों का इलाज कर रही है।

बच्चों को लग रही 'बड़ों वाली' बीमारी

हाई ब्लड प्रेशर को अभी तक बड़ों की बीमारी समझा जाता था, लेकिन मेडिकल जर्नल The Lancet की हालिया रिपोर्ट बताती है कि बच्चे और किशोर भी इसकी चपेट में आ रहे हैं। यह रिपोर्ट 21 देशों के 4.5 लाख बच्चों की स्टेडी पर आधारित है।

डेटा Window

6.7% बच्चे BP से प्रभावित मिले, जब घर और क्लिनिक का डेटा मिलाया गया

14 साल वाले पर ज्यादा खतरा, भारत में 10-12 की उम्र वाले भी चपेट में

4.3% बच्चे दुनिया के हाई ब्लड प्रेशर से प्रभावित, पिछले दो दशकों में आंकड़ा दोगुना हुआ

हाई BP की वजह फास्ट फूड, कम शारीरिक गतिविधियाँ, नींद पूरी न होना, पढ़ाई का प्रेशर

हाई BP का असर दिल और किडनी पर, हार्ट फेल और स्ट्रोक का खतरा, किमेशिया



08% pre-hypertension की आरंभिक बच्चों में

जितना वजन, उतना खतरा!

20% ओवरवेट बच्चे हाइपरटेंशन में

08 गुना खतरा बढ़ता है ओवरवेट से

2.4% सागान्य वजन के बच्चों में BP की समस्या

9% में रेगुलर चैकअप में समस्या पकड़ में नहीं आती

12% मरीजों में ही ब्लड प्रेशर कंट्रोल में रहता है (WHO)

DHAROHAR HERBAL HERITAGE

KHADHIR

Sanskrit = Raktsar, Khadir;

Hindi = Khair ;

English = Cutch Tree ;

Latin = Acacia Catechu Wild

General Discription

Tree is of medium sized height; **Stem Bark** - Blacklsh brown of 1 cm thickness; **Branches**- Thin, Thorny; **Leaves**- 10-15cm long bearing hairs, **Flowers** -small, white, light in yellow on inside surface thick, minor hairs, greenish. **Seed pod** (Phali) measuring (2-5)" elongated, thin, shining containing 5-8 seeds.

Chemical Composition - (3-10)% extract containing Catchin, Catechu, Tannic Acid, Extract boiled with hot water and stirred resulting in "Kattha"

commonly tress are found at a height of 4000-5000 fit in Himachal Pradesh, Punjab, Sikkim, UK.

Ayurvedic Features - **Gunn** -Laghu, Ruksh ;

Rass - Tikt Kashay;

Vipak- Katu ;

Veerya - Sheet; **Prabhay** - Kushthgn (anti leprotic)

Clinical Benefits :

1. It's **Kaph Pitt** shamak.
2. It is Ruchi Pardhak (Appetizer), **Stambhan** (Astringent), **Krimighan** (Anti Helminthic).
3. Used locally - Based Rukt stambhak (**Haemostatic**), Powder to check bleeding, In bleeding gums. Swarbhed (Hoarsness of voice), Kass (Cough U.R.T.I), Gandush (Mouth Wash), Kushth, Shivitra (Leucoderma).
4. Any type Shoth (Anti Inflammatory), Rakt Vardhan (Haeminitic; Iron tonic), Shonik Sthapan (Uterine bleeding of Cysts, Fibroids).
5. In cases of Mutra Sangrya (Premeh/Diabetes Mellitus), Anti Diuretic.
6. In Kass, Swass (Various types of Bronchitis), Asthma.
7. For Pleeha Vridhi (Spleen enlargement due to Visham Jwar bleeding disorders (Malaria, Dengue).
8. In cases of Kamakshya (Sexual Libido), Praddar (Leucorrhoea), Yonishithilya (Vaginal Laxity).
9. Disorders of Kandu (Skin Pruritis, Urticaria), Kushth (Various types of Leprosy).
10. For Medovridhi (Over weight, Obesity), Jiran (P.U.O. Fever).

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

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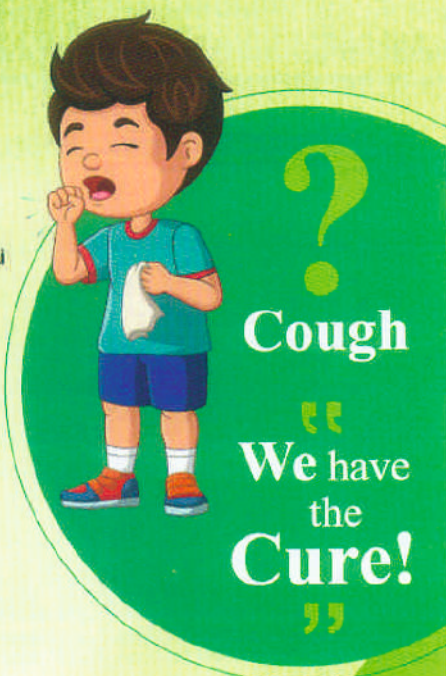
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1. Ramesh Kannan S et al, International Journal of Innovative Research in Medical Science, Vol 04, Issue 09, Oct 2019

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