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GURUKUL'S C.M.E



*A Quarterly Magazine For
Medicine Reorientation*

KNOWLEDGE BUILDS CONFIDENCE

Volume 9

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Editor's Desk

Dear Doctor,

As we know that **global warming** is posing health risks but fortunately find a healthy solution in **ayurvedic medical system**; it is being realised that to combat many a life threatening diseases is possible by integration of **Allopathic medicine** with treatise of **A.Y.U.S.H.**; to control and contain I.H.D. due to atherosclerosis (**dhamini pratichaya**) by virtue of safe and effective ayurvedic management; the only medical system of ancient India which was well developed because of quality manufacturing methods explained in **Ras-Shastra**; one of the best holistic healthcare today is by **Yog & Ayurved**; the popular, practical & productive treatment of **Vatasthila** (BPH) are some of the articals by the ayurvedic experts.

Today old age care is accomplished by **physiotherapy**; effective cure of pilonidal-sinus by surgery; and relief from agonising pain is achieved by **joint replacement** surgical procedure are the write ups of allopathic specialists.

Thanks.

With Regards

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

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Chintan!

GLOBAL WARMING & AYURVED

Dear Doctor,

As we know global warming is an environmental threat to human & habitation.

As the average temperature is on the rise due to release of green house gases e.g. CO₂, Methane & Pollutants etc. causing numerous diseases & disasters.

How Indian Medicine Ayurved & its practitioners can be helpful in controlling unhealthy effects of G.W. Lets think over having 'Chintan'.

1. As we know G. W. afflicts **Panch Mahabhutas** (Earth, Air, Water, Sun, Ether) & **Habitants** (Plants, Birds, Animals, Humans) etc. which need to be depolluted.

2. Concept of preventive medicine (**Swasth Vrit**) should be promoted among public to cutdown gross & misuse of herbal medicines as well as expenditure.

3. **Life Style management**, backbone of many present day diseases should be addressed & advised simultaneoulsy with **yog & meditation**.

4. Educating patients of don'ts towards unhealthy dense, fast, packaged, alcoholic beverages, sugar/cream

*based confectionary snacks, salty, junk & refrigrated food items & **Veg-Nonveg delicacies**.*

5. Encouraging people of eating healthy seasonal, fresh, green vegetables & fruits, whole grain cereals, (**Ann & Kritann**), butter (**Navneet**), cow's ghee, butter milk (**Chhach**) as well as ayurvedic recepies.

6. Promoting **organic farming** i.e. growing, vegetation of plants, tress on special occasions like birthdays, annivarsaries with natural fertilizers (**Khaad/Urvarak**) specially among school children.

7. Discouraging **burning of dry** leaves, paper, plastic, electric & electronic wastages.

8. During **transpotation public or private** use of petrol, diseal vehicles need to be avoided preferring walking, use of byciycles, C.N.G., electric or battery operated, L.E.D. at home or office may be practised.

9. Promoting regular intake of single herbs as daily suplement (**Rasayan**) to keep up immunity.

10. For **holistic, harmonious & healthy** living individually or socially ayurved should be given first preferance not altarnative medicine.

Atithi Vartalaap

Hon. Member
Editorial Board



Dr. Mahantesh B Rudharapuri
HOD and PROF. of Dept. RSBK Shri Shiva
Yageshwar Rural Ayurvedic Medical Colleg,
Inchal Tal- Saundatti Dist-
Belagavi, Karnatak

- 1) Dr. (Prof.) M.R. ji, You are welcome to column “**Atithi Vartalap**” as guest of honour.

Thank you sir.

- 2) As you are an **honorable member**, editorial board for magazine “**Gurukul's C.M.E.**”, I feel pleasure & pride to interact with you.

That's very nice and thanks.

- 3) Prof., you are post graduate in **Ras Shastra & Bhaishjya Kalpana**, may I ask you what inspired you to opt for this subject?

Ans. Since my under graduation I was interested in **Rasashastra**, especially the practicals subject for ayurvedic formulations.

- 4) Today what difference you find as student of under graduation & post graduation as well as P.G. & teacher with respect to syllabus!

Ans. Either doing B.A.M.S. student or P G scholar, I find and feel that more keen interest as well as dedication is required for this subject with more practical exposé also.

- 5) As Ras-Shastra & B.K. is based on ancient fundamentals of learning do you teach also some part of modern science to supplement it?

Ans. Yes sir,

- 6) As AYUSH (Ayurved) is growing domestically & globally, what are the new concepts in teaching which may prepare the student to cope and compete in future?

Ans. During the study of Ras-Shastra & B.K. the intense knowledge of herbs, metals & minerals with respect to their identifications, criteria for classification, extraction methods, toxic effects are all disseminated.

- 7) Doctor, as this subject is the backbone of ayurvedic medical science, what is your opinion towards herbal (**Kashthaushdhi**) medicine, **Ras Chikitsa** or both which preferred as desired?

Ans. For present day practices, we need to use good quality medicines based on ayurvedic principles of manufacturing to remove toxicity sensitive to e.g. kidney, liver, skin etc. with latest technology and quality presentation in terms of administration. Both types are equally good but physician has to decide which is better and fast acting.

- 8) Do you encourage P.G. students or do they themselves go for their own ayurvedic pharmacies, what is the percentage?

Ans. Yes sir, to maintain good and genuine quality of ayurvedic medicines it is always better to prepare our own at our clinics for dispensing. As now a days ayurveda is growing world wide, I insist my students to start their own pharmacy for commercial use too as they are well versed with ayurvedic formulary & safe manufacturing techniques.

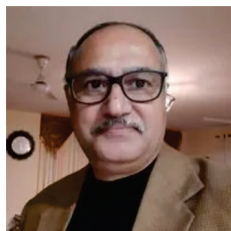
- 9) Is the standardization of herbs or Ras preparations (Metals) is also preached or in practice for quality formulations laid by Ayush Guidelines?

Ans. Yes even in our PG Department , we are under taking PG Research works on Dose modifications like Preparation of Granules, Syrups, Chewable tablets, etc.

- 10) What is your one line suggestion to budding B.A.M.S. students & practitioners.

Ans. Follow Ayurveda, Live Ayurveda and Practice Ayurveda concluding I wish all the very best to Gurukul's CME magazine for every success & dissemination of ayurvedic wisdom among its practitioners.

Thanks Dr. Mahantesh B. Rudrapuri for sharing your views. Dr. Dinesh Vasishth



Dr. D C Katoch
MD (Ay.) Ex. Joint Advisor (Ay.) AYUSH
Government of India
Sr. Physician; C.G.H.S, New Delhi

Functional Integration Of Ayush & Allopathy Is Necessary

As we believe that through 75 years of diligent efforts, India's AYUSH sector is well poised to bridge critical healthcare gaps for India and the world. But for this, it is important to address regulatory challenges and ensure functional integration with modern healthcare systems.

The term AYUSH, which is an acronym for **Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy** – is a unique amalgamation of healthcare systems being practiced in India.

Interestingly, people around the world, often refer to Ayush as alternative systems of medicine. But we must understand candidly that these are rather conventional systems of healthcare in the country, and more so, they are not only medical systems, rather **holistic healthcare systems**. The approach of these systems, whether it Ayurveda, Yoga, Unani, Naturopathy, Siddha or Sowa-Rigpa, is intended to promote healthy living with established concepts for prevention of diseases, promotion of health and treatment of illness. The basic approach of all these systems for health, disease and treatment is holistic, and comprehensive in terms of physical, **psychological, environmental, social and spiritual** aspects.

Policy support to Ayush systems has been there in India right from the beginning, evolving progressively from tolerant to inclusive and integrated. For the last 7-8 years, government has extended exclusive policy support for Ayush systems to galvanise the efforts for public healthcare

and improvement of health indices.

Challenges pertaining to Non-Communicable Diseases (NCDs), Life style disorders, long term diseases, multi drug resistant diseases, emergence of new diseases etc, have led to renewed interest in all AYUSH-based healthcare systems. Yoga is now well popularized across the world, and many countries are integrating it in their healthcare delivery system.

Over the last 75 years, India has developed huge infrastructure of Ayush and it is estimated to have around **750 Ayush colleges, 800,000 institutionally qualified registered practitioners, 3,500 government hospitals, 26,000 dispensaries, 12 National Institutes and 5 Research Councils. National Health Mission and National Ayush Mission** have been implemented by the Government of India since 2007 and 2012 respectively, which have facilitated establishment of **40,000 Ayush facilities in Primary Health Centres (PHCs), Community Health Centres (CHCs) and District Hospitals** of the country. More than 60% of District Hospitals in the country are having Ayush facilities. As far as population coverage through Ayush is concerned, more than seven Ayush doctors are available for 10,000 people.

Moreover, standardization of Ayush health services has been initiated. Now we have more than 70 NABH-accredited Ayush hospitals and Day care centers. **The 3Ps – practice, practitioner and products – of Ayush are being promoted** with

quality control mechanisms and certification and accreditation systems. Pharmacopoeia Commission of Indian Medicine and Homeopathy and Bureau of Indian Standards (BIS) have respectively taken up standardization of the drugs and materials used in Ayush systems. They have recently brought out standards of the Yoga mat and the first product standards of Ayush for the purpose of quality certification.

The concept of integrative medicine has emerged recently and many of the hospitals in the country have set up Ayurveda and Yoga units. Treatment protocols there include Ayurvedic/Yoga interventions in the management of patients.

Similarly, in some premier hospitals like All India Institute of Medical Sciences, there is an integrated health unit to provide Ayush services. Tertiary care Ayurveda hospitals like All Indian Institute of Ayurveda and some state hospitals have also been set up by the Government.

During Covid outbreak, State Government-run Ayurveda hospitals and All India Institute of Ayurveda were converted into COVID hospitals where pure Ayurvedic treatment was imparted for prevention or during quarantine, and management of mild to moderate cases of Covid illness and for rehabilitation. And the success rate was excellent. From the All India Institute of Ayurveda, no death of any admitted case was reported in the last two and half years.

Ayush in international markets

Ayush holds a very strong potential, given their inherent strengths for holistic healthcare as well as the supportive ecosystem. As per the WHO strategy for traditional medicine development across the globe, all the four pillars – policy, safety, efficacy and quality, access and rational use of Ayush are quite strong in India. Interestingly, during the COVID-19 outbreak, as many as 68 clinical trials related to Ayush drugs, were registered in the CTRI (Clinical Trial Registry of India) and many of them

were supported through the Extra-Mural Research Scheme of the Ministry of Ayush. This means that scientists and doctors are interested to work for Ayush for scientific validation and other aspects.

At the international level, WHO has brought out certain publications related to Ayush like benchmarks of practice and education of Ayurveda & Unani for harmonized development of these systems across the world.

At the government level now, there are MOUs between Government of India and around 30 different countries regarding mutual recognition of traditional systems of medicine, as well as the products and practitioners. That is why many countries are demanding Ayush experts from India to provide Ayush health facilities and to do promotional activities. In more than 30 Indian Missions, Ayush information cells have been set up by the Government of India to disseminate proper information related to Ayush treatments and their centres, institutions, etc.

However, mutual recognition of traditional healthcare systems still poses a daunting challenge. Ministry of Ayush have had several discussions with foreign regulators and the Ministry of Commerce to facilitate Free Trade Agreements or Mutual Recognition Agreements with other countries for exports of Ayush products.

In fact, Ayush products in India are manufactured here the provisions of the Drugs and Cosmetics Act. They are medicines here, but are being exported in the form of food supplements, dietary supplements, self-health foods or general health products. So they are not recognized as drugs in many foreign countries. Despite strong demand, market authorization of Ayush in international markets remains a challenge.

Medical tourism, on the other hand, is one area where Ayush has witnessed more success, and this needs to be tapped further. The best model in our country for promoting medical tourism through Ayush is Kerala.

The Kerala Government has adopted a system of accreditation of Ayush centers at tourist places. These centres have been provided Silver Leaf accreditation, Golden Leaf accreditation, etc, which ensures quality benchmarking and imbibes a sense of security for patients coming from abroad. That model needs to be replicated in other parts of the country.

During the Covid pandemic, it was very clearly realized that holistic health care and immunity boosting can come only from traditional Indian systems of medicine or Ayush. **That is why exports of Ayush products have surged from US\$ 3.2 billion in 2016 to over US\$ 10 billion in 2022.** On the other hand, the domestic market of Ayush products, has also increased and is estimated to the tune of Rs 50,000 crores.

Just at the onset of Covid-19 outbreak in India in January 2021, Ministry of Ayush started notifying various Ayush specific guidelines for practitioners, institutions, research centres, and state governments about preventive and treatment approaches towards Covid-control. These guidelines helped a lot in promoting Covid-specific do's and don'ts, remedies and behaviour change communications for adoption by the masses in the prevention of Covid-19 infection and management of quarantine and positive cases. Ayush health centres, research bodies, professional associations, NGOs and individual practitioners toiled hard to contribute in the control of the prevailing Covid-19 outbreak across the country.

Synergising traditional and conventional healthcare

Whether it is the modern medical system or the Ayush system, more than 75% of the infrastructure is in private sector. So incentivization

and public-private partnership is key for ensuring effective and quality services of Ayush to the people. Accordingly, we can improve or expand the outreach of our health services in the country.

People recognize the importance of Ayush systems now, but functional integration in the healthcare delivery system of our country is required. Our model of integration is quite different from China. In China, there is a complete amalgamation of traditional and conventional medical facilities. Physical integration of health facilities started through National Health Mission and National AYUSH Mission need to be translated into functional integration as well.

Today, while more than 70% of PHCs, CHCs and District hospitals in India have Ayush facilities, the practitioners are not working in collaboration with allopathic doctors. Collaboration of Ayush and health centres is necessary to provide maximum benefit or optimize health care delivery to the people.

The momentum achieved during the pandemic has to be maintained and we have to take AYUSH systems to the last health unit of the country. The sub center is not manned by any doctor. Proposal of posting Ayush doctors in sub-centres can enhance the outreach of health services and population coverage.

We the A.Y.U.S.H. community feel proud & privileged to have Dr. D.C. Katoch ji, as stalwart (diggaj) among us who not only visited many leading & developed countries in terms of medicine repeatedly to introduce our ancient medicine.

This has helped enormously for drawing their keen interest towards indian healthcare & its practitioners for more recognition and respect.

-Editor



Dr. Zarleen Chongtham

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EXERCISE FOR HEALTHY HEART

Exercises, especially if it is aerobics, strength training, or stretching - can make your heart healthier. We can pick a variety of exercises that will actually get your heart pumping.

How exercise help heart health-

Regular exercise lowers heart attacks, cardiovascular-related death.

In fact, research shows that moderate physical activity may even reverse cardiovascular damage from an inactive lifestyle.

Benefits of exercise-

Exercise has lots of benefits for everyone young or old, thin, obese, living with a chronic illness or disability.

1. Lower your blood pressure

- **Physical activity can reduce risk of serious illness, including heart disease, stroke, diabetes ,some forms of cancer, including lung cancer.**

2 Increase levels of good cholesterol

- 2. Helps maintain a healthy weight Improve blood flow and circulation Strengthen cardiovascular system.**

3. Improves body to use oxygen better.

4. Improve heart failure symptoms.

5. Increase energy levels so one can do more activities without becoming tired or short of

breath.

6. Increases endurance.

7. Lowers blood pressure.

- **Being active can help you stay active, by strengthening bones, improving flexibility and agility, reducing weight gain improving sleep.**

- **It can reduce feelings of anxiety depression, improve attention and memory, reduce risk of dementia, including Alzheimer's disease**

Types of exercise best for the heart

Different kinds of physical activity for overall health and fitness is the best.

- **How much exercise do I need to improve my heart healthy?**

According to the American Heart Association (AHA), adults should get at least.

-Do moderate-intensity exercise 30 minutes of activity, 5 days a week.

-Or 75 minutes of vigorous-intensity activity every week.

-Or you can try a combination of moderate- and vigorous-intensity exercise.

-If you double the recommendation for moderate-intensity exercise to 300 minutes per week, the benefits for your heart are even greater.

The AHA also recommends adding moderate-

High-intensity strength training with weights or resistance 2 days a week.

If you're not sure how to measure your exercise intensity,

Given down are the helpful indicators.

Moderate intensity:

- Your heart beats faster than when at rest.
- You breathe harder, but you're still able to talk.
- You may start to sweat after a while.

Vigorous intensity:

- Your heart beats much faster than when at rest.
- You breathe harder. You can talk, but you will have to pause to take a breath.
- You may start to sweat shortly after starting the activity.

We can use target heart rate for a more precise way to know your exercise intensity. The AHA has a target heart rates chart for guidance. You can also talk to a certified trainer or health professional to help you set a target heart rate during physical activity.

These three types of exercise are essential for a healthy heart:

- **Aerobic:** Aerobic exercise, or cardio, includes activities like swimming or dancing that increase your breathing and heart rate.

- **Strength training:** Strength or resistance training uses your body weight or tools like dumbbells to build muscle strength and endurance.

Flexibility: Flexibility exercises like stretching help joint mobility, which is critical for aerobics and strength training.

Aerobic Exercise

How much: Ideally, at least 30 minutes a day, at least five days a week.

Examples: Brisk walking, running, swimming, cycling, playing tennis and jumping rope. Heart-pumping aerobic exercise is the kind that doctors have in mind when they recommend at least 150 minutes per week of moderate activity.

Resistance Training (Strength Work)

weights, dumbbells or barbells), on weight machines, with resistance bands or through body-resistance exercises, such as push-ups, squats and chin-ups.

Stretching, Flexibility and Balance

How much: Every day and before and after other exercise.

- **Examples:** Your doctor can recommend basic stretches you can do at home, or you can find DVDs or YouTube videos to follow (though check with your doctor if you're concerned about the intensity of the exercise). **Tai chi** and **yoga** also improve these skills, and classes are available in many communities

- Six science-backed exercises to boost your heart health.

High-intensity interval training (HIIT)

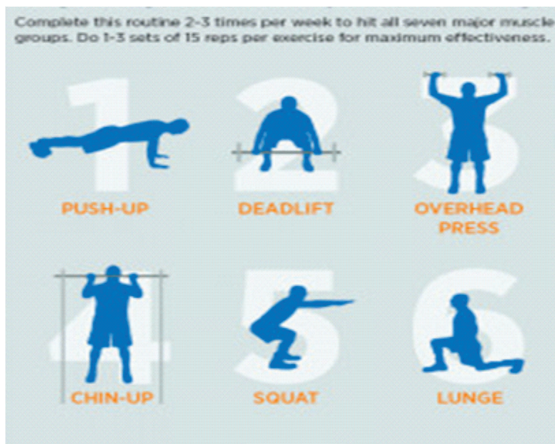
HIIT -Alternates between short bursts of high-intensity exercise and longer periods of lower-intensity activity.

Example-

Running for one minute and walking for three minutes(vice versa). Interval training helps strengthens heart and helps it function properly. Some study suggests that it may even increase your fitness level more than continuous moderate-intensity training.

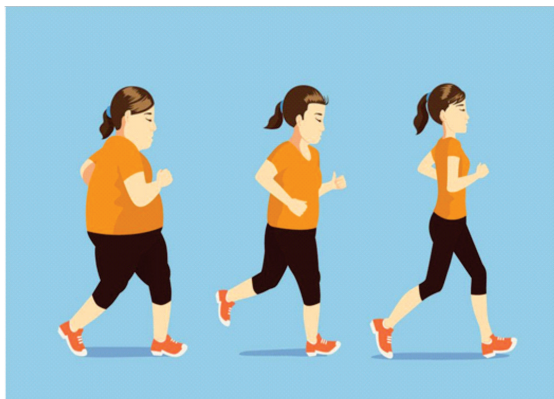
Brisk Walking

Walking is one of the most heart-healthy activity lists because it makes you more active.



One study found that brisk walking just 30 minutes a day, 5 days a week, reduces your risk of coronary heart disease by 19%. Taking roughly 100 steps per minute — or walking 2.7 miles per hour — is consistent with brisk walking.

For starter, you can start slowly and can progress way up to brisk walking at moderate to vigorous intensity. You can increase the intensity by walking faster, or walking up and down hills or inclines on a treadmill.



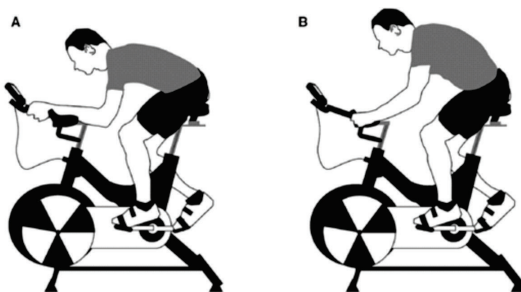
Running

Running can lower your risk of heart disease and may help you live longer as work at a higher intensity, running burns more calories in a shorter amount of time than walking. That also means it works your heart at a higher level

Cycling

Cycling is one of the best exercise either outdoor or by static cycle.

It improves cardiovascular health. Some research suggests that regular cycling can reduce the incidence of cardiovascular diseases and death.



Strength training

Strength training exercises e.g weights lifting or doing push-ups get your heart pumping. It increases lean muscle mass, which helps burn more calories at rest. Helps to maintain a healthy weight. One study showed that muscle-strengthening workouts reduce the risk of a heart attack or stroke by up to 70%.

Yoga improves strength, flexibility and improves cholesterol and blood glucose levels. The mind and body practice has also been linked to lower blood pressure.

Warning signs .

- If you have any of these symptoms, stop exercising, and call your healthcare provider right away:
- Squeezing, burning, pressure, or heaviness near your breast bone that radiates to your left arm
- Dizziness or confusion
- Extreme shortness of breath
- Fast or uneven heartbeat

Nasya

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



Hon. Member
Editorial Board

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A Clinical Study On Vatashtila (BPH) With Dashmula Tail Matra Basti

Fifteen Patients of **Vatashtila** were selected for Matra Basti with Dashmula tail for 15 days.

STUDY DESIGN :-

Here, Matra basti with Dashmula oil has been given as a clinical trial drug (Ref. B.R.) without any comparison with any control drug.

SOURCE OF DATA :-

Patients diagnosed as Vatashtila (BPH) were selected from M.C.D.'s L. L. R. Ayurvedic Panchkarma Hospital, Rajouri Garden, New Delhi-27.

SELECTION CRITERIA :-

- 1) Patients who were aged above 50 years & below 70 yrs.
- 2) Patients fit for Matra basti
- 3) Patients with S/S of BPH as per "IPSS index & UWIN Formula"

EXCLUSION CRITERIA

- 1) Patients below 50 yrs & above 70 yrs.
- 2) Patients with systemic & metabolic disorders viz. U.T.I., D.M. H.T. etc.
- 3) Carcinoma of Prostate.
- 4) Urethral Stricture.
- 5) Urethral Calculus.
- 6) Carcinoma of urinary bladder.

DURATION OF TRIAL :- 15 days

DOSAGE OF TAIL FOR MATRA BASTI :-
60 – 80 ml

PHYSICAL EXAMINATION & LAB. INVESTIGATIONS

SUBJECTIVE PARAMETERS

Mala, Mutra, Anil Sanga, Aadhmana
Sashulamutra Tyaga, Post voidal residual urine
Nocturia, Urgency, Weak Stream

• OBJECTIVE PARAMETERS :-

- 1) Digital Rectal Examination
- 2) Ultrasonography KUBP area
- 3) Urine ... Routine & Microscopic Examination
- 4) PSA Analysis
- 5) Uro-flowmetry

CRITERIA FOR ASSESSMENT OF RESULT

Subjective Parameter Gradings

• Grades of Malasanga

Grade O :- Normal

Grade 1 :- Mild (means after defecation of mala , if he is having the sensation less than 1 time in 5, in routine defecation.)

Grade 2 :- Moderate (means after defecation of mala , if he is having the sensation less than half the time and about half the time routine defecation.)

Grade 3 :- Severe (means after defecation of mala. If he is having sensation more than half of the time & almost always of his routine defecation.)

• Grades of Mutrasanga :-

Grade O :- 200 - 300 ml per day

Grade 1 :- 300 - 400 ml per day

Grade 2 :- 400 – 500 ml per day

Grade 3 :- 500 – 1000ml per day

• **Grades of Sashoolyukta Mutra Tyaga:-**

Grade 0 :- Normal

Grade 1 :- Bearable pain (Mild)

Grade 2 :- Unbearable pain (Severe)

Objective Parameter Gradings

• **Ultrasonography**

• **Size of Prostate Gradings**

Grade 1 :- 20 – 25 gm

Grade 2 :- 26 – 50 gm

Grade 3 :- 51 – 75 gm

Grade 4 :- Above 75 gm

• **Grades of Residual Urine Volume**

Grade 0 :- Below 10 c.c..... Normal

Grade 1 :- 10 – 50 c.c.

Grade 2 :- 51 -100 c.c.

Grade 3 :- 101 – 200 c.c.

Grade 4 :- 201 c.c. & above.

RESULT & OBSERVATIONS

While assessing through Subjective Parameters, Out of 15 patients, 7 patients showed Good response, 4 patients showed moderate response

& 4 patients showed poor response in their complaints like nocturia, postvoidal urine volume, urgency , intermittency & weak flow of urine.

In relation to assessment through objective parameters, as patients coming to our Govt. setup did not manage to do all investigations after the completion of Matra basti chikitsa due to their poor economical status. Out of 15 patients ,In thirteen patients, retention of basti was for 5- 9 hrs & In two pts., it was retained for 2 -3 hrs. During the course of treatment, some patients showed improvement in obstructed & irritative symptoms. Other symptoms, like constipation were relieved in most of the pts. All pts. experienced feel good factor.

CONCLUSION :-

As each & every male is at risk so aim of this therapy is to prevent acute urinary retention after successful trial. So it can be hypothetically concluded that matra basti with Dashmula tail renders not only symptomatic relief in subjective complaints encountered in Vatashtila. This study can shed light for the further clinical trials while assessing improvement through objective parameters also.

जरा विचारें

1. परेशानी में मिली शिक्षा किसी अध्यापक और स्कूल में नहीं मिलती— डॉ. रजनीश
2. जीवन में सकारात्मक ऊर्जा देने वाले साथियों के साथ रहें वरना नकारात्मक ऊर्जा के लिए निंदक हमेशा तैयार रहते हैं — डॉ मदन सिंह
3. कितनी अजीब बात है कि हम सब 'खुश' रहने के लिए 'परेशान' रहते हैं—
डॉ राकेश गोयल
4. नेत्र दृष्टि देखने का काम करती है पर सही या गलत देखना व्यक्ति की भावना पर निर्भर करता है— डॉ. आर. एस. चौहान
5. जिनके ऊपर जिम्मेदारियां होती हैं उन्हें रुठने व टूटने का हक नहीं होता— डॉ. रेनु



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PILONIDAL SINUS

There are many diseases which are life threatening and need immediate attention. But non-life threatening diseases due to their continuous pain, discomfort & mental agony catch up your attention much more. **Pilonidal Sinus is one such disease.**
In Latin Pilo means hair & Nidal means nest.

The disease was discovered in 1867, was thought to be congenital at that time because of its location in midline. It took 57 years for medical science to understand that it was acquired.

Points in favour of it being acquired are:

1. It is uncommonly found in axilla and inter digital space (barbers).
2. Hair in the track is dead and there are no hair follicles in wall.
3. Recurrence is present.

Since then medical science has toiled to find a cure.

Thanks to the hard work of countless surgeons around the globe, sharing their experiences and learning together from their mistakes that it is now possible to cure Pilonidal Sinus completely.

Clinical features:

1. It is characterized by an infected sinus containing dead hair with single or multiple openings. Single opening is always found in midline usually at last piece of coccyx. Multiple openings up to 6 can also be seen.
2. Small tuft of hair projects.

3. Blood stained foul smelling discharge is present.
4. No constitutional symptoms are there even at peak of local symptoms.
5. Abscess formed bursts into a primary midline opening or a secondary opening away from midline.

Pathogenesis:

1. Broken hair from as high as nape of neck and upper back collect at post anal dimple and nearby area. Broken infected peri anal hair is also present in this area. Shearing action due to sitting on hard surface, vibration of vehicle and moisture lead to the penetration of hair in an active sweat gland and broken skin. If dermatitis is present it facilitates hair entry and sinus is formed.
2. Once a sinus is formed it sucks hair due to intermittent negative pressure. Inflammation, infection and purulent discharge follow.

Epidemiology:

1. Age & sex: Mostly men 20 to 30 years of age, hairy. Male to female ratio is 4:1. Beyond 30 years of age in extremely hairy and obese. Obesity & deep buttocks add to the chances of Pilonidal Sinus.
2. Professionally: People sitting for long hours like call centre executives, drivers, are most susceptible to this disease.

Long sitting hours, hard sitting surfaces, vehicular vibration of seats & tight clothes create negative pressure which facilitates the sinus to suck broken hairs and create nest of hairs.

So common was Pilonidal Sinus among JEEP DRIVERS in World War II that it came to be called as **JEEP BOTTOM**.

3. By habit: People who use toilet paper are more prone as infected hair get entangled in tissue paper which sticks the peri anal area.
4. By race: Never in blonds as hair are soft.

Treatment:

1. **Conservative:** In early stages conservative treatment like cleaning the track, removing hair and antiseptic wash is enough to cure the disease. Treatment for acute abscess is simple INC with small incision & broad spectrum antibiotics cure the disease. But due to absence of constitutional symptoms the patient comes late and surgery is the only choice for cure.
2. **Surgical:** This is achieved by excision of sinus without primary closure option 1 or with primary closure option 2. In the first option healing is by secondary intention. It's usually successful but healing time is 4-6 weeks with heavy dose of antibiotics & NSAIDS. Due

to long recovery time patients loose on job & day to day normalcy. In the second option there are various procedures described for primary closure like Bascom's, Karyadaki's, advancement flaps, etc. But the failure rate is as high as 50%.

3. **Advanced treatment:** Micro Endoscopic Cryo Surgery has answered the limitation of conventional treatment. First we have to determine the extent of the disease. We inject dye into the sinus & visualise the complete track of the sinus. With help of micro endoscope from the primary opening we clean the track till the last. As there is no incision recovery is fast, no heavy dose of antibiotics, and NSAIDS is required. The patient can attend to his professional duties and personal life from the same day. The miracle combination of skill & technique has been bringing big smile to the millions of ailing patients who have suffered recurrence and failures.

Prevention: People with excess sweat and obesity must wear loose clothes, keep area dry, remove of hair regularly and undergo weight loss.

Recurrence: Most common cause is primary closure and the lack of preventive measures as described above.

Recent Developments

ACTIVITY AND LONGEVITY LINK

► Physical activity prevents and reduces the impact of noncommunicable diseases such as cardiovascular diseases, cancer and diabetes

► It reduces symptoms of depression and anxiety

► Globally, 1 in 4 adults does not meet global recommended levels of physical activity

► Adults are advised at least 150 minutes of moderate aerobic activity or 75 minutes of vigorous aerobic activity a week

► Up to 5 million

deaths a year could be averted if the global population was more active

People who are insufficiently active have a 20% to 30% increased risk of death as compared to people who are sufficiently active

► WHO defines physical activity as any movement that requires energy expenditure. It includes walking, cycling, wheeling, sports, active recreation and play

(Source: World Health Organisation)



Smart tips to reduce the risk of cancer



The World Cancer Research Fund (WCRF) has provided a list of recommendations that may help prevent up to 40 per cent of all cancer cases. Here are some of the top tips you can follow:

► Watch your weight and exercise regularly. Ensure you include at least 75 minutes of vigorous exercise every week.

► Follow a healthy diet and eat at least five portions of fruit and vegetables a day, particularly green leafy vegetables like spinach and broccoli.

► Avoid processed foods high in fat, starches or sugars, such as ready-made dishes, snacks, cakes, biscuits and sweets.

► Don't take unnecessary dietary supplements; if you eat a healthy diet, you don't need supplements.

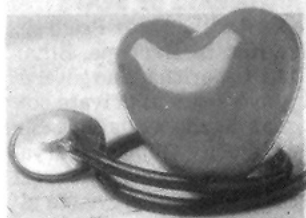
► Instead of drinking fizzy drinks and sweetened fruit juices, try to drink more water and unsweetened drinks. Cut down on alcohol.

— DAILY MIRROR

Ideal bedtime for heart health

A study claims sleeping before 10pm or after 11pm can increase the risk of cardiovascular disease. "The body has a 24-hour internal clock, circadian rhythm, that helps regulate physical and mental functioning. Early (before 10pm) or late bedtime (midnight) may have adverse consequences on cardiovascular health," said Dr David Plans from the University of Exeter, UK.

Tips to keep your heart healthy



Studies show that eating the right foods can help keep our hearts happy. But it isn't simply down to avoiding saturated fat and processed meat — what you add to your diet can make a difference too.

"Eating plenty of fibre helps to lower your risk of heart disease," says Susie Sawyer, a clinical nutritionist based in the UK. The daily recommended amount of fibre is 30gm.

There are two forms of fibre — soluble and

1 चिंता से बढ़ती है ब्लोटिंग

हमारा दिमाग और शरीर एक दूसरे से जुड़े हुए हैं। दिमाग की भाषा शरीर बहुत ही अच्छी तरह से समझता है। स्ट्रेस और एंजाइटी हमारे ब्रीदिंग पैटर्न और डाइजेस्टिव सिस्टम के तालमेल में अवरोध पैदा करते हैं। एंजाइटी की वजह से हम अपने अंदर अधिक हवा ले लेते हैं, जो पेट में जमा हो जाती है और ब्लोटिंग को बढ़ावा देती है।



Imagobazaar

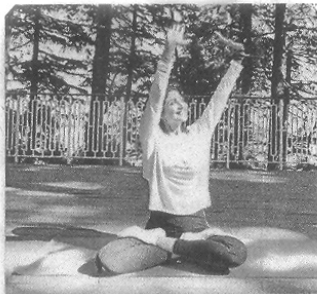
है। आमतौर पर लोग किसी अहम प्रजेंटेशन के पहले पेट में अजीब सा अनुभव करते हैं या किसी से तीखी नोक-झोंक होने पर पेट में कुछ डूबने जैसा अनुभव होता है। ये बहुत ही साधारण उदाहरण हैं कि एंजाइटी

आपके पेट में क्या क्या-क्या कर सकती है। इस तरह की परेशानी डाइजेस्टिव सिस्टम को बाधित करती है। एंजाइटी शरीर में हार्मोनल असंतुलन का कारण बनती है, जो आपके पेट के माइक्रोब्स पर नकारात्मक प्रभाव डालती है और उनके कामकाज को बाधित करती है। इससे निपटने के लिए रोजाना कम से कम 10 मिनट मेडिटेशन को समय दें। खुद पर ध्यान दें, गहरी सांस लें, एक्सरसाइज करें, जो ध्यान केंद्रित करने में मदद करेंगे।

Sitting for long may lead to heart disease

Sitting for over eight hours a day at a stretch can increase the risk of heart disease and early death by 20%, says a study carried out by Simon Fraser University's Scott Lear and Wei Li of Beijing's Chinese Academy of Medical Science. Around one lakh people in 21 countries were tracked over 11 years to get more insight into the dangers of prolonged sitting. The risk is higher among those who spent more time sitting and did the least activity, the research found.

Moving News



Serene mornings

Shilpa Shetty Kundra seems to be loving her stay in the lap of Nature! The actor shared a video of her practising anulom vilom in Himachal Pradesh. Explaining how clean, pure air is a 'luxury', she said: "Switch the mind off and BREATHE without fear. Snowcapped mountains, pure oxygen, silence, the chirping of the birds. When you find it all, make the best of it. Today, it was 21 Anulom Vilom (2 sets), 200 KapalBhati (2 sets), and Om chants... Breathe with awareness (sic)"

High cell membrane tension may curb spread of cancer: Study

Researchers may have found a way forward in the development of novel cancer treatments that exploit cell characteristics. By increasing membrane tension of cancer cells, they suppressed migration, invasion in a mouse model. This will contribute to treatments targeting physical characteristics of cancer cells.

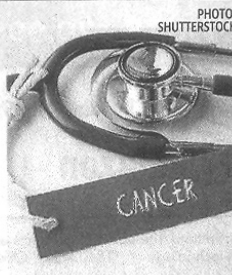


PHOTO: SHUTTERSTOCK

Covishield and Covaxin now recognised by 96 countries



PHOTO: SUNIL GHOSH/HT

The World Health Organisation (WHO) has recognised Covaxin and Covishield for emergency use, Union Health Minister Mansukh Mandaviya announced recently. "So far, the WHO has included eight vaccines in its emergency use listing (EUL). We are happy that two out of these are Indian

vaccines, Covaxin and Covishield. Both these vaccines have been recognised by 96 countries across the world," Mandaviya told ANI. Some of the countries to have recognised the two vaccines are USA, UK, Canada, Australia, Spain, France, Germany, Belgium, Russia, and Switzerland.

यह है बैलंस्ड थाली



आपकी थाली में प्रोटीन, कार्बोहाइड्रेट्स, फैट्स और फाइबर की सही मात्रा का होना जरूरी है। यह अच्छे सोर्स से भी आना चाहिए इसका भी ध्यान रखना चाहिए।

प्रोटीन के लिए अच्छे सोर्स: दूध, अंकुरित चना, मूंग, पनीर, दालें, सोयाबीन, मछली, चिकन और अंडे।

कितनी मात्रा: एक औसत युवा के लिए 50 से 60 ग्राम हर दिन। 2 कटोरी दाल, 50 ग्राम पनीर, एक बाउल अंकुरित चना और मूंग लेने से पूर्ति हो जाती है।

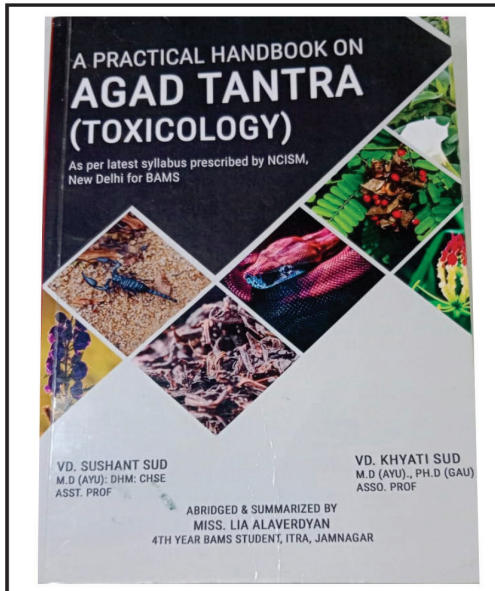
कार्बोहाइड्रेट के अच्छे सोर्स: सब्जियों, फलों, समूचे अनाज को इसका बेहतरीन सोर्स माना जाता है। वहीं चीनी, मैदा आदि का सेवन शरीर को नुकसान पहुंचाता है।

कितनी मात्रा: हर दिन 225 से 250 ग्राम। एक बाउल चावल, 2 से 3 चपाती और दूसरे सोर्स से पूर्ति हो जाती है।

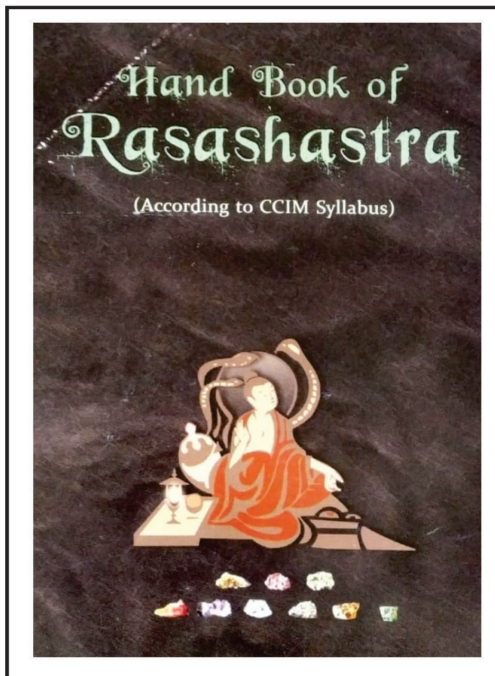
फैट के अच्छे सोर्स: शरीर के लिए यह भी बहुत जरूरी है।

विटामिन A,D,E और K के पाचन के लिए हर दिन कुछ मात्रा में फैट खाना भी जरूरी है। अगर फैट का सोर्स हेल्दी है तो इससे अच्छा कुछ भी नहीं। जैसे, वनस्पति तेल (ओलिव, सनफ्लावर, सरसों, सोया आदि), बादाम और मछलियों में मौजूद तेल। **कितनी मात्रा:** 45 से 75 ग्राम।

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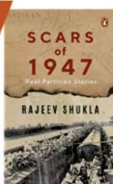
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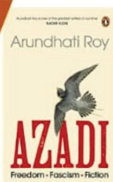


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24/7

छाती में दर्द ?
अधिक पसीना आना ?
सांस फूलना ?
घबराहट या बेचैनी होना ?
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घर बैठे फ्री ECG कराये

यह सेवा एम्स, नई दिल्ली के आसपास 10 Km पर उपलब्ध है।



Presented By **Dr. Brijender Singh**
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“Ayurveda Day”



संस्कृत™

सत्यं च येन निरतं रोगं विधूतं, अन्वेषितं च सविधिं आरोग्यमस्य।
गूढं निगूढं औषध्यरूपम्, धन्वन्तरि च सततं प्रणमामि नित्यं॥

One who wiped out all the diseases, truly and constantly, One who discovered the guidelines for (good) health, One who uncovered the hidden nature of medicinal plants, I, forever, bow to the God Dhanwantari.

Source - Unknown

जिन्होंने निरंतर समस्त रोग दूर किये, जिन्होंने (अच्छे) आरोग्य के विधि बताई, जिन्होंने औषधियों के छुपे स्वरूप को बताया, उन धन्वन्तरि भगवान को मैं सदैव प्रणाम करता हूँ।

Presented By **Dr. Ankita Bhagat**
B.A.M.S, East of Kailash, New Delhi-110065

“Shubh Deepawali”





Dr. Sudhir Seth

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ART OF JOINT REPLACEMENT SURGERY

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

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

MATERIALS USED ARE

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

5. Zirconium alloy (also called OXINIUM)

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

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

JOINTS MOST COMMONLY REPLACED

- A. Hip joint most successful surgery.
- B. Knee joint most commonly replaced.

Because of high prevalence knee osteoarthritis.

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

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

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

COMPLICACATION ENCOUNTERED

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

These complications may need a second surgery

Revision of joint replacement.

LIFE OF REPLACED JOINT

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

LATEST ADVANCES

1. Joint replacement done with computer assistance CAS (Computer Assisted surgery)

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

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

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

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

Re-Thoughts

1. Change is the end result - **Dr. Harish**
2. Welcome every day with smile on lips & good thought in mind-**Dr. R. Kaura**
3. Energy of burning flame in the mind is life's essence - **William Blake**
4. Doing small things are better than big things planned - **Dr. R. K. Sood**
5. Yoga is a burning flame once hit will hardly dim down - **Late. B. S. Iyenger (Yoga Expert)**



Dr. Renu

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

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

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

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

ATHERO SCLEROSIS (DHAMINI PRATICHTAYA) & I. H.D (Ischemic Heart Diseases)

Introduction I.H.D. is an acute or chronic type of heart disease arising from imbalance between myocardial supply and demand of oxygenated blood popularly called as atherosclerosis.

It is kind of arteriosclerosis. where endothelium of large or medium size arteries are afflicted by collection of cholesterol, calcium, salts, fats etc. at one or more points called as formation of atheroma or fibrous fatty plaque. This causes in hardening, narrowing or obstruction of coronary arteries which is regarded as **Dhamini Pratichtaya** in ayurvedic terms.

Besides non atherosclerotic reasons e.g. severe anaemia, hyper thyroidism, smoking, alcohol, drug abuse, D.M., H.T., mental stress, obesity, metabolic syndrome, embolism associated heart diseases with poor life style etc. are few of them.

Causes :

Dhamini Pratichtaya (D.P.) is a **santarpan** diseases which is **nanatmaj** rog more of **Kaph** dosh. Great **Charak** describes heart & its associated ten arteries (**Dhaminis**) are the **mool sthan** (main source) of

rasvah (plasma) & **raktvah** (blood) **srotas** (channels) which when clogged hampering uniform blood circulation due to poor as well as unhealthy life style in terms of **aahar** (food), **vihar** (physical and mental exercises) having **guru** anna e.g. excess of sweetened, salty, milk, confectionary, cream, maida made indian or fast food items etc.; **snigdha** (oily, saturated); **sheeta** (cold, aerated soft and hard drinks refrigerated, stale recooked food besides not doing enough physical exercises & destressing measures which collectively and gradually produce unhealthy **rasdhatu** which leading to mal functioning of heart enhancing its rate in the development of **margavrodh** (**obstruction/narrowing**) of said coronary arteries where **Kaph** dosh plays a dominant role with **Vat**.

While acharya **Madhav** illustrates that when **Vat** dosh aggravates due to **ati ushna**, **guru**, **kashaya**, **tikta aahar** doing **ati shram** (hard work beyond capacity) holding **adharniya vega** (natural urges), **abhigat** (chest injury) etc. are the causes of heart diseases develops **dhatukshay** decreasing & draining the **sapt dhatus** (body nutrients).

This medical condition worsens to **urashool** (chest pain) called as **angina** of short duration relieved by taking rest while chest pain of long duration repeated in nature, severe, sweating, radiating to neck, upper limbs and back etc. called as **myocardial infarction** (M.I.). So critical conditions of **hridya ghat** (heart attack) or **mastishk ghat** (stroke) happens with symptoms of high blood pressure, tachycardia, suffocating chest pain, weakness, numbness in parts of limbs as well as loss of self control or coordination indicating some emergency of ischaemic pathology.

Management of Treatment (Chikitsa Upkarm)

Modern as well as ayurvedic sciences lay stress on remove the cause of disease (**karan ka nivaran**) where and when kaph dosh dominates undergo **aptarpan** (deconstruct) & vat dosh advise for **santarpan** chikitsa (**nourishing**). Following is the protocol in brief to be followed.

1. Apathya (Don't's)

- (a) Excess of tea/coffee, fatty, spicy, fried, confectionary, refrigerated, non-veg (red meat), snacks or food items.
- (b) Alcoholic beverages, hard or soft drinks.
- (c) Poor & unhealthy life style related mental stress, sleep, smoking & sedentary habits.

2. Pathya (Do's)

- (a) Daily physical exercises for strength

& stamina building based on individual **balabal** e.g. walking, jogging, swimming, aerobics etc.

- (b) For mental health practice yog asanas, dhyana, pranayama, read good books, listen music necessary for soothing and relaxing benefits.

- (c) Prefer seasonal green vegetables and fruits with low calorie as well as in moderate quantity.

- (d) **Regular use of chach (with jeera and saindha namak), sonth (fresh & green), kali mirch, pipali, haldi (fresh & green), kadi patta, awla, petha, nariyal, sahanjan ki fali, parval, plandu (onion), lehson, anjeer, khajur, angoor (grapes) etc. as anti oxidants, anti inflammatory, nutrients.**

Panch karma

Simple advice snehana, swedan, virechan, basti.

Medicines

Varunadi qwath, Punarnavadi qwath, Arjunarisht, Dashmularisht, Balarisht, Ashwagandharisht.

Navak gugul, Triphla gugul, Medohar gugul

Trikatu churan, Hing washtak churan

Lashunadi vati, Chitrakadi vati

Lahsun Kshir Pak, Arjun Kshir Pak

Nagarjun Abhrak Ras etc. are some of the ayurvedic medicines.



डॉ. अनुपमा पात्र (एम.डी. आयुर्वेद)

प्रोफेसर, शालाकयतंत्र विभाग

SGT विश्वविद्यालय, गुरुग्राम, हरियाणा

मोक्ष प्राप्ति के लिए योग या आयुर्वेद या दोनों!

योग एवं आयुर्वेद के बीच समंध क्या है उसके बारेमें अधिकतम आयुर्वेदवित के मनमें प्रश्न वाची है। अतः साधारण जनता में तो ये प्रश्नवाची रहेगा ही। अतः इस लेख के जरिये उस प्रश्न का सटीक उत्तर ढूंढने की प्रयास किया गया है। जीवन का मूल लक्ष्य मोक्ष प्राप्ति ही होता है। उस मोक्ष को दिलाने में खुद आयुर्वेद सक्षम है या योग की मदद लेने की जरूरत है? इस के बारेमें भी यहां विश्लेषण किया जाएगा।

आयुर्वेद का प्रयोजन है. “प्रयोजनं च अस्य स्वस्थस्य स्वास्थ्य रक्षणं अतुरस्य विकार प्रशमनं च।” मतलब यह स्वस्थ व्यक्ति का स्वास्थ्य का रक्षा करता है तथा विमार को ठीक भी कर सकता है। योग कहने से पतंजलि कृत अष्टाङ्ग योग को ही समझना चाहिए। यथा यम, नियम, आसन, प्राणायाम, प्रत्याहार, ध्यान, धारणा एवं समाधि।

योग का प्रयोजन है मोक्ष प्राप्ति।

आयुर्वेद में ये रिफरेन्स दी गयी है कि—

“धर्मार्थ काम मोक्षणाम आरोग्यम मूलमुत्तमम रोगतस्य उपहतार् श्रेयसः जीवितस्य च’ (च. सू.1/15)

अर्थात धर्म अर्थ काम एवं मोक्ष ये चारों को हासिल करने के लिए आरोग्यता वेहद जरूरी है। बिना स्वस्थ शरीर के ये सब संभव नहीं है। आरोग्यता के लिए आयुर्वेद का ज्ञान अपरिहार्य है। तभी मुनि ऋषियों ने इसकी खोज की।

चरक संहिता में आयुर्वेद की अवतरण के बारेमें यह कहा गया है कि

“विघ्नभूता यदारोगा प्रादुर्भूत शरीरिणाम

तप उपवास स्वाध्याय ब्रम्हचर्य वृतायुष्याम (च.सू. 1/6)

मतलब तप, उपवास, स्वाध्याय ब्रम्हचर्य व्रत आदि के करने के बाबजुत जब विघ्न स्वरूप व्याधि की उत्पत्ति हुई तभी मुनि ऋषियों ने आयुर्वेद की खोज की थी एवं उसको स्वर्ग से धरती को उतारा था। इससे यह सिद्ध होती है कि उपरोक्त तप आदि विधि जो कि योग का हिस्सा है उनसे बीमारी ठीक नहीं हो सकता अन्यथा ये सब करते हुए बीमारी आती ही नहीं। इससे ये सिद्ध होती है की योग अकेला मोक्ष नहीं दे सकता। अब विचार करते हैं कि क्या आयुर्वेद अकेला मोक्ष दे सकता है? आयुर्वेद की ज्ञान खुद मोक्ष देनेकी क्षमता रखता है कि नहीं यह वैद्यों के मनमें प्रश्नवाची है।

इसलिए आयुर्वेद के साथ योगशास्त्र का भी आयुर्वेद पाठ्यक्रम में समाया गया है। आयुर्वेद की प्रमुख ग्रंथ चरक संहिता में यह कहा गया है कि जो व्यक्ति आयुर्वेद में बताए गए स्वस्थवृत्तों के साथ साथ सद्वृत्तों का भी विधि पूर्वक पालन करता है वो सौ वर्ष की रोगरहित आयु से पृथक् नहीं होता है। उसके साथ साथ सज्जन एवं साधु पुरुषों द्वारा प्रशंसित हो कर इस लोक में अपना यश फैलाकर धर्म एवं अर्थ को प्राप्त करता है। प्राणिमात्र के हित करने के कारण सबका बंधु बन जाता है। मृत्यु के बाद वह स्वर्गादि लोकों को प्राप करता है, जो कि उत्तम पुण्य करने वाले पुरुष को मिलता है। इसलिए सभी मनुष्यों को सर्वदा सद्वृत्तों का पालन करना चाहिए जिससे उन्हें भी पुण्यलोकों की प्राप्ति हो सके।

अतः हमने ऊपर यह देखा कि आयुर्वेद में वर्णित स्वस्थवृत्त का ज्ञान खुद मोक्ष दिलाने की क्षमता रखती है।

आयुर्वेद में दिनचर्या याने सवेरे से उठकर सोनेतक की क्या क्या कर्म होने चाहिए, ऋतुचर्या याने हर ऋतुओं में कैसे आहार विहार होनी चाहिए तथा सद्वृत्त (उचित कर्तव्य) समन्वित तमाम स्वस्थवृत्त का ज्ञान दिया गया है। सद्वृत्त ज्ञान के अंदर क्या क्या करना चाहिए, क्या क्या नहीं करना चाहिए, भोजन समन्वित सद्वृत्त का ज्ञान, मलत्याग समन्वित, सामाजिक व्यवहार समन्वित, मानशिक व्यवहार समन्वित, कार्य समन्वित, पठनपाठन समन्वित, मैथुन समन्वित सद्वृत्त का ज्ञान ऐसे तमाम ज्ञान का वर्णन है। उनमें से यहाँपर क्या क्या करना चाहिए एवं क्या क्या नहीं करना चाहिए ऐसे सामान्य नियमों का उल्लेख किया गया है।

क्या-क्या करना चाहिए

देवता, गौ, ब्राह्मण, गुरु, वृद्ध, सिद्ध पुरुष तथा आचार्य की पूजा अग्नि की उपासना

उत्तम औषधियों को धारण करना ।

प्रातः सायं खाने एवं संध्या करना ।

गुदा आदि मलमार्गों तथा पैरों की सदा सफाई करना ।

प्रतिदिन स्वच्छ एवं न फटे हुये वस्त्रों को धारण करना

सदा प्रसन्न मन रहना और सुगंधित इत्र आदि को धारण करना

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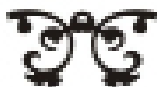
प्रायोगिक धूम का पान करना चाहिये ।

उपसंहार

यह गौरव का विषय है कि आज सारा विश्व में योग अपना एक विशिष्ट स्थान हासिल कर चुका है जो कि आयुर्वेद भी नहीं कर पाया है। आयुर्वेद का महानता तथा विशालता को हम जानते हैं।

हालांकि धीरे धीरे इसका भी प्रचार प्रसार चल रही है। यह एक विश्लेषण की विषय है कि क्या योग, सिर्फ योगासन एवं कुछ प्राणायाम में सीमित है? क्यों की पिछले आठ सालों से योग दिवस के अवसर पर बस यही होता आ रहा है। कोई भी विद्वान अष्टाङ्ग योग का पूर्ण ज्ञान जन साधारण को नहीं देते हैं, जब कि यम नियम आदि ज्ञान के बगैर योग का जो मुख्य लक्ष्य मोक्ष प्राप्ति है वो सिद्ध नहीं हो पायेगा ये तो योग रूपी महत्त्वपूर्ण भारतीय ज्ञान का एक प्रकार का अपमान ही है। यम नियम आदि ज्ञान के बगैर आसन तो सिर्फ व्यायाम ही है जिसका आयुर्वेद में भी काफी प्रशंसा की गई है। योगासन को लेकर जो वैज्ञानिक शोध हो रही है एवं जो अच्छे परिणाम आ रहे हैं यह व्यायाम से भी हो सकता है या नहीं यह तो तुलनात्मक वैज्ञानिक शोध ही बताएगा।

आयुर्वेद में स्वस्थवृत्त समन्वित तमाम ज्ञान का वर्णन हुआ है। अतः आज समाज को सही ज्ञान देने की जरूरत है। उचित आध्यात्मिक ज्ञान के कमी से आज समाज जो सामुखी राह पे चल दी है उससे बचाने के लिए यम, नियम आदि ज्ञान को देने की जरूरत है। आयुर्वेद में जिनको सद्वृत्त के नाम पे वर्णना की गई है। आज की परिस्थिति में आयुर्वेद का स्वस्थवृत्त तथा सद्वृत्त समन्वित ज्ञान या फिर योगशास्त्र में वर्णित यम नियम आदि का उचित ज्ञान समाज के लिए अपेक्षित है।



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Hindi- Paan, **English** - Betal, **Latin** - Piper Betal, **Sanskrit** - Tambul

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Leaves - Heart Shaped 4"-7" Long & 2"-4" wide shinning little thick.

Fruit - 1"x5" long, dropping **Stem**- Green, Thin & Slender

Flower- Male 3"x6", Female 1"-4"

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

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