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GURUKUL'S C.M.E



*A Quarterly Magazine For
Medicine Reorientation*

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असगंध

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Editor's Desk

Dear fellow Physician,

It's always a privilege & pleasure receiving unparalleled knowledge as "**Gyan Daan**" from experts among **A.Y.U.S.H** and **ALLOPATHY** alike; detailed description in brief of '**Gara Vishh**' & **Modern Life Style as toxins**; Tridosh based popular blood tests during ancient times having equal present day clinical importance; therapeutic significance of **agnikarma** a super specialised therapy can be practised at one's own clinic or at routine O.P.D; years of proven surgical procedure in day care centre for **ano rectal** ailments; sharing of clinical experience as '**Anubhav**' are a few write ups shared by ayurvedic experts.

Simultaneously allopathic academicians contributed articles in brief about myths & facts about "**Knee Replacement**"; "**Urinary Incontinence**" etiology, signs with symptoms concluding with one of historical Indian (Bharat) land marks as "**Glorious past and bright future**".

Thanks.

With Regards

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- * Views & Expressions In The Articles Are Entirely Of Authors.
- * For Next Publication, You Are Requested To Send Articles On **Research, Clinical Study Or Expertise** With Your Photograph, Before **30th November, 2025**
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Chintan!

"NATIONAL AYURVED DAY"



*Dear Ayurvedists, since long we had been in to celebration of **Dhanwantri Jayanti** on auspicious day of Dhanteras 2 days prior to Deepawali for offering prayers (Puja) enmass to bhagwan; father of Ayurved.*

*But in 2016 department of A.Y.U.S.H officially declared it as **National Ayurved Day** which continued till 2024 for 9 years. Recently a new norm i.e **September 23rd** is designated & declared in official gazette of **Bharat Sarkar** (Govt.Of India).*

Let's think over to have Chintan.

- 1. Theme for annual Ayurved Day is **health for all people & whole of planet.***
- 2.This day is fixed as **automnal equinox** a special time duration when day as well as night timings are nearly equal or at par to each other:*
- 3. This symbolises a balance of **mind, body, soul** i.e in equilibrium with principle of ancient Ayurved.*
- 4. Earlier during previous 9 years it was based on **Lunar Calender.***
- 5.Certainly National Ayurved Day is fixed as evidence based scientific as well as holistic system of ayurvedic medicine .*
- 6. This time is not only preferred nationally but internationally too for celebration vis a vis to other engagements.*
- 7. Now **A.Y.U.S.H.** gives ayurved an identity of global calendar positioning it as viable solution for worldwide health challenges too.*
- 8. **Bharat Sarkar** (Govt .Of India) promotes A.Y.U.S.H at international level.*
- 9. Surely Ayurved is no more an alternate system of medicine but in the front row.*
- 10. Precisely **Astronomy, Agriculture, Ayurved** are interlinked for successful sustenance human and environmental health.*



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From Myth to Molecule: Clinical Analogous Between Gara Visha and Modern Lifestyle Toxins

Prelude

In the ancient corridors of Agad Tantra, the concept of Gara Visha a slow-acting, artificial poison—was more than a theoretical construct. It was a warning. A whisper from the sages about the insidious nature of toxins that do not kill instantly but corrode vitality over time. Today, as we navigate a world saturated with synthetic additives, cosmetic chemicals, and environmental pollutants, the echoes of Gara Visha grow louder. The myth, it seems, was a molecule waiting to be named.

Gara Visha: A Classical Lens on Chronic Toxicity

Gara Visha, as described in classical Ayurvedic texts, refers to poisons that are:

- Artificially compounded, often by human intention or ignorance.
- Slow in onset, with symptoms emerging over days or weeks.
- Difficult to detect, often mimicking other diseases.



- Systemically disruptive, affecting digestion, immunity, and cognition.

These characteristics align strikingly with what modern medicine now classifies as chronic lifestyle toxins—substances that accumulate silently through daily exposure and manifest as metabolic, neurological, or autoimmune disorders.

Modern Parallels: Molecules in Disguise

Let's decode the myth through a molecular lens:

Gara Visha Trait	Modern Parallel	Clinical Impact
Artificial origin	Food additives, preservatives, microplastics	Gut dysbiosis, metabolic syndrome
Delayed symptoms	Endocrine disruptors (e.g., BPA, phthalates)	Hormonal imbalance, infertility
Mimics other diseases	Heavy metals, pesticide residues	Neurodegeneration, fatigue
Systemic spread	Cosmetic toxins, indoor pollutants	Skin disorders, respiratory issues

Sources: The Immunotoxic Connection

Recent studies in immunology reveal that chronic exposure to low-dose toxins can:

- Alter cytokine profiles (e.g., IL-6, TNF- α), promoting inflammaging.
- Disrupt gut microbiota, leading to immune dysregulation.
- Trigger autoimmune responses, especially in genetically predisposed individuals.

These findings resonate with Ayurvedic descriptions of Ama (toxic residue) and Dhatvagnimandya (tissue-level metabolic dysfunction), suggesting a shared language across centuries.

Clinical Relevance of Agad Tantra Today

Agad Tantra offers more than historical insight—it provides actionable frameworks:

- Detox protocols using herbal Agads and Rasayana therapies.
- Dietary correction based on Viruddha Aahara principles.
- Biomarker-based validation of interventions using cytokine and oxidative stress panels.
- Outreach potential through culturally resonant narratives and folklore.
- Some of the outreaches to understand the narratives are mentioned below:

Cosmetic-Induced Dermatitis: A middle-aged woman presents with persistent skin irritation and hormonal imbalance. Her daily use of synthetic cosmetics containing parabens and phthalates is identified as a source of chronic toxicity. Ayurvedic detox using Haridra, Nimba, and Manjishtha, along with dietary correction, leads to marked improvement.

Processed Food-Linked Gut Dysbiosis: A young adult with fatigue, bloating, and brain fog is found to consume high quantities of packaged snacks and beverages. These contain preservatives and artificial flavors that act as Gara Visha. A regimen of Triphala, Shunthi, and gut-restorative Rasayana therapy restores digestive and cognitive balance.

Urban Pollution and Respiratory Distress: An elderly patient living near industrial zones suffers from chronic cough and breathlessness. Exposure to airborne toxins and heavy metals is interpreted through the lens of Gara Visha. Ayurvedic interventions including Dashamoola, Vasa, and Agad formulations help reduce inflammation and improve respiratory function.

Toward Integrative Toxicology

Bridging Gara Visha with modern toxicology invites a new paradigm:

- One that respects symbolic wisdom while demanding scientific rigor.



- One that empowers clinicians to see beyond symptoms and trace the toxic footprints of lifestyle.
- One that transforms myth into molecule—and molecule into mindful medicine.

Conclusion

In the age of evidence, Agad Tantra is not obsolete—it is evolving. As we decode ancient metaphors with modern metrics, we uncover a timeless truth: healing begins not just with antidotes, but with awareness. And in that awareness, Gara Visha becomes not just a poison—but a pathway to precision care.

Agad Tantra, the Ayurvedic discipline of toxicology, offers vital insights into the management of both acute and chronic toxic exposures. Among its foundational concepts, Gara Visha—a slow-acting, artificially compounded poison—finds striking relevance in today's clinical landscape, where patients are increasingly affected by lifestyle-induced toxicity. Unlike instantly fatal poisons, Gara Visha manifests subtly, often mimicking other disorders and evading conventional diagnosis. Its modern parallels include chemical-laden cosmetics, processed foods, and urban pollutants that accumulate over time, disrupting immunity, metabolism, and cognition.



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BLOOD TEST IN AYURVEDA

Medical practice is not only based on various pathological, biochemical and radiological tests, it has become absolutely dependent on them and not only the doctors, patients also believe that until the test of a particular type of disease is under normal limits, they are neither satisfied with the treatment nor they think themselves fit or healthy per say. **However, the tests have been an integral part of diagnostic parameters since ages as we find them in Ayurveda also, ayurvedic practitioners were conducting these tests subjectively and did not rely much on objective parameters. Ayurvedic texts have categorically described blood, urine, stool and semen tests in a disease to determine the Doshik involvement and to design the treatment accordingly.**

This paper is being presented with reference to 'Blood Test' in Ayurveda and should be performed as a diagnostic tool before prescribing the treatment which perhaps is either avoided or easily replaced by allopathic tests, hence ignored by Ayurveda practitioners.

Not going into the details of Rakta's (Blood's) Panchabhautic constitution etc. let's discuss the Doshik involvement of the blood which is indicative of the predominance of one, two, or all the three doshas responsible for any disease, vitiating the underlying Dhatus particularly those of originating as a result of vitiation of Rakta.

The parameters of the test of vitiated Rakta are almost the same in Sushruta Samhita and Charak Samhita both. The important point which I noted in

both the texts is that characteristics of Rakta vitiated either by Vata, Pitta, and Kapha individually, a combination of any two or by all the three have been described prior to the description of a normal blood. Perhaps they found it difficult to explain how a normal blood looks like, hence the factors which should remain absent in the blood for a better and easy understanding through the rule of exclusion to determine if the blood is pure or affected. Ayurveda, through various Pramanas, has suggested the law of परिशेष ; elimination under में अनुपलब्धि या अभाव प्रमाण while describing the research methodology. That's why the rule of exclusion has been applied.

Characteristics of Shuddh Rakt; pure blood :

इन्द्रगोप प्रतीक; The blood which is as bright as the colour of Indragop and is असंहत; neither too thin, nor too thick, and अविवर्णम; not having any kind of discolouration is supposed to be प्रकृतिस्थं; normal blood.

Another test suggested by Charaka based on physical examination of the body to confirm whether the person is having Shuddha Rakta is described as under:

"A person with bright complexion, has his all sensory and motor organs in perfect health and working, has an appropriate digestive power and normal excretions, who's disease-free, and is hale and hearty is supposed to have Shuddha Rakta." This is an indirect, non-invasive and inference-based method of testing the quality of the blood of a

person. In other words, we can say that if a healthy person is supposed to have Shuddha Rakta, a person with a disease has Ashuddha Rakta which needs to be tested.

Arterial v/s Venous blood:

Here it's paramount to note that the normal colour of the pure blood is said to be alike the colour of Indragop, an insect, – Bright Red as mentioned in both the texts. Now certain points to be noted that:

(i) In modern physiology the pure or the oxygenated blood is described as Bright-Red whereas the deoxygenated blood is Dark-Red.

(ii) The oxygenated blood which is bright red flows into arteries whereas the deoxygenated blood which is dark red flows into the veins.

(iii) For conducting all kinds of Blood tests, the blood is taken from the veins, and not from the arteries.

(iv) So, can we say that in Ayurveda too the tests of the अशुद्ध for the involvement or prominence of a particular Dosha, a combination of two doshas or a mix of all the three doshas can be determined by looking at the venous blood which is drawn out by Sira Vedh or by Suchika vedh? Perhaps yes, because it's not so easy to withdraw the blood from an artery for conducting the tests.

(v) Another point of discussion is whether only the venous blood is affected by the fluctuation (वृद्धि अथवा हास) in Doshas and not the arterial blood? Sushruta explains that the decrease and increase in dhatus depend on the quality of Rakta which includes the blood as a whole irrespective of Venous or Arterial Blood. Since the expressions of vitiated blood are easily reflected in the venous blood, as the veins have easy access to drain, we should go for the test of venous blood to understand the underlying changes. The same is practised in allopathy also for conducting various blood-tests.

Parameters of Blood-Test in Ayurveda:

When the blood is drained through the procedure of Sira Vedh either by a superficial incision over the vein or by a hollow needle of a syringe (सूचिका वेध) and allowed to flow and spread over a glass slide, the following points to be noted by the specialist as objective observation of the Blood; रक्तः

1. Discoloration.
2. Appearance.
3. Density.
4. Viscosity or Fluidity.
5. Bleeding Time.
6. Coagulation Time.
7. Odour.
8. Behaviour of small insects towards it.
9. Feeling of the specialist on touching it.

Let's start the details of the above observations one by one: -

1. Discolouration:

As discussed above both the texts of Ayurveda; Charak Samhita and Sushruta Samhita have suggested to note the colour of the drained blood which may be as under:

(i) अरुण या किञ्चिद्रक्तवर्ण या कृष्ण रंग : The which appears light red or dark red with blackish tint is supposed to indicate towards Vata Dosha dominance.

(ii) नील, पीत, हरित या श्याव : The blood which is Dark- Red reflecting a lustre of blue, yellow or green colour is supposed to be vitiated by Pitta Dosha. It may present a combination of any two or all but having the base colour as Dark Red to differentiate it from the Vata Dosha affected blood.

(iii) गौरिकोदकम् : The blood which appears like the watery solution of Gairik ; a combination of dark brown and dark red is said to be affected by Kapha Dosha.

2. Appearance:

(i) फेनिल रक्त : When the blood is observed to ooze with bubbles or bubbles erupt on spreading on the slide, it's due to Vata Dosha vitiation.

(ii) मांसपेशीप्रभं : The blood which appears like a muscle happens in Kapha Dosha.

(iii) कान्जिकाभं : The blood looking like Kanji is vitiated by all the three dosha; सन्निपातदुष्टि.

3. Density / Viscosity / Fluidity: The density of a liquid is primarily of two types; High or Low. When we say high density, it means more mass in a given volume like salty water whereas low density means less mass in the same volume like oil. However, when we say a liquid is Thin or Thick, is more accurately described by the liquid's viscosity which determines its resistance to flow. For example, a thick liquid like honey has high viscosity which flows slowly whereas a thin liquid like water has low viscosity but flows faster. As in physics all the above qualities are supposed to be affected by a few factors like the molecular structure, intermolecular force, and exposure to a cold or hot temperature, Ayurveda has postulated the blood's density, viscosity and fluidity affected by Vata, Pitta and Kapha Dosha.

(i) तनु : A thin blood refers to having low density in comparison to normal blood which indicates towards an altered composition of the blood lacking in its ingredients like haemoglobin, various proteins, minerals and salts generally. However, Ayurveda considers a thin blood as a result of Vata Dosha affecting it.

(ii) बहलं : Thick looking blood is indicative of Kapha Dosha vitiation.

(iii) शीघ्रगमं : Which flows faster, or which has a low viscosity is supposed to be affected by Vata Dosha.

(iv) चिरस्त्रावी : Here the literal meaning of the term चिरस्त्रावी denotes to a delayed or a slowed flow of blood on सिरा वेधन and not for a longer time. Hence

the blood which flows slower has high viscosity when drained is affected by Kapha Dosha.

4. Bleeding Time: The blood which is thin in constitution (तनु), continues to flow a bit faster; (more than 2 to 10 minutes as per allopathic standard) (शीघ्रगमं) and doesn't coagulate within the stipulated normal time 8 to 15 minutes (as per allopathic standard) (अस्कंद) is said to be affected by Vata Dosha and Pitta Dosha respectively. Whereas, the blood which flows quite slower (चिरस्त्रावी) and coagulates faster and looks like a muscle (मांसपेशीप्रभं) indicates towards a decreased bleeding and clotting time both in Kapha Dosha vitiation.

5. Coagulation Time: This is an important factor which can be easily measured objectively even nowadays. Ayurveda has also counted it to determine the dominance of Doshas in the body through Rakta-Parikshan as under:

(i) अस्कंद : This term means a blood which doesn't coagulate or has an increased coagulation time and is indicative of vitiation of either Vata or Pitta Dosha or a combination of both.

(ii) Vitiation of Rakta by Kapha Dosha causes the blood to coagulate quite fast and as a result turns it to look like a muscle – termed as मांसपेशीप्रभ. As we see a coagulated blood looks like a piece of a small muscle that's why this analogy is drawn by Sushruta.

Note: It's important to note that Bleeding Time and Clotting Time are directly proportional to each other, hence a repetition of signs is there. According to allopathic physiology they both have complementary roles: BT evaluates the initial response to vascular injury (platelet plug formation), while CT assesses the secondary response (fibrin clot formation).

6. Odour: Sushruta says that the blood which is विस्त्र (आम) गंध; as smell of half cooked meat is affected by Pitta Dosha. However while describing पंचभौतिक composition of the blood विस्त्र

(आम गंधिता) has been attributed to पृथ्वी महाभूत, it's perhaps its intensity which may lead it to indicate Pitta vitiation. Or not mentioning any kind of smell in Vata and Kapha doshik vitiation may be taken as absence of normal smell in the blood vitiated by them. The blood emanating a foul smell (दुर्गन्ध) indicates towards सन्निपातिक दोष.

7. Behaviour of small insects towards the blood: Small insects like ants and house flies are attracted towards the things which are rich in proteins and carbohydrates for want of their nutrition. Human blood too is known to contain them and we see ants and house flies are attracted towards it. But if the ants and flies don't get attracted towards any sample of blood kept in open it indicates that the particular sample is affected by Pitta Dosha. Such a repulsion of these small insects has been termed as; अन्टि पिपीलिकामक्षिकागाम

8. Feeling of the specialist on touching it: The blood which feels a bit dry termed as पुरुष is affected by Vata Dosha whereas contrary to it, if it feels as sticky termed as स्निग्धं तथा पिच्छिलं is affected by Kapha Dosha. Another factor which can be tested with touch is the Temperature of the drained of the blood instantly. The text says that if the drained blood provides a feeling of sub-normal temperature; termed as शीतलं is affected by Kapha Dosha.

Though the characteristics of वात, पित्त, कफ, affecting the blood (रक्त) have been explained respectively, it's also important that if a number of signs of any two Doshas are found, it indicates the vitiation of those two-doshas and if a mix of all the signs is found the blood is said to be affected by all the three doshas; called as सन्निपातिक रक्त दोष.

Conclusion: By going through the above details in respect to Blood-Test according to Ayurvedic principles it is clear that a parameter of various

factors of blood-test can be standardized even on numerical basis establishing the normal and abnormal values of the above tests which are not only required but is need of the hour and will be of immense help in diagnosing a disease on Ayurvedic principles establishing a milestone in Ayurvedic diagnostic methodology providing objective and subjective evidences both.

References:

1. Sushruta Samhita : सूत्रस्थानम् 14/20-21-22
2. Charak Samhita: विधिशोणितियाध्यायः 24/20-21-22-24

Facts of Human Body

• Largest Organ of body	→ Skin
• Largest internal organ	→ Liver
• Total no. of muscles	→ 600-840
• Longest bone of the body	→ Femur
• Smallest bone of the body	→ Stapes
• Total no. of bones	→ 206
• Filter of the body	→ Kidney
• Pump of the body	→ Heart
• Total no. of vertebrae	→ 33
• Normal Body Temperature	→ 37°C
• PH of Body	→ 7.3-7.4
• No. of joints in the body	→ 230
• Most common blood type	→ O ⁺ & A ⁺
• Least common blood type	→ AB ⁻
• Largest gland	→ Liver
• Mass of Brain	→ 1400gm
• Mass of Heart (Man)	→ 340gm
(Woman)	→ 250gm

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KSHARSUTRA TECHNIQUE IN AYURVEDA FOR ANAL FISTULA

Background:-Ksharsutra technique is a treatment of choice in most patients suffering from Fistula in ano.Though ksharsutra treatment is classical Ayurveda technique for operating almost all Anorectal ailments like Piles, fissure, fistula in ano etc.

Procedure:-The procedure consists of placing or ligating the tissues with the specially medicated thread called ksharsutra Here sutra means thread. The special thread used in this procedure is coated and recoated about 14 -21 times with different herbal medicines and ash extracts of some herbs.It is used to ligate piles Or is passed through the fistula as required.The medicines aid the cutting and healing process.Every seventh day the old sutra is replaced with the new one till there is final cut through.It has been observed that the length of the track reduces 1 cm per week.

Advantages:-1.Short hospital stay of maximum 10-12hours.

2.No chances of incontinence and recurrence rate which is very high in case of fistulectomy is less than 2% after ksharsutra treatment.This is because the medicines on the thread gradually and continuously curette the pyogenic membrane and fibrous tissue And thus leaves no pus pocket untrined.

3.Freedom from painful dressing and much less pain while changing as compared to post operative dressings of fistulectomy and can be done under Local anesthesia only

4.Patients maintain their normal activities as usual during treatment period.

Indications:-

1. Hemorrhoids
2. Anal fissure
3. Chronic discharging sinus with osteomyelitis.
4. Pilo nidal sinus
5. Non healing wounds
6. High anal fistula
7. Tubercular sinuses
8. Genital warts etc.

Research Approved:- The technique has been scientifically developed and clinically evaluated. ICMR (Indian council of medicine and research), apex body of medical research in India has conducted clinical trials of Ksharsutra therapy in various Anorectal diseases including Fistula in ano, at four centers including AIIMS.

Result:-The results of these clinical trials have been officially released.It has been proved that Ksharsutra is more effective and more suitable treatment as compared to General surgery for treatment of Fistula in ano and other Anorectal diseases.

Our progress:-We have treated more than 378 cases till today and till now neither recurrence Nor any other associated problem has been encountered by us.Patients aged between 18 to 78 years.For more information and treatment feel free to contact



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AGNIKARMA AT YOUR OPD STEPS

As we are living fast life era, Everyone wants fast car, fast food & fast relief in pain also. As per our social perception, Ayurveda works slowly & can't impart quick relief in pain but this thought is wrong as we can render instant result in relieving pain through Agnikarma, Viddha Karma, Leech & Marma therapy.

Ayurveda, science of life has active role while treating various diseases. Agnikarma being Parasurgical procedure where Red hot is applied over selected points for alleviation of pain for joint disorders. Agnikarma gives miraculous results within seconds as compared to even intramuscular & intravenous injections which takes few more minutes.

Agnikarma plays an important role in relieving Vataj shoola when there is no relief with snehan, swedan, upnaha & raktamokshan. Due to injury, there is vitiation of vata in relation to twacha, mamsa, sira, snayu, sandhi & asthi.

Series of Pain relief :-

Snehan

• Swedan, • Upnaha, • Raktamokshan, • Agnikarma

Agnikarma is considered 'Best' among all therapies.



Types :-

a) Superficial :- Agnikarma is done at the level of skin.

b) Deep :- If the pain is in sira, snayu, asthi, sandhi, Agnikarma is to be done at the level of Twak or mamsa.

Other Types :-

1) Ruksha :- means Agnikarma by local application of red hot Shalaka.

2) Snigdha / Drava dagdha :- Agnikarma with Local application of Ghrita, tail etc. & it is very painful.

In Modern Science, it can be compared with Cautery.

Types Of Cautery :-

a) Galvano Cautery :- Here heat is generated by the passage of electricity.

b) Poquelin Cautery :- Here instrument has to be heated up to red hot & applied over painful site to get relief.

Other Types :-

1)Diathermy:-

It is the therapeutic application of high frequency electromagnetic current waves i.e. radio waves / microwaves to cut or coagulate tissue during surgery. It can be used to decrease swelling & pain e.g. :- SWDT, USG Diathermy, Microwave Diathermy.

2) Chemical Cautery :- It is a procedure which uses chemical agents to destroy undesirable tissue

such as warts, bleeding points by denaturing tissue proteins.

INDICATIONS :-

Agnikarma imparts quick relief in all types of painful conditions originating beneath bony structure.

Painful Conditions :-

- Knee Osteoarthritis, • Lumbar spondylitis
- Frozen Shoulder, • Calcaneal spur, • Plantar Fasciitis, • Cervical spondylitis, • Haemorrhoids
- Migraine, • A.V.N. (Avascular necrosis)
- Inguinal hernia (Reducible) etc.

Cosmetic purpose :-

- Warts, • Corn, • Extra mass, • Skin Tags
- Moles, • Birth mark, • Tatoon marks,
- Sebaceous cyst etc.

CLASSIFICATION OF DAGDHA :-

a) Superficial, b) Deep

As per Akriti :-

- Bindu (Pointed) • Valaya (Round)
- Pratisaran (Rubbing), • Ardha-chandrakar
- Swastika, • Ashtapada

REQUIREMENTS OF AGNIKARMA :-

- Shalaka, • Butane Gas Can, • Focus Light
- Aloe Vera Piece, • Jatyadi taila,
- Disposable Gloves, • Cotton

CONTRAINDICATIONS :-

- Uncontrolled D.M. / H.T. • Pitta Prakruti
- Atisara, • Raktapitta • Patients with h/o neurogenic shock for simple prick / site of blood
- Skin Infection at affected site



ADVANTAGES OF AGNIKARMA :-

- Instant relief in pain • No side effects
- No requirement of pain killers, antibiotics etc.
- No need of hospital stay
- No blood loss, • Instant local haemostasis
- Quick healing

PRECAUTIONS :-

- Bala (Strength) of the patient
- Marma sthana (Vital places)

PROCEDURES :-

Purva Karma :-

* Patient should be explained verbally about AgniKarma & pertaining video have to be shown for raising their confidence .

* Pre-informed Consent has to be taken .

* Patient should be fed with Pichhil ahara.

* Tender points of affected parts have to be selected & marked with pen.

* Affected part has to be cleaned with Triphla kwath.

Pradhana Karma :-

Red hot shalaka has to be applied to affected part & withdrawn it back till it attains Samyak dagdha.

Paschata Karma :-

Aloe Vera cut piece gel has to be applied over dagdha area in order to minimize the burning sensation instantly.

MODE OF ACTION OF AGNIKARMA :-

- Brings general Vasodilatation.
- Washing of toxic metabolic materials like lactic acid, urate crystals, blood clots etc.
- Destruction of local bacteria & suppuration
- Reflex stimulation of sweat glands thereby increasing elimination of waste.
- Relief in pain & fast healing.

Signs & symptoms of Twak dagdha :-

- a) Emission of 'chad chad ' sound, b) Bad smell
- c) Contraction in skin

S/s of Mamsa dagdha :-

- Pain will be less
- Ulcer will turn to pigeon like colour.
- Ulcer will become dry & contracted.

TREATMENT OF AGNI DAGDHA :-

- Plushta dagdha :-
 - Hot fomentation
 - Shaman therapy with ushna Dravya
- Durdagdha :-
 - Cold & hot fomentation
- Atidagdha :-
 - Excise the burnt flesh
 - Wash the affected area with tinduka kashaya followed by local application of Madhuyashtyadi Ghrita.
 - Cover it with Kamal Patra

Limitations :-

- Fracture, 2) S.T.I., 3) Infection
- Ulcer, 5) Sanchay Avastha of Dosha
- Spinal canal stenosis, 7) Tendon Injury
- Ligament Tear

Complications :-

- Destruction of healthy tissue
- Severe burning sensation
- Increased pain. 4) Suppuration
- Non healing ulcer , 6) Bleeding

DISCUSSION :-

On the very first day of Agnikarma, patient usually gets relief instantly & range of motion of their joints improves & that relief may last up to 2-3 days but there can be relapse on 4th to 5th day. At that moment, Agnikarma has to be repeated to the same area at the gap of seven days till patient get relief. It can impart palliative cure in some chronic painful conditions. It gives permanent cure in cosmetic cases like corn, keloid, moles, tattoo removal, extra mass, sebaceous cyst, warts etc. Agnikarma plays an important role in relieving Vatika shoola temporary to permanent depending on chronicity of pain & age of patient. Agnikarma does not cause any side-effects like gastritis, kidney damage etc. so it is boon for all muscular pain disorders.

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Atithi Vartalaap



Prof. (Vd.) Rabinarayan Acharya
Director General, Central Council of Research in
Ayurvedic Sciences, Ministry of A.Y.U.S.H,
New Delhi-110058

Vd. Rabinarayan Acharya Ji, You are most welcome as Guest of honour in this column; please acknowledge.

Q 1. Prof. as editor Gurukuls C.M.E; I am overwhelmed & privileged congratulating you for recipient of highest award DSc (Ayurveda), a rare feat among Ayurvedic community.

Ans. I feel deeply honoured to receive the D.Sc. (Ayurveda) from Utkal University. It is truly a blessing and recognition of my lifelong work in Ayurvedic drug research and Dravyaguna. This honour encourages me to keep working for evidence-based Ayurveda and its global recognition.

Q 2. My sincere salute on behalf of esteemed readers of this magazine to three experts in Ayurved found your research work validating it par excellence conferring the prestigious degree of **Doctorate in Science (Ayurveda)** from Utkal University.

Ans. I am humbled by your kind words and the evaluators' recognition. The D.Sc. (Ayurveda) reflects many years of sincere research, exploring the pharmacopoeial standards of certain Anukta dravya (plants/ drugs not described in the present Ayurveda Pharmacopoeia of India-API). I consider this achievement not personal, but a tribute to the collective efforts of our scientific Ayurveda community.

Q 3. Sir, For this exceptional work did you have any guide/ guru who supervised the study!

Ans. The present D.Sc. is a recognition of independent scientific contribution. It doesn't have a research guide in the traditional sense. The evaluation was done by eminent experts who assessed my published work and research outcomes over the years before recommending the degree.

Q 4. If so please let us know topic, thesis, SOP, duration, place of work

Ans. **The title of my thesis was "Phyto-pharmacognostical and biological evaluation of certain extra-pharmacopoeial plants (anuktadravya) of ayurveda available in Odisha". My study was related to introduction new botanical drugs, available in Gnadhamardan hill ranges of Odisha being practised by traditional healers of that region, with an intention to add them in Ayurveda pharmacopoeia and was carried out at IPGT&RA, Gujarat Ayurveda University Jamnagar.**

Q 5. Respected Professor since your B.Sc. (Botany) onwards plants / herbs study i.e Dravyagun had been part of your professional career, please throw light.

Ans. From my early Botany studies, plants have fascinated me. Their healing potential

drew me naturally towards Dravyaguna, the branch of Ayurveda which mainly deals with the Pharmacognostical characters and pharmacological properties and action of the drug. This discipline beautifully connects classical Ayurvedic wisdom with modern plant science helping us understand how nature's chemistry contributes to health and healing.

Q 6. Generally DSc degree is awarded to non-Ayurveda fields but how come this is conferred to an ayurvedist ?

Ans. True, the D.Sc. is rare in Ayurveda as a research degree. However, Utkal University recognised Ayurveda's scientific depth and the multidisciplinary nature of my work in pharmacognosy, Phytochemistry and certain Pharmacologiacl actions. This honour also acknowledges Ayurveda's rightful place among modern scientific disciplines.

Q 7. Sir, your affiliation to Utkal University (Bhubaneswar) at graduation levels in BSc or B.A.M.S but for higher studies you shifted to G.A.U ,Jamnagar ,so what it made it to be !

Ans. My education began at Utkal University, where my passion for plant science took root. I later joined Gujarat Ayurved University, Jamnagar, the first university in the world dedicated for teaching and research in Ayurveda, for higher studies because of its strong research culture and its reputation as the global centre of excellence in Ayurveda education.

Q 8. For academic interest please share the topic, thesis of Dravyagun at M.D. and PhD with conclusion.

My M.D. (Ayu) thesis focused on validating the aphrodisiac activity of **Vidari** (*Pueraria tuberosa* DC) and **Kshira vidari** (*Ipomea digitata* Lim.) For my Ph.D., I studied developing Pharmacopoeial standards of

two Anukta dravyaya, **Bahuphali** (*Corchorus depressus* (L.) Peterm.) and **Tejaraj** (*Cynoglossum glochidiatum* Wall. ex Benth.), and compared their therapeutic actions through both animal as well as clinical studies.

Q 9. Hon. Prof. I think subject Dravagun is soul (Marm) of Ayurved, so what impressed you to choose this subject for higher studies.

Ans. I have always felt that Dravyaguna is the soul of Ayurveda. It deals with the identity, properties, and therapeutic uses of every herb, mineral, and animal used in Ayurveda. This knowledge is essential for diagnosing and treating diseases, formulating medicines, and ensuring the safe and effective use of drugs, and it also supports the development of modern Ayurvedic research and industries. **A physician well-versed with Dravya (drug) can practice more rationally.**

Q 10. So being pre-clinical or non-clinical while it's therapeutic importance is unparalleled.

Ans. Yes, Dravyaguna is considered pre-clinical, but its clinical value is immense. Every Ayurvedic treatment begins with understanding the drug's properties, actions, and compatibility. Without Dravyaguna, no rational Ayurvedic prescription or formulation can truly exist. That's why it is part of **Trisutra** (Hetu, linga, and Aushadha) and **Chatuspada** (Bhishak-Doctor, Dravya-drug, Upasthata-attendant/nurshing and Rogi-patient) of Ayurveda.

Q 11. Vaidya ji please don't mind if I call your bio data (C V) is no less an encyclopaedia of 55 pages although surprisingly complied with various articles, awards in academic as well as administrative fields. What's your healthy reaction!

Ans. Thank you for your kind words! My CV simply reflects a lifetime of service to

Ayurveda academic, administrative, and research-based. I see it as a collective record of the teams of my research students(PhD/ MD/MPharma/MSc); colleagues (CCRAS and other research institution scientists) and institutions that helped shape my journey, not a personal achievement alone.

Q12. Sir you did exceptionally & exceedingly well at all levels besides various streams as Botany and Dravyaguna; so how these two be integrated.

Ans. Botany taught me how to identify and classify plants; Dravyaguna helped me understand their medicinal character. Together, they form a perfect bridge connecting morphology with medicine, taxonomy with therapy, and ancient plant wisdom with modern pharmacology, including Biotechnology.

Q13. Kindly elaborate aims / objectives of C.C.R.A.S for our readers.

Ans. **CCRAS works to promote, coordinate, and conduct scientific research in Ayurveda. Our mission is to develop safe, effective, and evidence-based Ayurvedic interventions through clinical studies, drug standardisation, literary research, and the preservation of classical knowledge traditions.**

Q14. What is the structural overview of your autonomous office?

Ans. CCRAS functions as an autonomous research council under the Ministry of Ayush. Presently, it oversees more than 30 institutes across India, working on drug development, clinical trials, medicinal plant research, and public health initiatives to bring Ayurveda closer to everyday life.

Q15. Prof. how ancient, traditional, experiential Ayurvedic medical science can be conjoined with present day medical technology, called as experimental science.

Ans. By integrating Ayurveda's experiential wisdom with modern experimental technology, a holistic, evidence-based medical paradigm can be created for comprehensive health and wellness

Q 16. May I know how many departments are governed by your office?

Ans. We currently oversee more than 30 peripheral institutes across 22 states and one UT, categorized as National, Central, and Regional Institutes, with the headquarters located in New Delhi. Each specialises in different aspects—clinical research, Medicinal Plant Research, pharmacognosy, phytochemistry, epidemiology, Pharmacology, Drug Standardization, Public Health, Information Technology, Publication & CCRAS Journals and literary etc. work —together forming a strong multidisciplinary network under CCRAS.

Q 17. Can recent technology of A.I will augment and expand Ayurved as need of hour in future, please share your view?

Ans. Yes, Artificial Intelligence can greatly support Ayurveda. AI can analyse large datasets from classical texts, clinical trials, and formulations helping personalise treatment and improve research efficiency. It's the perfect synergy of ancient wisdom and futuristic technology.

Q 18. Sir, how NCISM is benefitted for syllabus & curriculum norms directed by CCRAS for quality education?

Ans. CCRAS actively supports NCISM by providing research-based inputs for curricula and education standards. Our goal is to ensure that Ayurveda education remains rooted in tradition yet aligned with global academic quality and scientific advancements.

Q 19. Kindly explain recent developments of your office.

Ans. Our recent developments include expansion of Clinical Studies and Centre through various programme and projects across the country, digital databases for medicinal plants, expansion of pharmacovigilance, Educational Research Programme viz, SPARK, PG-STAR, SMART, Ph.D, PDF, Panchkarma technician, Marma Course etc., Digitalization of councils works and Initiatives and clinical validation of formulations like AYUSH 82: An anti-diabetic formulation, AYUSH-64: An anti-malarial drug, AYUSH-56: An anti-epileptic drug, AYUSH SG: An anti-rheumatoid arthritis preparation, AYUSH Manas: for mental retardation or cognitive deficit, AYUSH QOL 2C: for improving the quality of life for cancer patients. AYUSH-64. We've also strengthened collaborations with IITs, AIIMS, NIMHANS, DBT, ICMR, CSIR, ICAR, NIPER, etc for National and WHO for international research visibility.

Q 20. Dr. does CCRAS go for research in Allopathic Hospitals or research institutes like ICMR. Explain a few.

Ans. Yes, CCRAS collaborates with institutions like ICMR, AIIMS, KLE, NIMHANS, SGPGIMS and other allopathic hospitals for integrated clinical research. For instance, studies on Ayurvedic interventions in diabetes, arthritis, mental, geriatric, pediatric, and viral diseases are being conducted jointly to generate robust clinical evidence.

Q21. Regarding your academic and clinical knowledge of Dravyagun what is your suggestion to budding BAMS / MD / PhD.

Ans. To young Ayurveda scholars, I would like to say, study the texts deeply, stay curious, and think scientifically. Combine traditional knowledge with experimentation and research ethics. Dravyaguna offers endless opportunities if approached with both devotion and discipline.

Q 22. Prof., you have written many a books, articles in countless magazines / periodicals besides presentations at domestic and international platforms would you advice few of ready reckonor of Dravyagun for all.

Ans. Yes. Several authoritative resources serve as ready reckoners for Dravyaguna, integrating classical Ayurvedic knowledge with modern science.

From CCRAS, key publications include Pharmacognosy of Indigenous Drugs (Vols. I–III) with detailed macroscopic, microscopic, and chromatographic profiles; the Database on Medicinal Plants Used in Ayurveda (and Sowa-Rigpa); CCRAS Monographs on Medicinal Plants; and CTDs, covering identification, phytochemistry, pharmacology, and formulations. The General Guidelines for Drug Development, reports on drug standardization, and cultivation techniques are valuable for research and quality assurance. CCRAS journals—JRAS, JDRAS, and JIMH—publish updates on pharmacognosy, preclinical studies, standardization, and textual research, fostering evidence-based Ayurvedic pharmacology.

The Pharmacopoeia Commission for Indian Medicine & Homoeopathy (PCIM&H) issues the Ayurvedic Pharmacopoeia of India (API) and **Ayurvedic Formulary of India (AFI), defining standards for drug identity, purity, and strength.**

The ICMR publishes the Quality Standards of Indian Medicinal Plants (QSIMP) series with analytical and pharmacognostic parameters.

From CSIR, the Wealth of India encyclopaedia and journals like JMPS and IJTK provide chemical, pharmacological, and industrial insights.

For cultivation, ICAR–DMAPR and

NMPB release Agro-techniques of Selected Medicinal Plants and crop-specific manuals promoting Good Agricultural Practices. The NMPB, Ministry of Ayush, also publishes Medicinal Plants in India: Guidelines for Cultivation and Conservation, Prioritized Species for Commercial Cultivation, and Good Field Collection Practices (GFCP) manuals—bridging traditional wisdom with sustainable use and ensuring quality raw drug supply and conservation.

Q 23. Sir, are there research based ayurvedic medicines manufactured by CCRAS, if so please share.

Ans. **Yes. CCRAS has developed 42 research-based Ayurvedic formulations**, including AYUSH-64, AYUSH-CCT, AYUSH-SS granules, AYUSH-KVM syrup, AYUSH-Bal Rasayan, and several herbo-mineral preparations. Of these, 13 formulations have been developed and technology transferred, 8 are ready for transfer, and 21 are under development. All are scientifically validated for safety and efficacy and are utilized in national health programs for various chronic

conditions. The technologies are being transferred to pharmaceutical companies for wider production.

Q 24. Sir, i will be highly obliged for your kind advice to twelve years old quarterly magazine in publication.

Ans. I appreciate the contribution of Gurukuls C.M.E. in spreading Ayurvedic awareness. Continue encouraging research-oriented articles, young authors, and innovations that connect classical knowledge with current scientific developments for wider benefit ayurvedic community.

Q 25. I wish and pray God Dhanwantri for you're as well as CCRAS growth under your stewardship.

Ans. Thank you very much for your kind wishes and prayers. With Lord Dhanvantari's blessings, I will continue striving to strengthen Ayurveda and lead CCRAS towards excellence in research, education, and service to humanity.

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.**



ANUBHAV

Dr. Renu

Director A.Y.U.S.H. (N.D.M.C)

B.A.M.S. (D.U.), N.D.D.Y,

P.G.D.H.A, M.H.P.D.C (Harward); I.H.M.P

Atlanta (U.S.A) M.D. (Ay.)

CLINICAL - EXPERIENCE

Since October 12,1996 world **Arthritis Day** (Vishwa Gathia Divas), experts & super specialists of allopathic or ayurvedic medicine lay emphasis on awareness for prevention & cure of agonising and crippling disorders of joints, musculoskeletal parts as Osteo A, Rheumatoid A, Gout. Although we the Ayurvedists have been treating these as **Aamvat, Sandhigat Vat** since centuries with satisfactory success alike.

Common signs & symptoms observed are **Pain** (Vedna), **Inflammation** (Shoth), **Stiffness** (Kathorta), **Crippling** (Panguta) as well as general features of **Fever** (Javer), **Anorexia** (Mandagni), **Debility** (Durbalta), **Stress** (Mansik Utkesh) etc are few as associated findings.

As we ayurvedic physicians are using many age old formulations but I am sharing my **Anubhav** (experience) on two **Dravyas** No.1 **Ushn Jal** (Luke warm, Hot Water) as **Anupaan**, 2. **Shunthi Powder** (Gingiber Officinale).

Methodology 2.5gms (half tea spoon) of **Sunthi Powder** mixed in 2 liters of water heated under mandagni/slowly heating pattern.

When 250 ml of water evaporates and remains 1750 ml of water is ready for drink as warm or luke warm depending upon one's tolerance and surrounding climate; accordingly per day. This is general formula for preparing this special drink.

Consumption per day is 1.750 litre is sufficient and safe even one is having other medications allopathic or ayurvedic.

If continued for minimum 3 months brings better sense of feeling, improvements in sign & symptoms, gradually reducing quantity or number of medicines beside declining interest, intent towards preprecipating causes. Improving quality in healthy life towards home cooked food, daily routine exercise as well as going to bed in time for deep sleep.

Yog with pranayaam becomes daily schedule.

Some patients continued drinking **ushn jal** (Luke warm / Hot) for 6 months and shared their own observation like body muscles tightness in body got feeling of strength, as no more gaining weight with improvement of symptoms related to **P.C.O.D, Dysmenorrhea, Lumbago repeated U R T I (Urdhv Jatrugat Rog)** etc.

Conclusion:

As you know Ushn Jal and Shunthi dravyas act on Tridosh but combination of these two bring fasters and long lasting results.

Recent Developments

हेपीनेस का 5 सूत्री तरीका

स्मॉग में भी फिटनेस वर्कआउट के 5 आसान इंडोर तरीके

स्मॉग वाले दिनों में बाहर वॉक/जॉग करने से सांस और फेफड़ों पर असर पड़ सकता है। लेकिन फिटनेस रुकनी नहीं चाहिए। बस वर्कआउट को इंडोर मोड में शिफ्ट कर ले। AI Image

ये हैं 5 आसान और असरदार तरीके...



- योग और प्राणायाम**

सुबह 10-15 मिनट अनुलोम-विलोम, भ्रमरी और कपालभाति करें। यह फेफड़ों की क्षमता बढ़ाता है।
- स्ट्रेचिंग रूटीन**

स्मॉग में सूखी महसूस होती है। हेमिस्ट्रिंग स्ट्रेच, कैट-काउ और शोल्डर ओपनिंग स्ट्रेच 8-10 मिनट करें।
- लाइट इंडोर कार्डियो**

जंपिंग जैक, स्प्रॉट जॉग, हार्ड-नीज या रस्सी कूद कमरे में ही किए जा सकते हैं। सिर्फ 10 मिनट भी काफी है।
- लो-इम्पैक्ट एक्सरसाइज**

प्लैंक, वॉल-सीट, स्क्वैट मित्र, स्क्वैट्स। ये बिना ज्यादा सांस चढ़ाए धीरे-धीरे ताकत बढ़ाते हैं।
- कैसे रखें कमरे की हवा वलीन**

खिड़कियां सुबह देर से खोलें, जब AQI थोड़ा बेहतर रहता है। प्लांट्स या एयर-प्यूरीफायर मदद कर सकते हैं।

Here Is How You Can Weather The Change

Stay Hydrated, Eat Nutritious Food: Doctors

UNSTABLE WEATHER FUELS SURGE IN VIRAL AND RESPIRATORY ILLNESSES ACROSS THE CITY

WHO'S MOST AT RISK THIS SEASON

Children | Catch viral infections easily due to school exposure and developing immunity

Elderly | Often experience worsening of pre-existing respiratory or cardiac conditions

People with chronic illnesses | Have reduced resilience to infections and slower recovery, especially those with asthma, diabetes, or heart disease



CHANGING DISEASE PATTERNS THIS YEAR

- > Infections are lasting longer and showing overlapping symptoms
- > Co-infections (two viruses or virus-bacteria combinations) are becoming more common
- > Weakened immunity post-COVID, rising pollution, and changing viral strains may be driving the trend
- > Allergic symptoms are more persistent, likely due to environmental changes and poor air quality

PRECAUTIONS TO TAKE DURING CHANGING WEATHER

Eat nutritious meals and stay well-hydrated



Dress in layers to adjust to changing temperatures

Wash hands often and wear a mask in crowded places



Keep homes well-ventilated and surroundings clean

Avoid sudden exposure to cold air after sweating

Take regular medication if you have chronic health conditions

Consult a doctor early if fever or cough persists



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KNEE REPLACEMENT SURGERY MYTHS/FACTS

The greatest myth is that if surgery is needed on the knee joint; then knee replacement is the only surgery.

Facts: Not more than 10% of the knee joints having problem require replacement.

The other options are:- For majority which are at the initial stage can be treated conservatively as with proper medication.

The first and foremost importance is diagnosing the disease for the individual patient is-

- 1.Osteoarthritis**
- 2.Rheumatoid arthritis**
- 3.Gout**
- 4.Spondyloarthropathy (SSA)**
- 5.Metabolic diseases**

Associated problems eg: - osteoporosis in elderly (Reduced vitamin D3) etc.

After proper investigations the management of the primary disorder is started.

The associated other medical problems & DM, HT etc. are also considered.

The cases which are not amendable to the conservative treatment are then considered for intervention in the form of :

- VISCOSUPPLEMENTATION
- ARTHROSCOPY
- HIGH TIBIAL OSTEOTOMY

- UNI COMPARTMENTAL REPLACEMENT
- TOTAL REPLACEMENT

In relatively younger patients (40 – 50 years), when the disease is confined, predominantly to the medial joint:.

High Tibial Osteotomy is a very good option:-

This is Being reviewed and discussed all over ; specially in Japan and other countries.

There are special implants available.

We have a large series of these surgeries done with external fixators. The good thing about this is that your natural joint is preserved .

Uni- compartmental knee replacement or partial knee replacement: - This is again getting popular in this only the predominantly diseased (medial compartment) is replaced.

Viscosupplementation :

In early stages when there are no or minimal radiological changes ; specially in younger age groups.

The Hyluronic acid derivatives or Hylenans are injected into the joints. These are biologicals and have the rheological properties similar to the natural synovial fluid.

They have an anti-inflammatory action also , they stimulate the normal production of the synovial

fluid, by the synovial membrane.

PRP :- Platelet Rich Plasma is also being used for these patients now and people all over the world are very enthusiastic about this.

Total Joint (Knee Replacement) :

When the whole of the joint is destroyed and is not salvageable; these are the patient for total knee Replacement.

Incidentally, there is a recent investigation in USA and they found that 30% of the cases who underwent Total Replacement were the patients, who did not actually require this; means they could have been treated otherwise.

If this is the situation in USA, We can well imagine the way things are in our country.

CHEW OVER THIS: SMOKELESS TOBACCO IS CLEAR AND PRESENT DANGER

About the study
 Duration: Aug 2023 – June 2024
 Conducted at: Lok Nayak Hospital, Delhi
 Sample size: 116 patients (18+ years, confirmed oral cancer)

Who were the patients?
 Over 50% were from Delhi, others from Uttar Pradesh & Bihar
 Mean age: 47.9 years
 Nearly 80% were below 60 years
 Men: 87.9% of total patients
Socioeconomic status:
 97.4% from upper-lower or lower class
 31% had no monthly income

Awareness gap
 66.4% knew tobacco could cause oral cancer
 Remaining believed it only caused "general harm"
 Warning labels on packets only state "Tobacco Causes Painful Death" –
 1 Do not clearly mention oral cancer
 2 Graphic images often poor in quality and hard to interpret

Tobacco use trends
 1 Smokeless tobacco more prevalent than smoked forms
 2 Bidi use far exceeded cigarettes among smokers
Key reasons: Low cost and easy availability among low-income groups

WHY IT MATTERS
 Oral cancer is preventable but awareness is lacking
 Low-income groups remain the most vulnerable

Global Context >> 1 in 3 oral cancer cases globally linked to smokeless tobacco >> India mirrors this global pattern

LOW NAYAK HOSPITAL
 NEW DELHI
 110028

Recent Developments

WATCH YOUR WEIGHT: Excessive accumulation of fat is a risk factor for 200 conditions, including diabetes, cardiac conditions and hypertension

Obesity a growing health crisis & doorway for host of ailments

TIMES NEWS NETWORK

Mumbai: A third of Indians suffer from hypertension, a condition that relentlessly strains the heart and damages blood vessels. India also leads the world with 212 million cases of diabetes, a chronic condition in which blood glucose — sugar — levels are too high because the body does not produce enough insulin or cannot effectively use the insulin it produces. Thirty per cent of Indians over 45 face cardiac issues. Many in this large pool of patients are likely to have a common condition: obesity.

Characterised by an abnormal or excessive accumulation of body fat, obesity is estimated to be a risk factor for about 200 health conditions, including diabetes, cardiac conditions, and hypertension. Liver disease, osteoarthritis, and sleep apnea are some of the other diseases in which obesity is a risk factor.

Obesity is widespread in India. The 2019-2021 National Family Health Survey (NFHS-5) revealed that one in four adults is overweight or obese. Put differently, 254 million Indians grapple with general obesity and 351 million with abdominal obesity. The numbers are escalating at a pace faster than most other regions globally. The World Obesity Atlas 2024 projects that by 2035, the number of children in India living with overweight conditions and obesity will rise from 33 million in 2020 to 83 million.

Leading endocrinologist Shashank Joshi from Lilavati Hospital in Bandra Reclamation said Indians might be more predisposed to obesity as they tend to have a higher body fat percentage, around 30%, due to a genetic predisposition developed as a survival mechanism during famines. There has been a change in lifestyle too. "Historically, India has been an agrarian society. Until 200 years back, we didn't have chairs to sit on," said Dr Joshi.

Affluence, urbanisation and the digital age have made lifestyle sedentary. This, combined with a diet high in fat and low in protein, has contributed to the rise in obesity. Dr Joshi warns that obesity is the "mother of all physical and mental diseases". Studies and surveys show 56% of people living with obesity blame themselves for it while 64%

PROBLEM OF PLENTY A MASS AFFLICTION

DEFINITION OF OBESITY

• The World Health Organization (WHO) defines obesity as an excessive fat accumulation that is risky to health

PREVALENCE IN INDIA

• In India, a body mass index (BMI) between 23 and 24.9 kg/m² is overweight while BMI of 25 kg/m² or higher is obese

As per the National Family Health Survey-5 (2019-21)

Overweight or obese	Women 24
	Men 23

GLOBAL PHENOMENON

• Globally, a BMI of over 25 is considered overweight, and over 30 is obese

• More than a billion people in the world now live with obesity



• 159 million kids and adolescents and 879 million adults were obese in 2022

• Obesity rates among children and adolescents rose four times from 1990 to 2022

• Obesity rates among adults have more than doubled. Over the same period, underweight rates fell in kids, adolescents and adults, making obesity the most common form of malnutrition in many countries

THREE MAIN CAUSES OF OBESITY



Diet: Having high-calorie, processed, sugary foods and beverages

Physical inactivity: Sedentary lifestyle and excessive screen time

Genetics: Inherited genes that affect body fat storage and how the body burns calories

Other factors contributing to obesity

Environmental factors (exposure to endocrine-disrupting chemicals in daily life) | Some medical conditions like Cushing syndrome and medications such as steroids and antidepressants | Insufficient sleep | Psychological issues

EFFECTS OF OBESITY

Obesity increases the risk of

Heart disease | Diabetes | High blood pressure | High cholesterol | Liver disease | Sleep apnea | Certain cancers

nism during famines.

There has been a change in lifestyle too.

"Historically, India has been an agrarian society. Until 200 years back, we didn't have chairs to sit on," said Dr Joshi.

Affluence, urbanisation and the digital age have made lifestyle sedentary. This, combined with a diet high in fat and low in protein, has contributed to the rise in obesity.

Dr Joshi warns that obesity is the "mother of all physical and mental diseases". Studies and surveys show 56% of people living with obesity blame themselves for it while 64%

believe forming romantic relationships is harder, and 59% believe getting a job is tougher.

Obesity surgeon Ramen Goel attributes the obesity epidemic in India to the adiposity-based chronic disease theory. This theory views obesity as a chronic, progressive disease characterised by excessive or dysfunctional adipose — fat — tissue, rather than merely focusing on body weight. Dr Goel said fat cells grow and become necrotised, releasing inflammatory markers responsible for, among other things, insulin resistance.

The Times of India is partnering with Novo Nordisk India to spearhead the 'Choose Your Weight' campaign, which aims to change the narrative around obesity. Dr Maya

Sharma, vice-president, clinical, medical and research, Novo Nordisk India, said, "Obesity is one of the most urgent public health challenges of our time, linked to more than 200 serious health conditions. Yet for too long, it has been misunderstood, stigmatised, and treated as a matter of personal failure."

The campaign will shift that narrative — from blame to empowerment, from silence to open dialogue, and from isolation to collective care. "This is not just about raising awareness — it's about driving action," Dr Sharma said.

Dr Goel said now there is a realisation that medicines can check obesity. "We are living in a golden era of weight management right now," he said.

Re Thoughts

1. Pain & pleasure are great teachers during life.
2. Head, heart & hand make one's personality.
3. No knowledge of real nature of individual or environment makes us beggars.
4. Strength and force of any blow (action) comes through proper concentration.
5. Unselfishness brings success for long.

Swami Vivekanand

जरा विचारें

1. साबित करना छोड़ दीजिए, जीवन आसान और आनंदित हो जायेगा।
2. हंसी और खुशी चारो तरफ बिखरी है, बस दूढ़ने वाली नजर चाहिए।
3. मदद एक ऐसी घटना है, जिसे करो तो, भूल जाते है और न करो तो याद रखते हैं।
4. हाथों की उंगलियां और लोग कभी एक समान नहीं होते।
5. गुस्सा वह सजा है जिसे तुम खुद को दूसरों की गलती पर देते हैं।



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URINARY INCONTINENCE A PRACTICAL GUIDE TO MANAGEMENT

Urinary incontinence : Practical management

Urinary incontinence (UI) affects 1 in 5 Indian women and 1 in 10 older men, yet less than 10% ever tell a doctor due to shame or thinking “it’s normal with age.” In India, with 14 crore people above 60 and rising fast, UI is a hidden burden—worse in multiparous rural women (up to 42% after 3+ home deliveries) and urban tea/coffee drinking diabetics. Simple clinic steps can fix 60-70% cases without surgery, saving dignity and money. This practical guide shows exactly what to do when a patient walks in.

Urinary Incontinence: What to Do When a Patient Walks In

1.Listen and break the ice !

Most patients feel shy. Start like this:

“Ma’am/Sir, many people your age leak a little urine when they cough or rush to the toilet. It’s common and treatable. Tell me exactly when it happens.”

3 quick questions

1.Do you leak when you cough/sneeze/lift? → Stress UI

2.Do you leak because you can’t reach toilet in time? → Urge UI

3.Both? → Mixed UI

Practical Tip: Use Hindi/local language – “Peshab ruk nahi pata” or “Khaansi se nikal jata hai”.

2. History Sheet (Tick-Box Style)

Question Tick

Age > 50

Lady: How many normal deliveries? >3?

Amount of water intake > 2 L /day

Menopause?

Man: Night-time urine >2 times? Prostate medicine?

Diabetes?

Any neurological/ spine issues

Cough > 3 months?

Constipation daily?

Tea/ Coffee > 2 cups/day?

Alcohol intake

Red Flags (Refer SAME DAY):

1.Blood in urine

2.Sudden weakness in legs

3.Can’t pass urine at all

3. Quick Clinic Exam

Lady(Never forget to be accompanied by a female nurse before examination!)

-Ask her to cough while standing (legs apart, full bladder if possible). See leak? → Stress UI +ve.

-Check vaginal wall bulge (ask to bear down). If comes out → prolapse.

-Touch inner thigh – does anus tighten? (Bulbocavernosus reflex – quick neuro check).

Man:

- Rectal exam – feel prostate size.
- Check if stream weak (can do Uroflowmetry test)

4. Three inexpensive Tests You Must Do

Test

What it tells

Urine Routine

Infection, sugar, blood

Blood Sugar (random)

Diabetes control

Ultrasound KUB with post void residual volume

Urine retention, prostate, bladder tumor

PSA (total)

Men over 50 to rule out Prostate cancer

5. Same-Day Treatment Plan (Start Today)

A. Stress UI (Leak on cough/lift)

Step 1: Teach Kegel exercise – “Tighten the muscle you use to stop urine – hold 5 sec, relax 5 sec, 10 times, 3 times/day.”

Step 2: Lose weight – “Even 5 kg less stops 50% leaks.”

Step 3: Avoid excess fluid and restrict tea/ coffee/ alcohol

Review in 4 weeks. If not better → Refer to Urologist

B. Urge UI (Can't hold, rushes to toilet)

Step 1: Bladder Drill

When urge comes → sit, breathe deep, tighten Kegel 10 times, then walk slowly.

Step 2: Cut tea/coffee to 2 cups/day. Avoid excess fluids and alcohol .

Step 3: Anticholinergic tablets (solifenacin/ mirabegron) . To be avoided where residual urine volume is high or contra indicated

C. Mixed UI

Do both Stress + Urge plans. Start with Kegel + Bladder Drill. Add medicine only if urge is worse.

D. Overflow (Dribbling, weak stream – usually men)

Check ultrasound KUB with Post void residual volume.

Start alpha blockers (tamsulosin/ Alfuzocin/ silodosin) .

Teach double void – pass urine, wait 30 sec, try again.

Refer Urology if PVR is high or PSA test is abnormal

6. Patient Advice

-Kegel 3 sets a day

-Tea/ coffee ≤ 2 cups

-No water after 7 PM

-Lose 1 kg/month

-MOST IMPORTANT ADVICE : Dont ignore any blood in urine even if minute (can be cancer of bladder)

7. When to Refer (Don't Delay)

-Blood in urine(even if microscopic detected on urine routine)

-No improvement after one month conservative management

-Prolapse stage 3/4

-PVR >100 mL

-PSA is high

Take Home message-

1. Incontinence is common

2. It's easy to differentiate between stress / urge / mixed incontinence

3. Most of the incontinence is easily treatable.

4. Never ignore blood in urine(visible or microscopic)

4. There may be a serious underlying cause for incontinence, like bladder/ Prostate cancer or neurological disease. Look for that !



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INDIA'S (BHARAT) GLORIOUS PAST WITH BRIGHT FUTURE

We know only three branches when we were growing up, Science, Arts, Commerce. In 1978, Engineering colleges had five branches.

Civil, Mechanical, Electrical, Chemical and Electronics.

But do you know our Indian schools were teaching 50-72 different vidyas, before 1858. The system of Indian schools were destroyed by British visionaries.

The first school in England opened in 1811. At that time India had 732000 Indian schools. Find out how our schools got closed. How did indian school learning end. First will tell you what disciplines were taught in indian culture !!

Most Indian schools taught the following subjects.

- 01 Agni Vidya (Metallurgy),
- 02 Vayu Vidya (Wind)
- 03 Jal Vidya (Water)
- 04 Antriksh Vidya (Space Science)
- 05 Prithvi Vidya (Environment)
- 06 Surya Vidya (Solar Study)
- 07 Chandra and Lok Vidya (Lunar Study)
- 08 Megh Vidya (Weather Forecast)
- 09 Dhaatu Urja Vidya (Battery energy)
- 10 Din aur Raat Vidya.
- 12 Srishti Vidya (Space Research)
- 13 Khagol Vigyan (Astronomy)
- 14 Bhugol Vidya (Geography)
- 15 Kaal Vidya (Time studies)
- 16 Bhoogarbh Vidya (Geology & Mining)

- 17 Gemstones and Metals (Gems & Metals)
- 18 Aakarshan Vidya (Gravity)
- 19 Prakash Vidya (Energy)
- 20 Sanchaar Vidya (Communication)
- 21 Vimaan Vidya (Plane)
- 22 Jalayan Vidya (Water Vessels)
- 23 Agneya Astra Vidya (Arms & Ammunition)
- 24 Jeevavigyaan Vidya (Biology, Zoology, Botany)
- 25 Yagna Vidya (Material Sic)

This is the talk of scientific education. Now let's talk about professional and technical disciplines that were covered !!

- 26 Vyapaar Vidya (Commerce)
- 27 Krishi Vidya (Agriculture)
- 28 Pashu Paalan Vidya (Animal Husbandry)
- 29 Pakshi Paalan (Bird Keeping)
- 30 Yaan Vidya (Mechanics)
- 32 Vehicle Designing
- 33 Ratankar (Gems & Jewellery Designing)
- 36 Kumhaar vidya (Pottery)
- 37 Laghu (Metallurgy & Blacksmith)
- 38 Takkas
- 39 Rang Vidya (Dyeing)
- 40 Khatwakar
- 41 Rajjukar (Logistics)
- 42 Vaastukaar Vidya (Architecture)
- 43 Khaana Banane ki Vidya (Cooking)
- 44 Vaahan Vidya (Driving)
- 45 Waterways Management
- 46 Indicators (Data Entry)
- 47 Gaushala Manager (Animal Husbandry)
- 48 Baagvaani (Horticulture)

49 Vann Vidya (Forestry)

50 Sahyogee (Covering Paramedics)

All this education was taught in school, but with time, when school disappeared, this knowledge was made to disappear by the British !!

It started with Macaulay.

Today, the future of the youth of our country is being destroyed by the Macaulay method.

How did school culture end in India?

The introduction of Convent education ruined schools Indian Education Act was formed in 1835 (revised in 1858). It was drafted by 'Lord Macaulay'.

Macaulay conducted a survey of education system here while many Britishers had given their reports about India's education system. One of the British officer was G.W. Luther and the other was Thomas Munro! Both of them had surveyed different areas at different times. Luther, who surveyed North India (Uttar Bhaarat), wrote that there is 97 % literacy here and Munro, who surveyed South India (Dakshin Bhaarat), wrote that here there is 100% literacy.

Macaulay had clearly said that if India (Bhaarat) is to be enslaved forever, its "indigenous and cultural education system " must be completely demolished and replaced with " English education system " and only then will Indians be physically Indians, but mentally become English. When they leave the convent schools or English universities, they will work in the interest of British.

Macaulay is using an idiom - " Just as a farm is thoroughly ploughed before a crop is planted, so must it be ploughed and brought in the English education system. " That's why he first declared schools illegal. Then he declared Sanskrit illegal and set the schools on fire, beat the teachers in it and put them in jail.

Till 1850 there were ' 7 lakh 32 thousand ' schools & 7,50,000 villages in India. Meaning almost every village had a school and all these schools used to be 'Higher Learning Institutes' in today's language. 18 subjects were taught in all of them and these people of schools used to run these together, not by the king.

Education was imparted free.

Schools were abolished and English education was legalized and the first convent school opened in Calcutta. That time it was called 'free school'. Under this law, Calcutta University, Bombay University & Madras University were created. These three slavery-era universities are still in the country!

Macaulay had written a letter to his father. It is a very famous letter, in it he writes: " These convent schools will bring out children who look like Indians but are English by brain and they don't know anything about their country. They won't know anything about their culture, they won't have any idea about their traditions, they will not know their idioms, when such children are there in this country, even if the British go away, English will not leave this country." The truth of the letter written at that time is clearly visible in our country even today. See the misery created by this act. We feel inferior of ourselves who are ashamed to speak our own language & recognise our own culture.

A society that is cut off from its mother tongue never flourishes and this was Macaulay's strategy! Today's youth here knows more about Europe than India. Considers Indian culture not so cool, but imitates Western country.

What a pity. It's high time we all awaken & reclaim our great culture & heritage.

DHAROHAR HERBAL HERITAGE

ASHWAGANDHA

Sanskrit = Varahkarni :

Hindi = Asgandh ;

English = Indian Ginsengh ;

Latin = Withania Somnifera.

General Discription

Shrub having hairs & height of (1-5) Feet with around branches ; **Leaves** - Long white hairy falling arising at the base of flowers ; **Flowers** - Pale yellow in colour like a cone in clusters ; **Seeds** - Small kidney shaped yellow in colour flat and shining; **Root** - Brownish in outer covering, whitish inside finger like thickness, slender length of (1- 1.5) Feet smelling like **horse (Ashwa) that's why it is popular as Ashwagandha**. Meant for horse like endurance (Spirit) **Found** - Ashwagandha plants are grown & found at height of 5000 feet in Himalayas; Punjab ,U.P, M.P, Maharashtra, Gujrat.

Chemical Composition -- Root contains alkaloids **Anahygrine, Tropine Anaperine, Cuseohygrine** besides **Glycoside, Starch, Glucose, Aminoacids**.

Dose - Powder (3-6)gms; **Kshar** (1-2) gms.

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

Rass - Tikt Katu Madhur; **Vipak**- Madhur ; **Veerya** - Ushn

Clinical Benefits :

1. It's **Kaph Vat** shamak.
2. Therapeutic Efficacy - Asgandh is **Shothhar** (Anti Inflammatory), **Vednasthapan** (Pain Reliever).
3. It's **Deepan, Anuloman, Krimighan** (Digestive, Acid Peptic Diseases, Antihelminthic)
4. It's **Mastishk Shamak** (Illusion, Delusion, Insomnia).
5. Asgandh is used in conditions of **Raktbhar** (Anti Hypertensive).
- 6 For cases of **Kass, Shwas** (Cough, Cold, Asthma etc.)
7. Its **Vajikaran, Yoni shulhar, Garbhashya Shodhak / Shothhar** (Aphrodisiac, Controls Cervicitis, Uterine Inflammation, Infection, Growth).
8. **Ashwagandha is Kushthaghan** (Anti Leprotic), Shivitra (Leucoderma).
9. It has efficacy of **Mutral, Mutraghat** (Diuretic, Retention of Urine, P.S.A).
10. It's **Balya, Brihan, Rasayan** (General Tonic, Builds Muscles, Anti Aging).
11. Specially in cases of **Kshaya, Baal Shosh** (Extreme Physical Weakness / Loss of Weight, Marasmus).

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

MRP. 210/- (30 Tab.)

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