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*A Quarterly Magazine For
Medicine Reorientation*

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Editor's Desk

Dear Doctor,

Resuming post Covid-19 interaction with esteemed readers of Gurukul's C.M.E. Magazine gives immense pleasure.

The current issue comprises writeups from ayurvedic experts having tremendous expertise of pre-clinical & clinical knowledge.

Reminding the ancient procedure of blood letting (**Rakt- Mokshan**) as minimum invasive surgery is still relevant for therapeutic uses; Authentic & Practical use of Immuno-Modulators (**Rasayan**) for control of Covid-19 pandemic; role of calculated dosage for herbal decoction (**Kwath**) since earlier times; sincere effort of reviving ayurvedic surgery (**shalaya**) corresponding to modern medical surgery; control of I.B.S. (**Sanghrini**) by common ayurvedic herbs.

Besides age old method of urine examination (**Mutra-Prikshan**); need of rejuvenation through (**Rasayans**) today for life style diseases and control & cure of Swine Flu (**H1Ni**) by ayurvedic means.

Thanks.

With Regards

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

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Chintan!

JAGIYE !

Dear Doctor,

As you know Covid-19 viral pandemic has brought many unwanted & unhealthy changes to mankind the world-over.

But in India this menace was controlled by doctors of modern medicine at various hospitals; so hats off to them.

Simultaneously the healthcare was supplemented by traditional Ayush (ayurved) means.

For these promising results; lets have Chintan.

- 1. Since early covid-spread; trust and team leadership of Hon. Prime Minister, Ayush I/C Minister as well as physicians collectively brought the desired results.*
- 2. The importance of A.Y.U.S.H medicines and the practitioners were duly recognised not only in India but overseas too for promoting the respective systems.*
- 3. So had been the introduction of B.A.M.S / MD (Ayurved) as specialists of ayurved medicine.*
- 4. Now the question arises who other than us will keep our systems alive?*
- 5. How long the fight for right of modern practice will continue at the cost of our graduating studies.*
- 6. Let us ask the state governments to permit us for emergency alopahic medicines, analgesics, anti-pyretics along with some anti-biotics for running general private practice.*
- 7. Lets do justice to our selves & ayurved too.*

Shatt -Dhatu Ghrita

***Cow milk washed 100 times in copper vessal
used in various skin problems and as anti-aging***



HARDIK BADHAI



DR. D. C. Katoch Ji



*Director, Pharmacopoeia Commission of
Indian Medicine & Homeopathy
(A.Y.U.S.H.)*



*Pride Of Ayurved
Stalwart Of Community*





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Ayurvedic Bloodletting & Blood Donation - An Integrative Approach

In Ayurveda blood letting is advised as preventive and therapeutic measure. It is a part of Panchakarma=Penta Bio-Cleansing therapy, this is a minimal invasive para surgical procedure. This therapy is advocated with instruments and also without instruments through Leech=Bio-Apparatus application. Here we are concerned with Siravedha=Vein puncturing blood letting.

Blood is equated with life in Ayurveda, without blood there can not be any life; hence advised to protect the blood as it is vital.

“देहस्य रुधिरं मूलं रुधिरेणैव धार्यते

तस्माद्यत्नेन संरक्ष्य रक्तं जीव इति स्थितिः” सुश्रुत सुत्र १४/४४
जीवरक्तमिति जीवतुल्यं रक्तं। जीवशरीरे रक्तदर्शनात् मृतशरीरे च
अदर्शनात्॥ डल्हण

In selected bloodborne blood vitiated and surgical diseases the blood letting is advised like gout, eracepalesis, all body rashes, splenomegaly, different skin diseases etc.

सिरा व्यध चिकित्साद्धर्म शल्यतंत्रे प्रकीर्तितः। यथा प्रणिहितः
सम्यगबस्ती कायचिकित्सते। सु. श. ८/२२-२३

As a preventive measure particularly in periodic allergic diseases; the seasonal bloodletting is advised.

MOST FAVORABLE SEASON FOR RAKTAMOKSHAN

Raktamokshan therapy should be done when it is neither too warm nor too cold. **Sharad ritu** (autumn

season) is most suitable for this therapy i.e **21 September to 20 December**

व्यध्रे वर्षासु विध्येतु ग्रीष्मकाले तु शीतले। हेमन्तकाले मध्याह्ने।
व. सु. २७/४४-४५

व्यध्रे वर्षासु - In the monsoon- rainy season when the sky is clear devoid of clouds, bloodletting can be done. (Mid-July to Mid-September)

ग्रीष्मकाले तु शीतल- In summer season the bloodletting is to be done in the evening when the atmosphere is cool. (Mid-May to mid-July)

हेमन्तकाले मध्याह्ने- In the Hemant season the bloodletting is to be done in the afternoon. (Mid-November to mid-January)

In the present situation bloodletting can be done in any season as excellent suitable atmospheric conditions can be created.

How Far Blood Donation is scientific in Ayurveda?

Ayurveda is very rich in principles on which therapy and procedures are based.

सर्वदा सर्वभावनाम सामान्यं वृद्धिकारणम्। च. १/४४
सामान्यमेकत्वकरम्, विशेषस्तु पृथक्त्वकृतम्। तुल्यार्थता हि सामान्यं,
विशेषस्तु विपर्ययः॥ च. सु. १/४५

Adding, mixing or blending of similar material increases the volume and strength of whole similar material, in view of this principle the blood donation practices in Ayurveda are absolutely scientific.

In blood donation if the same like compatible group blood is administered in an indicated patient will increase the blood volume and strength in his body. Such blood donation is advised and an essential procedure in trauma or **major surgery** patients and also in **Thalassemia** patients.

In view of preventive bloodletting it can be safe and effectively integrates with blood donation. This “स्वार्थ आणि परमार्थ” two ways beneficial philanthropic practices may be initiated in all Ayurveda other medical institutes and should be a routine practiced.

Ayurveda is the first ancient health care science advising bloodletting for health benefits.

The prevalent western medical science has positively recommends blood donation for many health benefits based on research findings.

Benefits of Donating Blood

Lower Risk of Heart Disease

A 2013 study found that blood donation significantly lowered the mean total cholesterol and low-density lipoprotein cholesterol, protecting against cardiovascular disease. Researchers note this is consistent with findings in other studies which found that **blood donors had a lower risk of heart disease and heart attack. Donating blood regularly may also reduce iron stores.** This may actually be the primary mechanism by which bloodletting reduces the risk of heart attack. High iron levels encourage the formation of a free-radical form of cholesterol (via lipid peroxidation) that can damage arteries. As a side note, I'm not convinced that reducing total cholesterol or LDL themselves protects against heart disease, but high body iron **stores are definitely linked to increased risk of heart attack.** By the way, this is likely the reason that actively menstruating women have a lower incidence of and lower mortality from coronary heart disease compared with men of the same age or with postmenopausal women.

[https://www.ncbi.nlm.nih.gov/pmc/articles/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3663474/)

[PMC3663474 /](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3663474/)

Blood donation is good for your health. It reduces the amount of iron in the body and reduces the risk of heart disease. According to studies published in the American Journal of Epidemiology, blood donors are 88% less likely to suffer a heart attack. This is simply because when someone gives blood, iron is being removed from their system, which can significantly cut the risk of heart disease.

Lower Incidence of Cancer and Lower Overall Mortality

A 2013 study found a small decrease in the risk of certain cancers in people who donated blood.

These included cancers that are linked to high iron levels, including subtypes of the following:

- Liver cancer
- Colon cancer
- Lung cancer
- Esophageal cancer
- Stomach cancer

<https://www.hindawi.com/journals/jce/2013/814842/>

Lower Inflammatory Markers and Increased Antioxidant Capacity

A 2016 study found statistically significant lower pentraxin-3 and highly-sensitive C-reactive protein levels and higher superoxide dismutase activity and nitric oxide level 24 h after blood donation in serum of blood donor when compared with before blood donation.

<https://www.degruyter.com/view/j/jbcpp.2016.27.issue-6/jbcpp-2015-0111/jbcpp-2015-0111.xml>

Treatment of Metabolic Syndrome (METS)

Metabolic syndrome (METS) is a common but poorly understood clinical condition characterized by insulin resistance, glucose intolerance,

dyslipidemia, hypertension, and obesity associated with increased oxidative stress catalyzed by excess iron stores. A randomized controlled 2012 study showed that bloodletting and reduction of iron stores significantly lowered BP and resulted in improvements in markers of cardiovascular risk and serum blood sugar in METS patients.

<https://bmcmmedicine.biomedcentral.com/articles/10.1186/1741-7015-10-54>

Activation of Immune Cell Production From Bone Marrow Hematopoietic Stem Cells

Normal, healthy immune function depends on the life-long production of all the different types of blood cell lineages, i.e., red cells, platelets, and white cells, the latter including both myeloid and lymphoid cells. Recent research reveals that blood loss stimulates hematopoietic stem cells

in the bone marrow to increase production of all cell lines through an intricate and finely balanced homeostatic signaling feedback mechanism.

[https://www.cell.com/cell-stem-cell/fulltext/S1934-5909\(18\)30221-2?_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS1934590918302212%3Fshowall%3Dtrue](https://www.cell.com/cell-stem-cell/fulltext/S1934-5909(18)30221-2?_returnURL=https%3A%2F%2Flinkinghub.elsevier.com%2Fretrieve%2Fpii%2FS1934590918302212%3Fshowall%3Dtrue)

This is just a very small sampling of the emerging knowledge regarding the health benefits of blood donation and bloodletting. Although this current research is compelling, the association between donating blood and reduced risk of disease needs to be confirmed with more prospective research studies. **In the end, modern science will eventually prove to its satisfaction what the ancient Ayurvedic physicians have known for centuries.**



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ROLE OF AYURVEDA RASAYANA FORMULATIONS FOR IMMUNOMODULATION IN COVID-19 SCENARIO

INTRODUCTION:

As the world scrambles to find a cure for Covid-19, health experts have suggested boosting the body's immune system may help minimize the effects and hasten the recovery from the disease. The AYUSH ministry's protocol outlined measures to build a robust immune system.

Ayurvedic herbs also help increase the production of interferons (proteins) and antibodies to generate an immune response against viruses and increase the rate of phagocytosis to destroy microorganisms, thus, increasing immunity from containing viral infections, said former CSIR scientist A K S Rawat. However, Ayurveda can offer much more than that. Ayurveda can offer an entire **prophylactic and therapeutic approach including immune boosting, antiviral, antipyretic and other symptomatic approaches. Research and therapeutic** strategies for COVID-19 have focused on agents to attack the virus or immunize against it. This leaves aside the consideration of the host—one of the most important factors in disease dynamics. Ayurveda pays particular attention to the host and recommends measures for a healthy lifestyle rather than the mere prescription of medicine. CharakaSamhita, the classic of Ayurveda, describes epidemic management and defines immunity as the ability to prevent disease and arrest its progress to maintain homeostasis.

CONCEPT OF IMMUNITY IN AYURVEDA

The concept of building strength of mind and body to cope with various stressors, including infection, is a cornerstone of Ayurveda practice. Similar to innate and acquired immunity, the Ayurveda concept of immunity (**Bala or strength**) is classified as natural (**Sahaja**), chronobiologic (**Kalaja**), and acquired (**Yuktikrut**). The holistic approach of Ayurveda toward promoting health (**Swasthavritta**) includes personalized interventions based on host and environmental factors.

SUGGESTED INTERVENTIONS

The interventions include therapeutic cleansing procedures (known as Panchakarma) and certain immunomodulators (known as Rasayana). Local and systemic interventions to boost the immune system have been advocated to manage respiratory illnesses. The choice of specific Ayurveda therapeutic agents and practices is based on certain individual genetic characteristics known as DoshaPrakriti types (Vata, Pitta, and Kapha).

POSSIBLE MECHANISM OF ACTION OF RASAYANADRUGS IN MODERN SCENARIO:

- 1. Anti-oxidant action**
- 2. Immuno modulatory action**
- 3. Haemopoetic action**
- 4. Adaptogenic action**

5. **Anti-aging action**
6. **Anabolic action**
7. **Nutritive function**
8. **Neuroprotective action**

RASAYANAS AS IMMUNOMODULATORS

Due to its effects on improving immunity, Rasayana therapy may have direct relevance to the prophylaxis and management of SARSCOV-2 infection. The botanicals used in Rasayana therapy have been found to be effective in immunomodulation and restoration of immune haemostasis. Shi et al. described the immune response to SARS-COV-2 infection in two phases. The first protective phase of adaptive immune response in the host that may eliminate the virus in a large proportion of subjects. In relatively few cases, the viral infection progresses, causing intense release of pro-inflammatory cytokines (cytokine storm). The cytokine storm results in severe inflammation, leading to lung damage and co-attendant multi-organ failure. Thus, although antivirals are important, a robust and well-contained immune response to maintain immune homeostasis will be critical for good recovery and reduced mortality. This requires a favorable Th1/Th2 cytokine balance.

RASAYANA DRAVYAS

I. SINGLE HERBS

II. POLYHERBAL FORMULATIONS

I. IMMUNOMODULATOR SINGLE HERBS:

1. **ASHWAGANDHA**
2. **GUDUCHI**
3. **AMALAKI**
4. **YASHTIMADHU**
5. **PIPPALI**

1.Ashvagandha (Withaniasomnifera)
ASHWAGANDHA- A POTENT CANDIDATE:
Several in vitro, animal, and clinical studies over the last two decades have been carried out

on Ashwagandha to demonstrate primarily the immunomodulatory and antioxidant effects of Ashwagandha. The selective Th1 up-regulation by aqueous extract of Ashwagandha roots has been shown in a mice model. Ashwagandha aqueous extract has a broad-spectrum dose-dependent role in immune homeostasis. According to GirishTillu et.al. based on available data, it is suggested that when used appropriately, Ashwagandha may be effective in improving host immunity through the modulation of key targets relevant to COVID-19. They have demonstrated the clinical effects of Ashwagandha containing Ayurvedic formulation to be equivalent to HCQ in a RCT for **treating rheumatoid arthritis**. Therefore it is suggested that selected Ashwagandha formulations may be effective as a prophylactic and adjunct treatment of COVID-19. **Ashwagandha might be a better and safer alternative to disease-modifying drugs such as HCQ.**

2. Guduchi (Tinosporacordifolia): The significant actions of Guduchi include promoting Bala (**cellular and humoral immunity**), Agnideepana, cures fever, eliminates Ama (**metabolic wastes and toxins**), skin diseases, Upper respiratory tract infections, gout etc. .T. cordifolia can be used as immunomodulator for activation of macrophages in bacterial infection (More P et.al.). In a study fresh juice extract of Guduchi was evaluated for its **immunomodulatory and antioxidant activity**. The antioxidant activity of the same was evaluated against free radicals whereas immunomodulatory activity was carried out in cyclophosphamide induced immune-suppressed Swiss albino mice. Haemagglutination test was used to assess their effects on humoral response. It showed in vitro antioxidant activities. Similar effects were observed in total antioxidant activity against DPPH radical, reducing power and NO radical. It stimulated the humoral immune response. Increased haemagglutination inhibition was observed (Athar Hussain et.al.). Cordifolioside A and syringin have been reported to possess immunomodulatory activity. Other five compounds showed significant enhancement in phagocytic activity and increase in

2. KUSHMANDA VALEHA: Rasayana, Balya, Vrishya, Brimhana, Urah Sandhanakara

Kushmanda (Benincasa hispida) is Anti oxidant, anti inflammatory, Anxiolytic, Antipyretic and antinociceptive

3. ASHVAGANDHA LEHA: Acts as Rasayana, Vrishya, immunomodulatory, antioxidant, adaptogenic, aphrodisiac, anabolic and anodyne.

4. AGASTYA RASAYANA (SYSTEM SPECIFIC): It is Naimittikarasyana in Tamaka Shwasa, acts as Rasayana, Nutraceutical, Immunomodulatory. Hydrolysable tannins of T. Chebula – acts as anti mutagenicity in Salmonella typhimurium

5. VYAGHRI HARITAKI (SYSTEM SPECIFIC): Vyaghriharitaki is an ayurvedic preparation for cough, cold, coryza, breathlessness, etc. The pharmacological actions of the formulation and its

constituents are largely supported by experimental evidence. It possesses immunomodulatory, antitussive, expectorant and bronchodilator effects [Deepshikha et al : Vyaghriharitaki: A Drug Overview, International Journal of Applied Ayurved Research, VOLUME II ISSUE IV NOV-DEC 2015, 485-491]

CONCLUSION:

Use of both general and specific Rasayana herbs and formulations judiciously will certainly help in enhancing the immunity of an individual. This will help to combat COVID 19 infection. Better immunity helps in speedy recovery of COVID positive individuals. Herbs and formulations having immunomodulatory, antipyretic and antiviral properties are to be further investigated and used for prophylaxis and also as add on therapy in COVID 19 infections.

श्रद्धाजंलि



Dr. P. N. Vatsyayana
DOD : 30/12/2020



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Review On Ayurvedic Dosage Forms w.s.r. To Kwatha Kalpana (Herbal Decoction)

Aushadhi Kalpana (Ayurvedic Herbal Pharmaceutics) endorses the five fundamental dosage forms, namely, **Swarasa** (Fresh juice), **Kalka** (Herbal paste), **Kwatha** (Herbal decoction), **Hima** (Cold water infusion), and **Phant** (Hot water infusion). Among them, Kwatha (Herbal decoction) is the most significant and widely used dosage form in Ayurvedic pharmaceutics. In Ayurvedic literatures, '**Saviryata avadhi**' (Self life period) term is mentioned in context of the time period during which the Virya (potency) of any drug remains unaffected. As per **Shangdhara Samhita** (Ayurvedic classical text) the Kwatha, Kalka and Swarasa are remain stable for up to one Prahara (3 hrs).

Key words: Kwatha Kalpana, shelf life, Aushadhi Kalpana, Ayurvedic doses.

Introduction:

Ayurvedic Preparations (Kalpana) is mainly divided into two parts viz. **Ahara Kalpana** (Dietic Preparation) and **Aushadha Kalpana** (Medicine Preparations). **Panchvidha Kashaya Kalpanas** are five basic preparations of Ayurvedic pharmacy. **Panchvidha** means five categories i.e. **Swarasa, Kalka, Kwatha, Hima and Phanta**. The Kwatha is one of the most popular liquid dosage forms and it third amongst the five basic Kalpanas. It is widely used **therapeutically** as well as pharmaceutically. Although a clear description. Is not available in **Vedic literature** but detailed description is present in all Samhitas regarding its preparation, amount of water, reduction in volume of liquid etc. According

to need.

Definition:

Kwatha is one of the medicinal preparations in which the coarsely powdered medicinal drug is boiled in specific amount of water until residual portion of liquid is reduced to the required quantity of the entire matter and is filtered. The filtered liquids termed as "**Kwatha**". According to Acharya Charaka, the extraction of water soluble substances (Transfer of mass) by boiling is known as Srita.

Synonyms: Srita, Kashaya, Kwatha and Niryuha

Ratio of drug and water:

Different Acharyas mentioned different opinion regarding the ratio of water and drug in different Samhitas. In Sharangdhara Samhita, Acharya has mentioned different ratios of water and drug particularly for Sneha Kalpana. It can be categorized into two parts:

1. On the basis of drug's hardness:

The ratio of drug and water with reference to its hardness

Hardness of Drug	Quantity of Water	Reduced up to
Mridu	4 times	1/4
Kathina	8 times	1/4
Madhyam	8 times	1/4

Ati Kathina 16 times 1/4

2. On the basis of drug's quantity:

Table No. 2: The ratio of drug and water with reference to its quantity;

Sr. No	Quantity of Kwatha Dravya	Quantity of water
1.	1 Masha to 1 Pala	16 times of water
2.	Above 1 Pala upto 1 Kudava	8times of water
3.	Above 1 Kudava upto 1 Prastha	times of water
4	Above 1 Prastha upto 1 Khari	4 times of water

Like this, water ratio should be decided by the quality and quantity of the drug. If the water is added less than its proper measurement it will burn up earlier and essential standards of Kwatha will not be maintained. Such Kwatha becomes poor in qualities.

Dose of Kwatha (Matra)

- According to Acharya **Sharangadhara**,
1) 2 palas (8 tolas) (96ml)
2) 1 pala is the Madhyama matra.
- According to Acharya **Bhavaprakasa**
Uttama – 1pala (48ml); Madhyama - 3karsha (36ml); Adhama - 2karsha (24ml)
- According to Acharya **Yadavji** - 1 pala (4 tola)
- According to Acharya **Vangasena** and Acharya Vrinda Madhava - 4 pala[8]

Prakshepa Dravyas:

Prakshepa dravyas added to Kwatha increase **palatability & therapeutic efficacy**.

Table No. 3: Quantities of various Prakshepa dravyas as mentioned by different scholars;

Sr. No.	Acharya	Prakshepa Dravya	Matra (Ratio / Quantity)	Vyadhi
1	Charaka	Kshira, Ghrita, Guda, Taila, Gomutra, Churna, Guggulu, Drava, Kalka etc.	1 Karsha (each)	Asdirected by Physician.
2	Sharangdhara ^[9]	Madhu	1/16 th Part of Kwatha 1/8 th Part of Kwatha 1/4 th Part of Kwatha	Vataja Pittaja Kaphaja
		Sharakara	1/16 th Part of Kwatha 1/8 th Part of Kwatha 1/4 th Part of Kwatha	Kaphaja Pittaja Vataja
		Jiraka, Guggulu, Kshara, Lavana, Shilajatu, Hingu, Trikatu	1 Shana (Masha = 4g)	Asdirected by Physician
		Kshira, Ghrita, Guda, Taila, Mutra, Churna etc.	1 Karsha (each) (12g)	Asdirected by Physician
	Kashyapa ^[10]	Guda, Kshira, Sita Hingu, Saindhava	1 karsha each 1 masha each	Asdirected by Physician

Time of administration : Generally when the time of administration of kashaya is not told, the kashaya should be taken in the **morning**.

Shelf life: Ayurvedic Formulary of India (AFI) also has specified some time period during which the formulation retains its efficacy. The longer stability in recent dosage forms is naturally the gift of the present packaging technology which was not much more developed in the ancient time.

Discussion:

A major part of therapeutic preparations mentioned in the ancient texts are in the form of **kashayas** which are in daily practice. Kashayas are widely used as **bhavana dravya** in many of drug purifications. Kashaya's are indicated as anupana in many conditions. The potency of **panchavidha kashayas** are in increasing order from **phanta** to **swarasa**.

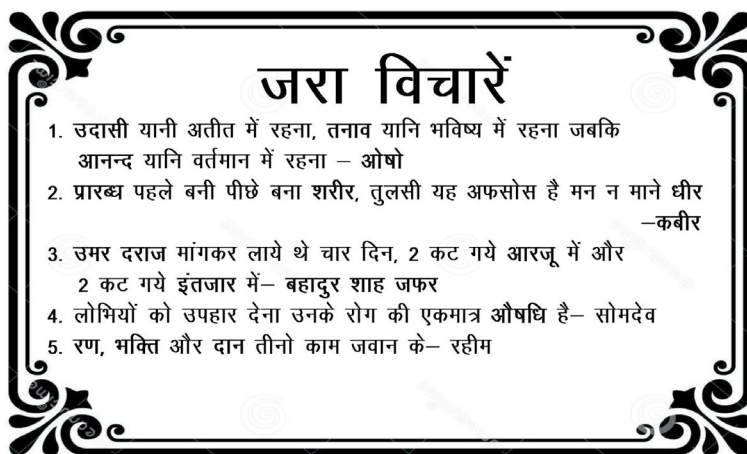
Kwatha, Sheetha and phanta kashayas were rapidly absorbed and onset of action was found to be quick. These kashayas were prepared from single drugs or from a group of drugs. Therefore **kwatha kalpana** has more importance in clinical practice.

Conclusion:

Kwata are one among pancha vidha kashaya kalpana. Kashayas are prepared in aqueous media and this decreases the stability of the product. Kwatha remains stable for up to one Prahar (3 hrs). So for a good result freshly prepared Kwatha should be used to get intended efficacy.

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How To Transform Modern Surgery To Ayurvedic Surgery

Introduction :

Topic of this paper seems quite confusing in the first look. But it is relevant and quite important for those who specialize in **Shalya/ Shalakya** Tantra facing a number of odd questions like what kind of surgery do you perform besides how the Ayurvedic surgery is different from the conventional surgery. Unfortunately most of us have no convincing answer to those typical questions – thanks to our Ayurvedic knowledge, belief in the actions of Ayurvedic medicines, experience, education and confidence. However, where it is not possible to operate without a local or general anaesthesia. It is definitely possible to perform surgery by adopting many Ayurvedic ways – thus changing the conventional surgery to Ayurvedic surgery with of Ayurvedic medicines.

Discussion:

Any surgery whether conventional or Ayurvedic comprises three cardinal stages : **Preoperative, Operative and Post-Operative.**

1. Pre-operative :

(i) Primary Examination & treatment:

This stage includes physical examination and a number of pathological tests where we can find a few abnormalities like high BP, Diabetes mellitus, Anemia, and some changes in LFT and KFT in routine which needs immediate attention and treatment before we jump to Operative stage. Generally, all these problems are treated by allopathic medicines. And right from here we can

introduce Ayurvedic medicines to change the face of Surgery to Ayurvedic surgery. **Arjun, Vacha, Jatamansi, Akik, Praval, Mukta, Sarpgandha, Jaharmohra** are known to control hypertension in various combinations. Same way there's a big group of medicines based on **Gudmaar, Jamun, Karela, Neem**, etc. to lower the raised blood sugar levels. Anaemia can be treated with many formulations based on Loh and Mandur with ease. There can be no better drugs than Ayurvedic to cure liver problems comprising Katuki, Triphla, Kalmegh and Bhumiamlaki just to name a few. Trinpanchmool quath, Chandraprabhavati, Gokshuradi Gugglu and Varunadi quath are the drugs of choice to treat simple to complicated UTIs. Please use them with confidence and I'm sure you'll never look towards allopathic medicines for treating the above most common diseases before you apply the knife over the patient in OT.

(ii) Premedication: Before any operation it's mandatory to give a sedative like Phenergan or Diazepam and atropine to reduce the secretions of the body. Replace them by introducing **Sarpgandha** and a dose of **Nimbadi Churn + Shudh Gandhak + Rasmanikya**. This is highly effective as antibiotic, antiviral and a potent Shoshak agent achieving far better results than atropine as drying agent and Phenergan as sedative.

(iii) Instead of fumigating your **OT with formaline**, instruct your support staff to fumigate the OT with **Dhoopan Karma** as told in Ayurveda. You will not be disappointed.

2. Operative :

(i) Since ages surgical instruments are the same so we cannot label them as allopathic or ayurvedic if you have gone through the details of surgical instruments described in ayurveda as **20 shastras** ie; **sharp instruments** and 101 yantras ie; various **blunt instruments** like forceps, probes and scopes. So nothing to bother about them.

(ii) Sushruta samhita's description of Ashtvidh Shastra Karma covers most of the surgical techniques. So they are eternal and cannot be differentiated as allopathic or ayurvedic.

(iii) There can be no alternative to sewing materials and suturing techniques.

(iv) Now what you can replace in OT is the use of Savlon, Spirit, Dettol like antiseptics for cleaning the operative area with **Triphla quath, Nimbpatra quath, Dashmool quath, or simple solution of Fitkari**; alum with full confidence.

(v) For dressing replace Betadine oint with Jatyadi oil, **Vrinrakshas oil, Kshar oil** as per your requirement.

3. Post-operative Management:

Post operative management generally requires the following medicines and procedures:

(i) **Antibiotics** : No sooner the operation is over we prescribe an antibiotic to the patient. For first two or three days we prefer an IV solution of any selected antibiotic or till the patient start taking orally. Thereafter we give oral antibiotics. I suggest you introduce Ayurvedic formulation which has the same effect as an antibiotic as soon as the patient is comfortable with oral ingestion as under:

Nimbadi Churn + Shudh Gandhak + Praval Pishti + Ras Manikya

Kaishor Gugglu. Gandhak Rasayan.

(ii) **Anti -Pyrectis** : When a patient reports fever post surgery, if able to take something orally then

we can rely upon **Godanti Mishran** tabs in low grade fever and may add **Brahmi vati** with Gold in high fever. I assure you to get very good results immediately. Thus you can replace the use of Paracetamol or Voveran etc.

(iii) **Anti-inflammatory** : Use Dashmool quath, **Dashmooladi gugglu, Yograj Gugglu**, or any other Gugglu preparation you think appropriate for the patient at that time.

(iv) **Dressings** : As stated above, start using **Jatyadi Taila, Kshar Taila, Yashad Malhar or Vrin Rakshas Taila** as per the requirement taking the condition of the wound into consideration. Thus you can replace Betadine oint for dressing making it an **Ayurvedic dressing**.

(v) **Restoratives**: Prescribe any preparation containing Ashwagandha, Bala adding Loh Bhasm and Navjeevan Ras.

(vi) Antihypertensive and Antidiabetic drugs may be introduced as stated above when required.

(vii) **Miscellaneous drugs** : Ayurveda has wonderful formulations as appetizers, liver tonics, diuretics, and laxatives. Use them in place of allopathic drugs which instantly come to your mind. Hold on and think any Ayurvedic medicine you can give in place of allopathic medicines.

Conclusion :

By above discussion we can conclude that as far as surgery is concerned we can replace almost 90% allopathic medicines with Ayurvedic ones and proclaim our surgery as Ayurvedic Surgery keeping the technique undisputed as explained in our texts.

Note : I deliberately have not mentioned the doses of the Ayurvedic drugs mentioned above and request the consultant to decide themselves as per the rules given in our texts.

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Mutra Pariksha – An Ancient Ayurvedic Method Of Urine Examination

ABSTRACT:

Mutra is important waste product of the body and its examination yields valuable information for the diagnosis and prognosis of the diseases. Ayurveda consider mutra as mala of Ahara. **Mutrapariksha – Tailabindupariksha** is a diagnostic tool of urine examination developed by the medieval ayurvedic scholars.

KEY WORDS: MutraPariksha, Tailabindu, Urine, Diagnosis, Prognosis.

INTRODUCTION:

Mutra is the important waste product of the body for determination of Health. Mutrapariksha has been given special attention in some texts like **Yogaratanakara, Basavarajiyam, Chikitsasara** etc. Ayurveda explains the concept of formation of Mutra as an outcome of the digested food and the seat of its production is **Pakvashaya**. The food is stated to be separated in to two parts as **sarabhaga** and **kittabhaga**. The kitta is comprises of solid and liquids. The liquid portion which is absorbed, circulated and finally carried to Vikras eliminated from the body as Mutra. Examination of color, appearance, consistency of such produced Mutra special technique was developed to diagnose the disease condition by Ayurveda scholars.

Collection of Mutra:

The patient in early morning around 5 clock should collect the urine sample either in a clean oval shaped open earthen pot or clean vessel. This should be

maintained stable condition, clearly and carefully examined during sunrise.

Examination method of Mutra:

- 1) **Darshana** – Examination for determining the Varna (color), sandrata (constience), samyoga (Admixture) and Tailabindugati (spread of oil drop poured in urine).
- 2) **Sparsana** – The examiner dips finger in to the specimen to detect qualities like Sita (cold), ushna (hot), Snigdha (greasy), Pichila (slimmy).
- 3) **Gandha** – The normal and abnormal smell of the urine to be examined.
- 4) **Rasana** – It is usually not done directly. In ancient times the physicians used to observe the swarming of flies, ants and other insects to the urine pot or the place where the patient has urinated.
- 5) Tailabindupariksha (Examination of Oil Drop)

Vaivarnya of Mutra (Discoloration of Urine)

1. Sweta Udakameha, Manasikaudwega, Atijalapana, Vatavyadhis, Yoshapasmara.
2. Pita/ Haridra Pitta vruddi, Jwara, Kamala, Pittajaprimeha like haridrameha, Amavata, Raktapitta
3. Shukla Kaphajaprimeha such as pistameha, siktameha, majjaroga.
4. Krsna Sannipatajwara, vruckasopha, kalameha
5. Kala harita Raktajarogas, Arista lakshana

GandhaVikruti

1. Nirgandha	Udakameha
2. Amla gandha	Nilameha
3. Madhugandha	Madhumeha
4. V isra gandha	Medakshaya, Prameha
5. Basta gandha	Ashmaripurvarupa
6. Puti gandha	Ashmari, vrukkaroga
7. Madhura gandha	Arista Lakshana

Sparshagunas:

1. Sita	Kaphavruddi, Kaphajaprameha, Arista lakshana
2. Ushna	Pitta vruddi, Pittajaprameha, Tikshnavagajwara
3. Snigdha	Kaphavruddi, Udararoga
4. Ruksha	Vatavruddi, Ksaudrameha

Tailabindu Pariksha:

This is the method of urine examination which is claimed to be of great value in determining the condition of the doshas, diagnosis and prognosis of the diseases.

Procedure:

A small quantity of urine is taken in a broad glass vessel and kept undisturbed in a place free from breeze and other kinds of disturbing factors. A moderate sized drop of **Tilataila** is taken with a stick and allowed to fall on the surface of the urine from a height of **two to three inches**, gently without disturbing the urine. The fate of the oil drop is carefully observed for its spread and assuming different shapes etc.

Observations:

Gati(Mode of spread)	Akruti(Shape)	Condition
1. Floats like a boat	Resembles a snake length wise	Vatavruddi
2. Bubbles appear , spilt in to small drops	Assumes the shape of umbrella or ring	Pitta vruddi
3. Stays like pearl	Resembles like seive	Kaphavruddi
4. No spread at all	Sinks	Sannipatajavruddi
5. South ward spread	Resembles a man with two heads	Bhutadosha
6. Slow or rapid spread towards East , West or North	Resembles lotus flower, jasmine, conch, swan, gaja, vrushaba	SadhyaLakshana
7. Spreads towards Dakshina , agneya, nairutya, vayavya, ishanya	Sinks in urine , moves without spreading	AsadhyaLakshana

CONCLUSION:

In today's modern medical practices, there is plethora of urin (Mutra) diagnostic procedures available. These act as an added financial burden to the patients. Mutrapariksha which is mentioned by Ayurveda Scholars will not only prove economical, but also is a time tested positive and scientific proven method. More in depth study needed to be done to standardize the procedure and make it more scientifically acceptable.

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DHROHAR

HERBAL - MEDICINE

SAHANJAN

Hindi Sahanjan;
Latin Moringa Oleifera;

English Drum Stick
Sanskrit Shigru

Brief Description - Widely available **Tree** of 20'-25' feet in height.

Leaves - 1-2 feet long with 6-9 pairs of leaflets, **Flowers**- Bluish White in bouchet, **Fruits**- 6"-18" brownish, **Seeds**- Traingular, bitter in phalia used as vegetable. **Flowers**- 2 type of white (Katu Shigru) commonly available & red (mridu) is rare.

Ayurvedic Features

Gunn - Laghu, Ruksh, Tikshan; **Rass**- Katu

Vipaak - Katu, **Virya** - Ushn;

Chemical Composition - Alkaloid in root called **moringine** & sub alkaloid called **pterygo-spermin** as an antibiotic because it inhibits the growth of bacteria & fungle organisms.

Clinical Therapeutics

1. Used in **Kaph - Vat** disorders.
2. Locally as **Poultice** of mool (**root**) & twak (**stembark**) over boils and carbuncles, nasal in halation of seeds powder for headache (**shirah-shool**), oil from seeds for rheumatism (**aam-vat**) & arthritis (**sandhi-vaat**).
3. Anti Helminthic (**Krimighan**), Abdominal Colic (**shool**), Flatulance (**gulm**), Dyspepsia (**agnimandya**).
4. Cardiac tonic for (**hridorblya**).
5. For Nurological disorders (**nadi dorblya**) e.g. Bells palsy (**ardit**) & Hemiplegia (**pakshaghat**).
6. For Skin disorders given in the form of **phant**.
7. For Dysmenorrhoea & Crypto-Menorria (**kashtartva**).
8. For over weight & obesity (**medohar**).
9. As general tonic (**during convalescence**).
10. Seeds powder for **anjan**.

NASYA

Cleans & Lubricate Both Nostrils With Oils Of
Shadh Bindu, Til, Nariyal, Sarnso, Cow - Ghee Twice A Day
To Check Pollution Effects Of **Smoke, Smog & Corona Virus**.



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ROLE OF AYURVEDA ON CORONA

Corona has created havoc in our life in such a brutal manner that each & every person's life has been affected w.r.t. physically, mentally, emotionally, economically & socially also. No medical pathy has claimed solid proof that specific medicine can conquer this pandemic.

Now our prime motive is to raise our immunity so that virulence load may not be able to raise its esteem.

In order to raise immunity, we will have to raise our health status.

Health is dependent on following factors :-

- a) **Food** b) **Exercise**, c) **Stress**
- d) **Sedentary / Active life style**
- e) **Genetic Factors**, f) **Rejuvenation therapies**
- g) **Addictions**
- h) Exposure to free radicals like Pesticides, pollution, antigen, virus, bacteria.
- i) Intake of clean water
- j) Following the routines pertaining to Ritu charya & Din charya

Immune modulators measures :-

- Waking up early in **Brahma mahurat** i.e. b/w 4 a.m to 5 a.m. thus acting as immunomodulator.

- **Application of saliva** over eyes as saliva besides correcting refractive errors also possess antiviral properties which is essential to combat every viral infections.
- **Intake of Luke warm water with tulsi arka**
- sip by sip
- per thirst level (not fixed)
- without rinsing your oral cavity
- sitting posture
- As intake of saliva along with water will enhance the antiviral media all over the gastro-intestinal tract which is essential for the maintenance of Agni.
- **Going to washroom** for bowel evacuation as lukewarm water will create gastro-colic reflex which will be helpful for constipation also.
- **Go for morning walk....** 10,000 steps or 45 minutes or as per individual stamina.
- **Morning walk** is done for regulation of heartbeats.
- **Pranayam is done** for the sake of raising lungs tidal volume.
- **Meditation is essential** for enhancing the mental acuties.

- Exercise raises the tonicity of muscles.

Nasya Karma :-

Instillation of Anu tail / mustard oil in both nostrils as it creates the pH of nasal mucosa into alkaline which cuts down the acidic pH of any virus like corona.

Gandush Dharan :-

Keeping til oil =20-30ml over oral cavity for few minutes raises the pH into alkaline thus neutralize the acidic pH of corona.

Abyhangam :-

“Abhyangam acharet nityam sah

Jara shram vatah sunidra sutwak dadim kritah...”

Abhyangam, not only raises physical standards, mental acuties but feel good factor also.

Food items :-

- Quality :- Nutritive, wholesome & congenial
- Quantity:- Two parts solid , One part liquid , One part vacant
- Timings :-

As per

- Appetite, • Demand of body need
- Better to have meals two times a day

Water Intake :-

- Warm, • As per thirst level
- After 90 minutes of heavy meals
- Sitting posture

Sattvic food promotes longevity, health & happiness.

Rajsika food produces excitement.

Tamsika food produces diseases.

In Mid twenties, physical performance &

mental productivity are in peak & stay stable for many years. As person crosses the age of 40, few metabolic changes like Agni seem to be less efficient. Agni plays an important role in the cohesive part of immunity.

“Correction of defunct Agni is langhanam.”

Treatment offered by me to corona patients who turned negative with in 10-14 days :-

Intake of **Chywanprash** two times a day with warm milk being rich content of awla, source of vitamin C possess six rasa which is essential for maintaining immunity.

Ashwagandha churna which acts as rasayana which acts at the level of ushna veerya so it raises immunity of our body. It cuts down the anxiety level of patients.

Giloy ghan vati being an immunomodulator will help to raise IgE level.

Mahasudershan ghan vati corrects febrile phase.

Dashmula katutrayadi kashaya correct inflammation over upper & lower respiratory tract thereby relieves breathlessness .

Daily warm saline gargles with warm saline mixed with haldi powder.

Steam inhalation

Haldi mix milk (Golden latte)

Pad abhyangam: Massage soles of foot with malakanguni tail at night time which not only relieves anxiety but corrects refractive errors and insomnia also.

Anubhoot yoga

Sameerpannag Ras = 50mg

Praval pishti = 250mg

Vanga bhasm = 100mg

Giloy satva = 250mg

Godanti bhasm = 250mg

Abhrak bhasm = 100mg

NOTE :- Sameerpannag Ras having ushna veerya constituent Semala i.e. Arsenic, should be used with under expert supervision & great cautions to hypertensive patients , renal disorders , children & elderly patients.

Varunadi kashaya to be given for ten days also after the completion of this course.

These measures can cut short the viral load by raising the immunity of ailing person & help healthy ones to remain unaffected from this pandemic.

स्वास्थ्य विभाग : आयुर्वेद डॉक्टरों को दी रेडियोलॉजी में पीजी की अनुमति

आयुर्वेद डॉक्टर भी चला सकेंगे सोनोग्राफी व एक्सरे सेंटर

पत्रिका न्यूज नेटवर्क
patrika.com

भोपाल. आयुर्वेद चिकित्सक अब एलोपैथी डॉक्टरों की तरह ही एक्सरे और सोनोग्राफी सेंटर्स भी चला सकेंगे। सेंट्रल काउंसिल ऑफ इंडियन मेडिसिन (सीसीआईएम) ने भोपाल, ग्वालियर, इंदौर, रीवा, रतलाम, उज्जैन के आयुर्वेद कॉलेजों सहित प्रदेश के सभी निजी आयुर्वेद कॉलेजों में रेडियोडायग्नोसिस विषय में पीजी की तैयारी कर ली है। उम्मीद की जा रही है कि अगले सत्र से यह कोर्स कॉलेजों में शुरू हो जाएंगे। दरअसल,

सीसीआईएम के इस निर्णय का स्वागत है। संभावना है कि केंद्रीय स्वास्थ्य मंत्रालय सहमति प्रदान करेगा ताकि ग्रामीण अंचलों में भी आयुर्वेद डॉक्टरों मरीजों के रोग निदान में मददगार हो सकें।

-डॉ राकेश पाण्डेय, अध्यक्ष, आयुर्वेद पीजी एसोसिएशन

सीसीआईएम ने केंद्रीय स्वास्थ्य मंत्रालय को प्रस्ताव भेजा था कि आयुर्वेद में यूजी डिग्री के बाद इमेजिंग एण्ड रेडियोडायग्नोसिस में पीजी करने करने पर सोनोग्राफी व एक्सरे सेंटर चलाने के लिए अनुमति दी जानी चाहिए। इस प्रस्ताव पर केंद्रीय स्वास्थ्य मंत्रालय ने सकारात्मक जवाब दिया है। इस फैसले से प्रदेश के दस हजार से ज्यादा बीएएमएस डिग्रीधारी छात्रों को फायदा होगा। ग्रामीण क्षेत्रों में होगा फायदा: जानकारों के मुताबिक इस पहल से सबसे बड़ा फायदा ग्रामीण क्षेत्रों के मरीजों को होगा। एलोपैथी डॉक्टर गांव नहीं जाना चाहते, ऐसे में आयुर्वेद चिकित्सक गांव जाकर मरीजों का इलाज करने को तैयार हैं।



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I æg. kh (I.B.S.)

I æg. kh (Irritable Bowel Syndrome) ; g , d , i k j l x g s ft l e a f d l h Hh Q fDr dk i l p u r æ f c x M t l r k g s , o a og Q fDr F l a M k Hh H t u i p k u s e a l l æ u g h j g r k A c k j & c k j e y R k x d j u s d s c n Hh i w Z e y R k x d h l a r V u g h a f e y r h a b l j l x l s i h M r Q fDr u d o y i v l a r k r y l k l a l s i j s k u j g r k g s c f y d y x l r k j ' H j l f j d : i l s , o a e k u f l d : i l s d e t k j , o a V w r k p y k t l r k g a

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& l æg. kh ; k u s d h (Irritable Bowel Syndrome) Q fDr

y x l r k j ' H j l f j d , o a e k u f l d : i l s d e t k j g l r k p y k t l r k g s v l g m l d k o t u Hh y x l r k j f x j r k g y k p y k t l r k g a o g f p M f p M k g l s t l r k g s v l g d Hh & d Hh r l s f i s i k u e a Hh p y k t l r k g a

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Moving News

Allopathy & ayurveda: A study in difference

Huge Gap In Training, Infra Between Two

Rema Nagarajan
@timesgroup.com

Ayurveda practitioners are seeking equivalence with allopathic doctors in doing certain surgeries, but there seems to be a vast difference in the amount of training received in the two systems. Everything from the minimum number of beds in teaching hospitals to bed occupancy and the outpatient attendance required in a medical college to be allowed to do undergraduate and postgraduate training is much less for ayurveda colleges than for allopathic ones.

Barely a quarter of the 414 ayurveda colleges have 100 seats. Nearly two-thirds (64%) of UG ayurveda seats are in colleges with 60 seats or less, which need to have just a 60-bedded teaching hospital with 40% occupancy or about 24 beds occupied. Of the 60 beds, beds that must be kept aside for shalakyta tantra and shalya tantra (surgeries) are just 25. In comparison, almost all MBBS colleges have at least 100 MBBS seats and for that they need a 500-bed teaching hospital with 75% occupancy (375 beds) and 120 beds kept aside for general surgery. Thus students who join for postgraduate training in surgical specialties in ayurveda would have seen fewer patients and would have had much fewer opportunities to be trained in surgery.

Postgraduate in the surgical disciplines of shalya tantra and shalakyta tantra are taught in the same colleges with stipulation of just marginal augmentation of beds, patients, faculty and support staff — one professor or reader and one lecturer of the concerned subject, under the Indian Medicine Central Council (Post Graduate Ayurveda Education) Regulations, 2016. If a college has more than ten PG seats in clinical subjects, additional beds in the student-bed ratio of 1:4 will have to be provided,

Minimum required for 100-seat UG college

	AYURVEDA	MBBS
Beds	100	470
Avg in-patients per day (300 days)	40	225
Avg OPD per day	200	800
Beds for surgery	25	120
Beds for ob-gyn plus paediatrics	25	120
Full-time faculty	45	90
Part-time/contract teachers* /senior residents**	9	55

*One specialist each from medicine, general surgery, obstetrics & gynaecology, pathology, anaesthesiology, ophthalmology, pediatrics, radiology and dentistry; **senior residents are post-MD/MS first level teachers

Doctors' strike cripples OPD services

OPD services at many private and state-run facilities were hit across the National Capital Region (NCR) and several cities across the country as doctors lent support to the Indian Medical Association's nationwide strike against the Centre's move to allow post-graduate ayurveda practitioners to be trained in performing surgical procedures, report Ipsita Pati and Meenakshi Sinha. The IMA said nearly 3.5 lakh doctors withdrew OPD as well as non-emergency and non-Covid services during the 12-hour strike from 6am to 6pm. In Gurugram, nearly 1,000 doctors associated with the IMA carried out a protest in 25 hospitals. OPDs in Jharkhand and Odisha also wore a deserted look. IMA Goa president S Samuel said about 1,500 affiliated doctors attended only emergency cases. At Patna's Nalanda Medical College and Hospital, patients could be seen returning without check-up.

(With inputs from Ranchi, Bhubaneswar, Goa, Patna and Rajpur)
Full report on www.toi.in

unlike at UG level when the ratio is 1:1. Also, the college will have to show 50% bed occupancy the previous year, and not 40% as required at the UG level. But colleges which have less than ten PG seats can make do with the same facilities as stipulated for undergraduate teaching. Thus clinical material is less in ayurvedic colleges than in allopathic ones. Of course, there is no centralised admission or entrance test to get a postgraduate seat.

While there are several government ayurvedic colleges and a few private ones which have teaching hospitals with over 200 beds and high bed occupancy the majority don't. More than three-fourths of these colleges are private and a large number have been mired in controversies over meeting the minimum standards prescribed, but very different from private allopathy colleges.

The outlay required to start an ayurveda college is

much less than that for an allopathy college for which the facilities and training mandated are much higher. For instance, just three acres are required to start an ayurveda college with an intake of 60 students or less, and five acres if taking in 61-100 students. For an allopathic college, the stipulation in force is a minimum 25 acres. The number of faculty and support staff required in ayurveda colleges is about a third of that in allopathic colleges.

Land is one of the most expensive investments and salaries among the biggest chunks of expenses for any medical college. If minimum requirements for allopathic colleges were brought down to the level of ayurveda colleges, arguably hundreds more of them could be opened. But would that be desirable or would it bring down the quality of training and teaching? If so, it raises questions about equivalence too.

TREATING DIABETES

Integrated care helps improve patients' mental health: Study

Sanchita Sharma
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NEW DELHI: Providing simple, low-cost tech-enabled care to people with diabetes for one year halved symptoms of depression and boosted heart health by lowering blood pressure and bad cholesterol, and improving blood glucose control, according to a first-of-its-kind study.

Improvements in the cardio-metabolic parameters, however, waned once integrated care was stopped after a year, which suggests the need for continued support for blood sugar, blood pressure and cholesterol levels, said the study, which was published on Tuesday in the Journal of the American Medical Association (JAMA).

The Integrating Depression and Diabetes Treatment (Independent) study compared integrated care with standard care in 404 diabetes patients in Delhi, Chennai, Bangalore, and Visakhapatnam with moderate-to-severe depressive symptoms over a two-year period and found major improvements in the group receiving the integrated approach. The improvements were most pronounced in patients with the worst parameters at the start of the study.

Around one in five people (19.7%) with diabetes have depression in India, compared to 15.1% people in the general population. "There is a bidirectional relationship between depression and diabetes, as chronic diseases like diabetes can lead to depression, and vice versa. Depression can cause stress-induced diabetes and also impact a person's ability to manage self-care, leading to complications," said principal investigator of the project from India, Dr Viswanathan Mohan, chairman, Dr Mohan's Diabetes Specialties Centre and director, Madras Diabetes Research Foundation.

Since there are not enough psychiatrists in India to treat everyone with depression symptoms, which range from feeling low, tiredness and in suicidal ideation, the study used care coordinators to screen people

HEALTH RISK

463MN
people suffer from diabetes worldwide

70MN
people in India have diabetes

4.2MN
deaths linked to diabetes in 2019

LOWERING RISK

- Stay active. Walk at least 8km (10,000 steps) each day
- Avoid processed food
- Cut back on simple carbohydrates

COMPLICATIONS ALERT

If untreated, uncontrolled blood sugar levels may cause:

- Eye damage (retinopathy)
- Stroke, cerebral circulation damage (cerebrovascular disease)
- Heart disease

There's a bidirectional relationship between depression and diabetes... Depression can cause stress-induced diabetes and also impact a person's ability to manage self-care, leading to complications.

DR VISWANATHAN MOHAN, principal investigator of the research project from India

with diabetes for signs of depression.

"Diabetes educators, dietitians, health workers or any graduate can be trained as non-physician care coordinators to screen for depression, and provide counselling for mild cases and refer people with suicidal ideation to psychiatrists for remote management. With the help of decision-support software, care coordinators helped lower symptoms of depression and several metabolic parameters, such as blood sugar, blood pressure and cholesterol profiles of patients and lowered risk of complications such as heart disease, eye disease (retinopathy), kidney failure and amputations," said Dr Mohan.

The low-cost model is accessible and scalable and can be applied in under-resourced settings everywhere in the world, he said.

"The CARRS (Center for Cardio-metabolic Risk Reduction in South Asia) study on diabetes management showed in 2018 that low-cost software used by a non-physician care coordinators can optimise treatment and lower complications in diabetes improving blood glucose-control and lower blood pressure and 'bad' LDL cholesterol at no added cost. We added depression to the mix and found it improved outcomes under supervision," said co-investigator Dr Nikhil Tandon, professor of endocrinology, All India Institute of Medical Sciences, New Delhi.

In India, close to 70 million people have diabetes and another 40 million are insulin-resistant, which is a precursor to diabetes. More than four in five diabetics on medication in India do not have their blood glucose under control, according to Dr Mohan's DiabCare India study 2011. Neuropathy was the most common complication (41.4%); other complications were: Foot (32.7%), eye (19.7%), cardiovascular (6.8%), and nephropathy (6.2%), with the number of diabetic complications increasing with mean duration of disease.

"Too often, mental health is overlooked due to fragmented care, stigma of psychiatric illnesses, and shortages of mental health professions," said first author Dr Mohammed Ali, associate professor of Global Health and Epidemiology at Rollins School of Public Health, Emory University, Atlanta, US.



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REJUVENATION OF BODY THROUGH RASAYANA

ABSTRACT: Since time immemorial, dream of human beings is to live healthy throughout the life. Role of Rasayana is to fulfill this dream of longevity by preventing and curing the diseases. It creates kayakalpa of the body system i.e. restricting the effect of external and internal stimuli thereby increasing the immunity of the body.

Health is affected by various factors such as: -

- Food that we eat
- Intake of water
- Exercise
- Genetic factors
- Sedentary/Active life style
- Stress
- Exposure to free radicals like pesticides, pollution, antigen, virus and bacteria etc.
- Addiction
- Rejuvenation therapies
- Practices pertaining to Dincharya & Ritucharya

In mid-twenties, physical performance and mental productivity is found in peak and there is stability in health for many years. As person crosses the age of 40, certain metabolic changes like Agni seems to be less efficient.

Introduction:

Rasayana word is composed of two words viz. Rasa+Ayana. Rasa means nutrition and

Ayana means transportation. Therefore, it is the process by which the best nutrition is being transported to tissues for their rejuvenation leading to improvement in physical and mental competence.

Classification of Rasayana:

A. KamyaRasayana

- PranaKamya
- MedhaKamya
- ShreeKamya

B. On the basis of use:

- Vatatapika Rasayana (Outdoor)
- KutiPraveshika Rasayana (Indoor)

C On the basis of Rasayana:

- NaimaittikaRasayana
- Ajasrika Rasayana
- Achara Rasayana

Naimittika Rasayana:

It comes under the group of medicines. Besides having general Rasayana properties, possess curative effect on specific diseases.

S. No.	Disease	Rasavana drugs of choice
1.	Netra Vikara	Triphala
2.	HridavaRoga	Shalaparni
3.	TwakRoga	Tuvraka. GandhakRasavana
4.	Pandu	Lauha
5.	Prameha	Shilait
6.	Sthaulva	Guggulu. Haritaki
7.	Allergic Reaction	Haridra
8.	Hypertension	MedhvaRasavan Drugs
9.	Hypotension	Kupilu
10.	Neuromuscular disorders	Rasona. Guggulu. Bala
11.	TamakShwasa	Agastva Rasavana

Selection of Rasayana:

It is advised to select Rasayana according to specific age groups as every individual loses one of the ten important virtues in his life. Hence, one should select such Rasayana which can compensate the specific loss during that age group.

Decade of life	Natural decay	Desired Rasayan
1-11 years	Cessation of Balyavastha	Vacha, Suvarna
11-20 years	Vridhhi	Bala, Ashwagandha
21-30 years	Chhavi	Amalaki, Lauha
31-40 years	Medha	Shankhapushpi
41-50 years	Twak	Bhringaraj, Triphala
51-60 years	Dhrishti	Jyotishmati
61-70 years	Shukra	Ashwagandha, Koncha
71-80 years	Vikram	No effect of Rasayana
81-90 years	Buddhi	-do-
91-100 years	Sahasa	-do-

Mode of action:

(a) At the level of Rasa: Improves the quality of nutrition of Rasa such as **Shatavari and Draksha**.

(b) At the level of Agni: Improves digestion, assimilation and corrects agni. Drugs such as Pippali, Haritaki and Chitraka have anabolic action also.

(c) At the level of Srotas: Improves micro circulation and ensures proper perfusion.

(d) At the level of Dhatus: Provides best nourishment to tissues or Dhatus such as **Guggulu, Pippali and Rasana**.

Shodhana should be done before initiation of Rasayana therapy.

Medhya Rasayana:

They promote Dhi, Dhriti Smriti. Few daivika remedies have been advocated which promote mental transformation by enhancing mental acuties. Nowadays, **Daivika Rasayana** is practically lost. **Shankhapushpi, Mandukaparni, Guduchi** and **Yashtimadhu** are few of Medhya Rasayanas.

Acharya and Ajasrika Rasayana:

It is an approach that leads to Rasayana effect without use of any drug through consumption of nutritious diet such as ghrita, milk and sattavika behavior in order to achieve optimum nutrition through direct nourishment. Worship of God, respect of elders, practicing truth, avoiding vices like anger, lust and attachment, uttering sweet words, practicing mantra and japa, avoiding indulgence in alcohol etc. are few of the practices of good acharya i.e. conduct. There are not only drugs but diet also which are meant to maintain health and are vyadhi harai.e. preventive and curative. It can ward a disease-free state by promoting vitality, vigour and immunity. It reduces stress, tension and anxiety by enhancing our mental acuties. Rasayana plays an important role in the management of psychosomatic disorders such as Grahani and Kitibha. Rasayana is the only alternative to balance the equilibrium between anabolic and catabolic processes in our body.

Factors affecting ageing:

- Genetic factors
- Maternal health during pregnancy
- Environment
- Exercise
- Diet
- Food items with respect to following:

(a) Quality: Nutritive, wholesome and congenial

(b) Quantity: 02 parts of solid, 01 part of liquid and 01 part to be left vacant

(c) Timings: As per appetite and requirement of body. It is better to have meals twice a day.

(vii) Water intake: Should be warm and according to thirst. Better to take gradually after 90 minutes of principal meals in the sitting posture.

Conclusion:

Rasayana therapies render rejuvenation of our tissues and enhance the immunity which can delay our ageing process but should start to use as early as loss of energy and reduced stamina is felt or once the age of 40 years is crossed.

Rejuvenation of tissues is feasible at an early stage of cellular turn over otherwise it becomes quite difficult to delay the ongoing process of catabolic changes in the body.

**“Labhpayo hi
shastanamrasadinamrasayanam”**

One can achieve best quality tissues through Rasayana therapies for rejuvenation of the body.

Through the use of Rasayana drugs, one can attain longevity, intelligence, memory and early recovery from diseases. The degeneration is delayed by the use of Rasayana therapy through immunomodulation. One can achieve good health by following dincharya and ratricharya of different Ritu routines as degeneration cannot be stopped but can only be delayed through regular practice of Rasayana therapies.



Re-Thoughts

1. To make everyone happy is difficult but simplest task is to be happy with every one- **Naseem**
2. Smile is a curve that sets everything straight - **Dr. R. K. Sood**
3. If you don't fight for what you want then don't cry for what you lost- **Anonymas**
4. Past is a **'waste'** paper, present is a **question** paper so read & write carefully otherwise **life** will be a **tissue** paper- **Socrates**

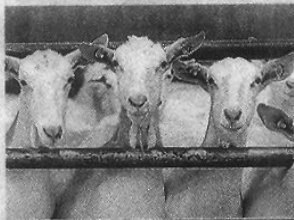
Recent Developments

खाना ऐसा खाएं जो हमारी, परिवार की और धरती की सेहत बनाए



वॉल्टर सी. विलिट

वॉल्टर सी. विलिट हार्वर्ड यूनिवर्सिटी में न्यूट्रिशन के प्रोफेसर हैं। वह जाने-माने EAT-लांसेट कमिशन के सह-अध्यक्ष भी हैं। सृजना मित्रा दास से हुई इस खास बातचीत में उन्होंने बताया कि पौधों पर आधारित भोजन हमारी सेहत के लिए क्यों जरूरी है।



A आपकी EAT-लांसेट की स्टडी यह तर्क क्यों देती है कि मांस की खपत धरती के लिए नुकसानदायक है?

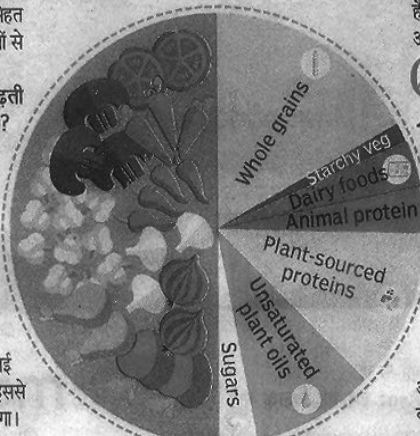
धरती की आबादी साल 2050 तक 1 हजार करोड़ हो जाएगी। इसका मतलब यह कि जंगल खत्म होंगे और जानवरों को खिलाने के लिए अनाज उगाया जाएगा, इंडस्ट्रियल खेती बढ़ेगी। इससे ग्रीनहाउस गैस उत्सर्जन बढ़ेगा, साथ ही फर्टिलाइजर प्रदूषण बढ़ाएंगे। जुगली करने वाले जानवर ज्यादा मिथेन पैदा करेंगे, जो ग्रीनहाउस गैसों में से एक है। इस वजह से जलवायु परिवर्तन बढ़ेगा। कुल मिलाकर मांस की खपत से पर्यावरण पर काफी बुरा असर होता है। हमने पाया कि अनाज, सूखे मेवे, बीज और फल व सब्जियां खाना पोषण पाने के लिए सबसे अच्छा है। जीवन चक्र का विश्लेषण किया तो ये बातें उभरकर आईं। अब सबको ऐसे खाने को बढ़ावा देना चाहिए जो उनकी सेहत, उनके परिवार की सेहत और इस धरती की सेहत के लिए अच्छा हो। इस बात के पुख्ता सबूत हैं कि पौधों से मिलनेवाले खाने से ऐसा किया जा सकता है।

A पौधों पर आधारित खाने से दुनिया की बढ़ती आबादी की भूख कैसे मिटाई जा सकेगी?

यह बहुत आसान है कि सीधे पौधों से भोजन लिया जाए। बजाय इसके कि पहले जानवरों को चारा खिलाया जाए और फिर उन जानवरों को खाया जाए। हमने विश्लेषण किया कि पशुओं से मिलनेवाले खाने का उत्पादन दिन में दो बार लेने के हिसाब से सिर्फ इतना हो कि एक बार डेयरी प्रॉडक्ट लिए जाएं और दूसरी बार रेड मीट (हफ्ते में एक बार), पोल्ट्री व मछली (हफ्ते में दो बार) और अंडे में से कोई एक चीज। अगर डेरी या मीट की मात्रा इससे ज्यादा बढ़ाई जाए तो यह पर्यावरण को नुकसान दे सकती है। इससे ग्लोबल फूड प्रॉडक्शन के लिए भी खतरा पैदा हो जाएगा।

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यह बहुत आसान है कि सीधे पौधों से भोजन लिया जाए। बजाय इसके कि पहले जानवरों को चारा खिलाया जाए और फिर उन जानवरों को खाया जाए। हमने विश्लेषण किया कि पशुओं से मिलनेवाले खाने का उत्पादन दिन में दो बार लेने के हिसाब से सिर्फ इतना हो कि एक बार डेयरी प्रॉडक्ट लिए जाएं और दूसरी बार रेड मीट (हफ्ते में एक बार), पोल्ट्री व मछली (हफ्ते में दो बार) और अंडे में से कोई एक चीज। अगर डेरी या मीट की मात्रा इससे ज्यादा बढ़ाई जाए तो यह पर्यावरण को नुकसान दे सकती है। इससे ग्लोबल फूड प्रॉडक्शन के लिए भी खतरा पैदा हो जाएगा।



A क्या शाकाहारी खाने से पूरा पोषण मिल जाता है?

मीट से मिलने वाले सभी पोषक तत्व पौधों पर आधारित खाने से मिल सकते हैं। हालांकि विटामिन बी-12 अपवाद हो सकता है। अगर कोई बिल्कुल भी मीट नहीं खाता या डेरी प्रॉडक्ट नहीं लेता तो सप्लीमेंट लेना जरूरी हो जाता है। हालांकि मांस में भी खासकर रेड मीट में सेचुरेटेड फैट, कोलेस्ट्रॉल और अन्य तत्व होते हैं जो दिल से जुड़ी बीमारियों का खतरा पैदा कर देते हैं। इसकी जगह प्लांट बेस्ड डाइट लें तो बेड कोलेस्ट्रॉल को कम किया जा सकता है। स्टडी से पता चलता है कि इससे दिल की बीमारियों की दर घटी है।

A किस देश में सबसे सेहतमंद और धरती के लिए बेहतर खाना खाया जाता है। भारत की क्या स्थिति है?

हमने खाने की सेहतमंद आदतों के मुताबिक देशों को रैंकिंग दी है। इसका टिकाऊ खाने से मजबूत रिश्ता है क्योंकि यह खाना मुख्य तौर पर पौधों पर आधारित है। इस मामले में तुर्की और इस्वील सबसे अच्छे हैं। अगर दक्षिण एशियाई देशों के बात करें तो वियतनाम और जापान का रैंक भी काफी ऊंचा है। वैसे हर देश में अब भी काफी सुधार की संभावना है। अच्छे देशों में 100 में से 65 तक नंबर तक पाए हैं। भारत 50वें नंबर पर है। इसकी वजह है कि यहां अनाज और फलीदार पौधे भोजन में शामिल हैं और रेड मीट इसकी तुलना में बहुत कम खाया जाता है।

A हाल में भारत और चीन में खानपान में बहुत बदलाव हुआ है। इसका क्या असर होगा?

यह सही है कि भारत के कई क्षेत्रों में सेहतमंद और खाने की टिकाऊ परंपराओं की जगह ज्यादा मीट और स्टार्च व चीनी की चीजों ने ले ली है। इसका सबकी सेहत पर बुरा असर होगा। वहीं, चीन में रेड मीट की खपत अमेरिका के बराबर हो गई है। सेहत पर इसका असर भी दिखने लगा है। हमें सेहत के बारे में अलर्ट होना होगा और वापस पुराने तरीकों पर लौटना चाहिए। चीन ने औपचारिक तौर पर रेड मीट की खपत को लेकर एक पॉलिसी अपनाई है। यह जरूरी नहीं कि जब आमदनी बढ़े तो रेड मीट की खपत बढ़ा देनी चाहिए। अमेरिका में भी अब पढ़े-लिखे लोग रेड मीट की खपत कम कर रहे हैं। वे शाकाहारी खाने के फायदे समझ रहे हैं।

'हम दूसरों को देखकर और दिखाने को खाते हैं'

अगर सबसे अच्छी डाइट की बात की जाए तो हमें भारतीय खाने के पुराने तरीकों और अब बदली हुई आदतों के बीच का फर्क समझना होगा। वैसे खुश होना चाहिए कि हमारी खाने की आदतें कितनी अच्छी रही हैं। भारत का खानपान का पैटर्न बताता है कि खाना स्थानीय इकोसिस्टम का हिस्सा होता है। शायद दुनिया में भारत ही ऐसा देश है जहां व्यंजनों में ऐसी विविधता दिखती है। दूसरी सब जगह चावल, गेहूं और मांस खाते हैं। हमारा खाना सबकी अपनी सेहत, स्थानीय खाने-पाने की चीजों की उपलब्धता और मौसम को ध्यान में रखते हुए तैयार होता है। यह इसलिए बेहतर है क्योंकि इसमें उस परिवेश का भी ध्यान रखा जाता है जिसमें हम रहते हैं। भारतीय खाना रोजमर्रा के जीवन में दवाई के तौर पर हमें ताकत भी देता है। लेकिन धीरे-धीरे यह सिस्टम बदल रहा है, हमारे खानपान पर बाजार की ताकतों का असर हुआ है। व्यंजन बदल रहे हैं क्योंकि हमारी डाइट बदली है। हम दूसरों को देखकर खाने लगे हैं या दूसरों को दिखाने के लिए खाने लगे हैं कि हम मॉडर्न हैं। यह बदला हुआ खाना हमें आसानी से मिलने लगा है। यह बदलाव फूड कंपनियों आदि की वजह से है।



सुनीता नारायण

सुनीता नारायण पर्यावरणविद और सेंटर फॉर साइंस एंड एनवायरनमेंट की डायरेक्टर जनरल हैं। यहां वह बता रही हैं कि भारतीय संस्कृति में खाने की कैसी भूमिका रही है। इस पारंपरिक खाने की तरफ हम कैसे लौट सकते हैं।

हमने कभी न कभी खाने की गर्म या ठंडी तासीर के बारे में सुना है। हमें पता है कि मौसम के मुताबिक ही खाने की कोई चीज क्यों लेनी चाहिए। पर अब सबकुछ पूरे साल मिल जाता है। पर किसी खास मौसम में उगने वाली फसलों के पीछे एक वैज्ञानिक वजह होती है, जैसे - गर्मियों में ड्राई फ्रूट्स नहीं खाए जाते हैं। सर्दियों में ही खाए जाते हैं क्योंकि तब हमें गर्माहट की जरूरत होती है। यह खाने का विज्ञान है। लेकिन हम यह ज्ञान कहीं न कहीं खो रहे हैं। हम दुनिया को देखते हैं और समझते हैं कि जो पैकेट में आ रहा है वही खाना है। वह खाने जैसा दिखाना चाहिए। मीट इंडस्ट्री की बात करें तो वहां बेतहाशा



प्रॉडक्शन हो रहा है और उसमें जितना केमिकल इस्तेमाल हो रहा है वह हमें हैरत में डाल सकता है। यह हमें और हमारे पर्यावरण दोनों को नुकसान पहुंचा रहा है।

भारतीय खानपान की संस्कृति में स्थानीय और मौसमी फल-सब्जियों को तरजीह दी गई है। वह खाना, जिसमें खूब सारी सब्जियां और फल हों, वह एंटी ऑक्सीडेंट से भरपूर होता है और प्रोबायोटिक होता है। इसे हर कोई रोजाना भी खा सकता है। इसलिए पारंपरिक खाने की ओर लौटना चाहिए। खाने के लिए तीन बातों ध्यान देना चाहिए। जो खाना हम खाएं वह हमारे और किसानों के लिए फायदेमंद हो, साथ ही पर्यावरण के लिए नुकसानदायक न हो। अपनी जागरूकता से हम यह बदलाव ला सकते हैं।

'कोरोना की वजह से अच्छे खाने पर ध्यान गया'

हमें पता है कि हमारा फूड सिस्टम ब्रेकिंग पॉइंट पर आ चुका है। एक अंदाजे के मुताबिक धरती पर आनेवाले कुछ दशकों में फूड सिस्टम की वजह से 90 फीसदी तक बोझ बढ़ जाएगा। इसमें जलवायु परिवर्तन, पानी का इस्तेमाल और जमीन का इस्तेमाल साथ ही इसका बायोकेमिकल इस्तेमाल जो नाइट्रोजन और फॉस्फोरस जैसी खाद से जुड़ा है, सबकुछ शामिल होगा। यह तर्कसंगत सोच है क्योंकि ग्रीन हाउस गैस उत्सर्जन में 30 फीसदी हिस्से के लिए फूड सिस्टम ही जिम्मेदार है। इसके लिए दुनिया के तीन-चौथाई ताजे पानी का प्रयोग होता है और धरती की 40 फीसदी जमीन का (जहां से बहुत-से पौधों और जानवरों की प्रजातियां खत्म हो चुकी हैं)। इसकी वजह से जंगल खत्म कर दिए जाते हैं और केमिकल खाद प्रयोग होती है।

यह इंडस्ट्रियल खाना सबकी सेहत के लिए बहुत बुरा है। दिल की बीमारियां, स्ट्रोक, डायबीटिस, कैंसर आदि खासतौर पर रेड मीट और प्रोसेस्ड मीट की खपत बढ़ने से सामने आ रहे हैं। इस गैर-सेहतमंद खाने से दुनियाभर में वक्त से पहले होने वाली मौतों में इजाफा हो रहा है।

मुझसे कई बार पूछा जाता है कि लोगों को सबकुछ पता

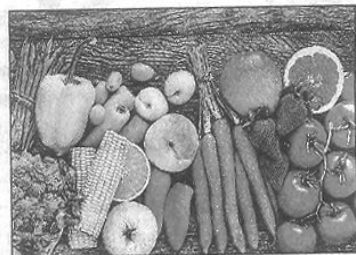


मार्को स्प्रिंगमैय

मार्को स्प्रिंगमैय सीनियर रिसर्चर हैं और ऑक्सफर्ड यूनिवर्सिटी में पब्लिक हेल्थ का अध्ययन कर रहे हैं। वह यहां बता रहे हैं कि इंडस्ट्रियल फूड सिस्टम कैसे तैयार हुआ और पौधों पर आधारित खाने से दुनिया को क्या मिलता है।

हैं फिर भी वे अपने लिए बेहतर खाना क्यों नहीं चुन पाते हैं। मेरा जवाब यह है कि खाने के परिवेश से पब्लिक हेल्थ जुड़ी होती है। हम वही खाते हैं जो हमारे आसपास होता है, जो हमारे दोस्त खाते हैं, हमें आसानी से मिल जाता है और जो हम खरीद सकते हैं। अगर बाहर खाने जाते हैं तो मीट के ऑप्शन बहुत मिलते हैं, खासकर प्रोसेस्ड मीट वाले।

हाल में ही कोरोना की वजह से हमें अच्छे खाने की अहमियत पता चली है। आंकड़ों से पता चला है कि इस वायरस से उन लोगों को ज्यादा परेशानी हुई है जिनको पहले से कोई परेशानी थी। बहुत-से लोगों में ऐसी बीमारियां खानपान की गलत आदतों की वजह से पैदा हुईं। इससे



पता चला कि हमने इकोसिस्टम से कैसी छेड़छाड़ की है।

भारत की स्थिति थोड़ी अलग है। बहुत-से भारतीय पहले से ही शाकाहारी हैं। असल में यह दुनिया के उन कुछ देशों में शामिल है जहां लोगों का खानपान अपने आसपास के पेड़-पौधों पर निर्भर करता है। अगर दुनिया के सभी के लोग एक भारतीय की तरह खाना खाएं तो इतनी मुश्किल पैदा ही नहीं होगी। हालांकि भारत में भी खाने को ज्यादा सेहतमंद बनाया जा सकता है। यहां वाइट ब्रेड और सफेद चावल की खपत कम करनी होगी। साथ ही भरपूर खाना मिलना भी बहुत जरूरी है। भारत में कुपोषित बड़ी तादाद में हैं। इस मुद्दे पर भी ध्यान देना चाहिए।



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“Swine Flue (H1N1) & Ayurveda”

Introduction:

In the present era the modern medical science through research & development has brought sophisticated world class state of the art facilities but simultaneously with many an infections, viral or fungal diseases along with e.g Swine Flu (H1N1).

- **Swine influenza: first proposed to be a disease related to human influenza during the 1918.**

- **In 1998, Swine flu was found in pigs in U.S**

- **From all over the world the death rate with swine flue is about 10.900 and around 14.000 swine flue affected patient was detected.**

Swine flu means it's a type of Virus which is cause for the disease.

- **H1N1 means Hemagglutinin Neuraminidase virus** which is the cause for the Swine flu; the RNA virus that causes the swine flu. This is also called **Swine flu, Mexican flu, Hog flu and Pig flu**. Influenza is transmitted. Symptoms are more common in unrelated gastroenteritis, sometimes called "**stomach flu**" or "**24-hour flu**".

Mode of Transmission of Infection:

- The virus spreads through respiratory secretions while coughing or sneezing. Human to human in two different ways through the air, and by direct or indirect contact.

- Intensive farming (the practice of cultivating the land) may also increase the risk of transmission.

- Airborne transmission through the aerosols produced by pigs coughing or sneezing.

- The virus usually spreads quickly through herd of cattle or sheep.

- Direct transmission of a swine flu virus from pigs to humans is occasionally possible (called zoonotic swine flu)

- Symptoms include fever, cough, sore throat, body aches, headache, chills, fatigue, diarrhea, vomiting.

- Swine influenza infection is considered in the differential diagnosis of patients with acute febrile respiratory illness

A diagnosis is confirmed: Swine flu requires laboratory testing of a respiratory sample of nose & throat swab.

DIAGNOSIS:

- Diagnosis can be made by sending a specimen, collected during the first five days for analysis

- Samples should be taken from the deep nostrils (**nasal swab**), nasopharynx (**nasopharyngeal swab**), **nasopharyngeal aspirate**, **throat** or **bronchial aspirate**

- Appropriate precautions should be taken in collecting specimens since this may expose to the collector through respiratory secretions from patients.

LABORATORY TESTS:

- **Rapid tests and immuno fluorescence:**

- **Serology: A four-fold or greater rise in specific influenza A (H1N1) swine virus antibody titers indicates recent infection with the virus.**

- **PCR: A sample is considered positive if results from tests using two different PCR targets give**

positive results in the same specimen, the possibility of PCR contamination should first be excluded by repeating PCR procedures using new RNA extract from the original specimen or RNA extract from another specimen.

Confirmation of novel H1N1 flu infection can only be made by reverse-transcription polymerase chain reaction testing or viral culture.

PREVENTION:

Prevention of swine influenza has three components:

- **Prevention of swine:** Facility management, herd management, and vaccination
- **Prevention of transmission** to humans: Farmers and veterinarians are encouraged to use a face mask when dealing with infected animals. The use of vaccines on swine to prevent their infection is an appropriate method of limiting swine to human transmission.
- **Prevention of spread among humans:** Influenza spreads between humans through coughing or sneezing. This requires frequent washing of hands with soap and water or with alcohol-based hand sanitizers, especially after being out in public

SUPPORTIVE TREATMENT:

- Adequate rest, water intake and soup to ease congestion, and paracetamol for fever.
- Aspirin, for instance, is very effective for treating fever in adults but is not recommended for children without a doctor's advice

Antiviral drugs for severely ill e.g. Oseltamivir (Tamiflu) & Zanamivir (Relenza).

During travel

- Avoid close contact with sick & touching eyes, nose, mouth!
- Wash or clean your hands frequently!

In Ayurveda there is no direct reference in terms of Swine flu but Ayurvedacharyas have explained different concepts which will help to think this type of infectious disorder. Experts

explained preventive measures to contain the disease.

Janapadadwamsa- (Epidemic) When there is vitiation of air, water, earth while season suddenly manifests a similar type of Lakshans so many people are infected at the same time.

Sankramika Roga- Spreading of lakshans.

- Transmission from one infected person to another through respiration.
- Doing copulation with infected woman.
- Touching the infected persons face, mouth materials and belongings.
- Secretion produced on sneezing & coughing will manifest Jwara, Kushta adi Sankramika rogas.

H1N1 or Swine flu is also such disease in which will be manifested by different body secretion while Sneezing, Coughing. This is also considered one of the Sankramika roga which will manifest from one person to another.

Vyadhi Kshamatva- The resistance power against the disease is called Vyadhikshamatva.

Immunity plays very important role in preventing the diseases. Depends upon the equilibrium of Doshas, Healthiness of seven dhatus, Pravara Satva and Bala.

Sannipataja Jwara:

In Ayurveda H1N1 or Swine flu is not directly explained or correlated or equated with any one disease but the clinical feature explained for Swine flu are similar to lakshnas of Sannipata jwara. This Jwara is also one of the Sankramika roga which spreads from one person to another.

Sannipataja Jwara and clinical features of H1N1

Sannipataja Jwara (H1N1)

Jwara - Fever, Kasa Chardi-Cough

Swasa- Breathlessness, **Kantakujana -**Sore throat, **Shirovedhana-** Headache

Angasaithilya-Body ache /weakness / Fatigue

Ashtisandhi-Joint & **Siravedhna** Muscular pain

Aruchi-Loss of appetite, **Jiwhasrava**-Nausea

Chardi - Vomiting **Shyava** Skin rash /

Raktavarna- Discoloration, **mandala**- of skin

Hritpeeda- Chest pain

Chikitsa sidhanta:

- Sawasthya rakshana: Prevention of health.
- Vikara prashamana: Treating the said patient.
- Nidana privarjana : To remove the cause
- To keep distancing.
- Purifying environment with dhoopana, Havana.

Rasayana sidhanta:

Rasayana is one which will nourish Rasadi saptadhatu, increases strength of an individual and they are acting as immunomodulator.

Single medicinal herbs to enhance immunity for preventing lakshnas & diseases.

- Amrita, • Tulasi, • Pippali, • Maricha, • Shunti
- Ashvagandha, • Guggulu etc

Use of Rasayana

- Chavanprash, • Agastyaharitaki
- Vyagriharitaki, • Personal hygiene
- Healthy food
- Drinking pure water, • Good sleep
- Performing Yoga, Pranayama and Dhayana

Guidelines:

- Taking care of mouth and nose with handkerchief while sneezing, coughing
- Isolation of affected person
- Be careful at social gathering like film theaters, circuses, marriage ceremony etc.
- Regular use of antiseptic like Dettol, Savilon, sanitisers.
- Avoid shaking hands, kissing and long distance traveling
- If you are suffering with Fever, Cold, Cough etc consult the Doctor immediately.

श्रद्धाजंलि



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