

DELMUL/2013/66374

₹ 50

# GURUKUL'S C.M.E



*A Quarterly Magazine For  
Medicine Reorientation*

**KNOWLEDGE  
BUILDS  
CONFIDENCE**

Volume 11

Issue 1

October, November, December 2023

[www.ddvgurukul.in](http://www.ddvgurukul.in)

**दाडिम्**



## Editor's Desk

Dear Doctor,

First issue of eleventh year of publication of magazine Gurukul's C.M.E. brings the developments of **N.C.I.S.M.** the apex body of **A.Y.U.S.H** with its various aims & objectives in the coloumn of **Atithi Vartalaap**, ayurvedic management & treatment of **Ovarian cyst**; Ancient thought of psychological aspects associated with **Madhumeh** (D.M.) present day disorder among educated and urban citizens in india, clinical acessment & observation on **Viddha Karma** for various **Vattic disorders** ( C.N.S.); brief and precise discription of **Dadim** (Pomegranate) for different **Tridoshaj** disorders; introduction and controlling steps for **Pratishyaya** (Rhinitis) with complication are some of the ayurvedic write ups.

Besides articles on **HbA1c & C.R.P**; therapeutic efficacy of **Vitamin D** for deafness and management of **Urinary Frequency** are articles for clinical significance.

Appealing esteemed readers of this magazine to contribute & share your knowledge as well as experiences for the growth of ayurvedic system and our freternity.

Thanks.

**Dr. Shruti**

Co-Editor

With Regards

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

# Contents



Chintan!		2
Atithi Vartalaap	Prof. Dr. Atul Babu Varshney	3
HMA1c (Short Preview)	Dr. Rajesh Makashir	6
Ayurvedic Treatment For Ovarian Cyst	Dr. Rani Gupta	8
मधुमेह के रोगजनन (एटियोपैथोजेनेसिस) में मनोवैज्ञानिक कारकों की भूमिका	वैद्य. ख्याति. एस. सूद	11
Clinical Aspect Of Viddha Karma	Dr. Ravi Gogia	19
Role of Vitamin D in Prevention of deafness	Mahendra K Taneja, Vivek Taneja	22
Management Of Urinary Frequency	Dr. Aman Gupta	28
Herbs Useful In The Management Of Pratishtyaya (Allergic Rhinitis)	Dr. Darshana	30

## ***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**

***KINDLY SHARE***

***ARTICLES FOR UPDATE &***

***UPGRADE OF B.A.M.S/M.D (Ay.) FRATERNITY***

*Doctors*

**Better ! Share Bytes Of Medical Knowledge On Whatsapp**

### **Important**

- \* 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 **15th April, 2024**  
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 Vasisht**

## Chintan!

### EARLY AGING & AYURVED

Dear Doctor,

As ageold ayurved recognises aging (**Jara**) a natural disorder (**Rog**) in itself during last or 4th phase of life span while today modern medical science has progressed to sky high horizons even then countless victims among adolscents,young adults as well as middle aged are found afflicted from premature greyhairs,baldness,eye & E.N.T disorders, over weight or obesity,arthritis or low back ache, D.M, H.T, P.C.O.D, Hormonal as well as Stress & Anxiety induced menifestations. It is equally surprising that sufferers are more among urbanites, well educated,having enough awareness, resources, amenities at home or working places. So medical professionals besides elders catagorise these as poor life style disorders.

**Lets think over having Chintan!**

1. For **happy,healthy and holistic** solution, ancient ayurved has the potential to contain menace of L.S. Disorders.
2. As above said problems were not evident even nearly 50 years ago but unfotunately there is mushrooming now a days with co-morbid conditions where **Ayurved,Yog & Naturopathy** can be tried with confidence.
3. Our elders (**Poorvaj**) as parents,spritual speakers and medical experts (ayurved physicians) preached & practised the same protocols as experincial legacy in traditional way .
4. Even today advocacy of **Swasth Vrit** (Social & Preventive Medicine)is need of hour.
5. Strictly follow and advice of Dos & Donts during 3 health **Upstambhs** (Ahar,Brahmcharya,Nidra)
6. Awarness towards authentic & scientific preparation of food based on **Desh** (Region), **Kaal** (Ritu /Season ), **Ann** (Crops ), **Prakriti** (Balabal) etc.
7. Practice of **Panchkarma** (5 Types of Shodhan chikitsa )for various disorders.
8. Regular in use of **Nasya** (Nasal Oleation ), **Abhyang** (Body Oleation ), **Shirodhara** ( Head Tharepy with medicaments).
9. Protocols & practice of **Yog & Dhyan** (Meditation )under the supervision of experts may be encouraged.
10. Regular use of single herbs e-g **Asganda, Amrita, Atiras, Amla, Adrak, Brahmi,Chirayta, Neem, Tulsi** etc. for immunity & endurance.
11. Use of **Rasayans** (Daily herbal suppliments), **Vajikarans** (Apphrodisiacs) to delay aging.
12. Conclusively I state that we shoud learn from our honourable senior **ayurvedic physicians** how they managed very well their **physical and mental health** in terms of **Strength & agility**.



# Atithi Vartalaap



**Prof. (Dr.) Atul Babu Varshney**

MEMBER, BOARD OF AYURVEDA

National Commission For Indian System Of Medicine  
Ministry Of A.Y.U.S.H, Government Of India, New Delhi

**Email. : member.boa1@ncismindia.org**

You are welcome as guest of honour to prestigious column '**Atithi Vartalaap**' of magazine Gurukul's C.M.E.

**Q.1.** When yourself took admission in B.A.M.S (U.G )you were already a B.Sc (Science Graduate ),may I ask what prompted you changing your mind from modern science to ancient medical science (Ayurved)?

**Ans:** At the time of my joining in BAMS in 1986, there were two Allopathic and one Ayurvedic doctor postings in all primary health centers of state and the salary was same. The number of patients seeking advice from an Ayurvedic doctor was more as He used to prescribe both the types of medicines. At that time, only BAMS doctors were available as family physicians for the common people in each town.

**Q.2.** In early years, reading subjects e.g **Dravyagun, Padarth Vigyan** (Basic Principles) etc. with new terminology like **Rass, Gunn, Veerya, Vipaak** etc. How did you cope with new fundamentals !

**Ans:** To understand any subject, it is very important to understand its basic principles. Every subject is new in the beginning. Just as Physics and Chemistry were once understood on the basis of its principles, similarly later the subjects of Ayurveda were also understood on the basis of **Padarth Vigyan, Dravya Guna** etc basic principles.

**Q.3.** Although you studied both, did you incorporate these two for better sense of understanding as well as knowledge while teaching UG's & PG's ?

**Ans:** To a large extent, both Ayurveda and Allopathy medical systems are complete in themselves, but at many places the coordination of both has definitely been in the interest of humanity. Even during teaching, we presented all the subjects in both the methods in front of our students so that they could have better understanding of that subject.

**Q.4.** During post -graduation you studied Kayachikitsa (Internal-Medicine) while your research topic was "**Study of Male Infertility and Panchkarma** ", so would you please share in brief the methodology, S.O.P, success as conclusion / result.

**Ans:** Regarding **Bajikaran therapy**, it has been said that just as it is necessary to clean a cloth before applying color to it, in the same way, it is very important to purify the body through Panchakarma before Bajikaran therapy. Therefore, in our research, we divided the patients of male infertility into two groups. In **one group**, their body was purified by Vaman and Virechan karma and after that they were given medicine. In **the other group**, the patients were given medicine without doing Panchakarma. In our results, the patients who were given the medicine after **Panchakarma sanshodhan** had comparatively better results.

**Q.5.** Since 1996-2022 you had been in most honourable profession of teaching at six colleges ,how many of your shishyas /scholar students underwent the same / similar thesis for further research as R & D is the bane of ayurved as medical system as well as pharma industry .

**Ans:** To the best of my knowledge, no further research work has been done on this topic by any of my students.

**Q.6.** Dear Prof.you are the founder General Secretary of "**Academy Of Rog Nidan** " a Registered body of national experts kindly share activities of the said organisation.

**Ans :** **Academy of Rog Nidan (ARN)** is a registered organization of teachers of Rog Nidan and all the PGs of Roga Nidan subject. Since its establishment in Nov 2019, We are organizing Essay competitions, Health camps ,

webinars , confrences and Seminars on Rog Nidan. People of the entire medical world are informed about the research being done in the field of Roga Nidan. We also have our own website [www.arnindia.org](http://www.arnindia.org), FB Page Academy of Roga Nidan and **YouTube** channel Academy of Roga Nidan on which all the information is available.

**Q.7.** Respected Dr what you think of the role of bed side medicine as clinical training in ayurvedic colleges .

**Ans:** Bedside medicine plays a crucial role in clinical training as it involves direct interaction between the doctor and the patient at the bedside. some key aspects of its role in clinical training are

1. Clinical Skills Development, 2. Diagnostic Training, 3. Patient-Centered Care, 4. Clinical Decision Making
5. Communication Skills, 6. Professionalism and Ethics, 7. Team Collaboration

**Q.8.** Regarding comparative or simultaneous study of 'Ashtvidh priksa' as well as tools of modern investigations to prepare the students competent and confident practitioners in future.

**Ans:** Along with modern pathological investigation and other modern investigations, the ashtvidha examination described in Ayurveda is also very important for the complete diagnosis of diseases. If we diagnose any disease properly then treatment becomes very simple. That is why we lay equal emphasis on both modern and Ayurvedic investigations and examinations and make our students practice diagnosis through both medical systems.

**Q.9.** Sir you had been to C.C.R.A.S & N.C.I.S.M apex bodies of A.Y.U.S.H how these are benefitting the students, kindly explain briefly .

**Ans:** CCRAS is constantly paying attention to both literary and clinical research. New tools for Prakriti pareekshan and Nadhi pareeshan etc. are being developed by CCRAS. Scholarships are also being given to the students of both BAMS and MD (Ay) for their research. At NCISM, we are creating competency and outcome based course curriculum by incorporating new advancements in the syllabus. Electives are introduced in BAMS to provide opportunity to student to get introduced to various allied subjects .Separate hours given for library, sports and recreation. Industry academy interface has been formed .Methodology to supplement modern advances, scientific and technological developments in Ayurveda curriculum has been included in regulation.

**Q.10.** It is nice to learn that you have presented and published **22 papers at various plateforms nationally & overseas** would you throw some light on ; patented one .

**Ans:** We have written our research papers on most of the patients who come to our treatment. Among these, major research has been done on hyperacidity, liver diseases, rheumatic diseases, mental diseases, osteo arthritis and male infertility. Our patent was on medhya rasayan.

**Q.11.** Being attached to various medical or social organisations what is the future of Ayurved as medical system nationally and internationally ?

**Ans:** The future of Bachelor of Ayurvedic Medicine and Surgery (BAMS) seems promising, as there is a growing interest in traditional medicine systems globally. With advancements in research and technology, BAMS practitioners may have more opportunities for integration into mainstream healthcare systems and collaborations with modern medical practitioners. Additionally, as people seek more holistic and natural approaches to healthcare, the demand for Ayurvedic treatments and practitioners may continue to rise. The future of MD Ayurveda, or Doctor of Medicine in Ayurveda, appears optimistic. As Ayurveda gains recognition and acceptance globally, MD Ayurveda graduates may find increased opportunities for **research, clinical practice, and teaching**. Collaborations between **Ayurvedic and modern medical systems may also expand, leading to more integrated healthcare approaches**. Additionally, as the demand for personalized and holistic healthcare grows, MD Ayurveda practitioners may play a vital role in providing comprehensive wellness solutions.

**Q.12.** Kindly assure the future of B.A.M.S & M.D(Ay.) as budding scholars .

**Ans:** Bachelor of Ayurvedic Medicine and Surgery (BAMS) is a comprehensive undergraduate degree program in the field of Ayurveda, and MD (Ay) is a Post Graduate degree in different subjects of Ayurveda. The scope of BAMS and MD (Ay) includes:



1. Clinical Practice: , 2. Research: , 3. Teaching, 4. Wellness Industry, 5. Pharmaceuticals

6. Public Health: BAMS and MD (Ay) offers a wide range of career opportunities both in India and internationally, especially in countries where Ayurveda is gaining recognition

Q.13. Concluding this healthy discussion what is your kind suggestion to Gurukul's C.M.E Magazine .

Ans: First of all, I would like to heartily congratulate you on successfully completing ten years and we wish you to continue providing informative and latest information to your readers. Your target Audience should be Health-conscious individuals seeking holistic approaches to wellness, including yoga practitioners, herbal enthusiasts, and those interested in natural healing modalities. Your Feature Articles should be on

1. Tips for Balancing Doshas, 2. Herbal Remedies for Common Ailments, 3. Ayurvedic Diet: Nourishing Body and Mind", 4. "Yoga and Ayurveda:, 5. Panchkarma, 6. Mindfulness and Meditation in Ayurveda, 7. Ayurvedic Lifestyle: Integrating Ancient Wisdom into Modern Living.

**ELL AAR INSTITUTE**  
of Management & Technology

Shape your career with  
**Online MBA** in  
Hospital & Healthcare management

**ADMISSION OPEN 2023-2024**

For more Information  
**Contact us**  
9216102880 , 8725002880  
[www.ellaarinstitute.org](http://www.ellaarinstitute.org)

UGC AICTE ISO 9001 ISO 27001 IQAS



Dr Rajesh Makashir (Consultant Pathologist.)

¼ Vikram Vihar, Lajpat Nagar-4

New Delhi-24

Ph: 011-26222458, 26463080

## HbA1c ( Short preview)

Glycated hemoglobin (hemoglobin A1c, HbA1c, A1C, or HbA1c) is a form of hemoglobin that is measured primarily to identify as marker the average plasma glucose concentration over prior 120 days( life span of normal rbc ). Normal levels of glucose produce a normal amount of glycated hemoglobin

In individuals with poorly controlled diabetes, the quantities of these glycated hemoglobins are much higher than in healthy people. Once a hemoglobin molecule is glycated, it remains that way. A buildup of glycated hemoglobin within the red cell takes place and therefore, reflects the average level of glucose to which the cell has been exposed during its life-cycle( 120 days ). As the average amount of plasma glucose increases, the fraction of glycated hemoglobin increases in a predictable way. Measuring glycated hemoglobin assesses the effectiveness of therapy , as the HbA1c level is proportional to average blood glucose concentration over the previous weeks upto three months.

### Ref Ranges:

HbA1c %	Control of Diabetes
4%-6%	Non Diabetic.
6% to 7%	Excellent control.
7% to 8%	Good Control.
8%-9%	Satisfactory Control..Needs Improvement
9%	Poor Control. Needs Urgent Improvement.

In general, the reference range found in healthy persons is about (4%–6.0 %). A diabetic person with good glucose control has a HbA1c level that is close to or within the reference range.

Higher levels of HbA1c are found in people with persistently elevated blood sugar, as in diabetes mellitus. Persistent elevations in blood sugar (and, therefore, HbA1c) increase the risk for the long-term vascular complications of diabetes such as coronary disease, heart attack, stroke, heart failure, kidney failure, blindness, erectile dysfunction, neuropathy , gangrene.

Lower-than-expected levels of HbA1c can be seen in people with shortened red blood cell lifespan, such as with G6PD deficiency condition causing premature red blood cell death. On the converse, higher-than-expected levels can be seen in people with a longer red blood cell lifespan, such as with Vitamin B12 or folate deficiency.

### How Often should HbA1c be measured?

There is a significant proportion of people who are unaware of their elevated HbA1c level .

For a single blood sample, it provides far more revealing information on glycemic behavior than a fasting blood sugar value alone.

Every 3 months if trying to Control.

Every 6 months if previous value is good (7% or lower )and control has been as desired.

But if last reading is above 7% you need to improve your control.

Also previous levels of HbA1c also predict the likelihood of Complications from Diabetes.



## C-Reactive Protein (CRP)

It is a protein found in the blood, the levels of which rise in response

to inflammation (i.e., C-reactive protein is an acute-phase protein).

CRP is synthesized by the liver in response to factors released by macrophages. CRP is used mainly as

a marker of inflammation. Apart from liver failure, there are few known factors that interfere with CRP production.

During the acute phase response, levels of CRP rapidly increase within 2 hours of acute insult, reaching a peak at 48 hours.

Measuring CRP level is a screen for infectious and inflammatory diseases. Rapid, marked increases in CRP occur with inflammation, infection, trauma and tissue necrosis, malignancies, and autoimmune disorders.

Because there are many disparate conditions that can increase CRP production, an elevated CRP level does not diagnose a specific disease.

Measuring and charting CRP values can prove useful

in determining disease progress or the effectiveness of treatments. Blood, usually collected in a serum-separating tube, is analyzed in a medical laboratory

Various analytical methods are available for CRP determination, such as ELISA, and visual latex.

Normal concentration in healthy human serum is usually lower than 6.0 mg/L, slightly increasing with ageing.

Higher levels are found in late pregnant women, mild inflammation and viral infections (10–40 mg/L), active inflammation, bacterial infection (40–200 mg/L), severe bacterial infections and burns (>200 mg/L).[10]

CRP is a more sensitive and accurate reflection of the acute phase response. In the first 24 h, ESR may be normal and CRP elevated. CRP returns to normal more quickly than ESR in response to therapy.

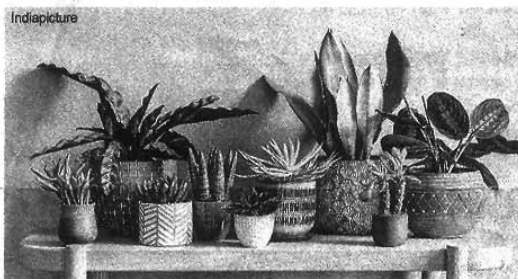
A high-sensitivity CRP (hs-CRP) test measures low levels of CRP using laser nephelometry.

The test gives results with a sensitivity down to 0.04 mg/L.

## ऑफिस में इन पौधों को लगाने से होंगे कामयाब

हर कोई चाहता है कि ऑफिस में उसकी तरक्की हो और उसको जल्दी प्रमोशन मिले। ऐसे में अगर आप ऑफिस में रखें और आपकी भी ऐसी खाहिश है, तो आपके लिए कुछ पौधे बड़े काम के साबित हो सकते हैं। ये लकी प्लांट्स आपके फ्यूचर को तो ब्राइट करते ही हैं, साथ ही आपके डेस्क को भी खुबसूरत बनाते हैं।

**बैबू का पौधा देगा सौभाग्य:** आपने कई घरों या ऑफिसों में बांस के पौधे को लगा देखा होगा। आमतौर पर इसे बैबू के पौधे के नाम से जाना जाता है। फेंगशुई में इस पौधे को एक शुभ पौधा माना गया है। फेंगशुई के अनुसार बैबू का पौधा जहां भी पैदा होता है या जहां भी पनपता है,



उस जगह सौभाग्य भी जन्म ले लेता है। इसी वजह से कई लोग ऑफिस में अपनी डेस्क पर बैबू का पौधा लगाते हैं।

**मनी प्लांट से होगी धन वर्षा:** अक्सर तंगहाली में आपके दोस्त कहते हैं कि

मनी प्लांट लगाने से पैसे की कमी नहीं रहती है। मनी प्लांट को सकारात्मक ऊर्जा देने वाला पौधा भी माना जाता है। ऐसे में अगर आपको लग रहा है कि आपके पास पैसे की कमी है और आप

अपने आसपास सकारात्मक एनर्जी चाहते हैं, तो आप मनी प्लांट को लगा सकते हैं। मनी प्लांट को हमेशा दक्षिण-पूर्व दिशा में लगाना चाहिए। इसे उत्तर-पूर्व और पूर्व-पश्चिम दिशा में लगाना शुभ नहीं माना जाता। इसके अलावा मनी प्लांट को अच्छी सेहत और लंबा जीवन देने वाला पौधा भी कहा जाता है।

**जेड प्लांट बनेगा लकी चार्म:** मनी प्लांट की तरह जेड प्लांट को भी समृद्धि देने वाला पौधा कहा जाता है। कुछ लो इसे लकी प्लांट और मनी ट्री के नाम से भी जानते हैं। इस पौधे में हरे रंग की मोटी पत्तियां होती हैं। अगर आपके ऑफिस में हल्की धूप आती है, तो आप इस पौधे को लगा सकते हैं।



**Dr. Rani Gupta**

BAMS, M.D (AY. GYNAE.) (Gold Medalist) (B.H.U)

Medical Director and Ayurvedic Gynecologist at SKK

Ayurveda, Janakpuri, New Delhi, Mob. : 8383840321

## AYURVEDIC TREATMENT FOR OVARIAN CYST

Most women develop at least one cyst during their fertile period. In most cases, cysts are painless and cause no symptoms. A cyst becomes a problem when it doesn't go away on its own or gets bigger. There may be symptoms like pressure, bloating, swelling or pain in one side of your lower abdomen, menstrual disturbances etc.

In the early stages of every menstrual cycle, ovaries normally develop small cyst-like structures called follicles - during ovulation, an egg is released from one of these follicles. If a normal follicle keeps on growing, it becomes a 'functional cyst'. This type of cyst usually disappears within two or three cycles. Simple or Functional cysts are the most common type.

The two types of functional or simple cysts include follicular and corpus luteum cysts.

- **Follicular cysts-** During menstrual cycle, an ovum grows in a sac called a follicle. This sac is located inside the ovaries. In most cases, this follicle or sac breaks open and releases an egg. But if the follicle doesn't break open, the fluid inside the follicle can form a cyst on the ovary.

- **Corpus luteum cysts-** Follicle sacs typically dissolve after releasing an egg. But if the sac doesn't dissolve and the opening of the follicle seals, additional fluid can develop inside the sac, and this accumulation of fluid causes a corpus luteum cyst.

- **Hemorrhagic Cysts:** Hemorrhagic cysts in ovary are formed because of bleeding into a follicular or corpus luteal cyst. Hemorrhagic cysts are typically functional cysts which means they occur due to ovulation rather than due to disease. Functional cyst can be a sign that your ovaries are functioning as they should.

### Other types of Complex ovarian cysts include:

- **Dermoid cysts:** sac-like growths on the ovaries that can contain hair, fat, and other tissue
- **Cystadenomas:** noncancerous growths that can develop on the outer surface of the ovaries
- **Endometriomas / Chocolate cysts:** tissues that normally grow inside the uterus can develop outside the uterus and attach to the ovaries, resulting in a cyst
- **PCOD/ polycystic ovary syndrome :** This condition means the ovaries contain a large number of small cysts. It can cause the ovaries to enlarge. If left untreated, polycystic ovaries can cause infertility.

**Management-** Most of the ovarian cysts are functional and disappear spontaneously without treatment however in rare cases where cyst size is more than 5 cm with symptoms of pain and heavy bleeding, conservative ayurvedic treatment can be given and is proven to be effective. A study showed that 88 percent of patients, a hemorrhagic cyst disappeared without any treatment in 6 weeks!

All this summarizes to a fact that don't panic if your ultrasound scan shows an ovarian cyst as in almost 90 percent of cases, it needs no treatment and resolves spontaneously.

To avoid getting into this situation, try to get your ultrasound scan done in early follicular phase i.e. day 2-6 of your menstruation.

### Ayurvedic Treatment for Ovarian cyst:

Assessment of the cyst by evaluating the symptoms is necessary. Ayurveda addresses ovarian cyst under the broad classification of Granthi and Vidradhiin

which it can be correlated to Vataja, Pittaj or Kaphaja Granthi or Vidradhi according to its presenting symptoms.

Ayurveda treatment for Ovarian cyst involves medicines which acts on balancing doshas and hormones, correction of Agni, inflammation along with relief in symptoms.

**Panchkarma Therapies** for Ovarian Cysts: Panchkarma treatments like Virechan, Vasti, Uttar vasti are required in some cases.

**Snehan** - Snehan is considered as a pre- panchkarma therapy for treating cyst by taming vata, mobilizing toxins and improving blood circulation.

**Swedan** – Steam Fomentation help in absorption of ayurvedic oils deep into the tissues, stimulates circulation and assist in movement of Ama/ toxins out of the body.

**Vasti** -For Vata anuloman – One of the best forms of panchkarma treatments performed for channelizing vata, reduce size of cyst and prevent recurrence.

**Uttar vasti** – It is specialized vasti treatment done through vaginal route (intra uterine instillation of medicine). Specific medicines are used for

this treatment according to the type of cysts and presenting symptoms.

**Virechan** – Administration of purgative medicines for aggravated pitta dosha which can lead to inflammatory symptoms and heavy bleeding.

**Vaman**-Emesis is induced with a protocol to balance kapha dosha.

**How to assess dosha involvement in Ovarian cyst?**

Ayurveda explains vata aggravation as the main causative factor for pelvic pain. Ayurveda theories explain that pain can't occur without involvement of vata dosha but kapha and pitta doshas are also involved and can be explained by "Avaran principle".

**Vata Pain**- Pricking pain, piercing pain, electric shock pain, twisting pain, Pain of fluctuating intensity, pain felt more in evening.

**Vata- Pitta pain**- Burning pain, throbbing pain, stabbing pain, increased intensity in midnoon and midnight.

**Vata - Kapha pain**- Dull ache, heaviness, low intensity, pain felt more in morning.

Vata Symptoms	Pitta Symptoms	Kapha Symptoms
Vaginal pain / pelvic pain	Tenderness	Moistness
Dryness	Bad odour	Itching
Frothy, thin discharges	Purulent discharge	Thick white discharges
Dysmenorrhoea	Inflammation	Dull pain in pelvic area
Amenorrhoea	Burning Sensation	Heaviness
Dyspareunia	Multiple abortions	Weight gain
Irregular bleeding	Menorrhagia	Scanty bleeding
Anxiety, restlessness	Anger, irritation	Lethargy, Sleepiness

10





**वैद्य. ख्याति. एस. सूद**

एमडी (आयु), पीएचडी— मनोविज्ञान एवम मानसरोग

प्रोफेसर, कायाचिकित्सा (चिकित्सा) विभाग,

श्री वी एम मेहता आयुर्वेद संस्थान,

राजकोट—कलावाड हाईवे, आनंदपर, राजकोट, गुजरात,

E: drkhyatisud@gmail-com

+91-9925047726

## मधुमेह के रोगजनन (एटियोपैथोजेनेसिस) में मनोवैज्ञानिक कारकों की भूमिका

अमूर्त—डायबिटीज मेलिटस (मधुमेह) एक आजीवन दीर्घकालिक चयापचय रोग है जिसके प्रबंधन में जीवनशैली प्रबंधन और सक्रिय रोगी की भागीदारी की आवश्यकता होती है। मनोवैज्ञानिक कल्याण स्वयं चिकित्सा देखभाल का एक महत्वपूर्ण लक्ष्य है और मनोसामाजिक कारक मधुमेह प्रबंधन के लगभग सभी पहलुओं के लिए प्रासंगिक हैं। जीवनशैली संबंधी विकार, जैसे मधुमेह, दीर्घकालिक हैं और प्रबंधन के लिए एक अलग मानदंड की आवश्यकता होती है। मधुमेह के साथ जीवन जीने के मनोसामाजिक पहलुओं को हाल के वर्षों में मान्यता दी गई है और इसने यह सुनिश्चित करने के लिए दिशानिर्देशों की स्थापना को प्रेरित किया है कि मधुमेह के रोगियों की देखभाल करने वाले चिकित्सा चिकित्सकों द्वारा इन मुद्दों को पहचाना और ठीक से निपटाया जाए। ऐसा इसलिए है क्योंकि यह महसूस किया गया है कि रोगियों में मनोवैज्ञानिक विकार होते हैं।

उनके जीवन की गुणवत्ता और उनके प्रबंधन के पहलुओं को संभालने की क्षमता पर नकारात्मक

प्रभाव पड़ता है। इससे ग्लाइसेमिक नियंत्रण खराब हो जाता है और जीवन की गुणवत्ता और खराब हो जाती है। आयुर्वेद ने विशेष रूप से प्रमेह के एटियोपैथोजेनेसिस में कुछ मनोवैज्ञानिक एटियोलॉजिकल कारकों यानी क्रोध (क्रोध), उद्वेग (चिंता) और शोक (दुःख) की भूमिका पर जोर दिया है। चरक संहिता में, पैतिका प्रमेह में क्रोध (क्रोध) और वाटिका प्रमेह में उद्वेग (चिंता) और शोक (दुःख) एटियोलॉजिकल कारकों में से एक है (च. चिक. नि. 4/24, 36)। इसलिए यह निष्कर्ष निकाला जा सकता है कि मनोसामाजिक कारक मधुमेह मेलिटस (मधुमेह) के एटियोपैथोजेनेसिस में महत्वपूर्ण न्यूनाधिक हैं और इष्टतम मधुमेह प्रबंधन केवल तभी प्राप्त किया जा सकता है जब महत्वपूर्ण शारीरिक, सामाजिक और मनोवैज्ञानिक कल्याण से जुड़े समग्र दृष्टिकोण से निपटा जाए। वर्तमान आलेख इस इंटरफेस के विभिन्न पहलुओं को संबोधित करता है।

### परिचय

यह महसूस किया गया है कि रोगियों में

मनोवैज्ञानिक विकार उनके जीवन की गुणवत्ता और उनके प्रबंधन के पहलुओं को संभालने की क्षमता को नुकसान पहुंचाते हैं। इससे ग्लाइसेमिक नियंत्रण खराब हो जाता है और जीवन की गुणवत्ता और खराब हो जाती है। आहार प्रतिबंध, हाइपोडर्मिक दवा का स्व-प्रशासन, और मूत्र परीक्षण एक अनुष्ठान का हिस्सा हैं जिसमें व्यक्ति की दैनिक भागीदारी के साथ-साथ असामान्य स्थितियों में अच्छे निर्णय का उपयोग शामिल है। चूंकि मधुमेह नियंत्रण की सफलता या विफलता रोगी की कई आवश्यकताओं को व्यवहार में लाने की क्षमता पर निर्भर करती है, मधुमेह मेलिटस वाले रोगी मनोवैज्ञानिक चोट के प्रति संवेदनशील होते हैं। इसलिए यह महत्वपूर्ण है कि रोगी को केवल मधुमेह रोगी के रूप में नहीं बल्कि संपूर्ण व्यक्ति के रूप में देखा जाए। यह समग्र दृष्टिकोण मधुमेह मेलिटस (मधुमेह) के प्रबंधन में आयुर्वेद को शामिल करके ही प्राप्त किया जा सकता है। इसलिए, वर्तमान समीक्षा उन भावनात्मक और मनोवैज्ञानिक कारकों की पहचान करने के लिए की गई थी जो मधुमेह मेलिटस (मधुमेह) के एटियोपैथोजेनेसिस में भूमिका निभाते हैं जो बदले में रोगियों को मधुमेह का प्रबंधन करने में मदद करेंगे।

### मधुमेह के बुनियादी इटियोपैथोजेनेसिस पर शोध

शोधकर्ताओं ने बताया है कि मनोवैज्ञानिक तनाव (मनोभितापकारा भाव) रक्षा तंत्र को बदलने और डीएम की अभिव्यक्ति पर बहुत प्रभाव डालते हैं। शोधकर्ताओं द्वारा

मनोवैज्ञानिक तनाव, लिपिड पेरोक्साइड और उपवास रक्त शर्करा (एफबीएस) के बीच एक निश्चित संबंध भी स्थापित किया गया था। इसी तरह के एक अध्ययन ने मधुमेह के एटियोपैथोजेनेसिस में तनाव, अवसाद, चिंता, भय, आदि और मनोवैज्ञानिक तनावों की निश्चित भूमिका का पता लगाया। अनुसंधान ने पता लगाया है कि अल्बिनो चूहों में तनाव-प्रेरित मधुमेह में कैटालेज गतिविधि की बढ़ी हुई दर देखी गई है जो त्वरित कोशिका क्षति और मुक्त कण पीढ़ी का सुझाव देती है जो बदले में मधुमेह का अग्रदूत है। अध्ययनों ने मनोवैज्ञानिक तनाव की एक निश्चित भूमिका की पुष्टि की है। जीवनशैली में बदलाव, व्यायाम की कमी और अनियमित खान-पान की आदतें डीएम की तस्वीर को बढ़ाने में सहायक हैं। अस्वास्थ्यकर आहार और जीवनशैली विकल्पों, कम शारीरिक गतिविधि, अधिक भोजन, मनोवैज्ञानिक तनाव और अवसादग्रस्त विकारों के साथ मधुमेह के रोगजनन और संबंधित जटिलताओं का सुझाव देने के लिए अब पर्याप्त सबूत मौजूद हैं।

### मनोवैज्ञानिक गड़बड़ी और मधुमेह की सह-रुग्णता

मधुमेह और मनोरोग संबंधी विकार एक द्विदिशीय संबंध साझा करते हैं क्योंकि दोनों एक-दूसरे को कई तरह से प्रभावित कर रहे हैं। मधुमेह का निदान और उसके बाद का प्रबंधन संभावित रूप से मनोवैज्ञानिक समस्याओं से जुड़ा हो सकता है। मधुमेह के लिए विशेष रूप से प्रासंगिक कुछ मानसिक विकारों में प्रलाप, मादक द्रव्यों के सेवन

संबंधी विकार, अवसाद, चिंता, सিজोफ्रेनिया जैसी मानसिक बीमारी और खाने के विकार शामिल हैं। मधुमेह में अवसाद के अलावा अन्य मानसिक विकारों की व्यापकता का व्यापक अध्ययन नहीं किया गया है। इस बात के प्रमाण हैं कि इस समूह में चिंता विकार काफी आम हैं, विशेष रूप से सामान्यीकृत चिंता विकार और साधारण भय। मधुमेह में एनोरेक्सिया नर्वोसा और बुलिमिया नर्वोसा की व्यापकता अज्ञात है, लेकिन ग्लाइसेमिक नियंत्रण पर प्रतिकूल प्रभाव पड़ने की संभावना के कारण इन विकारों में रुचि अधिक बनी हुई है। इन खाने के विकारों से जुड़े व्यापक अध्ययनों में बहुत कम संख्या में ऐसे विषयों की जांच की गई है जो अनियंत्रित थे या उनके मामले की परिभाषा में बहुत भिन्नता थी। मधुमेह में तनाव और ग्लूकोज विनियमन के बीच संबंध काफी अध्ययन का विषय रहा है, लेकिन निष्कर्ष असंगत रहे हैं। इसके अलावा, एंटीडिप्रेसेंट और एंटीसाइकोटिक्स चयापचय संबंधी असामान्यताएं पैदा कर सकते हैं। नॉरएड्रेनर्जिक गतिविधि वाले एंटीडिप्रेसेंट में चयापचय संबंधी असामान्यताएं पैदा करने की सबसे अधिक क्षमता होती है।

**मधुमेह के रोगियों में सहवर्ती मानसिक विकार जीवन की खराब गुणवत्ता, देखभाल की बढ़ी हुई लागत, खराब उपचार पालन, खराब ग्लाइसेमिक नियंत्रण (ऊंचे एचबीए1सी स्तर से प्रमाणित), के साथ जुड़ा हुआ है।** मधुमेह केटोएसिडोसिस के कारण आपातकालीन कक्ष का दौरा, अस्पताल में भर्ती होने की उच्च आवृत्ति और अनुपस्थिति की उच्च दर। इसके अतिरिक्त,

चिकित्सा देखभाल की लागत में भी वृद्धि हुई है। सह-मनोवैज्ञानिक विकारों और अंतःस्रावी विकारों वाले रोगियों के बीच गैर-मानसिक स्वास्थ्य स्थितियों की देखभाल की लागत सह-मनोवैज्ञानिक विकारों के बिना आबादी की तुलना में दोगुनी या उससे भी अधिक (उपचार सेटिंग के आधार पर) है। विभिन्न एटिऑलॉजिकल कारकों के अलावा, आयुर्वेद ने विशेष रूप से कुछ मनोवैज्ञानिक एटिऑलॉजिकल कारकों यानी क्रोध (क्रोध), उद्वेग (चिंता), और शोक (दुःख) का वर्णन किया है जो प्रमेह योग के रोगजनन में महत्वपूर्ण भूमिका निभाते हैं। चरक संहिता में, पैतिका प्रमेह में क्रोध (क्रोध) और वाटिका प्रमेह में उद्वेग (चिंता) और शोक (दुःख) कारक हैं, जो ग्लूकोज चयापचय के पटरी से उतरने का कारण बनते हैं। इसलिए मधुमेह की सह-रुग्णता और मनोवैज्ञानिक विकारों के बीच एक निश्चित संबंध मौजूद है।

### **मधुमेह मेलिटस से संबंधित सांस्कृतिक मुद्दे**

संस्कृति को अक्सर मूल्यों, विश्वासों, मानदंडों और व्यवहार के पैटर्न के सीखे हुए सेट के रूप में परिभाषित किया जाता है। बहुत कम अध्ययनों ने मधुमेह की रोकथाम और देखभाल सेवाओं के प्रति सांस्कृतिक मान्यताओं और दृष्टिकोण के प्रभाव का पता लगाया है। मधुमेह देखभाल प्रदाताओं के लिए मधुमेह से पीड़ित लोगों को समग्र देखभाल प्रदान करने के लिए सांस्कृतिक निर्धारकों को समझना महत्वपूर्ण होगा। इसके अलावा, मधुमेह की रोकथाम और देखभाल के लिए व्यक्तियों और परिवारों को उचित संदर्भ

में रखना आवश्यक है। व्यापक सांस्कृतिक संदर्भ को समझना प्रभावी मधुमेह देखभाल के लिए महत्वपूर्ण पृष्ठभूमि जानकारी के रूप में काम कर सकता है। सांस्कृतिक मान्यताएँ और पारंपरिक प्रथाएँ बीमारी के लगभग सभी पहलुओं को प्रभावित करती हैं, जैसे मधुमेह की धारणा, इसका मूल्यांकन और निदान, देखभाल करने वाला व्यवहार, प्रदाताओं से अपेक्षाएँ, इत्यादि। इसके अलावा, संस्कृति मधुमेह स्व-प्रबंधन को भी प्रभावित कर सकती है। रोकथाम और देखभाल सेवाओं में इन मुद्दों को संबोधित करने के लिए, मधुमेह प्रदाताओं से अपेक्षा की जाती है कि वे सांस्कृतिक रूप से उपयुक्त हस्तक्षेपों के मूल्यांकन और योजना के लिए सांस्कृतिक दक्षताएँ रखें। समस्या एक ऐसी आहार व्यवस्था का सुझाव देने में भी है जो भारत में लोगों के खाने के तरीके से मेल नहीं खाती। केवल खाने के अंतरराष्ट्रीय या यूरो-अमेरिकी तरीकों का पालन करना इसका उत्तर नहीं है। आहार के बारे में अधिक रचनात्मक तरीके से बात करने की सलाह दी जानी चाहिए। सांस्कृतिक रूप से उपयुक्त मधुमेह देखभाल की योजना बनाने के लिए सांस्कृतिक विशेषताओं जैसे मूल्य प्रणाली, विश्वास, रीति-रिवाज और पारिवारिक पैटर्न का उपयोग सुराग के रूप में किया जा सकता है।

### मधुमेह के लक्षणों के मनोवैज्ञानिक पहलू

मधुमेह मेलेटस (डीएम) के रोगियों को निदान के समय से लेकर जीवन भर मनोवैज्ञानिक सहायता की आवश्यकता होती है। डीएम वाले रोगियों की मनोवैज्ञानिक संरचना स्व-प्रबंधन व्यवहार में

केंद्रीय भूमिका निभाती है। रोगियों द्वारा प्रभावी उपचारों का पालन किए बिना, बीमारियों पर लगातार उप-इष्टतम नियंत्रण रहेगा, और मधुमेह से संबंधित जटिलताओं में वृद्धि होगी, जिससे जीवन की गुणवत्ता में गिरावट आएगी, जिसके परिणामस्वरूप स्वास्थ्य देखभाल उपयोग में वृद्धि होगी और स्वास्थ्य देखभाल प्रणालियों पर बोझ बढ़ेगा। हालाँकि, स्वास्थ्य देखभाल प्रणालियों पर जरूरतों और मांगों की चुनौतीपूर्ण प्रकृति के कारण मनोसामाजिक सहायता का प्रावधान आम तौर पर अपर्याप्त है। इच्छाशक्ति, लचीलापन, बीमारी की धारणा, और नए व्यवहारों के कार्यान्वयन के संबंध में सक्रिय मुकाबला, भविष्य-उन्मुख सोच से निपटने और स्वास्थ्य-संबंधी व्यवहारों पर बीमारी की धारणा के प्रभावों पर कुछ विवरण भी प्रदान किए गए हैं।

पांच व्यापक संज्ञानात्मक बीमारी प्रतिनिधित्व हैं जो डीएम के मनोवैज्ञानिक पहलुओं से संबंधित हैं:

1. पहचान (बीमारी को दिया गया लेबल और उसके लक्षणों की जानकारी)
2. कारण (बीमारी के कारण के बारे में मान्यताएँ)
3. समयरेखा (बीमारी की अनुमानित अवधि और पाठ्यक्रम)
4. परिणाम (बीमारी के कथित अल्पकालिक और दीर्घकालिक प्रभाव)
5. नियंत्रण/हलाक (बीमारी के नियंत्रण/हलाक की डिग्री के बारे में विश्वास)

मनोवैज्ञानिक समस्याओं के व्यापक प्रसार और उनके नकारात्मक परिणामों के बावजूद, डीएम



वाले रोगियों के लिए व्यक्ति-केंद्रित पुरानी बीमारी देखभाल और मनोवैज्ञानिक सहायता की उपलब्धता कम थी। केवल 48.8% ने अपने मधुमेह के प्रबंधन में मदद के लिए मनोवैज्ञानिक उपचार या शैक्षिक गतिविधियाँ प्राप्त की थीं।

आयुर्वेदिक विद्वान प्रमेह को प्राचीन काल से जानते हैं। आचार्य चरक द्वारा दिए गए विवरण में कहा गया है कि अधिक मात्रा में भोजन के सेवन के अलावा, कुछ मनोवैज्ञानिक कारक जैसे काम (जुनून), क्रोध (क्रोध), लोभ (लालच), मोह (भ्रम), ईर्ष्या (ईर्ष्या), द्वेष (शर्मनाक), शोक (शोक), मन (घमंड), उद्वेग (चिंता), भय (भय) आदि भी अपाच्य खाद्य उत्पादों को खराब करके शरीर को प्रभावित करते हैं। इस प्रकार, यदि व्यक्ति मनसा की अशांत स्थिति से पीड़ित है, तो सही मात्रा में भी लिया गया पौष्टिक भोजन ठीक से पच नहीं पाता है। इस अनुचित पाचन से अमा का उत्पादन होता है। इसलिए चिंता और तनावग्रस्त व्यक्तियों में, रोगजनन अग्नि के बिगड़ने से शुरू होता है, जो अमोत्पत्ति की ओर ले जाता है और वह अमा जब बस्ती (मूत्र मूत्राशय) में जमा हो जाता है, तो प्रमेह रोग की ओर ले जाता है, जैसा कि ग्रहणी रोग चिकित्सा में बताया गया है। प्रज्ञापराधा को सभी रोगों का मूल कारण माना जाता है। आचार्यों ने प्रज्ञापराधा को ज्ञान की अनुचित कल्पना के रूप में वर्णित किया है जो बुद्धि की अनुचित गतिविधि की ओर ले जाती है। इसके कारण व्यक्ति अस्यसुखम, स्वप्नसुखम, दधि, गुदा आदि निदानों में लिप्त हो जाता है जिसके परिणामस्वरूप प्रमेह प्रकट होता है।

इसके अलावा प्रज्ञापराधा को “सर्वदोषप्रकोपनम” यानी तीनों दोषों को खराब करने वाला बताया गया है। यहां, रोग के रोगजनन में मानसिक कारकों की स्पष्ट भागीदारी को दर्शाया गया है। प्रमेह में भी व्यक्ति प्रज्ञापराधा का शिकार हो जाता है जिसके परिणामस्वरूप असात्त्येन्द्रिय समयोग (इंद्रियों का अनुचित गतिविधियों में लिप्त होना) हो जाता है। इसके अतिरिक्त, यदि काल परिणाम (समय कारक और आयु कारक) भी समर्थन में है तो व्यक्ति में रोग का एक निश्चित रोगजनन स्थापित हो जाता है।

### व्यक्तित्व लक्षण और मधुमेह का संबंध

मनोवैज्ञानिक चर के अलावा, व्यक्तित्व कारक प्रतिकूल स्वास्थ्य परिणामों के लिए संभावित भेद्यता कारक के रूप में उभरते हैं। मधुमेह के रोगियों पर उच्च रक्तचाप, नौकरी का तनाव और सामाजिक अलगाव जैसे नकारात्मक प्रभाव पड़ने की संभावना होती है (मुदगिल, 1992)। शोध रिपोर्टों से पता चला है कि टाइप-ए व्यवहार उपायों ने नर्सिंग पेशेवरों के बीच उम्र, नौकरी के स्तर और समग्र कल्याण के संबंध में व्यावसायिक तनाव और कार्य प्रेरणा के बीच एक महत्वपूर्ण संबंध दिखाया है (विक्र, 2001)। इसलिए टाइप ए व्यवहार वाले लोगों में मधुमेह से पीड़ित होने की संभावना अधिक होती है। टाइप ए पर्सनैलिटी का वर्णन राजसिक प्रकृति के बहुत करीब है। पिछले शोधकर्ताओं द्वारा यह देखा गया है कि राजसिक प्रकृति वाले व्यक्तियों में प्रमेह विकसित होने की संभावना अधिक होती है। इस प्रकार की मनसा प्रकृति अपनी कमजोर,

चंचल अवस्था के कारण मनोभित्तप (मानसिक कष्ट) से पीड़ित होने के प्रति अधिक संवेदनशील होती है।

### चर्चा और निष्कर्ष

मधुमेह और मनोचिकित्सा का इंटरफेस वर्षों से एंडोक्रिनोलॉजिस्ट और मानसिक स्वास्थ्य पेशेवरों दोनों को आकर्षित करता रहा है। मधुमेह और मनोरोग संबंधी विकार एक द्विदिशीय संबंध साझा करते हैं – दोनों एक-दूसरे को कई तरीकों से प्रभावित करते हैं। दोनों के बीच बहुमुखी बातचीत के बावजूद, भारत में इस मुद्दे पर काफी हद तक अध्ययन नहीं किया गया है।

ग्लूकोज विनियमन पर तनाव का प्रभाव काफी अध्ययन का विषय रहा है। तनाव पिट्यूटरी हार्मोन, कैटेकोलामाइन, कॉर्टिकोस्टेरोइड्स के उत्पादन में वृद्धि और इंसुलिन रिलीज के दमन का भी कारण बनता है। ये क्रियाएं मधुमेह वाले व्यक्तियों में खराब ग्लाइसेमिक नियंत्रण से जुड़े रक्त में ग्लूकोज के स्तर को बढ़ाने का काम करती हैं। बचाव, अलगाव, या इनकार द्वारा चिह्नित मुकाबला शैली भी मधुमेह में ग्लाइसेमिक नियंत्रण पर प्रतिकूल प्रभाव डाल सकती है, साथ ही मधुमेह उपचार के नियमों का अनुपालन भी कर सकती है। ख32, ख33, सुश्रुत संहिता में अमा गठन के वर्णन को मानस की अशांत स्थिति के लिए जिम्मेदार ठहराया गया है जो बदले में जठराग्नि मांड्य की ओर ले जाती है जिसके बाद धत्वाग्नि और भूताग्निमांध्या आती है। चिंता और तनाव—ग्रस्त व्यक्तियों में, संप्राप्ति अग्नि के बिगड़ने से शुरू होती है, जो अमोत्पत्ति और

अमा की ओर जाती है, जब बस्ती में बसने से प्रमेह होता है। दूसरी ओर, ओजस मूत्र के माध्यम से उत्सर्जित होता है जिससे ओजक्षय होता है। वाग्भट्ट ने ओजक्षय के लक्षणों का उल्लेख किया है जैसे बिभेति (अत्यधिक भय), अभीक्ष्ण दौर्बल्य (अत्यधिक कमजोरी), व्यथिता इंद्रिय, रुक्षता, क्षणता, आदि। ख34, यह विवरण मधुमेहा के एटियोपैथोजेनेसिस में मनसा की प्रत्यक्ष भागीदारी को दर्शाता है।

**इसलिए रोग का प्रबंधन करते समय निम्नलिखित कारकों को ध्यान में रखना आवश्यक है :-**

1. रोगी की मनोवैज्ञानिक स्थिति – जिसे मेध्या रसायन (दिमाग के लिए आणविक पोषक तत्व और सत्ववजय चिकित्सा (आयुर्वेदिक मनोवैज्ञानिक परामर्श) द्वारा अच्छी तरह से प्रबंधित किया जा सकता है।
2. अमा का सुधार – इसे अमा पचना और स्रोतोशोधन चिकित्सा द्वारा प्राप्त किया जा सकता है।
3. ओजो डस्टि का सुधार – जिसे रसायन चिकित्सा द्वारा प्राप्त किया जा सकता है।
4. मेडोडस्टी का सुधार – जिसे मेडोडस्टी हर चिकित्सा द्वारा प्राप्त किया जा सकता है।

मधुमेह और मनोरोग दोनों विकारों वाले व्यक्तियों के बीच महत्वपूर्ण प्रबंधन निहितार्थ वाला एक और महत्वपूर्ण मुद्दा उपचार के पालन का है। मनोरोग विकारों से जुड़े मनोवैज्ञानिक, संज्ञानात्मक और

भावनात्मक मुद्दे समस्या को जटिल बनाते हैं। सहरुग्ण मधुमेह और मानसिक बीमारी वाले व्यक्तियों को खराब मधुमेह देखभाल प्राप्त होने की अधिक संभावना है। उपचार का खराब पालन दवा के उपयोग के साथ-साथ जांच दोनों में देखा जाता है।<sup>ख37</sup>, स्व-प्रबंधन मधुमेह देखभाल का एक अनिवार्य घटक है। सहवर्ती मनोरोग बीमारी की उपस्थिति स्व-प्रबंधन को लागू करना कठिन बना सकती है। यह भी देखा गया है कि सहवर्ती मानसिक विकारों के लिए स्वास्थ्य देखभाल के उपयोग में वृद्धि से मधुमेह के उपचार के पालन में भी सुधार हो सकता है।<sup>ख38</sup>, मनोवैज्ञानिक दृष्टिकोण मधुमेह देखभाल में चिकित्सीय पालन को बेहतर बनाने में मदद कर सकते हैं। प्रबंधन योजना में रोगियों और देखभाल करने वालों

को महत्वपूर्ण हितधारकों के रूप में देखना महत्वपूर्ण है। उन्हें निर्णय लेने की प्रक्रिया में शामिल किया जाना चाहिए। मरीजों को साझा निर्णय लेने की जिम्मेदारी सौंपी जानी चाहिए। इसलिए यह निष्कर्ष निकाला जा सकता है कि मनोसामाजिक कारक मधुमेह मेलेटस (मधुमेहा) के एटियोपैथोजेनेसिस में महत्वपूर्ण न्यूनाधिक हैं और इष्टतम मधुमेह प्रबंधन केवल तभी प्राप्त किया जा सकता है जब महत्वपूर्ण शारीरिक, सामाजिक और मनोवैज्ञानिक कल्याण से जुड़े समग्र दृष्टिकोण से निपटा जाए। मधुमेह और मानसिक विकारों की परस्पर क्रिया बहुआयामी है और इसकी समझ में वृद्धि से एंडोक्रिनोलॉजिस्ट और मनोचिकित्सकों को समान रूप से इस समूह को प्रभावी ढंग से और व्यापक रूप से सेवा देने में मदद मिलेगी।



## **TARIFF FOR ADVERTISEMENT**

Per Issue One Page

**BLACK & WHITE**

Insertion Rs. 5000/-

**COLOURED INSERTION**

*Last Covering Page Rs. 9000/-*

*Inner Covering Page (2nd Last) Rs. 7000/-*

## Re Thoughts

1. Never wait for a perfect moment, just take & make it perfect.
2. Energy goes where intention flows
3. Always find a reason to laugh, may not add years to life but surely add life to years.
4. Listen to silence it has so much to say
5. Science without religion is lame & religion without science is blind

## जरा विचारें

1. सफल वही होगा होगा जो शान्ति से दूसरों की आलोचना सहकर मजबूत बनेगा।
2. समय से हारा या जीता नहीं जाता पर इससे सीखा जरूर जाता है।
3. 'प्रसन्न' वही है जिसने 'अपना मूल्यांकन किया हो' और परेशान वही है जिसने दूसरों का मूल्यांकन करता हो।
4. ताला (समस्या) बंदी हो पर चाबी (हल) हमेशा छोटा ही होता है अर्थात् परामर्श लेते रहे।
5. सफलता की खाद ही असफलता है, अर्थात् धैर्य रखें।





**Hon. Member**  
Editorial Board

**Dr. Ravi Gogia**  
M.D. (Ay.) Kayachikitsa  
M.C.D's .L.R. Ay.Panchkarma Hosp.,  
Rajouri Garden, New Delhi -27  
9818537919, 45532124, ravigogia72@yahoo.com

## CLINICAL ASPECT OF VIDDHA KARMA

### Introduction :-

Whenever we tell about Viddha karma or show its video to new patients, they consider it as Acupuncture, but Viddha karma is different from acupuncture in which hollow needles are used & kept for 20 -30 sec. whereas In Acupuncture, dry thin needles are used & kept for 15 -30 min.

**Succhiveddha is made up of two words viz. Succhi + Veda viz. Succhi means “needle” & Veda means ‘science’. Journey of instruments started from previous era from bony sharp ends, wooden made & metallic base. Sira not only carry vitiated blood but three dosha also so termed as Sarva vaha sira. Sira veddha depends on Vyadha sites & depth of their specified points. Viddha Karma is considered under sookshma raktamokshan (which is Ardha chikitsa of all disorders) where we are introducing vedana which renders Sukha & this vedana nullifies Dukha vedana originating through any painful disorders.**

### Requirements :-

- OPD Room • Cotton Swab
- Marker pen • Savlon
- Gloves • D/s needle no, 26 x ½, 24x 1
- Focus light

**Yogya viddhi :-** Before initiating Viddha Karma, aspirant doctor should practice Viddha karma on fruits & vegetables which will raise confidence &

apprise them about the resistance while inserting needles .

### Depth of Vyadha ( For pain ) :-

**In Twacha :-** Half yava.. ( 2 - 4 mm )

**In Mamsa :-** One yava or vrihi ( 4 - 6 mm )

**In Asthi, sandhi, snayu ( 6 - 10 mm )**

### Viddha Chikitsa ( Prick by hollow needle ) :-

**1) Superficially in skin :-** For headache, painful joints & skin diseases .

**2) Subcutaneous:-** It usually causes bleeding of subcutaneous small vessels & eliminates blood stasis .

**3) Deep Vyadha :-** It is carried out to treat muscular & bone disorders.

**4) Evacuation needling :-** It is carried out to perform surgical conditions like removal of fluids in Ascitis, hydrocele or drainage of hematoma & abscess in bone.

### Posture of Patient for Viddha :-

**1) In case of Gridhrasi & Vishvachi:-** Knee & elbow of the patient should be kept in slightly flexed position.

**2) Viddha chikitsa on hip, back & shoulder,** viddha should be done in sitting position with neck flexed & back extended .

- 3) **In case of abdomen & thorax**, keep the body extended with head raised.
- 4) **Viddha chikitsa on arm is performed** by keeping the arm in hanging position & on the outer aspect.
- 5) **Keeping the penis dorsally flexed**, perform viddha on the penis.
- 6) **Viddha chikitsa at root of the tongue** should be performed by keeping the mouth open & tongue pressed & fixed inside the upper incisors.
- 7) **For viddha chikitsa on palate & gums**, keep the patient mouth wide open.

#### Indications :-

Cervical spondylitis	Plantar Fasciitis
Tennis elbow	Frozen shoulder
Inguinal hernia	Sinusitis
Heel pain	Migraine
Abdomen colic	Shvasa
Lumber Spondylitis	Trigeminal Neuralgia
Mutra Vriddhi	Hemiplegia
Knee osteoarthritis	Facial palsy
Avascular necrosis	Appendix colic
Bursitis	Vatarakta
Renal colic	Vishwachi
Dental pain	Jivyha roga
Nasa roga	Karna roga
• Pratishtay	Manas roga
• Nasavarodha	• Unmada
• Nasagandha hani	• Apasmara
	• Stress

#### Contraindications :-

- 1) Cloudy, cold & rainy weather
- 2) At night
- 3) H/o neurogenic shock for simple prick or trauma of sight of blood.
- 4) Skin infection at the site of puncture
- 5) Uncontrolled Diabetes & hypertensive patients
- 6) Pregnant with lumbar spondylitis
- 7) Children below 10 years

#### Investigations :-

Hemogram, B.T. C.T. P.T. (INR ), Blood sugar - Fasting & P.P.

#### Purva Karma :-

- 1) Pre- informed consent is to be taken from patient & his attendant also in order to apprise all situations which may happen as a side-effects of this procedure. This help clinician to be safe from post procedural medico legal hassles .
- 2) Patient should be fed with light food as it will raise the moral & provide energy to tackle pain being given through needle.
- 3) Posture of patient should be maintained .
- 4) Points where needles are to be pierced that need to be selected & marked with black marker pen which becomes easier for clinician .
- 5) Keep sterilized tray ready having disposable needles, sterile cotton, marker pen, gloves, savlon, focus light.
- 6) Sterilize selected area with savlon.

#### Pradhan Karma :-

- 1) Inform patient about the needle which is planning to get pierced over that selected area.
- 2) Ask patient to take deep breath which alleviate stress leading to less perception of pain.
- 3) Talk to patient while performing this procedure as it will divert patient attention from needle pain.
- 4) Clinician hand should hold & pierce needle with full confidence without any shaky movements leading to attenuation of moral support of patient .

#### Paschata Karma :-

- 1) Clinician should wait for 15 – 30 seconds after piercing needles. For Vatika patients we can pull it out after 15 seconds , after 20 seconds for pitta prakruti patient & 30 seconds for kaphaj prakruti patient. We should ask about any discomfort experienced by patient like dry mouth , vertigo etc. after removing needles.

2) We have to neglect oozing of few drops of blood as this blood is vitiated.

3) There is no need of tie bandage on that pricked area.

5) Give water to patient & assure that his problem will be finished soon.

#### **Actual Viddha points :-**

##### **1) Specific Indications :-**

Padadaha, Vatashonita, Pada harsha, Vatakantaka, Chippa & Visarpa.

Viddha points :- 2 fingers above the Kshipra marma.

##### **2) Shlipada :-**

i) **Vataja Shlipada** :- After unction & sudation, four fingers above the ankle joint .

ii) **Pittaja shlipada** :- Four fingers below the ankle joint

iii) **Kaphaj shlipada** :- On the dorsum of greater toe, in between the first interphalangeal joint & proximal border of nail.

3) **Gridhrasi & Vishvachi** ( Sciatica & Brachial neuritis ) :-

Four fingers above below knee or elbow joint respectively.

4) **Apachi ( Scrofula )**:- Neck & Axillary

#### **Viddha points are :-**

i) In the forearm: - Two fingers below the Indrabasti marma.

ii) **Inguinal**: - In the leg , two fingers below the Indrabasti marma .

5) **Yakrit - Pleeha vikruti** :-

#### **Viddha points :-**

1) Medial aspect of the right ( for liver ) & left elbow ( for spleen ) – not at the joint but below or above.

2) In between little & innominate fingers .

6) **Pravahika shoola** :-

Viddha point :- Two fingers inside the iliac crest.

7) **Bahushosha , Avabahuka** :-

Centre of the anterior & posterior border of shoulder joint.

8) **Apasmara** :-

Viddha Point :- Temporomandibular joint, at the junction of skin & hair line of shankha Pradesh.

9) **Unmada** :-

Viddha point :- Urah , Apanga & Lalata

10 ) **Jivharoga - Dantaroga** :-

At the base of the tongue.

Puncture should be done by raising the tongue keeping it steady with upper incisors from inside.

11 ) **Talu – Dantamula** :-

On the palate.

Puncture should be carried out on the palate & gums by opening the mouth wide.

12 ) **Karna roga** :- Karna shoola

Superior aspect of ear or near the ear. Puncture should be at posterior to ear at the junction of upper & middle zone of the curve.

13 ) **Nasaroga** :- Anosmia

On the tip of Nose ( Nasagre )

14 ) **Shiroroga** :-

**Adhimantha ( glaucoma )** :- On the lateral side of nose .

**Timira** ( refractive error ) :- On lateral end of the eyebrow .

**Akshipaka ( conjunctivitis )** :- On the forehead above the eyebrow.

15 ) **Nasa sameepe** :-

Depression of the infra orbital foramen.

16) **Apanga** :-

Depression of the lateral end of eyebrow.

17) **Lalata** :-

On the forehead, one finger above the eyebrow midpoint .

#### **Innovative thoughts :-**

Viddha points as described by various authors are universal truth but we can add new points as per our logical & scientific reasoning like..First we have to think doshansha kalpana of that specific disease & check the location of nearby marma controlling that affected area. We can add new points by keeping few finger distance away from marma as per size of marma.



**Mahendra K Taneja, Vivek Taneja**  
 Chief, Indian Institute of Ear Diseases,  
 Resident, Department of E.N.T., Subharti  
 Medical College and University, Meerut, Uttar  
 Pradesh, India  
 E-mail: ijo\_editor@rediffmail.com

## Role of vitamin D in prevention of deafness

There are numerous causes of deafness or hearing loss, which have been well researched, documented, universally accepted, and very well practiced with the preventable/ curable techniques and their results. However, there are some indirect causes, which may have significant role to play in hearing loss. These are either not universally accepted or not so well-documented/researched. Few of these as deficiency of vitamin D, use of tobacco, bottle feeding of infants in lying down position etc. In this article, I would like to dwell on the deficiency of vitamin D, its causes, its consequences, or possible effect on hearing problems.

**The most common cause of deafness in Indian children is ear discharge, which in majority is as a result of recurrent otitis media, which is usually almost always a result of common cold or upper respiratory tract infection (URTI). The URTI results in swelling and blockage of Eustachian tube opening, leading to acute otitis media. Acute otitis media may lead to:**

(1) negative pressure, which may cause retraction pocket and cholesteatoma, (2) secretory otitis media, in which there is glue formation, (3) acute suppurative otitis media that may lead to perforation and chronic suppurative otitis media (CSOM). All together or any of these sequelae can lead to permanent hearing loss. Fortunately, all these are curable.

**There are about 200 viruses apart from pneumococci, meningococci, and streptococci,**

**which can cause common cold and acute otitis media.** These all pathogens are sensitive to antimicrobials cathelicidin, and defensin released by the body defense mechanism under the influence of vitamin D. [1- 4] The URTI result in acute neutrophilic infiltration in respiratory epithelium and production of mucous. With increased amount of mucous, infant is more prone to infections and decrease in pancreatic secretion, which may result in malabsorption of fat, consequently decreased absorption of vitamin D.[5] The prophylactic role of vitamin C has been embarked and been used for decade in the prevention of recurrent URTI. **The ergocalciferol and cholecalciferol are less commonly used as vitamin supplement and are rarely used as immunomodulator.** Though some food also contain these pro vitamin, due to inadequate sunlight exposure or dark skin, active vitamin D (25 hydroxy vitamin D and 25 (OH)D) level varies in the body, which may result in reduced innate immunity. Wintertime vitamin D insufficiency may explain seasonal variation and more frequent URTI. Apart from darker pigmentation, use of sun screens, wearing of clothing, clouds, environmental pollution limits the penetration of ultraviolet light B. **Aging is associated with decrease concentration of 7 dehydro cholesterol in skin; a common reason may be attributed for vitamin D insufficiency and old age deafness.**

The role of vitamin D supplementation in primary tuberculosis and lower respiratory tract infection is known and is observed in various epidemiological



studies.[5-8] **Daily administration of 600-700 IU vitamin D from cod-liver oil and multivitamin supplementation or 60,000 IU weekly of vitamin D and calcium supplementation has been observed to decrease the incidence of RTI.[9,10] Vitamin D deficiency is now associated with increased risk of certain cancer, autoimmune and infectious diseases.[11]** Vitamin D regulates more than 200 genes including genes for cellular proliferation, differentiation, and apoptosis.[5] Vitamin D regulates gene expression through binding with vitamin D receptor (VDR), which modulate the expression of genes.

Pathogenic antigens interact with toll-like receptors on macrophages to up regulate the expression of gene that codes for the vitamin D receptor and for the 1  $\alpha$  hydroxylase enzyme that converts 25 (OH) D to the biologically active 1,25 dihydroxy vitamin D [12-14] and it enhances the production of cathelicidin hCAP-18 (LL-37),[3,15] which enhances microbial killing in phagocytic vacuoles, acts as a chemottractant for neutrophils and monocytes.[16,17]

The respiratory epithelium can also convert inactive vitamin D to active 1,25 (OH) D<sub>3</sub> to increase the expression of vitamin D regulated genes, which provide definite innate immunity at the site.[18] Thus, vitamin D is a key immunomodulator and its deficiency will increase the incidence of URTI leading to otitis media a retraction pocket and cholesteatoma, again deficiency of vitamin D will lead to low bone density and osteoporosis, hence osteoelastic activity of cholesteatoma will be enhanced.

An inverse association between maternal intake of vitamin D during pregnancy and incidence of respiratory infection, low birth weight, premature birth has been reported.[19,20] Hence, low serum vitamin D levels in the pregnant woman must be considered, which may result in severe congenital hearing loss.

Deficiency of vitamin D has been attributed to cochlear demineralization and cochlear deafness. The deficient vitamin D may exert its effect by disturbed calcium metabolism as calcium ions play an important role in membrane permeability.

Ionized calcium is necessary for normal function of the nerve and its deficiency may affect the action potential generation in cochlea. Low level of vitamin D and calcium may lead to demineralization of otic capsule, degenerative changes in the spiral ligament, stria vascularis, and cochlear hair cells. [21]

Brooks et al. has reported improvement in the degree of hearing after restoration of serum vitamin D level.[22] Thus, **I conclude that adequate serum level of vitamin D (Serum 25 (OH) D) is essential; its deficiency may lead to recurrent respiratory tract and ear infection, which may end up with significant morbidity in terms of hearing loss, poor language, communication, and mental health.** The serum 25 (OH) D levels below 30 ng/ml are considered as deficient and below 10 ng/ml as grossly deficient. The emerging consensus is that vitamin D level below 80 nmol/L should be labeled as insufficient. The provitamin D can be procured from fortified dairy products, cereals, oily fish, and fish liver oil. Vitamin D synthesized or absorbed from the gut is hydroxylated to its active form in the liver, hence may be low where absorption or liver function are affected/inadequate, hence in cases of recurrent otitis media/cholesteatoma, estimation and supplementation of vitamin D is hallmark in their management.

**To prevent congenital deafness due to premature birth, birth asphyxia, and low birth weight and infantile pneumonia, adequate supplemental of vitamin D in all pregnant woman should be considered.**

#### References

Details not required here.



# Recent Developments

## Top institute studying if herbs like ashwagandha fight cancer

Tata Memorial Centre has set up a farm near Mumbai to grow over 500 medicinal plants. It will also have a 100-bed hospital and modern research facility for testing their efficacy in cancer cases

Lata Mishra | TNN

**T**urmeric, ashwagandha and more than 500 other medicinal plants are potential recruits for the war on cancer at Mumbai-based Tata Memorial Centre (TMC). While many scientists will arch their eyebrows at this news, TMC is setting up a farm and a 100-bed hospital-cum-research facility in Khopoli near Mumbai to grow plants and test their efficacy in cancer treatment.

TMC had been experimenting with traditional practices like yoga to build immunity and speed up post-operative recovery for some time, but the idea of growing medicinal plants and putting them through rigorous clinical and human trials germinated in Feb 2018, following Dr Vikram Gota's experiments with ashwagandha.

Dr Gota, who is professor and head of clinical pharmacology at TMC's Advanced Centre for Treatment, Research & Education in Cancer (ACTREC) in Navi Mumbai, was testing the efficacy and safety of withaferin-A, an active compound derived from ashwagandha. His research revealed potential reduction of mortality among bone marrow transplant patients by 50%. That's how TMC decided to evaluate hundreds of other medicinal plants for cancer treatment, leading to the establishment of the Rs 300-crore Integrative Center for Treatment, Research, and Education in Cancer (ICTREC) in Khopoli.

Dr Gota and his team have made significant progress since, presenting multiple scientific papers that show turmeric and ashwagandha could be potent anti-cancer agents. While turmeric's anti-inflammatory properties have been known in India for ages, new research shows it also possesses anti-proliferative (tending to inhibit cell growth) and immunomodulatory (helping modify the response of the immune system) qualities.

### 20 Acres, 500 Species

While Department of Atomic Energy, TMC's governing authority, has provided funds to set up ICTREC, Maharashtra government has given the 20-acre land in Khopoli. With ICTREC, TMC will become the first cancer hospital in India to offer cultivation and conservation of medicinal plants with potential benefits in cancer care. The facility, expected to be operational by 2026, will also offer standard cancer treatments such as radiotherapy and chemotherapy.

ICTREC will cultivate over 500 plants, some of which require climate control. It will collaborate with Central Ayurvedic Clinical Research Institute for Cancer (CARIC), Indian Institute of Integrative Medicine, Council of Sci-

### SOME MEDICINAL PLANTS AND THEIR POTENTIAL

**Giloy** | *Botanical name* *Tinospora cordifolia* | May help prevent some side effects of radiation. Possesses anti-neoplastic (anti-tumour) properties



**Shatavari** | *Asparagus racemosus* | Can alleviate anxiety, reduce fatigue, enhance overall well-being

**Brahmi** | *Bacopa monnieri* | Contains potent antioxidants. Ethanolic extract contains bacoside A and B, cucurbitacins and betulinic acid. Notably, cucurbitacins have been reported for their robust anti-tumourigenic and anti-proliferative activity, inducing cell cycle arrest at G2/M phase and formation of multiplied cells

**Turmeric** | *Curcuma longa* | Enriched with curcumin, recognised for anti-inflammatory, antioxidant attributes



**Katha** | *Acacia catechu* | Known for astringent and cooling properties. Used to address diarrhoea, dysentery, sore throat, dental issues

**Kalmegh** | *Andrographis paniculata* | Widely used in Ayurveda and traditional Chinese medicine and used to bolster immune system, aid digestion, address ailments like fevers and infections

**Pushkarnula** | *Costus speciosus* | Commonly referred to as spiral ginger or indian head ginger, believed to possess bronchodilator and expectorant properties, rendering it beneficial in respiratory disorders. Also believed to exert anti-inflammatory effects

**Bhumri Amla** | *Phyllanthus niruri* | Entire plant is utilised. Employed to support liver function and is frequently incorporated into formulations designed for liver disorders



entific and Industrial Research in Jamnagar, Agharkar Research Institute in Pune, Podar Ayurvedic Hospital in Mumbai, IIT Bombay, Banaras Hindu University and many other institutes already researching Ayurveda and cancer treatment.

### Temper Hopes, Say Sceptics

Ancient Indian medicine systems are criticised for not being evidence-based. An Indian FMCG firm's herbal "cure" for Covid-19 in the middle of the pandemic only buttressed this view. But ICTREC will put traditional medicinal knowledge through rigorous testing and trials.

Dr Pankaj Chaturvedi, head and neck cancer surgeon and deputy director of the Center for Cancer Epidemiology at TMC, is leading the project. He said ICTREC aims to develop therapeutically effective drugs derived from medicinal plants after subjecting them to rigorous trials.

However, Dr Cyric Abby Phillips, senior consultant, clinical and translational hepatology, and famous for busting traditional medicine myths on his X (Twitter) account, has his reservations. "There are numerous low-quality, basic, preclinical studies in cells, tissues and

small animals showing various potential activities of withaferin-A, but none conclusively shows any benefits in GvHD (graft versus host disease) or other complications associated with cancer therapy," he said.

"They're utilising traditional medicinal plants to address post-cancer treatment complications, and to strengthen patients' immunity affected by treatments like chemotherapy and radiation. This isn't justified with the level of evidence available in published medical literature," he added.

### 'Considerable Global Interest'

But Dr Meghal Sanghavi, senior surgical oncologist at Wockhardt Hospital in Mumbai, said, "I appreciate that TMC is not advocating Ayurveda without substantiation; instead, it is initiating trials first... I am confident that thorough research will precede implementation."

After five years of experiments and trials with ashwagandha, Dr Gota is not done yet. While he has some evidence to suggest ashwagandha could reduce mortality by half in bone marrow transplant cases, he is gearing up for the second phase of trials aimed at validating these findings.

Dr Shripad Banavali, director, academics, at TMC, also said they are not rushing to prove anyone wrong or right. "A single randomised trial can take up to 10-15 years. We have just begun. We will only assert the anti-cancer potential of medicinal plants if a trial indicates so."

He said there is considerable international interest in ICTREC's work: "There will be multi-centre trials. Multiple global cancer treatment centres have expressed interest in long-term research on medicinal plants... we aspire to collaborate with such centres worldwide."

Scan this code to read the full story



# Moving News

{ WORLD } MOST COMMON ARTIFICIAL SWEETENER

## Aspartame set to be labelled possible carcinogen: Report



One of the world's most common artificial sweeteners is set to be declared a possible carcinogen on July 14 by a leading global health body, two people with knowledge of the process said, pitting it against the food industry and regulators. Aspartame, used in products from Coca-Cola diet sodas to Mars' Extra chewing gum and some Snapple drinks, will be listed as "possibly carcinogenic to humans" for the first time by the International Agency for Research on Cancer (IARC), the World Health Organization's (WHO) cancer research arm. The IARC ruling is intended to assess whether something is a potential hazard or not, based on all the published evidence. It does not take into account how much of a product a person can safely consume. REUTERS

## Sonowal releases postal stamp on 1<sup>st</sup> anniversary of AIIA, Goa



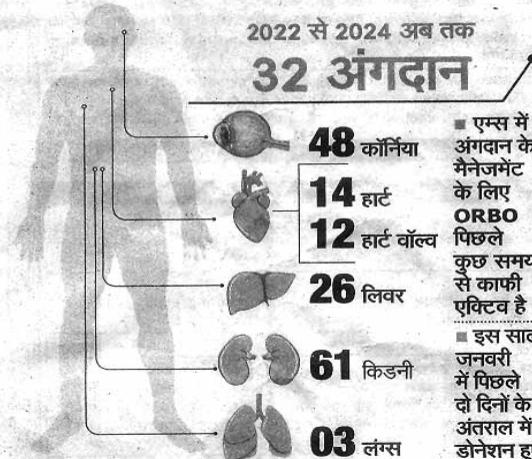
Union Ayush Minister Sarbana-nda Sonowal releases postal stamp on the 1<sup>st</sup> anniversary of All India Institute of Ayurveda (AIIA) Goa in the presence of Dr Munjapara

Mahendrabhai, Minister of State Ministry of Ayush & Ministry of Women and Child Development and Vd. Rajesh Kotecha, Secretary Ministry of Ayush.

## पिछले दो साल में 32 अंगदान की मदद से 104 लोगों को नई ज़िंदगी दी AIIMS : जीवनदान देने में लगाई सेंचुरी

Rahul.Anand@timesgroup.com

■ पिछले दो साल में एम्स ट्रॉमा सेंटर ने अंगदान के जरिए जीवनदान देने में सेंचुरी लगा दी है। 2022 से अब तक (2024) कुल 32 अंगदान हुए हैं। इसके जरिए 104 लोगों को नई ज़िंदगी दी गई है। वहीं, 48 लोगों में कॉर्निया ट्रांसप्लांट के जरिए आंखों की रोशनी मिली। प्रिजर्व किए गए 12 हार्ट वॉल्व से हार्ट की बीमारी दूर करने में सफलता मिली। बावजूद दिल्ली सहित पूरे देश में अंगदान के प्रति लोगों में जागरूकता की भारी कमी है। यही वजह है कि रविवार को पीएम मोदी ने अपने 'मन की बात' कार्यक्रम में देशवासियों से अंगदान का अनुरोध किया। पीएम के अनुरोध से इसका व्यापक असर की उम्मीद जताई जा रही है। एम्स में अंगदान के मैनेजमेंट के लिए ऑर्गन रिट्रिवल बैंकिंग ऑर्गनाइजेशन (ORBO) पिछले कुछ समय से काफी एक्टिव है। एम्स ट्रॉमा सेंटर में भी इसके लिए डेडिकेटेड टीम बनाई गई है, जो ब्रेन डेथ की स्थिति में मरीजों के परिजनों की काउंसलिंग करते हैं। इसी का नतीजा है कि 2022 से एम्स ट्रॉमा सेंटर में अंगदान के



मामलों में बड़ा इजाफा हुआ है।

एम्स ट्रॉमा सेंटर से मिले डेटा के अनुसार 2022 में 15 अंगदान हुए। इससे एक साल में सबसे ज्यादा 49 लोगों को नई ज़िंदगी

मिली थी। अंगदान में मिली किडनियों से 30 लोगों की ज़िंदगी बचाई गई। वहीं, 12 लिवर मिले। तीन डोनर के लिवर डोनेशन के अनुसार सही नहीं पाए गए।

6 हार्ट ट्रांसप्लांट हुए। वहीं, एक मरीज का लेंस ट्रांसप्लांट कर उनकी ज़िंदगी बचाई गई। यह एम्स के इतिहास में पहला लेंस ट्रांसप्लांट था। इस दौरान 22 कॉर्निया और 7 हार्ट वॉल्व भी डोनेट किए गए।

2023 में 14 अंगदान में 45 लोगों को नई ज़िंदगी मिली। इनमें 25 किडनी, 11 लिवर, 7 हार्ट, 2 लेंस ट्रांसप्लांट कर जान बचाई गई। जबकि 22 कॉर्निया और 5 हार्ट वॉल्व से मरीजों की ज़िंदगी बेहतर करने में डॉक्टरों को सफलता मिली। इस साल जनवरी में पिछले दो दिनों के अंतराल में 3 डोनेशन हुए, जिसमें 10 लोगों को नई ज़िंदगी मिली। 6 किडनी, 3 लिवर, 1 हार्ट से 10 लोगों को जीवनदान मिला। इसके अलावा 4 कॉर्निया प्रिजर्व किया गया है, जिससे बाद में 4 लोग फिर से इस दुनिया को निहार पाएंगे।

इस बारे में एम्स ट्रॉमा सेंटर के चीफ डॉ. कामरान फारूकी ने कहा कि हमने काउंसलिंग बेहतर की है। पहले की तुलना में लोगों में भी अवयरनेस बढ़ी है। लोग अब इसे स्वीकार कर रहे हैं कि अंगदान में कोई दिक्कत नहीं है। इससे दूसरों की हेल्थ हो रही है।



# HERITAGE

## HERBAL MEDICINE

### ANAR (DADIM)

**Hindi-** Anar, **English** - Pomegranate, **Latin** - Punica Granatumlinn, **Sanskrit** - Dadim

**Brief Description** - Middle size; **Tree** - 10-15 feet; **Trunk**- Brown coloured smooth

**Branches**- Sparsely thorny; **Leaves** 2"-3" long, 1/2" -3/4" wide with both ends rounded and hanging. **Flowers**- Yellowish red, **Fruit** - Lemon like round 1/2" reddish long, **Seeds**- 3-6 in numbers flat & brown. Originated from **Iran, Afghanistan, Baluchistan**.

**Chemical Composition**- Each 100gm Fresh Anar Seeds **Contains Moisture (Water Content) 78%, Protein 1.6%, Fat 0.1%, Fiber 5.1%, Calcium 10%, Potassium 133 mg, Cu 0.2, S 12mg, Vitamin C 14 mg, B 1 -0.6, B 2 -0.10, Pectin 2-4%.**

**Ayurvedic Features** - **Gun** - Ruksh, Laghu, Tikshan **Ras**-Katu **Vipaak** - Katu, **Virya** - Ushn

#### Clinical Therapeutics

1. It is **Tridosh Nashak**
2. It is **Hridya** (Cardiac Tonic), **Raktalpta** (Anaemia)
3. Its Powder used as **Gandush** (Mouthwash) for **Mukhpak** (Oral Ulcers), **Vran Dhawan** (Wound Cleansing).
4. Orally Consumed for **Aruchi** (Anorexia), **Agnimandya** (Dyspepsia), **Amalpitta** (Hyperacidity/Gastritis), **Krimighan** (Anti-Helminthic) specially **Sfit krimi** (Tape worm).
5. Advised for **Mastishk durbalata** (Tonic for C.N.S. disorders), **Samanya Durbalta** (General Tonic).
6. Fruit as fresh juice or dry powder for **Vat Pattic Kas** (Dry cough with fever)
7. In conditions of **Shukra Durbalta** (For quality & quantity of Semen).
8. Advised as diet during **Jwar** (Common fevers).
9. In Conditions of **Mutra- Krich** (In Continence of Urine).
10. Ayurvedic drug of choice for **Pravahika** (Diarrhoea), Traveller's Diarrhoea.
11. Dose : Fruit Juice 22-50ml., **Churan** (Powder) 5-10gm., Yog, **Dadimaadi Churan**.

NEW & UNIQUE

# Rx Sleepnite™

Botanic Valerian **PLUS** 5 Proven Neuro-Nutrients

- **Ideal alternative for:**

- ✓ Insomnia
- ✓ Sleep Disturbances

- **Also useful for Insomnia caused by:**

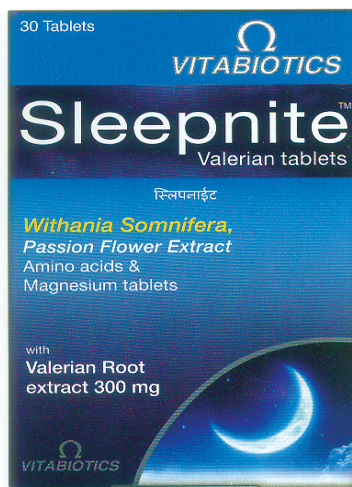
1. Mild Anxiety
2. Depression
3. Stress

**Each film coated tablet provides :**

Valerian Extract	300 mg
Ashwagandha Extract	250 mg
Elemental Magnesium	200 mg
Passion flower Extract	100 mg
Glycine	100 mg
L-Theanine	50 mg
L-Tryptophan	50 mg
Choline	10 mg

  
Britain's leading  
supplements  
for every stage of life

QUEEN'S AWARD  
  
4 TIMES  
WINNER



**DOSAGE :**  
One tablet daily after dinner

  
**MEYER**  
VITABIOTICS

Group Company of Vitabiotics in India  
Meyer Organics Pvt. Ltd. (ISO 9001 certified)  
A-303, Rd.No.32, Wagle Estate, Thane-Mumbai, INDIA  
email : [info@meyer.co.in](mailto:info@meyer.co.in) visit us on-[www.meyer.co.in](http://www.meyer.co.in)

  
**VITABIOTICS**  
SCIENCE OF HEALTHY LIVING  
LONDON - ENGLAND

  
50 YEARS  
OF RESEARCH  
IN VITAMIN RESEARCH  
SINCE 1971

  
FROM DR'S  
**No.1**  
VITAMIN  
COMPANY

  
MADE IN  
BRITAIN

QUEEN'S AWARD  
  
4 TIMES  
WINNER





**Dr.Aman Gupta**

M.Ch (Urology and Kidney transplantation)  
Consultant Urology, Andrology and Kidney transplantation,  
Fortis hospital, Vasant Kunj . Delhi  
9999449210

## MANAGEMENT OF URINARY FREQUENCY

Urinary frequency occurs when there is an increased need to urinate more often without a concomitant increase in the volume of urine. In most people the bladder is able to store urine until it is convenient to go to the toilet. Needing to go more than eight times a day or waking up in the night more than twice to go to the bathroom could mean excess fluid intake or it could signal a health problem.

### Causes of Frequent Urination

- Urinary Tract Infection
- Diabetes mellitus
- Diabetes insipidus
- Pregnancy: growing uterus places pressure on the bladder, causing frequent urination.
- Prostate enlargement: benign or malignant.
- Diuretics
- Stroke or other neurological diseases. Damage to nerves that supply the bladder can lead to problems with bladder function, including frequent and sudden urges to urinate.
- Artificial sweeteners, alcohol, caffeine and citrus foods
- Bladder Cancer
- Interstitial cystitis. This condition of unknown cause is characterized by pain in the bladder and pelvic region. Often, symptoms include an urgent and/or frequent need to urinate.

### Diagnosing the Cause of Frequent Urination

Perform a physical exam and take a medical history,

asking questions such as the following:

- Are you taking any medications?
- Are you experiencing other symptoms?
- Do you have the problem only during the day or also at night?
- Are you drinking more than usual?
- Is your urine darker or lighter than usual?
- Do you drink alcohol or caffeinated beverages?

The basic causes of urinary frequency can be divided into three groups:

- Polyuria when too much urine is being produced.
- Instability of the detrusor mechanism.
- Inability of the bladder to stretch.

### Increased Urinary Volume:

- Excessive Fluid Intake
- Use of Diuretics
- Diabetes Insipidus (Central)
- Diabetes Insipidus (Nephrogenic)
- Diabetes Mellitus (Type 1 or Type 2)
- Excessive Intake of a High Solute Load (Such As Mannitol Therapy in the Hospital, or Use of Radiocontrast Materials for Radiology Procedures)
- Salt Wasting Kidney Diseases (Such As Bartter Syndrome)

### Voiding Dysfunction

- Prostate enlargement-benign or malignant
- Neuropathy: diabetes, multiple sclerosis, Parkinson's Disease
- Interstitial Cystitis
- Urethral Strictures
- Urinary Tract Infections
- Psychological

**Evaluation****History:**

-Voiding diary: Ask the amounts of fluid consumed and voided to distinguish between urinary frequency and polyuria.

-Acuity of onset, presence or absence of irritative symptoms eg, irritation, urgency, dysuria

-Obstructive symptoms eg, hesitancy, poor flow, sensation of incomplete voiding, nocturia

-Fever, flank or groin pain, and hematuria (infection);

-Missed menses, breast swelling, and morning sickness (pregnancy)

-Past medical history: should ask about known causes, including prostate disease and previous pelvic radiation therapy or surgeries. Drugs and diet are reviewed for the use of agents that increase urine output (eg, diuretics, alcohol, caffeinated beverages).

**Interpretation of findings:**

- Dysuria suggests frequency is due to UTI or calculi.
- Weak urine stream, nocturia, or both suggests BPH.
- Urinary frequency in an otherwise healthy young patient may be due to excessive intake of alcohol or caffeinated beverages.
- Gross hematuria suggests UTI and calculi in younger patients and cancer in older patients.
- Frequency, weight loss, low grade fever, malaise suggests bladder tuberculosis

**Physical examination:**

Examination focuses on the genitourinary system.

- Any urethral discharge or any lesions consistent with sexually transmitted diseases are noted.
- Rectal examination in men should note the size and consistency of the prostate and rectal tone;

- Pelvic examination in women should note the presence of any cystocele.

- The costovertebral angle should be palpated for tenderness, and the abdominal examination should note the presence of any masses or suprapubic tenderness.

- Neurologic examination should test for lower-extremity weakness and loss of sensation.

**Investigations :**

- Voiding diary; which includes fluids consumed and urine output over 24 hours
- Urinalysis and culture: can detect infection, hematuria, diabetes
- Rule out diabetes
- Pregnancy testing as appropriate
- USG KUB with post void residual volume will diagnose prostate enlargement, bladder tumors, stone disease.
- Urine for ZN stain and urine for cytology may pick up genitourinary tuberculosis and bladder malignancy
- Cystoscopy, cystometry, and urethrography are required in cases where initial work up does not pick up the etiology

**Treatment**

Treatment varies by cause.

Fluid management: avoiding excessive intake of fluids, caffeine, tea, alcohol

Diagnose and treat underlying cause such as diabetes, UTI, prostate enlargement

**Key Points**

- UTI is the most common cause in children and women.
- Prostate disease is a common cause in men > 50 yr.
- Excessive intake of fluids or beverages can cause urinary frequency in healthy people.



**Hon. Member**  
Editorial Board

**Dr. Darshana**

Assistant Prof. Kayachikitsa Dept., Desh Bhagat  
University (B.A.M.S, M.D, Ph.D Kayachikitsa)  
Mandigobindgarh, District-Fatehgarh Sahib Punjab

## Herbs Useful In The Management Of Pratishyaya (Allergic Rhinitis)

### Introduction :

Pratishyaya basically is a **Vat-kaphaj** disorder arising from accumulation of vitiated Vat along with kapha-pitta-rakta in shiro pradesh & correlated with **Allergic Rhinitis** which is an inflammation of nasal membranes, characterized by watery nasal discharge, nasal obstruction, sneezing and nasal itching. Various herbs have been mentioned in Ayurveda to treat it. Acharya Sushrut have mentioned in detail about Pratishyaya, described five types of Pratishyaya among in 31 nasaroga . In eighth chapter-Rajyakshma chikitsadhyaya of Charak Chikitsa Sthana, Pratishyaya is given as a purvarupa and lakshana of Yakshma. In this chapter, samprapti as well as general treatment of Pinas (Pratishyaya) is described. In twenty sixth chapter , Trimarmiya chikitsadhyaya, nidana and pathya of Pratishyaya is given. Improper management or negligence can lead to lots of complications like **Badhriya** (Deafness), **Andhata** (Blindness), **Gandhanasha**, **Kasa** etc.

### Importance of Pratishyaya :

Pratishyaya is one of the important cause for all the other disease of nasal cavity and hence it is explained with priority in the **nasa rogas**. Pratishyaya is the only disease explained in Shalakya tantra which develops complication even before the sign and symptoms occur, hence if treated when the **purvaroops** are seen, the further pathology can be stopped.

**Etymology :** Prati + Shyeng + Gatav = Pratishyaya. The word Pratishyaya is derived from “Shyeng” Dhatu which refers to move, when this Dhatu is prefixed by “Prati” and suffixed by “Gatav”, the word Pratishyaya is formed.

**Definition:** The word Pratishyaya is derived from two words – “prati” and “shyaya”. Prati – against the direction & Shyaya – moving or flowing

### Nidan of Pratishyaya:

- 1.Sadyojanak nidaan
2. Kalantarajanak nidana
- 3.Aharaja - Mandagni , vishmashana , ajeerna , atijalapan after meal , ati guru Madhura sheeta ruksha anna sevan , atisheetambupaana
- 4.Viharaja - Vega sandharana, rajadhumarasevan atisambhasanam rituvaishmya shirasoabhitapam divasyanam atapa sevan, snan in ajirna
5. Manasik – Atikrodh

**Purvarupa :**According to Acharaya Sushruta Samprati of Pratishyaya, when vata, pitta, kapha singly or together as also rakta are accumulated in the region of the head and get vitiated due to several aggravating factors give rise to disease Pratishyaya . It has been stated by Sushruta, Madhava nidana and Bhavprakash have followed Sushruta in describing the purvarupa.

**Shirogurutvam** (heaviness in head)

**Kshvathu pravatanam** (sneezing)

**Angamarda** (bodyache)

**Parihristaromta** (generalised horripilation)  
**Samprapti :**

The disease process starts by the aggravation of Tridoshas by multifarious factors i.e., exogenic & endogenic. The proper functioning of dosha, agni, malas & balanced status of atma, mana and indriya bring about health, whereas disturbance of equilibrium leads to disease.

**Classification :**

Acharya Sushruta, Vagbhatta, Madhavakar, Bhava Mishra, Sharangadhara have described five types of Pratishyaya .Vataja, Pittaja ,Kaphaja, Sannipataja, Raktaja. Acharya Charaka and Kashyapa have not accepted Raktaja Pratishyaya . According to rasa ratna samuchaya, there are six types of Pratishyaya. Acharya Dalhana described two stages of Pratishyaya as Amavastha, Pakwavastha.

**Herbs useful in the management of Pratishyaya:**

**Haridra (Turmeric) :** Haridra is well known to mankind due to its dual action of prevention and cure of a number of ailments. It is commonly known as **Haldi**. Haridra is a major spice crop in India . It is a health protector, improves the body immunity. By regular use of Haridra, seasonal cold & cough, sore throat, skin diseases can be avoided, and after delivery, it can be applied with sesame oil in pain & swelling of joints. It removes toxins from blood and increases hemoglobin percentage thus cures Anaemia.

**Tulsi :** As per the traditional system of medicine, the entire tulsi plant including its leaves, stems, and flowers has medicinal properties. There are many different varieties of tulsi. To treat common cold, an infusion of tulsi leaves or fresh juice of the leaves can be consumed with honey. It can be used safely in all age groups. Its anti-inflammatory and antimicrobial

properties helps to relieve nasal inflammation and infection in common cold. Its immunomodulatory properties help inhibit the release of histamine, the chemical that triggers an allergic response, thus proving beneficial in allergic rhinitis.

**Ginger :** The juice of ginger or shunthi (dried ginger) is effective in relieving common cold. Adrak swaras (juice) taken with milk or sugarcane helps to mature the cold. Ginger juice having anti-inflammatory and anti-infective properties are very effective in treating common cold. Ginger causes excess pitta in the body, produces acid indigestion and can lead to pitta disorders in a person with pitta dosha; hence, it should be given with caution.

**Maricha:** Maricha reduces inflammation and congestion in common cold. It is used in its powdered form with honey or water. Maricha churna (powder) can be consumed with lukewarm water to reduce cold symptoms. It has antimicrobial and anti-inflammatory properties, which can be helpful in common cold.

**Vasa:** Many parts of the plant Adusa such as its leaves, roots, and flowers have medicinal properties. The fresh juice of Vasa leaves has an expectorant action. It also produces bronchodilation, thus relieving congestion. Vasakasav, made from its extract, is used in pittaja pratishyaya. Adusa should not be given to pregnant women as it can cause abortion.

**Ayurvedic Medicines / Classical Formulations for Allergic Rhinitis :**

*MahalaxmiVilas Rasa, Mrigshring Bhasm, Tribhuvankirti Rasa , Vyoshadi vati, Trikatu churna, Haridra khanda, Lavangadi vati, Rasonadi vati , Sitopaladi churna, Talisadi churna etc...*



**EXIDRIN®**  
Cough Relief With Natural Action  
**SUGAR FREE**

**Fortified with 6 Herbal Ingredients Including**

- Tulsi-Anti Tussive
- Vasaka Expectorant
- Saunth-Relieves Cough
- Yashtimadhu-Sore throat reliever
- Kulanjan Bronchodilator
- Pippali-Congestion reliever

**Non-Alcoholic**  
**Non-Addictive**  
**Non-Sedative**

**Formulated With Stevia**

**ARBRO PHARMACEUTICALS Pvt. Ltd.**

**Cough**  
“**We have the Cure!**”

**EXIDRIN®**  
Cough Relief With Natural Action  
**SUGAR FREE**

**100% HYPOALLERGENIC MEDICINE**

**Non-Alcoholic**  
**Non-Addictive**  
**Non-Sedative**

**Formulated With Stevia**

**एक्सेड्रिन**  
COUGH SYRUP

**एक्सेड्रिन**  
COUGH SYRUP  
100 ml.

# अंगदान—महादान—जीवनदान



**Late - Meena Mehta**, Admin. Head of New Greenfields School, Kalkaji, demonstrated selfless care for others through posthumous organ donation. **Her organs, including a kidney, hands, liver, and corneas**, provided new life and possibilities for recipients at Fortis Gurgaon and

**Sir Ganga Ram Hospital, Rajender Nagar, New Delhi.**

Sir Ganga Ram Hospital praised Mehta's compassion and selflessness in a statement.

The hospital also performed **North India's first bilateral hand transplantation**, successfully transplanting Mehta's hands to a patient named Rahul.

The surgical process, led by **Dr. Mahesh Mangal** and his team, delicately reattached various components to ensure seamless integration with Rahul's body.



**Emotional Tribute** Generally patients feel pride of their family physicians but late **Meena Mehta** made me proud.

**Hats off** **Dr. Mahesh Mangal, surgical team & Sir Gangaram Hospital** for successful surgical endeavor.

**- Dr. Dinesh Vasishth**

## Book Post

If Undelivered please return to :  
326, Sant Nagar, East Of Kailash  
New Delhi-110065

# With Best Compliments

## THE RELIABLE DRUGS, HERBALS

#326, SANT NAGAR, EAST OF KAILASH, NEW DELHI-110065, INDIA

Email : trdherbals@gmail.com

ALL MEDICINES AT 50% OF M.R.P. (INCLUSIVE ALL TAXES)

On WhatsApp 8368795324,

Share Address, Order (Minimum Six Bottles) & Payment

	<b>Composition</b> Each 500mg Capsule Contains Shothaghani (Boerhavia Diffusa) (Water Ext.) 150 mg Tiktshaak (Crataeva Nurvala) (Water Ext.) 150 mg Trikanak (Tribulus Terrestris) (Water Ext.) 150 mg Veervriksh (Terminalia Arjuna) (Water Ext.) 50 mg  <b>Bhavna</b> - Krimighna (Curcuma Longa), Joo (Barley) Amrittashtak Kwath (Sharangdhar Sanghita)  <b>Dose</b> : 1 Capsule 2-3 Times A Day For 3 Months  <b>Indications</b> : To Control Fever, Painful & Burning Conditions Of Kidney, Ureter, Bladder, Urethra, Prostate		<b>Composition</b> Each 500mg Capsule Contains <b>Shuddha Godanti Bhasma</b> 300mg <b>Laxmi Vilas Ras</b> 90mg <b>Satva Ashwagandha</b> 50mg <b>Satva Tagardi Kwath</b> 30mg <b>Satva Patoladi Kwath</b> 30mg  <b>Bhavna</b> Amrittashtak Kwath, Panchtikta Kwath Dashmool Kwath  <b>Dosage</b> 1 Capsule 2-3 Times A Day With Warm Water Or Milk For 3 Months  <b>Indications</b> : Acute or Chronic Headache From Anxiety, Stress, Disturbed Sleep, Sinusitis, Migraine, Menopause & Viral Fever
---	---	---	--

MRP. 240/- (30 caps.)

MRP. 180/- (30 caps.)

	<b>Composition</b> Each 500mg Tablet Contains Gandhak Rasayan 250 mg Raktsar (Acasia Catechu) (Water Ext.) 100 mg Beejak (Pterocarpus Marsupium) (Water Ext.) 75 mg Kilim (Cedrus - Deodara) (Water Ext.) 75 mg  <b>Bhavna</b> Mahamanjishthadi Kwath (Sh. S.) Patolaadi Kwath (Y. R.)  <b>Dose</b> 1 Tablet 2-3 Times A Day For 3 Months  <b>Indications</b> Remedy For Allergic, Inflammatory & Fungal Disorders e.g Bolls, Urticaria, Acne, Eczema, Hair Loss, Herpes, Psoriasis, Diabetic & Old Age Irritation.
--	---

MRP. 240/- (30 Tab.)

	<b>Composition</b> Each Capsule Contains Kutki (Picrorhiza Kurroa) (Water Ext.) 250mg Bhuaiama (Phyllanthus Niruri) (Water Ext.) 250mg  <b>Bhavna</b> Amia, Jo, Haldi, Neem, Amrita, Punarnawa  <b>Dose</b> 1 Capsule 2 Times After Meals For 3 Months  <b>Indications</b> For Controlling Hyper Acidity, Fatty-Liver, Constipation, Hepatitis A,B,C, Raised Cholesterol, Blood Sugar, Uric Acid & Body Weight (Obesity)		<b>Composition</b> Each 500mg Tablet Contains Asgandh (Withania Somnifera) (Water Ext.) 100mg Arjun (Terminalia Arjuna, Roxb) (Water Ext.) 100mg Adrak (Zingiber Officinale) (Water Ext.) 100mg Amrita (Tinospora Cordifolia) (Water Ext.) 100mg Ali Rasa Asparagus Racemosus (Water Ext.) 100mg  <b>Bhavna</b> Dashmool Qwath & Trifla Qwath  <b>Dose</b> Adult : 1 Tablet Twice A Day Children Above 10 Years : 1 Tablet Daily  <b>Indications</b> To Enhance Energy, Immunity For Physical, Mental & Psychological Well Being.
---	---	---	---

MRP. 210/- (30 caps.)

MRP. 240/- (30 caps.)