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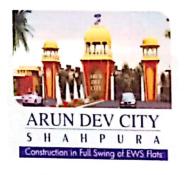
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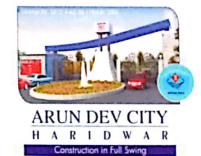


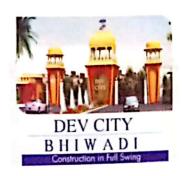
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आदिदेव भगवान धन्वन्तरि







स्तुति भगवान श्री धन्वन्तरि जी की

नमामि आरोग्यदाता, आदि देव धन्वन्तरि। व्याधि भय से मुक्ति दो, ऊँ धन्वन्तरि नमस्तुते ।।1।।

> हे सिन्धु रत्न, सुधापाणि, शंख, शस्य धारी शिवम्। आयुर्वेद का आलोक दो, ऊँ धन्वन्तरि नमस्तुते ।।2।।

देवासुर के अथक श्रम से, सागर से प्रकट हुए। स्वास्थ्य का वरदान दो, ऊँ धन्वन्तरि नमस्तुते ।।3।।

> भौतिकता के तमस पाश से, त्रस्त मानव शरणागत है। अमृत से कण-कण को भर दो, ऊँ धन्वन्तरि नमस्तुते ।।4।।

दीन-हीन स्वाभिमान हीन, वैद्य वृंद श्री हीन हुए। निज गौरव का बोध करा दो, ऊँ धन्वन्तरि नमस्तुते ।।5।।

> वैद्य हृदय आलोकित कर, चरक चिकित्सा के प्रकाश से। शल्य में सुश्रुत को भर दो, ऊँ धन्वन्तरि नमस्तुते।।६।।

वाग्भट् की वाणी दे, दे माधव का कौशल निदान। दे भाव मिश्र की नूतन शैली, ऊँ धन्वन्तरि नमस्तुते।।7।।

> जन जन की पीड़ा हरने को, औषधि में कौशल भरदे। ''भरत'' वैद्य सभी शरणागत, ऊँ धन्वन्तरि नमस्तुते।।।।।।

> > - वैद्य भरत सिंह "भरत"





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श्रीमती शीला दीक्षित मुख्यमंत्री

SMT. SHEILA DIKSHIT Chief Minister

D.O. No. : OSDCMI/421 Dated : 26.09.08

Message

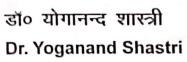
I am glad to learn that All India Indian Medicine Graduate Association is celebrating Dhanwantri Day on the 26th October, 2008 at New Delhi. It gives me added pleasure to know that a souvenir is also being brought out on this occasion.

I do hope that the association has been contributing substantially in the field of Indian System of medicine. I am sure that it would continue to strive hard to propagate Indian Medicine System, which has a long history of ensuring satisfactory treatment with positive results.

My best wishes for success of the entire endeavour.

Sd/-(Sheila Dikshit)







स्वास्थ्य एवं परिवार कल्याण मंत्री राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार Minister of Health & Family Welfare Govt. of NCT of Delhi दिल्ली सचिवालय, आई.पी. एस्टेट, नई दिल्ली Delhi Secretariat, I.P. Estate, New Delhi

> D.O. No. : Min. Health/08/6866 Date : 13-10-2008

Message

I am happy to know that All India Indian Medicine Graduates Association (Regd.) is celebrating "Dhanwantri Day-the birth anniversary of Lord Dhanwantri" on 26th October, 2008 at Rajendra Bhawan, ITO, New Delhi and is also bringing out a souvenir to highlight the Indian Cultural heritage.

Such activities are very important in today's environment and I am sure that such publication would spread message of social harmony among the people.

I wish All India Indian Medicine Graduates Association (Regd.) all success for its forthcoming events & publication.

Sd/-Dr. Yoganand Shastri

Hkm. S. P. Bhatnagar Chief Editor All India Indian Medicine Graduates Association (Regd.) ED-27A, Madhuban Chowk, Pitampura New Delhi-8

AIIMGA - 2008





वैद्य रघुनन्दन शर्मा अध्यक्ष VAIDYA RAGHUNANDAN SHARMA President भारत सरकार
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मंत्रालय आयुष विभाग
CENTRAL COUNCIL OF INDIAN MEDICINE
Ministry of Health & Family Welfare,
Government of India, Department of AYUSH

Dated: 6th Oct., 2008

Message

I am glad to learn that All India Indian Medicine Graduates Association is celebrating Dhanwantri Day on the 26th October, 2008 and a Souvenir is also being brought out on this occasion. On this auspicious day we remember Lord Dhanwantri for showering health & prosperity. This, we see as opportinity to discuss various issues related to Ayurveda, Siddha & Unani Medicine and their role in the Health care delivery system of the country.

I wish Ayurved fratenity is duly guided by the preaching of Lord Dhanwantri and let us rededicate ourselves for the cause of Ayurveda. I convey my heartiest congratulations to the organizers at this auspicious occasion.

At present Ayurveda is becoming popular in india and abroad day by day therefore every member of Association should make effort by treating the patient through Ayurved to popularise Ayurved on National & International level.

Sd/-

Raghunandan Sharma



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DR. S. K. SHARMA ADVISER (AYURVEDA) M.D. (Ayu.) Ph.D. M.A. Health Management (U.K.)



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Government of India Ministry of Health & Family Welfare Deptt. of Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homoeopathy (Ayush) Red Cross Building, New Delhi-110001

Message

I am happy to know that All India Indian Medicine Graduates Association (Regd.) is celebrating 'Dhanwantri Day on 26th October, 2008 at Rajendra Bhawan, New Delhi. This is an auspicious day when we remember Lord Dhanwantri as well as take pledge for selfless services to the ailing community. There are number of new diseases as well as epidemics which are challenge to the doctors and vaidyas. Ayurvedic, Unani graduates can contribute a lot in various seasonal epidemics as well as in other difficult disorders which are affecting our society.

I congratulate AIIMGA for their initiative of Dhanwantri Day celebration and wish a great success for organizing exhibitions and Ayurvedic campus on Dhanwantri Day.

Sd/-Dr. S. K. Sharma

7

DR. SYED ASAD PASHA Deputy Advisor Unani



भारत सरकार
Government of India
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & Family Welfare
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Deptt. of Ayurveda, Yoga & Naturopathy,
Unani, Siddha and Homoeopathy (Ayush)
रेड क्रॉस भवन, नई दिल्ली-११०००१
Red Cross Building, New Delhi-110001

Dated: 14th October, 2008

Message

It is a great pleasure that AIIMGA has completed 21 years & is celebrating "Dhanwantri Day Family Fiesta - 2008" on 26th October 2008. AIIMGA has organized Free Health Check-up Camps, Blood Donation Campus, Seminars, Health Talks, Symposiums, Re-orientation programmes etc. in the past successfully and is still continuing in the field. It is good that AIIMGA is working hard in the field of Health & Family Welfare.

I wish that the organization will have no stone unturned for the benefit of AYUSH in future also.

Sd/-

Dr. Syed Asad Pasha

To Hkm. S. P. Bhatnagar Chief Editor Souvenir-Dhanwantri





DR. S. N. SAHU

Deputy Advisor (Hombeopathy)



भारत सरकार

Government of India स्वास्थ्य एवं परिवार कल्याण मंत्री Minister of Health & Family Welfare आयुर्वेद, योग व प्राकृतिक चिकित्सा, यूनानी, सिद्ध एवं होम्योपैथी (आयुप) विभाग Deptt. of Ayurveda, Yoga & Naturopathy, Unani Siddha and Homoeopathy (Ayush) रेड क्रॉस भवन, नई दिल्ली-११०००१ Red Cross Building, New Delhi-110001

Message

I am glad to know that All India Indian Medicine Graduate Association (Regd.) is organizing Dhanwantri Day celebration on 26th October, 2008 at Rajendra Bhawan, ITO, New Delhi and a Souvenir is also being brought out on this occasion.

AYUSH Sector is a sunrise sector in the light of resurgence of interest in natural medicinal product in India and abroad and this publication would spread awareness about the concept of holistic health care service of AYUSH.

I wish all success to the organization in their endeavor.

Sd/-Dr. S. N. Sahu







ऑल इण्डिया इण्डियन मेडिसन ग्रेजुएट्स एसोसिएशन (रजि.)

(आयुर्वेदिक, यूनानी एवं होम्योपैथिक चिकित्सकों का नेतृत्व करने वाली गैर सरकारी संस्था)

> अपने अधिकारों की रक्षा एवं उज्जवल भविष्य के लिए चिकित्शा व्यवसाय सम्बन्धित समस्याओं के समाधान हेतु



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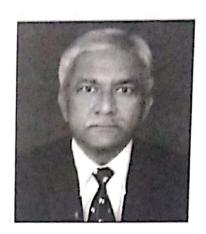






AIIMGA - 2008

From the desk of Chief Editor



Turning the arc lights on one's own self presents a great challenge, especially when you get paid to do it for others. Never the less, we shall attempt to do it with all modesty!

It gives me a great pleasure & pride to be the Chief Editor of the souvenir - Dhanwantri for the third consecutive year. The executive committee of AIIMGA has shown full confidence in me & as I had full faith on the members of Editorial board, I took this responsibility on my shoulders. Hardly, one month time was given to the editorial board to finish the work from A to Z. It was a big challenge and I always welcome & accept the challenges. Dr. J.S. Panwar, Dr. Rakesh Goel, Dr. K.K. Singhal, Dr. Love Kumar, Dr. Mohd. Arif, all combined left no stone unturned in making this hilarious work easy.

I am highly thankful to all the Doctors who have tried to find time to pen down the articles, all those who have participated in providing the advertisements for their manufacturing units, institutions etc.. I am highly thankful to all the dignitaries also who have encouraged & supported us by pouring their blessings for the souvenir through their gracious messages.

The editorial team has tried its level best to present the best in this edition of Annual Souvenir - Dhanwantri, still there is always a room for improvement.

Hope, the readers will like this edition too as in the past.

With best wishes for Deepawali.

Hkm. S.P. Bhatnagar (Chief Editor)

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AIIMGA Family always united in wears & tears



Dear Doctors,

It is a matter of great pride that AIIMGA has completed 21 years of its formation and this year Central Cabinet of AIIMGA is celebrating Lord Dhanwantri Day Family Fiesta-2008 with great pump & show.

AIIMGA was formed on 7th Nov., 1987 for the welfare of the physicians of Indian Systems of Medicine with only five members initially. Since then AIIMGA has crossed a long road. Today, AIIMGA has a large number of its members (app. 1000) spread all over the country.

AIIMGA is functioning in Delhi, Uttar Pradesh, Himachal Pradesh, Punjab, Rajasthan and Karnatka in the south. Seperate working commitees have been formed in different states which work under the Central Cabinet of AIIMGA. AIIMGA is the only organization which represents Ayurvedic, Unani & Homeopathy all under one banner. The Government recognizes AIIMGA as an NGO due to its functioning in the right direction for the betterment & upliftment of ISM.

AIIMGA has been honoured by the Government in the past as it has worked side by side with the Govt. machinery in Pulse Polio programme as well as other health programmes. Every now & then, AIIMGA has organized Seminars on national level as well as state level. AIIMGA is running CME programme also since December 2007 in Mool Chand Medicity Hospital.

During natural disasters like flood, earthquake, tsunami etc. also the organisation has participated actively with full enthusiasm. It has helped the needy financially, medically as well as by providing the required material. Recently, during the flood in Bihar AIIMGA has sent medicines (especially life saving drugs) and dresses for adults as well as children. App. Rs. One lac has been sent as monetory help.

AIIMGA is committed to do more and more social activities in the future also as it had been doing in the past.

In the end, I would like to convey my best wishes for "Shubh Deepawali" to each and every one.

Dr. Raman Khanna Gen. Secretary

AIIMGA - 2008

... Secretary

All India Indian Medicine Graduates Association (Regd.)

(A.I.I.M.G.A.) Regd. No. S-18646

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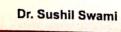
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Phone: 9810543933

PROFILE

Name : ALL INDIA INDIAN MEDICINE GRADUATES ASSOCIATION (Regd.)

Established on · : 7[™] Nov. 1987

Completed : 20 Years

Date of registration : 12th Feb 1988 (Under societies registration act. XXI of 1860)

Pan No. : AAATA 1217H

Registered address: 32,GANESH NAGAR VISTAR-II, SHAKARPUR, DELHI - 110092

INTRODUCTION

ALL INDIA INDIAN MEDICINE GRADUATES ASSOCIATION, Regd. (AIIMGA) is an NGO of MEDICAL PRACTITIONERS of ISM& H (Indian System of Medicine and Homoeopathy). It was founded 20 years back in 1987 by the dedicated and foresighted medicos for the purpose of upgrading and systematic development of ISM&H and the welfare of its practitioners. With this exclusive aim and few members, the association started functioning. Now, the number of members has increased upto 1500 app. in NCT of Delhi and other states, i.e., Haryana, Uttar Pradesh, Rajasthan, Himachal Pradesh, Punjab and Karnataka etc.

Delhi state itself has 10 zones with their separate working committees that work under the state team. The central cabinet is the supreme authority to take and finalise the matters after proper discussions. AIIMGA is an audit concern and submitting the ITR yearly. It was registered under the societies act with the Office of Registrar of Societies, NCT of Delhi on 12th Feb 1988.

ACTIVITIES & WORKING:

AIIMGA performs the following activities with a proper schedule and system.

Types of activities:

- Systemic Activities
- Welfare & Protective Activities
- Social Activities

SYSTEMIC ACTIVITIES:

Activities for the development and upgrading of ISM&H (Ayurveda, Unani, Siddha, and Homoeopathy)

- To motivate the members of AIIMGA and the practitioners of ISM&H for attending the Re-orientation programmes organized by the government for the development of ISM &H (Indian System of Medicines and Homoeopathy).
- Appreciation for addition of latest (day to day) techniques in the ISM&H by the Central and the State governments.
- To avoid dependence on the other pathies, AIIMGA demanded to manufacture and launch the effective and emergency drugs/medicines in Ayurveda, Unani & Homoeopathy to be used by the practitioners of ISM&H to cure the ailing persons.

- AlIMGA has demanded from the government to provide the modern (upto date) facilities for Ayurveda & Unani Hospitals as well as Research Institutions every now and then.
- AIIMGA demanded to open new Ayurvedic, Unani and Homeopathic Colleges and Research Centres for their systemic development.
- AIIMGA submitted the representations through the delegations of its Executive members to the Central and the State governments to improve and increase the funds and budgets for ISM&H.
- AllMGA also works to represent the passed resolutions of CCIM for further considerations with the Central
 and the State governments.

WELFARE & PROTECTIVE ACTIVITIES

AIIMGA is working continuously since its foundation for the welfare and protection of the rights of medical practitioners of ISM&H. AIIMGA also organizes **Conferences**, **Seminars**, **Lectures and Symposiums** since 1987 after the medical practitioners to provide upto date Medical knowledge. A few of such activities are mentioned here as under:

1) NATIONAL CONFERENCE:

AlIMGA organized a national conference of ISM&H in Jan1993 at New Delhi in the Hamdard College Auditorium. After three days of intellectual discussions and considerations, Dr.V.K.Gupta, Principal of Nehru Homeopathic College, presented the conclusion report for the development of ISM&H. Shri Pawan Singh Ghatower (the then State Minister for Health, Government of India) delivered his speech and supported the conclusion report and assured about the Government's positive attitude for the development and upgrading of ISM&H.

Reputed and high profile personalities like Advisors-Ayurveda (Govt. of India), Directors, Deputy Directors, Principals and Head of the Departments etc of ISM&H witnessed the Conference.

AIIMGA represented all the views and conclusion report of the conference to the Central and the State Governments for further consideration and implementation.

A lecture on PREVENTION OF HEART DISEASES was organized in Haryana on 31/3/1991 that was presided by Sh. Chandra Shekharji (the then Hon'ble Prime Minister, Govt. of India)

A lecture on VIRAL FEVER & JAUNDICE-IMA hall, Delhi dated 14/6/1997

A lecture on TAMAK SWAS (Bronchial Asthma) and UDAR ROG (Abdominal diseases)-IMA hall dated 23/8/1998

A lecture on AAM VAAT & SANDHI VAAT-Dehli

A lecture on ANORECTAL DISORDERS - Spring Bell Public School

AIIMGA invited renowned Doctors, Clinical Experts, Lecturers and Professors for the presentation of their papers.

2) FIFTY YEARS OF INDEPENDENCE AND ISM&H

AllMGA organized a special programme to celebrate the completion of fifty years of the Independence of the Republic of India on 25th June 2000 at the Constitution Club, V.P House, New Delhi. Dr. Vivekanapd Pandey (Ex. Director, CCRAS), Dr. S.V. Tripathi (Chief Medical Consultant, Moolchand Kharati Ram Hospital.

New Delhi), Dr. V.K. Gupta (Former Principal, Nehru Homeopathic Medical College), Dr. Nand Kishore (Deputy Director ISM, Govt. of Delhi) were some of the distinguished guests who had attended the programme and had given their views. The Chief Guest Dr. Raman Singh (the then State Minister for Industry, Govt. of India) and the Guest of Honour Dr. A.K. Walia (the then Health Minister, Govt. of NCT of Delhi) delivered their speeches and appreciated the outcome of the programme. They assured for positive help and support from their respective governments for the development of ISM&H.

3) VACCINATION TRAINING PROGRAMMES:

AIIMGA organizes the free vaccination-training programme yearly for the members of AIIMGA in collaboration with the Health & Family Welfare Department, Govt. of NCT of Delhi.

4) FREE DISTRIBUTION OF VACCINES:

AIIMGA has arranged vaccine depots in different zones. The free vaccines like **DPT, POLIO,T.T., MEASLES** along with **CU.T.** & **Pills** etc. to be supplied to its life members. In this manner, the members serve the poor community with the vaccines free of cost.

5) REGARDING LEGAL MATTERS:

For protecting the rights of the practitioners of ISM&H, AIIMGA helps and feed the legal advisor/counsellor in the legal matters. In this way, it becomes easier for the advocate to pursue the case smoothly.

In 1998, AIIMGA played a very important role by explaining and convincing the matter before the CCIM session and by guiding CCIM officials to release a **NOTIFICATION** for the protection of the rights of practitioners of ISM&H so that it may be put forth before the Three Bench Panel of the Supreme Court.

AIIMGA provides 24 hours legal and social support to help its members against the illegal police cases or mis-happenings.

AllIMGA also played a very important role during the formation of Delhi Bhartiya Chikitsa Parishad (DBCP) Act 1998 for the protection of rights and privileges of the practitioners of ISM&H.

SOCIAL ACTIVITIES

1) MEDICAL CAMPS:

In October 2006, a five-day free Health check up camp was organized by AIIMGA in Mangolpuri zone, where medicines were also distributed to the patients free of cost.

2) FREE IMMUNIZATION CAMPS

Free vaccination/immunization camps are being organized by AIIMGA in the different areas to vaccinate the children. The vaccination is totally free in these camps.

3) NATIONAL DISASTERS

Inspite of the limited resources, the association had always been helpful and participates at the time of national disasters by supplying the medicines in bulk, garments and also providing the monetary help and other required goods every now and then.

4) PULSE POLIO PROGRAMME

During the Pulse Polio Programme1995, AIIMGA had shared the platform with the Delhi Government. Its members wholeheartedly supervise the Polio Centres from time to time as per schedule of the Polio Vaccination Committee of the Delhi Government.

5) BLOOD DONATION CAMP

AIIMGA has organized Blood Donation Camps every now and then, in which the members of AIIMGA have donated blood at their will.

6) EYE DONATION PROGRAMME

AllMGA considers Eye Donation Programme also as an important social activity. The association encourages its members to take the pledge to donate their eyes. Covering this programme, 50 members had taken pledge to donate their eyes on 1st June 1997 at Badshah Khan Hospital in Faridabad city (Haryana).

8) THE SPORTS MEET:

Sports competitions (Cricket, Badminton, Chess, Table Tennis etc.) are being organized annually in the different areas of the National Capital Territory of Delhi in which the members of the association participate with full interest and enthusiasm.

7) DHANWANTRI DIWAS CELEBRATIONS

AIIMGA celebrates a colourful annual programme on the birthday of Lord Dhanwantri every year. The Chief Guest of the programme releases a SOUVENIR-DHANWANTRI every year on the occasion. The members of AIIMGA from other states also attend the function and get motivated for their future working.

Last year, Dhanwantri diwas was celebrated on 19/10/06 at Rajendra Bhawan, near I.T.O, New Delhi.

AIIMGA honours the distinguished personalities of ISM&H for their achievements, excellent working and support for developing and upgrading of the ISM&H by DHANWANTRI & AIIMGA AWARDS.

AIIMGA is proud to mention that the following respected personalities have blessed the members of AIIMGA by showing their wholehearted interest by making their presence in the programme. The AIIMGA feels delighted and honoured.

- 1) Sh. Chandra Shekhar- the Hon'ble Prime Minister, Govt. of India, 1991
- 2) Sh. H.K.L. Bhagat- the Information and Broadcasting Minister, Govt. of India, 1989
- 3) Sh. Rasheed Masood -the Health Minister, Govt. of India, 1990
- 4) Mrs Maneka Gandhi-the Environment Minister, Govt. of India, 2000
- 5) Dr. Raman Singh-the State Minister for Industries, Govt. of India
- 6) Dr. Jaswant Singh-the M.P., Govt. of India, 2000
- 7) Ch. Prem Singh-the Speaker, Delhi Assembly, 2000
- 8) Sh.Madan Lal Khurana-the Chief Minister, Govt. of Delhi, 1996
- 9) Sh.Sahib Singh Verma- the Chief Minister, Govt. of Delhi, 1999
- 10) Dr. Harsh Vardhan- the Health Minister, Govt. of Delhi, 1999
- 11) Dr. A.K. Walia- the Health Minister, Govt. of Delhi, 2003
- 12) Sh. Rajesh Khanna -the Actor and M.P, Loksabha 13) Dr. Yoganand Shastri- the Health minister, Govt. of Delhi, 2004
- 14) Dr. Acharya Vishnu Shastri-the Dean, Lal Bahadur Sanskrit University
- 15) Sh.K.V.Krishnamurty- the Chief Election Commissioner, Govt. of India.

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On the occasion of Lord Dhanwantri Day AIIMGA presents Awards - 2008

Life Time Achievement Award to Dr. R. S. Chauhan

Dhanwantri Awards

Dr. Sanjiv Kumar

Assistant Director-CRIA, Patiala, Punjab.

Dr. M. A. Kumar

Deputy Advisor-SIDDHA, AYUSH Deptt. (Govt. of India) Dr. Anil Kumar Malhotra

Principal - Nehru Homeopathic Medical College Defence Colony, New Delhi.

Dr. (Mrs.) Nuzhat Ishtiag

Add. DMS & HOD (Deptt. of Obs. & Gynae) A. & U. Tibbia College & Hospital, Karol Bagh

AIIMGA Awards

- 1. Dr. R. K. Jain East Zone - II (Delhi)
- 3. Dr. Ashok Chaudhary East Zone-I (Delhi)
- 5. Dr. Vinod Sharma Ghaziabad, U.P.
- 7. Dr. Gyanender Sehpathi Faridabad
- 9. Dr. R. B. Verma President Ambala

- 2. Dr. Jitender Gaur Mid Zone (Delhi)
- Dr. M. P. Singh Rohini-Mangol Puri Zone (Delhi)
- 6. Dr. M. L. Ahuja State President Haryana
- 8. Dr. Akashdeep Ballabhgarh

Special AIIMGA Awards

Dr. Satish Katkhar

Haryana A.M. Officer-Drug Inspector
District Ayurvedic Officer-Faridabad & Mewat
Spl. in Quality of Drug & Medicine

Dr. Vishwajeet S. Phogat Vice Chairman A. & U. Board, Haryana

Dr. Love Kumar Mid Zone (Delhi)

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CCIM - Code of Medical Ethics

The Central Council of Indian Medicine (CCIM) has prescribed a code of Medical Ethics, to be observed by all physicians towards the patients and the society. To that effect each physician gives in writing the following declaration whereby he undertakes that:

- I solemnly pledge myself to dedicate / consecrate my life to the service of humanity.
- Even under threat I will not use my medical knowledge contrary to the laws of humanity.
- I will maintain the utmost respect for human life from the time of its conception.
- I will practice my profession with conscience and dignity.
- I will not permit consideration of religion, nationality, race, party-politics or social standing to intervene
 in my duty and my patients.
- The health of my patient will be my first foremost consideration.
- I will respect the secrets which are confided in me by my patient during the course of treatment.
- I will give to my teacher the respect and gratitude which is their due.
- I will maintain by all means in my power, the honour and noble traditions of medical profession.
- · My colleagues will be my brothers.
- When the public is facing an epidemic or some communicable disease, I as a physician will continue
 my efforts and labour without regard to the risk to my own health.

I make these promises solemnly, freely and upon my honour.

DR. K. K. SINGHAL
B.Sc., B.A.M.S., DIP Acupuncture
Post Graduate in SOL, Yog & Meditation



एमगा परिवार के सभी सदस्यों को भगवान धनवन्तरि दिवस एवं दीपावली की हार्दिक शुभकामनाएँ।



-: शुभेच्छु :-



डॉ. जितेन्द्र गौड़

डॉ. महेश चन्द शर्मा

AIIMGA - 2008

Celebrations by AIIMGA till date.....

- 1988 2nd Febraury 1988 Ist Anniversary of AIIMGA at Kanchan X-Ray House, Nangloi, Delhi
- 1989 26th October, 1989 IInd Anniversary was celebrated as Dhanwantri Day at Himachal Bhawan, Sikandara Road. Shri H.K.L. Bhagat - the then Minister for Information & Broadcasting (Govt. of India) was the Chief Guest.
- 1990 14th October, 1990 IIIrd Anniversary of Dhanwantri Day was celebrated at Constitution Club, V.P. House, Rafi Marg, New Delhi. Mr. Rashid Masood the then Minister of State for Health & FW (Govt. of India) was the Chief Guest on the occasion.
- 1991 Ist Seminar on "Prevention of Heart Diseases" was organized on 31st March, 1991 at Bhondsi, Haryana by AllMGA & a Souvenir was also released by Shri Chandra Shekhar-the then Prime Minister of India. Shri Kalyan Singh Kalvi the then Energy Minister (Govt of India) was also present on the occasion.
 - 3rd November, 1991 Dhanwantri Jayanti was celebrated. Shri Krishan Murti Hooda the then Minister (Govt. of Haryana) was the Chief Guest on the occasion who had released a Souvenir also. Late Dr. Hari Shankar Dev Sharma was the Editor of the Souvenir.
- 1992 Two days National Seminar on 'Diabetes' was organized by AIIMGA at Constitution Club, V. P. House, Rafi Marg, New Delhi. Shri Paban Singh Ghatowar the then Minister of Labour & Development (Govt. of India) was the Chief Guest. A souvenir was also released.
 - 22nd October, 1992 Dhanwantri Day was celebrated at Constitution Club, V. P. House, Rafi Marg, New Delhi and a souvenir was also released.
- 1993 Shri Shankar Dayal Sharma His excellency the then President of India was honoured with a Dhanwantri Kalash & a Shawl at Rashtrapati Bhawan, New Delhi
 - November, 1993 Lord Dhanwantri Day was celebrated in the presence of VIP Guests Shri Paban Singh Ghatowar the then Minister for Labour & Development (Govt. of India), Hungarian dignitory Dr. Tomas Karkosni, Air Commandor-Shri H.P. Singh etc. Shri Giani Zail Singh-the former President of India was the Chief Guest on the occasion. Late Shri H.K.L. Bhagat was a Distinguished Guest. A Souvenir was also released & Dr. S.C. Paliwal was the Editor of the Souvenir.
- 1994 1st November, 1994 Dhanwantri Jayanti was celebrated at LTG Auditorium, Copernicus Marg, Mandi House, New Delhi. Shri Rajesh Khanna-the then Member of Parliament was the Chief Guest on the occasion. Late Mr. Sahib Singh Verma, Dr. Harsh Wardhan-the then Minister of Education & the then Health Minister (Govt. of NCT of Delhi) respectively also attended the function as the Distinguished Guests. A Souvenir was also released. Dr. Dinesh Katoch was the Editor of the Souvenir.
- The Dhanwantri Day was celebrated & a Souvenir was also released. Dr. Sanjeev Bhargava was the Editor of the souvenir.

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- 1996 8th November, 1996 Dhanwantri Day was celebrated at LTG Auditorium, Mandi House, New Delhi. Shri Madan Lal Khurana-the then Chief Minister & Dr. Harsh Wardhan the then Health Minister (Govt. of NCT of Delhi) were the Chief Guest & the Distinguished Guest respectively. A souvenir was also released. Dr. Sanjeev Bhargava was the Editor of the Souvenir.
- 30th July, 1997 AIIMGA honoured Shri K. R. Narayanan, His Excellency-the then Prisedent of India.

28th October, 1997 - Dhanwantri Day was celebrated. Shri Madan Lal Khurana-the then Chief Minister was the Chief Guest on the occasion & a colourful Souvenir was also released by captain J.N. Nishad-the then Minister (Govt. of India). Dr. Abdul Haseeb was the Editor of the Souvenir.

- 1998 17th October, 1998 Dhanwantri Day was celebrated at LTG Auditorium, Mandi House, New Delhi. A Souvenir was also released. Dr. Abdul Haseeb was the Editor of the Souvenir.
- 2000 25th June, 2000 A programme on Fifty years of Independence & Indian System of Medicine was organized in Constitution Club, V.P. House Rafi Marg, New Delhi. Dr. Raman Singh the Cabinet Minister (Govt. of India) was the Chief Guest on the occasion. Dr. A.K. Walia & Dr. Narendra Nath the then Health Minister & the Education Minister (Govt. of NCT of Delhi) respectively were also present as the Distinguished Guests.

24th October, 2000 - Smt. Maneka Gandhi - the then Union Minister for State for Culture & Animal Care was the Chief Guest in Dhanwantri Day Celebrations. Dr. Yoganand Shastri-the then Minister for Food & Civil Supplies (Govt. of NCT of Delhi) & Shri Prem Singh - Speaker, Delhi Assembly, Dr. Jaswant Singh - M.P. were present as the Special Guests on the occasion. A colourful Souvenir was also released on the occasion at LTG Auditorium, Mandi House, new Delhi. Dr. Rakesh Goyal was the Editor of the Souvenir.

- 2001 12th November, 2001 Dhanwantri Day was celebrated. A Souvenir was also released. Dr Rakesh Goyal was the Editor of the Souvenir.
- 22nd October, 2003 Dhanwantri Day was celebrated at Hindi Bhawan, near I.T.O., New Delhi. Shri Haroon Yusuf-the then Minister for Development & Civil Supplies (Govt. of NCT of Delhi) was the Chief Guest.

Prof. Vachaspati Upadhaya - Vice Chancellor, Lal Bahadur Shastri Sanskrit University, New Delhi presided over the function. Late Shri Sahib Singh Verma & Shri Sri Shankaracharya Saraswati were also present on the occasion to bless the members of AIIMGA.

- 19th October, 2006 Dhanwantri Day was celebrated at Rajendra Bhawan, near ITO, New Delhi. Dr. Yoganand Shastri was the Chief Guest. A colourful Souvenir was also released. Hkm. S. P. Bhatnagar was the Chief Editor of the Souvenir.
- 4th November, 2007 A colourful cultrual programme was organized on Dhanwantri Day celebrations at PSK Auditorium, Laxmi Nagar, Delhi-92. The Chief Guest Mrs. Krishna Tirath the then Member of Parliament released a Souvenir. Hkm. S.P. Bhatnagar was the Chief Editor of the colourful Souvenir.



आयुर्वेद अवतरण

वैद्य भरत सिंह ''भरत''



महा प्रलय प्रचंड भीषण रुद्र तांडव कर उठे, ब्रह्मांड को झकझोरते कण-कण प्रकुपित हो उठे। नव सृष्टि का संस्कार करते गत् सृष्टि को विराम देकर, सौम्य सुन्दर शान्तिमय मुन सतरूपा को संसार देकर।।

मनु सतरूपा की सन्तानें सृष्टि को विस्तार देती, अग्नि पाकर सभ्यता को नित नव आयाम देती। ताम्र लौह पाषाण युग पहिया पाये पार करते, आरण्य से ग्रामीण जीवन नगरों का निर्माण करते॥

ज्ञान का आलोक फैला सभ्यता सजने लगी, इन्द्र धनुष के रंग सुन्दर संस्कृति भरने लगी। जर्रा जर्रा खिल उठा सुगन्ध उड़ने लगी, निशा दीप से सजी दीवाली सी लगने लगी।।

गुलाल उड़ने लगा दिन शोभने लगा, पत्ती पत्ती फूल-फूल बसन्त खेलने लगा। नीर से लदे बादल सावन भी सजने लगा, वसुन्धरा की गोद सुन्दर देवत्व खेलने लगा।।

विज्ञान का बिगुल बजा महार्षियों के ज्ञान से, मानवता सजने लगी अध्यातम के प्रकाश से। विकास से मदंमस्त मानव त्रुटियाँ होने लगी, युद्ध की महामारियां व्याधियाँ होने लगी।।

युद्ध की विभिषिका घायलों का आर्तनाद, रूधिर से रंगी हुई थी अहम् की अतृप्त प्यास। छटपटाते अर्ध जीवित अश्रु बहाते पूर्ण जीवित, हार तो बस हार थी विजय का विश्वास पीड़ित।। अहंकार पोषण में लगा मृत्यु का बाजार भीषण, बिलख रही थी जिन्दगी शान्ति का सन्देश लेकर। विडम्बना अजीब है शान्ति हेतु युद्ध होता, रक्त रक्षा लक्ष्य रण रक्त का ही होम होता।

दिक् दशों फटने लगी रूग्ण आर्त्तनाद से, व्यथित हृदय विदीर्ण थे सर्वत्र सर्वनाश से। त्राहिमाम् त्राहिमाम् करुण स्वर गूँजने लगे, ध्यान योग समाधियाँ यज्ञ तप टूटने लगे।।

पीड़ा से व्याकुल मानव विचार मंथन में जुटा, उपाय के अविष्कार में विज्ञान का बिगुल बजा। व्याधि भय से त्रस्त मानव एकता संभव हुई, गिरिराज की सुरम्य घाटी एक सभा सुन्दर हुई।।

महार्षियों में श्रेष्ठ सुन्दर ज्ञान के भंडार थे, दूत बनकर चल दिये वे श्रेष्ठ भारद्वाज थे।। प्रजापति के शिष्य इन्द्र अश्वनी कुमार थे, त्रिसूत्र आयुर्वेद के वे विद्वान महा प्रकांड थे।।

''हेतु लिंग औषिध'' त्रिसूत्र आयुर्वेद सुन्दर, इन्द्र से शिक्षा लिए शिष्य भारद्वाज बनकर। विश्व के कल्याण हेतु कठिन व्रत निर्वाह कर, व्याधि हरण में जुट गये आयुर्वेद का साक्षात् कर।।

अमृत आलोक सुन्दर सृष्टि प्रकाशित हुई, वैधक की ज्ञान गंगा भारद्वाज से प्रवाहित हुई। अनुमान युक्ति प्रत्यक्ष आप्त वैधक को तोलती, समभाषा परिषदों में सोना से कुन्दन बनीं।। अनुसंधान अनुशीलन निरन्तर आत्रेय आश्रम में चले, ज्ञान अग्नि कुण्ड में तप-तप कर वैधक सूत्र निकले। तर्क दर्शन योग-औषधि सदवृत्त सुधा पिल्वत हुआ, आलोक आयुर्वेद का अष्टांग में विस्तृत हुआ।।

समभाषा परिषदों में सद् व्याख्या होने लगी, कौपलें त्रिसूत्र की फूली फली बरगद बनी। अग्निवेश भेल जतुकर्ण पराशर क्षारपाणि हारीत ऋषि, आत्रेय के ये शिष्यगण भिन्न-भिन्न संहिता रची।।

अष्टांग अधूरा था अभी शल्य शालाक्य का आभाव था, नित्य प्रति दिन युद्ध होता घायल मनुज लाचार था। व्यिध सिन्धु बीच में यह भंवर भयंकर एक था, ठहर गया था कारवां व्यक्ति विश्व अपार था।।

विचार मंथन तर्क वितर्क, अनुमान, युक्ति विज्ञान था, अनुभवों से सिद्ध मानव पर अभाव भी अनेक था। देव दैत्य मिल गये अनुसंधान में सब जुट गये, विचार सिन्धु मन्थन किये मंदरा चल की युक्ति से

रत्नाकर का वक्षस्थल मंथन कर हिलोर दिये, चारू चतुर्दश रत्न विलक्षण मानव के उपहार दिये। हलाहल से त्रस्त मानव शिव ने विष का पान किया, अमृत कलश हाथों में लिए धन्वन्तरी इजाद हुए।।

धनवन्तरी की परम्परा में शल्य का विकास हुआ, कौशिक नन्दन शल्य पितामह सुश्रुत का प्रकाश हुआ। चमक उठी थी सर्जरी हर रोग का इलाज था, मानवता सम्पन्न हुई आरोग्य का अहल्लाद था।।

स्वास्थ्यस्य स्वास्थ्य रक्षणम् आतुरस्य विकार प्रशमनम्, आयुर्वेद का महान लक्ष्य स्वास्थ्य कवच अभेदनम्। स्वस्थ्वृत के आचरण से स्वास्थ्य का संस्कार किया, रोग जिनको हो गया अष्टांग से उपचार किया।। धनवन्तरी आत्रेय की सम्प्रदायों का संगम हुआ, वैधक का स्वर्ण सुन्दर सुहागे से सुन्दर हुआ। मानवता सुखी हुई विज्ञान भी धनी हुआ, स्वास्थ्य के सम्राज्य में हर प्राणी समृद्ध हुआ।।

भव्य भारत भासता था ज्ञान की बुलन्दियों पर, उड़ता अकाश में अनन्त की ऊचाईयों पर। आचार ऊँचे हो गये विचार भी गहरे हुए, प्रकृति की समृद्धियाँ, धन धान्य से भरे हुए।।

यथार्थ की जमीन छोड़ आदर्श ऊँचे हो गये, वेद पुराण उपनिषदों में लीन सारे हो गये। छूटते जमीन के बुराईयों की बाढ़ आयी, कर्म काण्ड में लगे विलासिता भी रंग लायी।।

कालचक्र अनवरत गतिशील सृष्टि संग था, परिवर्तन प्रकृति का स्वभाविक सुन्दर अंग था। आदर्श के मद में डूबे यथार्थ अपमानित हुआ, अहिंसा की सौम्य आंधी शल्य विरोहित हुआ।।

आयुर्वेद अधूरा रह गया विलासिता का अंग बना, अहंकार था आदर्श का निज शक्ति का अभिमान था। विदेशियों की सैन्य शक्ति यथार्थ का प्रकाश था, भव्य भारत दास बना आदर्श का अंधकार था।।

हाय सब कुछ लुट गया देश भी गुलाम हुआ, सहस्त्राब्दियों की साधना आदर्श में अवसान हुआ। मान मर्यादा गई धन धान्य स्वाभिमान गया, स्वतंत्रता तो मिल गई पर पहचान पर ग्रहण लगा।।





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KNOW OUR VITAL POINTS WITH AYURVEDA

Authors: Dr. Raakhee Mehra * Asstt Director (Ay) CRIA, New Delhi-26

Dr. Mahadeo Prasad ** Asstt Director Incharge, CRIA, New Delhi-26

Man has to deal with the manifold problems on daily basis with virtue of his experience and adaptability. Human race is burdened with many many problems and medical related problems are of more concern. The health is obtained by simply following the rules and regulation of Ayurveda. Ayurveda is the oldest science of medicine, which exists even in Rgveda (the first text book.)

The fundamental philosophy of Ayurveda reveals the forces which control the universe and can be illustrated in the human body also. As human being is micro replica of the universe.

Human is a cellular body:

A human is simple made up with cellular body. An attempt is made herewith to understand human body in contrast to modern cytology. The man is considered as a creature of the nature henceforth same *Panchbhautic* as the universe. It is fact that man is made up with cellular compound and represented by the Pitta, Kapha and Vata which are the representation of the Surya, Chandram and *Vayu*, respectively.

Visargadan Viksepa Soma Suryaanilastha—

The prime goal of any physician / surgeon is to save *Prana* or life or *Ayu* or the energy. This is why Ayurveda considers that *Praneshana* is the utmost requirement in Trisheshana (Ca. Su.11/3). Ayurveda narrates that the vital points of our body in terms of *Marmas* are the seat of *Prana* which sustain energy of health and enlighten the life in healthy state.

Marma as Vital Points:

Though the history of Marma can be traced as back as the Stone age, the history of scientific research on it is still continuing.

Marma Jivasthanam. These points are the seat of *Jiva/ Chetana/* life/ vitality. Henceforth, the injury to these vital parts leads to deformity of organ or death. The knowledge of these vulnerable points are mandatory for everybody. In the light of scientific knowledge, the therapeutic horizon of *Marma* therapy is changing its spectrum and being extended through knowledge, which is obtained from various systems of medicine like Yoga, Unani, Siddha, Homoeopathy, Acupuncture, etc.

Marma's applied aspects are being explained scientifically and certainly give a thought to rethink the utilization of the vital points of the body in clinical/surgical practice as well as during study.

Surgeon's duty:

The science of *Marma* is very essentially known by physicians, especially known by physicians, especially all surgeons. Susruta clearly indicates that a surgeon should be careful enough during operation of any patient. All the vital points should be saved as long as possible to avoid surgical and post surgical complications. The symptomatology of these injured, tender points should be known during surgery immediately alerts to an anaesthesiologist as well as to a surgeon. It is a fact that any hurt to these vital points leads even death. Treatment of such symptomatology should be adopted on priority wise and the best possible attempts to save on first step. This is the reason why physicians are also called as Pranabhisar.

Susruta the great surgeion, had emphasized these *Marmas* in the chapter six of his sustruta Samhita (200 BC).

The location of the Marma is essential to known as affliction to Marma by external injuries, particularly by war weapons, their qualities are

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narrated and classified. At the same time knowledge of Marma where life locates are very important during the surgical operations. As surgeon Susruta clearly indicates that patients should be careful enough during incisions into the body of the patient and to save the *Marmas* during any operation including minor venesection too. In general practice also it is noticed that a number of complication usually occurs after surgery only because of careless surgery performed

Marma Pariksnana:

The practice of *Marma Priksnana* is gradually declined and inspection, examination, diagnosis and management of injured *Marma* are coming under question? However, the complete science of *Marma* is very important for each *Pranabhisar* student, teacher, research scholar, surgeon, etc. who wants to save mankind medically. The knowledge of the vital points is certainly a need for even everyobne to avoid day to day injuries. The wrestlers, martial artists, judo experts, karatest, acupuncturist and even a lay man are very well required to be aware with the types, injuries and management of the *Marma*.

A few examples:

During my clinical endeavour, I noticed and observed that at many times in our daily life we experience the vulnerability of the vital points of our body, where we should take adequate care about them.

During the game of wrestling avoid certain points, during punishment of the kids certain care is required to save the his / her tender points.

More Observations:

• The effect of massage and medicines applied to the foot soles are carried to the eyes by special Sira, therefore one willing for good eye sight and health should protect soles (Astang Hridaya Uttara Tantra 16 / 66-67).

- Left arm should be venesectioned in the case of spleenomegaly (enlargement of spleen).
- A strange point of tenderness is felt by the patients of Gridhrasi (sciatica) near calf muscle.
- The cases of injection abscess,
- Severe backache after surgery under spinal anaesthesia,
- Severe complications after spinal surgery,
- Urine retention after cesarean section
- Many other complications after surgery.
- Karna Vedhana Sanskar has significance in health.
- The type, direction, mode, technique, number and massage have different significances as far as health is concerned.
- The features develop due to affliction by external injuries, to the *Marmas* which may be severe as per the quality and intensity of the injury. In general practice it is noticed that number of complications usually occur only *Marma* science in relation to its site, location, anatomy, significance, signs, palpation and treatment, if injured.
- When a mother or teacher slaps to a kid she should be careful to protect the baby's temple. Or a teacher punishes a child with beating with scale on child's palm. Or a man has to take care about certain points during Marshal arts. Or few facts attract the attention of a surgeon for example.-

Gravity of Marma:

The knowledge of *Marma* is essential to assess the gravity of an injury to the body. Severe injury not involving *Marma* may be treated but sometimes minor injury to *Marma* may lead to immediate death.

If the Marmas are found unaffected and unhurt even in sever fractures of crushed bones of Koshta and Sirah Kapala or in cases with performed intestine, a person can live. At the juncture I would like to share one incidet which happened while I was doing my MD (ay). Prof H. S. Sharma, the then Dean, I.P.G.T.R.A., Gujrat Ayurveda University, Jamnagar, met an accident with train and got multiple fractures but he survived and joined work just within 3 months with limping gait only. This example certainly reveals despite the multiple fractures in costae, Hriday and other chest vital points might have not get injured. This is the best example of the ancient fact that patient can survive even without hand/ leg if vital points are saved. (Su. Sa. 6/45) Susruta also elaborated that a person can saved from impeding gradual deeath by the amputations of the concerned limb, in case, if Ksipra Marma gets injured. (Su. Sa. 6/45). Moreover, an injury to Marma like Tala Hriday and Ksipra results in excessive bleeding and excruaciating pain proving fatal gradually like a tree which has been severed at its roots.

Status of Marma:

Despite this, the practice of *Marma* gradually faded that is why now students are usually not taught about the practical inspection, examination, diagnosis and management of injured *Marma*, in either way theoretically or practically.

Marma Chikitsa:

The knowledge of *Marma* further provides the brad spectrum to the management effectively in many disease conditions, especially in cases of dislocations and fractures of joints and bones, as well as injuries to other body tissues.

The management in Asian traditional systems of medicine, like in Thai medicine, Chinese medicine, Japanese-Korean martial art, known as Marma Chikitsa in south India and Sri Lanka. Ayurveda reveals the fact that in any circumstances Marma or vital points and textually mentioned circumference should be protected and treated immediately, if injured.

Book "Significance of Ayurvediya Marma":

This much utility enforce me to write about knowledge of Marma, importance of Marma in terms of patho-physiological and clinical sense, especially based on the Su. Sa. 06 named Pratek Marma Nirdesam Sariram in aphoristic syle according to the customs of those days, with continuity and logical sequence of thoughts on the subject of Marma in 54 Sloka. The elaborated of each Sloka is attempted in my book namely "Significance of Ayurvediya Marma".

The clinical observations, which are scientific and too near the eyes of a physician from time immemorial to escape their notice, was by Susruta, to turn into practical applicability, discovering a new approach as from other systems of Indian medicine. With the limits possible illumination is also put on acupuncture points to realize the potentials of clinical aspects of the vital points.

Marma as vital part is well mentioned with scientific approach in Susruta Samhita under its location, site, size, anatomy, nature, physiology, pathology and possible management. Moreover, I have tried to bring an awareness of Marma science with its importance in human body either scientific academicians and in general masses. It is hoped that this book will certainly add more knowledge of vital points to the learner of medicine as well as to the laymen from healthy, preventive and curative aspects. Similarly, a surgeon can not be skilled without the proper knowledge of Marma science, with in the well versed subject of Marmas he has to take great precaution while performing surgery, application of cautery or alkali on the marma areas or other therapeutic technique on even surrounding areas of vital points. (Su. Sa. 6/52). These vital points are to be saved as they represent strength/ vitality of the living being.

With the attitudes of a scientific mind or having rational basis and rational criteria "Significane of Ayurvediya Marma under Marma Vigyan is certainly an effort to revive the precious ancient knowledge.

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DR. RISHI JAIN

MBBS, MS (Surgery)
Consultant Laparoscopic Surgeon
Formely at Pt. BDS PGIMS, Rohtak
G.T.B. Hospital, Delhi
Courtesy Consultant SAROJ Hospital, Delhi
Bhagwati Hospital, Delhi

DR. PURNIMA JAIN

MBBS, MD (GYNAE)
Obstetrician & Gynaecologist
Formerly at Pt. BDS, PGIMS, Rohtak
M.B. Hospital, Delhi
Courtesy Consultant SAROJ Hospital, Delhi
Bhagwati Hospital, Delhi



आयुर्वेद

एक सार्थक दिशा की तलाश

आज हम भले ही आयुर्वेद की महानता व सम्पूर्णता का राग चिल्ला-चिल्ला कर अलापते रहें परन्तु यह एक कटु सत्य है कि चिकित्सा प्रणाली के रूप में आज आयुर्वेद का सामना एलोपेथी के उस रूप से है जिसको विकसित करने व रोगी की आवश्यकता अनुसार ढालने एवं सर्व सुलभ बनाने के लिए लाखों करोडों डालर झौंक दिए जा रहे हैं। हमारा समाज भी इससे अलूता नहीं है। चिकित्सा के पावन क्षेत्र को एक बाज़ार की तरह प्रस्तुत किया जा रहा है। ऐसे में क्या आयुर्वेद को युग अनुरूप बनाने की आवश्यकता है?

अपने चिन्तन मनन से आयुर्वेद के सम्वर्धन को एक नई दिशा देने के पुनीत अभियान में निष्ठापूर्वक संलग्न, अपनी सोच से सुधी पाठक जनों को झकझोरने का प्रयत्न कर रहे है, दिल्ली के बहुमुखी प्रतिभावान, कर्मठ व कुशल वैद्य श्री भरत सिंह।

पुरातन सम्पूर्ण सत्य नहीं होता, नवीन सम्पूर्ण असत्य नहीं होता।

-महाकवि काली दास

मृष्टिगत परिवर्तन अपने सत्य का निर्धारण स्वयं कर लेता है। समर्थ मानव इस परिवर्तन को अपने सार्थक हित की तरफ मोड़ लेता है। अपने को, अपनी जाित को, राष्ट्र को, संस्कृति और ज्ञान को विकास के तरफ ले जाता है। इस परिवर्तन के क्रम से जो जिद्दी हैं, जड़ है, पुरूषार्थ विहीन है, वह नष्ट हो जाता है। पुरूषार्थ भी वही सफल होता है जो पुरातन एवं नवीन में समन्वय स्थापित कर युगानुरूप कदम उठाता है। युग के परिवर्तनशील स्पन्दन को सुनता हैं, समझता है और अनुकूल निर्णय कर अपने रूख को सफलता की तरफ मोड़ देता है। वही जीवित रहता है, इतिहास बनाता है और वर्तमान में छापा हुआ भविष्य का आकर्षण होता है। शायद इसी सत्य को स्वीकार करते हुए उपनिष्दकारों ने गोस्वामी तुलसीदास के शब्दों में अपने भावी पीढ़ियों को आगाह किया है:-

"नेति नेति कहि वेद पुकारा।"

आर्थात् जो कुछ वेदों में, उपनिषदों में, संहिताओं में व शास्त्रों में लिखा गया है। जो कुछ मानवता के लिए किया गया है। वह सम्पूर्ण नहीं है। यहीं इति नहीं है। आगे बढ़ो, अनुसंध नि करों, निर्माण करो, परिवर्तन के साथ-साथ अपनी पहिचान को बचाते हुए, अपने जीवन मूल्यों का, सिद्धान्तों का, कर्तव्यों का परिष्कार करते हुए, सार्थक दिशा में, उज्जवल भविष्य की और।

आइये विचार करें हम आयुर्वेदाचार्य गण, आयुर्वेद के ^{ध्वज} वाहक, इस उपरोक्त सत्य के कितने करीब और कितने

दूर खड़े है। हमारा रूख क्या सार्थक एवं उज्जवल भविष्य की और हैं? हमारा वर्तमान, परिवर्तनशील समय क्या हमारे पुरूषार्थ से प्रभावित है? हमारा पुरूषार्थ समयानुकूल, सक्षम एवं स्वयं निर्दिष्ट दिशा की ओर है? क्या हमारी स्वयं निर्दिष्ट दिशा हमें उज्जवल भविष्य की ओर ले जा रही है? क्या हम सन्तुष्ट है अपनी गति से, अपनी दिशा से?

मेरी समझ है कि हम सभी के अन्दर उपरोक्त प्रश्नों का उत्तर अस्पष्ट हैं, उलझा हुआ है। हम सबमें एक बैचैनी हैं, हम सभी सन्तुष्ट नहीं है क्योंकि वर्तमान परिवर्तनशील समय पर हमारी पकड़ ढीली पड़ गयी है हमारा पुरूषार्थ योग्य दिशा के अभाव में एक छटपटाहट महसूस कर रहा है। एक खिन्नता एक निराशा घेर रही है, मनोवांछित दिशा में कुछ सार्थक न कर पाने से एक किंकर्त्तव्य विमूढ़ता की स्थिति बन गयी है। एक ठहराव की स्थित उत्पन्न हो गयी है।

आइये विचार करें इस जड़ता से कैसी मुक्ति पायी जाय। शास्त्रों का निर्देश है कि ऐसी स्थिति में व्यक्ति को शुद्ध विवेक से स्थितिय वि़श्लेषण कर विचार करना चाहिए। चूँकि यह विषय निजी नहीं है अत: निजी अहंकार एवं अपेक्षाएं बीच में नहीं आनी चाहिए।

विचार के लिए हमारे पास अनेक तथ्य उपलब्ध हैं। इनमें कुछ तथ्य नकारात्मक हैं जो निराशा पैदा करते हैं। किन्तु बहुत से तथ्य सकारात्मक हैं, कालजयी हैं। जिनपर आयुर्वेद भव्य भवन का निर्माण दृढ़ संकल्प से सम्भव है। इन तथ्यों पर विभिन्न दृष्टिकोणों से हमारे अनेकानेक विद्वान वैद्यों ने विचार कियां है फिर भी हम किसी सर्वमान्य समाधान तक नहीं पहुँच पाये है। कारण अनेकानेक हैं उन कारणों में न जाकर हम यथार्थ के धरातल पर अपने लिए साध्य का विवेचन कर

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सकते हैं। बाल की खाल निकालना या बुद्धि विलास में स्वयं को फसाना आत्मघाती होगा। आइयें हम निरपेक्ष भाव से आयुर्वेद जगत का जो एक ज्वलन्त विवाद है। उसपर एक दृष्टिकोण रखते है। शायद विद्वान वैद्यों को पसन्द आ जाये और हम अल्प बुद्धि भी इस महान् राष्ट्रहित यज्ञ में किसी काम आ जायें।

विवाद है - शुद्ध आयुर्वेद या मिश्रित आयुर्वेद

1. शुद्ध आयुर्वेद के समर्थक विद्वान वैद्यों का तर्क है आयुर्वेद अपने आप में सक्षम है। अत: उसका उसी रूप में प्रयोग किया जाना चाहिए। अन्य पद्धति की औषधियों का प्रयोग शास्त्र सम्मत नहीं होने के कारण उनका प्रयोग एक वैद्य के द्वारा नहीं होना चाहिए। ये लोग हर समस्या का समाधान संहिता ग्रन्थों में दूढ़ने का प्रयास करते है। अगर कोई बात हमारे बृहत्रयी के अनुकूल नहीं बैठती या उनका या उस बात का समर्थन ग्रन्थों से नहीं हो पाता तो ये विद्वान वैद्यगण उसे आयुर्वेद विरूद्ध मान कर अस्वीकार कर देते हैं। कई बार इसे स्वीकार तो करते हैं। किन्तु आयुर्वेद की लक्ष्मण रेखा से बाहर जाकर। उदाहरण स्वरूप कई स्वनाम वैद्य अपने हृदय रोग का इलाज आधुनिक चिकित्सा से तो कराते है किन्तु उस विद्या का आयुर्वेद में समावेश नहीं करते है। इनका मानना है कि आयुर्वेद में सब कुछ है जरूरत सिर्फ अध्ययन एवं अध्यापन, निष्ठा और संकल्प की है। आयुर्वेदिक ग्रन्थों का अध्ययन करते समय इन विद्वानों की यह मान्यता पूर्णत: सत्य प्रतीत होती है। इन काल जीवी ग्रन्थों की शैली, तर्क प्रियता, सटीक सिद्वांत, औषध योजनाएं, योगों की बहुलता, देश काल से सम्बद्धता, परिषदों का आयोजन. तथ्यों का विश्लेषण, सिद्वान्तों की स्थापना, प्रश्नोत्तर शैली सब कुछ तो हैं। जो किसी भी विद्या को कालजीवी बनाये रखने के लिए जरूरी होते हैं। फिर इस काल जयी आयुर्वेद को अशुद्ध क्यों किया जाय?

प्रश्न जायज है। किन्तु यह तथ्य भी विचारणीय है कि कोई भी विद्या पूर्ण नहीं होती हैं क्योंकि पूर्णता के बाद तो क्षय की प्रक्रिया शुरू होती है। यह सृष्टि का अटल विधान हैं। तो क्या आयुर्वेद भी क्षय की तरफ उन्मुख हो चुका है? संसार की प्रत्येक वस्तु पूर्णता की तरफ अग्रसरित हो रही है इसलिए अध रूरी हैं। जो अधूरा है वही पूरा होगा जो पूरा हो चुका है उसका क्षय होगा। वास्तव में कोई विधा पूर्ण होती ही नहीं अगर वह अस्तित्व में है तो अधूरी है। अधूरी है तो उसमें प्रगित की, परिवर्तन की, आगे बढ़ने की गुंजायश है। इस तर्क के आध

ार पर आयुर्वेद को भी अधूरा मानना पड़ेगा। इसी में आयुर्वेह का एवं हम सबका भविष्य है। आयुर्वेद की उपरोक्त तमाम विशेषताओं के बावजूद चिकित्सा की क्षेत्र में हम वैध लोग कई मौकों पर विवश हैं। कुछ नहीं कर पा रहे होते हैं। अन्ततः रोगी एलोपैथिक के शरण में जाने को बाधय होता है। क्या हम स्वयं वैद्य लोग अपने कई रोगो का इलाज आयुर्वेद के बाहर नहीं कराते है? हमें अपने इस सत्य का नि:संकोच विषलेक्षण एक शल्य चिकित्सक की तरह चीड़-फाड़ कर करना ही होगा। आयुर्वेद अगर अधुरा है तो क्या महर्षि चरक, सुश्रुत आदि अधूरे थे। मेरा साफ तौर पर मानना है कि नहीं वे अध ूरे नहीं थे। वे लोग तो पूरे थे इसीलिए समाप्त हो गये क्योंकि जो पूरा होगा वह खत्म होगा। आयुर्वेद अधुरा था इसीलिए वह अपने अधूरे पन को भरने को लिए सम्पूर्ण मानवता की सेवा करते हुए हम तक पहुँचा है। हम उसके अधूरेपन को कितन भरकर, अगली पीढ़ियों को सौंपते हैं। यह देखना है। हर बात के लिए उनकी तरफ देखना नहीं है। बल्कि अपने श्रम से अपनी बुद्धि से, कुछ जोड़कर, कुछ घटाकर, कुछ गुण करके, अपने शोधों के द्वारा, अपने अविष्कारों के द्वारा वर्तमान काल एवं देश के अनुकूल करके मानवता की सेवा में आयुर्वेद को सर्वोत्तम सिद्ध करना है। शुद्ध आयुर्वेद की बात करना उसे जड़ करना है। उसे रोक देना यह मान लेना है कि आयुर्वेद पूर्ण हो चुका है। फिर तो आयुर्वेद का श्राद्ध करन पड़ेगा। निश्चित रूप से विद्वान वैद्यों को आयुर्वेद का श्राइ रूचिकर नहीं लगेगा क्योंकि इस प्रक्रिया के माध्यम से तो वे आयुर्वेद के बहाने खुद के श्राद्ध में भाग ले रहे होंगे। अतः आयुर्वेद की खिड़िकया दरवाजे खोलने होंगे। तभी ताजी हवा का झोंका आ सकेगा। उर्जा मिल सकेगी। चरक सुश्रुत की अभियान और आगे बढ़ सकेगा। आयुर्वेद को अशुद्ध होने दी तभी तो कोई चरक आयेगा प्रति संस्कार के लिए। तो क्या मिश्रित आयुर्वेद की बात मान लो जाये?

मेरा साफ विचार है कि "नहीं" क्योंकि मिश्रित आयुर्वेद के नाम पर पिछली पूरी शताब्दी भर आयुर्वेद के साथ छल किया जाता रहा है। चेन्नई के पुराने आयुर्वेद महाविद्यालय की ऐलोपैथिक कालेज में बदल जाना, हमारे बहुसंख्यक स्नातकों का धड़ल्ले से एलोपैथिक चिकित्सा करना एवं उसको अपनी अधिकार समझते हुए उसके लिए संघर्ष करना। क्योंकि विषय रोजी-रोटी से जुड़ गया है। इसलिए गम्भीर है। ऐसा क्यों हुआ? उत्तर साफ है।

आयुर्वेदिक चिकित्सा में प्रगतिशीलता के अभाव के कारण, उसका समयानुकूल अपने आपको न कर पाने के कारण, आयुर्वेद के अध्ययन अध्यापन की कमजोरी के कारण, संसाध नों के अभाव के कारण एवं सरकारी उदासीनता के कारण हमारे बहुसंख्यक स्नातक एलोपैथिक चिकित्सा करने के लिए बाध्य हुए हैं। निश्चित रूप से आयुर्वेद का नेतृत्व असफल रहा है। यह सभी गलत नीतियों का, गलत दिशा का दुष्परिणाम है जिसे हमे भुगतना ही होगा। दोषी स्नातक नहीं है जो एलोपैथिक चिकित्सा करता है। दोषी वह नेतृत्व वर्ग है जो अपने निजी स्वार्थों, अहंकारों में ही उलझा रह गया। शायद वे स्वयं कही असक्षम थे। तभी तो आयुर्वेद अपने मौलिक संसाध न अर्थात आयुर्वेदिक स्नातकों का ही अपने अभियान में उपयोग नहीं कर पा रहा है। और सभी इधर-उधर भटक रहे है, एक अपराध बोध से ग्रसित होकर।

हमें आयुर्वेद को मिश्रण की तरफ या शुद्धता की तरफ नहीं बल्कि प्रगतिशीलता की तरफ लें जाना चाहिए। इस प्रगतिशीलता को सार्थक दिशा देने के लिए हमें आयुर्वेद के सभी दरवाजे एवं खिड्कियाँ खोल देनी चाहिए। आधुनिक विज्ञान की तमाम अच्छाइयों को, तकनीक को आयुर्वेद के चौखटे में शामिल करना चाहिए। उदाहरण के लिए प्रसिद्ध औषधि लीव-52 को जिस प्रकार आधुनिक चिकित्सकों ने स्वीकार किया है। इस औषिध को उन्होंने इसलिए स्वीकार नहीं किया यह औषिध पित्त विरेचन करती है या कि यकृत बल्य है बल्कि इस कारण स्वीकार किया है कि यह सीरम बिलीरूबीन को नियोजित करती है। एस. जी. ओ. टी. और एस. जी. पी. टी. को कम करके सामान्य करती है। ये यकृत की विकृतियों के आधुनिक मापदंड है। इन पर हिमालय कम्पनी ने बहुत सारे शोध एवं ^{अध्ययन} करवाये। परिणाम सार्थक थे। इसलिए आधुनिक चिकित्सकों ने इसे स्वीकार कर अपनी चिकित्सा को चमकाया। उन्हें वात पित्त कफ या पित्त विरेचन से कुछ लेना देना नहीं है।

यह एक अच्छा रास्ता है। हमें भी उनकी अच्छी औषधियों का अपने वात पित्त कफ पर प्रभाव का अध्ययन करना चाहिए। उनकी प्रभावी औषधियों का रस गुण वीर्य विपाक प्रभाव का भता लगाना चाहिए एवं आयुर्वेदिक मापदंड के अनुसार प्रयोग निश्चित करना चाहिए। उनकी औषधियों के दुष्परिणामों को अमृतिकरण करके कम करना चाहिए और निरापद बनाकर प्रयोग करना चाहिए। उनकी तकनीक का भरपूर दोहन करना

चाहिए आयुर्वेदिक मापदंड के अन्तर्गत। शरीर रचना विज्ञान के आयुर्वेदिक दृष्टिकोण को स्पष्ट करना चाहिए। यह काम हम पहली बार नहीं कर रहे होंगे बल्कि आयुर्वेद के युगपुरूष यादव जी तिक्रम जी आचार्य कई नये द्रव्यों को इस आधार पर आयुर्वेद में शामिल कर चुके हैं। हमें अपनी दिशा थोड़ी बदलनी पड़ेगी अब तक हम शोध के नाम पर आयुर्वेदिक औषिधयों को आधुनिक मापदंड पर प्रमाणित करने के प्रति आग्रही रहे है। इससे आधुनिक चिकित्सा समृद्ध हुई है और आयुर्वेद अपनी जगह पर रह गया है। जबकि हमारी समझ यह थी कि इससे आयुर्वेद प्रमाणित होगा, यहीं हमारी दिशा गलत है। आयुर्वेद में ठहराव का कारण भी यही है। हमारे पास प्रतिभाओं की कमी नहीं है। कमी सार्थक दिशा की हैं। हमें अपने स्वस्थ वृत निर्देशों को आधुनिक जीवन को संस्कारित करने के तरफ मोड़ना होगा। उसका प्रचार-प्रसार करना होगा तभी मानवता की व्याख्या हो सकेगी। आयुर्वेद के पास एक ऐसा पक्ष है जिस पर सभी पैथियो मौन हैं इसे उजागर करके आयुर्वेद को बुलन्दियों पर पहुँचाया जा सकता है। आयुर्वेदिक रसविज्ञान में जब सद्य: असरकारक आधुनिक औषधियाँ शामिल होगीं तो लोगों का ध्यान इधर आयेगा। आयुर्वेद इस आरोप से मुक्त हो सकेगा कि इसमें सद्य: असर कारक औषधियां नहीं हैं। हम सभी जानते हैं कि तीव्र शूल की स्थिति में हमारे पास कोई सर्वमान्य अचूक औषधि नहीं हैं या हममें से अधिकांश को मालूम नहीं ह। आज के तीव्र गति के जीवन में औषधि भी तीव्र गति की चाहिए। युग के साथ चलने के लिए हमें कुछ इस प्रकार के क्रान्तिकारी निर्णय करने चाहिए। इससे हम आधुनिक चिकित्सा में पकासित आयुर्वेदिक चिकित्सकों को अपनी तरफ मोड़ सकेगें। जहाँ इससे आयुर्वेद समृद्ध होगा वहीं हमारा एक बहुत बड़ा चिकित्सक वर्ग अपराध बोध से मक्त हो सकेगा।

इसके लिए हमें कई स्तरों पर संघर्ष करना होगा। पहले तो हमें भारत सरकार ने वह पाबन्दी हटवानी होगी जिसके कारण हमारे एक पूर्व आयुर्वेद शुभिचन्तक महोदय की कृपा से आयुर्वेद को आयुर्वेदिक ग्रन्थों में लिखित द्रव्यों तक सीमित कर दिया गया है। यानी आयुर्वेदिक विकास को चारों ओर से आयुर्वेदिक ग्रन्थों तक सीमित करके बन्धक कर दिया गया है। यह आयुर्वेद के लिए आत्मघाती है। इस बन्धन को तोड़ना ही होगा। यादव जी तिक्रमजी आचार्य ने इसे तोड़ा था। हमें उनकी परम्परा का निर्वाह करना ही होगा। हमें महर्षि चररक की सम्भाषा परिषद की परम्परा को जीवित करना चाहिए। तथ्यों के निर्धारण के लिए मर्यादित सार्थक बहस की परम्परा विकसित करनी चाहिए। "स्वास्थस्य स्वास्थ्य रक्षणम्" के उद्देश्य को प्राप्त करने के लिए स्वस्थवृत को व्यवहारिक रूप देना चाहिए ताकि लोग आधुनिक महानगरीय वातावरण में भी अपने स्वास्थ्य की रक्षा कर सकें। हमारे महर्षियों ने आयुर्वेदिक औषधियों को भारतीय रसोई घर तक पहुँचाया है। उसे समृद्ध करना होगा। एलोपैथी में गये अपने चिकित्सकों में आत्मविश्वास भरना होगा। आयुर्वेद जगत में जो कुछ हमारे पास उपलब्ध है, वह चाहे जैसा हो, जिस स्थिति में हो, वही हमारा अपना है। उसे संवारना होगा। किसी को कोसने से काम नहीं चलने वाला सभी को अपने अपने स्तर पर आत्म निरीक्षण करना होगा। एक रचनात्मक दिशा में बढ़ना होगा। ध्यान रहे त्रुटियाँ हम सबमें हैं। दोषी हम सभी हैं। सभी को प्रयास करना होगा अपनी अस्मिता बचानें के लिए। अपनी एक अमिट पहचान बनाने के लिए। आयुर्वेद है तभी हम आयुर्वेदज्ञ हैं। गीता में श्री कृष्ण ने कहा है:-"स्वधर्मो निधंन श्रेय: पर धर्मो भयावह:"

अपने धर्म में मर जाना भी श्रेयस्कर है दूसरे का धर्म तो भय देने वाला है। कब तक एलोपैथ की धूली में हम शरणार्थी को रहेंगे। इस ज़िल्लत की जिन्दगी से छुटकारा पाना होगा। आयुर्वेद हमारा धर्म है उसमें उसके लिए मर जाना भी हमारे लिए श्रेयस्कर होगा।

जागो जागो अमृत पुत्रों, निज तन्द्रा का नाश कर दो। आयुर्वेद का आलोक अमृत, विश्व का दु:ख दूर कर दो।। अपनी क्षमता को पहिचानो, पराकाष्ट को पार कर दो। विश्व के मानस पटल पर, भारत का विस्तार कर दो॥ -: इति :-

लेख में अपनी त्रुटियों के लिए क्षमाप्रार्थी हूँ। छोटा मुँह बड़ी बात कर गया हूँ। सुधी पाठकगण इस अल्पज्ञ की बात पर विचार करेंगे। ऐसा विश्वास है।

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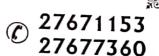
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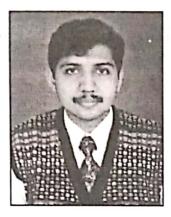
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BREAST FEEDING WITH SOME FACTS

by Dr. (Mrs.) Hamida Aaqil Sr. Lect F.O.M. (U) Jamia Hamdard, New Delhi-62

Breast milk is the ideal food for infants. It is recommended that infants be fed exclusively on breast milk from birth to six months of age and preferably until at least 24 months with appropriate complementary solid foods being introduced at the age of around six months (W.H.O./UNICEF 1998).

Babies have a fundamental right to adequate nutrition and care which includes the correct nutrition immediately after birth. Only breast feeding with in the first hour of birth ensures this right. So initiate breast feeding as early as possible.

Perferably within one hour of birth because:

- The newborn is very active and alert during first hour of life and then goes to sleep. The baby has very strong sucking reflex at this time.
- 2. It helps in better mother and child bonding and development of the body.
- It stimulates the oxytocin and prolactin reflex and hence breast milk production.
- It ensures that baby gets colostrum which serves as the body's first immunization with a host of antibodies and live cells in it.
- It reduces the chances of Post Partum haemorrage in the mothers.

Exclusive breast feeding upto six months

Breast milk should be baby's first taste. There should be no prelacteal feeds. Very often the newborn is offered sweet water, honey or even artificial milk as a first feed or prelacteal feed. Clostrum of mother as a feed is not offered and after 2-3 days breast feed started. It is a wrong practice because

- They would delay the start to breast feeding because babies do not want to suckle if they receive any such food.
- It fosters mother infant bonding and optimal growth and development of the baby.
- 3. Water supplementation and other liquids

become the causes of infections i.e., diarrhoea and acute respiratory tract diseases can occur.

 Reductions in mothers breast milk supply due to decreased stimulation to produce prolactin.

Partial Breast Feeding

If a baby gets some breast feeding and some artificial feeds or other drinks or weaning foods started but continue the breast feeding it is called partial breast feeding. It is a common practice.

Weaning is the phase during which the infant changes from a purely liquid diet of breast milk or infants formula (or both) to one contains all the varied foods of that family. Weaning should occur when an infant is at appropriate stage of development, which will vary between individuals. Generally infants between four and six month of age are physiologically and developmentally ready for new foods and modes of feeding.

According to Jurjani S.A.H. (1896) and Sheikh Abu Ali Sina (980 AD) "Mother's milk is the best milk for her baby." Many learned Hakims have ewmphasized on the diet of lactating woman (murzea) and diet of the child. Breast feeding mothers need a supportive environment, including having their health and nutritional needs met. They need to increase their calories in take and take care of themselves when they are source of food and care for their children. However when the material diet is inadequate, the mother's own nutritional status will suffer. There is therefore a reason to pay special attention to the maternal deit, which includes fresh vegetables fruits and juices, milk and milk products etc. Even after the balanced diet, if the milk production is lacking we can use these natural galactogogue drugs of Unani System.

- Todri sufaid and Todri surkh 10gms along with milk and sugar.
- Til (Sesamum Indicum) powder 10gms with milk.

- 3. Zeera Safaid (Cuminum Cyminum) 25mg, Satawar (Asparagurs racemosus) 25mg and Sugar 10mg along with milk twice a day.
- Magz Panba dena (Gossypium herabacium) 3gm, Chilgoza (Pinus amygdalus) 5gm, Badiyan (Koebuculum vulgare) 5gm, Grind in water and mix nabat sufaid 20 gm, two times in a day.

The latest artificial milk disastee in China is an example of lack of breast feeding practice effects. The various factors contribute to these problems are cultural effects, custom, ignorance, andequate knowledge and wrong practices. It is a need to encourage all parents to breast feed their babies because breast feeding has many advantage for the infant and for the mother.

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एमगा द्वारा बिहार बाढ़ पीड़ितों के लिए कपड़े, दवाईयों तथा खाद्य सामग्री भेजी गई।



एमगा (आल इण्डिया इण्डियन मेडिसिन ग्रेजूएस एसोसिएशन रिज॰) द्वारा बिहार बाढ़ पीड़ितों की सहायता हेतु कपड़े, दवाईयाँ तथा खाद्य सामग्री भेजी गई। दिल्ली प्रदेश एमगा के महासिचव डिंग् के. के. सिंघल ने बताया कि कुल मिलाकर लगभा एक लाख रुपये की सहायता सामग्री भेजी गई। जिसमे जीवन रक्षक औषिधयाँ, महिलाओं के लिए सूट-सलवार तथा साड़ियाँ, बच्चों तथा वृद्धों के लिए लगभग 1000 जोड़े कपड़े, लगभग एक हजा

किलो खाद्य सामग्री जिसमें आटा, दाल, चावल, चायपत्ती, चीनी, बिस्कुट आदि शामिल हैं। इस अवसर पर एमगा के संरक्षक डा॰ अर. एस. चौहान, राष्ट्रीय महासचिव डा॰ रमन खन्ना ने कहा कि भारत के सच्चे नागरिक होने के मथा मानवता के नाते हमें प्राकृतिक आपदाओं से पीड़ित समाज की तन-मन-धन से हर संभव सहायता करनी चाहिए। यह एक बिहार राज्य नहीं, बिल्क सम्पूर्ण भारतवर्ष की समस्या है। जिसका सबको एकजुट होकर सामना करना चाहिए। इस अवसर पर एमगा के संरक्षक डा॰ आर.एस. चौहान, राष्ट्रीय अध्यक्ष डा॰ नरेश कुमार छांवनिया, दिल्ली प्रति



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REMEDY BY MARAM - CHIKITSA IN AYURVEDA

Dr. Rakesh Kumar Jain Ph. D. (Ayurved)

There are unending queues of patients suffering from different kinds of pain and stiffness like cervical spondylitis, frozen shoulder, backache, lumbar spondylosis and disc prolapse, knee joint pain sciatica etc. They are visiting hospitals frequently for treatment but all in vain. After undergoing a number of tests like X-ray, MRI, CT Scan etc. then physiotherapy etc. their trouble is not over. Some are advised knee replacement, emt some spinal surgery, some shoulder surgery some are given cervical collor to wear while others are put under traction for long. Generally it has been observed that there is not much improvement in their condition but in some cases the situation becomes worse. The Patient has to experience unbearable pain, he is so much disturbed & confused that he leaves himself to his fate and feels that the end of life is imminent. Under such conditions if he undergoes Maram chikitsa treatment and gets relief, it appears a miracle to him. A number of such cases will be discussed later. Let us discuss in brief regarding Maram Chikitsa, its importance and frozen shoulder.

Maram Chikitsa - Maram comes from Sanskrit wo mru translated as vital point. The saga from India Agastya is credited with codifying 108 nerve centres or marmas. These 108 vital points are used in Maram Chikitsa. These marmas are mentioned in Ayurveda and Siddha as important centres, the life force PRANA flows in the body through them. Mastery of these marmas is gained by exceptional dedicated study under the Gurus.

First described in shushrut samhita. There are 22 Marmas on the lower extremities, 22 on the arms, 12 on the abdomen and chest, 14 on the back and 37 on the neck and head. Smaller marmas can be called points but the larger ones correspond to a Zone or region. In addition to 107 classical marvlas beloved in south India.

Marmas are catagorized into lethal (Sadya Pranhar maram) and therapeutic. Lethal marmas are Vulnerable sites. Where force or damage may cause Serious injury, unconsciousness or death.

Maram chikitsa is a complete healing system that was originally developed to heal and rejuvenate warriors injured in the battlefield. It includes medicinal oils, warm herbal compress as a very powerful rhythmic massage to open the body's energy path warp soothes the nervous system and balances the three bioenergetic or three Doshas (Vatta, pitta, kapha) that exists in every person. Literally means that which unbalance in three dashes are primary factor behind health and disease. They regulate our internal climate through interactions of movement (valta), heat (pitta) and moisture (kapha) Maram therapy is the most direct way to harmonize the Prana in the body Maram Chikitsa is quite common in Ayurveda, Siddha and kalaiptayta worriers of

Shoulder Joint: The arm and the trunk are linked to each other, through a bony girdle called shoulder joint, Its main actions is mobility. It is stabilized and strengthened by soft issues, muscles, ligaments, capsule tissue etc. the bones of the shoulder girdle are scapula clavicle and Humerus. Scapula articulates with the chest wall (Scapula thoracic joint), clavicle (Acromio clavicle joint) clavicle is also attached to sternum at sterno clavicular joint the humerus (Gleno Humoral joint)

Gleno Humeral Joint: It is an unstable ball and socket joint, the glenoid Tossa is shallow and slightly deepened by fibre cartilaginous rim, the glenoid labrum. The Capsule of the joint passes round the anatomical neck of the humerus and is strengthened in front by three ligaments, the superior, middle and inferior Gleno Humeral ligaments. The Capsule is also reinforced by the insertion around it, on the humerus the tendens of four scapular muscles collectively know as rotator cuffs. These muscles are supra spinatus which adducts with the shoulder. Infraspinatus and teres minor are the lateral rotators of the shoulder and subscapularis which medially rotate the shoulder The Tendon of supra spinatus muscle, long head of the biceps passes over the humerus under the bony arch of the girdle. Between

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- Don't take water/liquids too frequently in between your meals. This dilutes the digestive enzymes and disturbs the digestion process.
- Fish and milk should never be taken together.
- Fruits and vegetables should not be exposed to air for a long time after cutting prior to ingestion or cooking.
- 30. Do not mess up by taking too hot or too cold food articles together. This takes toll of the strength of the teeth as well as the digestive system viz. a chilled drink with a steaming hot lunch should be avoided.
- 31. Cleanse your system once a week with a spoon of psyllium husk taken with a cup of warm milk at bed time.
- Taking a clove of garlic with water, empty stomach each morning checks cholesterol levels.
- Enhance your longevity and improve your quality of life by adopting natural medicines and life style modification through yoga.
- 34. Take care of one of your body parts each day. Provide service to all your sense organs one by one everyday and get a new "YOU" by each weekend.
- 35. A good night sleep soothens your stressed nerves and rejuvenates your tired senses for the next day. Relax while you sleep and make sleep time pleasurable.
- 36. Do not eat either hastily or very slowly. Have your meals peacefully, in a comfortable atmosphere.
- 37. Eggs are rich source of proteins. Although egg yolk has high cholesterol content, but it also has good amount of iron and other nutrients.
 Consuming 2-3 eggs per week is recommended.
- 38. Avoid taking cold drinks with fried food stuffs.
- 39. Add herbs like Indian Basil (Ocimum Sanctum), Turmeric(Curcuma Longa) to your daily staple diet. They are proven anti-allergic, anti-

- cancerous and raise basal immunity level of the body.
- Avoid juices and prefer to consume fruits as a whole. The fiber helps to check progression of many metabolic disorders.
- 41. Intake of buttermilk after lunch helps digestion
- Avoid water intake one hour before and at least one hour after meals.
- 43. If your tongue is coated, it indicates disturbed digestion and an accumulation of toxins in the system. Observing fast helps to detoxify the system and rekindle the suppressed digestive fire.
- Avoid water intake one hour before and at least one hour after meals.
- 45. Indulge in at least one aerobic activity every day. It strengthens your heart, improves lung capacity and helps in detoxification of the body.
- 46. Contentment is the key to mental health.
- 47. For instant glow on your face, apply an even coat of honey and let it stay for 10-15 minutes. Wash with tipid water and you get a soft, supple and smooth skin.
- 48. Do not take salt with milk.
- 49. Frequent snacking/nibbling adds on more pounds than indulging in 2-3 wholesome meals. Put a check to over snacking.
- 50. Curds, honey and alcohol should never be consumed together.
- 51. To reduce the risk of heart disease, walk briskly at least for 2 hours per week.
- 52. Avoid intake of radish, garlic and green vegetables after milk. Radish and butter should never be taken together.
- 53. Sleep is an exclusive, inexpensive pleasurable experience. Sleep at least 8 hours a day, to calm down your mind and help your body activate the internal repair mechanism.
- 54. Maintain a positive outlook in life. Keep away from people with negative persona.

- 55. Try to consume vegetables and fruits along with their edible peels. Natural fiber cleanses the system and with peeling the natural vital nutrients are lost from the routine diet.
- 56 Take a wholesome breakfast. Breakfast is the most important meal as it energizes you for the day ahead.
- 57. Avoid intake of sour food items with milk like lemon, berries, sweet lime, oranges, etc.
- 58. To maintain the health of your eyes, give them rest for 5 minutes after every 30 minutes while doing activities that require concentration of eyes viz. watching TV, working on computer etc.
- 59. Sleep gives you an opportunity to carry out repair work in the body. Do not compromise on sleep, for a healthy and blissful life.
- 60. Clarified butter(ghee) and honey should never be consumed together in equal quantities.
- 61. Never take honey with warm water.
- 62. Do not forget to relax and be with yourself during the day. This helps you to keep stress a bay and pump your energy levels.
- 63. Garlic prevents stiffness of arteries which naturally takes place with aging.
- 64. To attain instant relaxation, sit comfortably in a serene atmosphere .Close your eyes and start introspection. Take slow, but deep breaths and observe this phenomenon. Do it 10-15 times and it gives you a fresh "YOU".
- 65. Live in present, don't repent about yesterday and don't worry about tomorrow. This will help you to lead a stress free life.
- 66 . To improve your concentration be a good listener.
- 67. Have five to six small and frequent meals, instead of consuming two big meals. This ensures absorption of the necessary nutrients.
- 68. The best skin toner is cold water. Splash water on your face lightly to improve circulation of fresh blood to the surface.

- 69. Try to consume fruits and vegetables in total i.e. along with the edible peels. They add on the nutrient content and fiber
- 70. Practice yoga everyday to tone up your body and increase its flexibility
- 71. After a hectic day's schedule, soothen your eyes by covering them with cucumber slices for ten minutes. Cucumber is rich in water and minerals which provide adequate nutrition to the eyes.
- 72. Within each of us lies the power of our consent to health and sickness, to riches and poverty, to freedom and to slavery. It is we who control these, and not another.
- 73. To achieve inner peace, learn to relax. Your mind, body and soul require to be out of pace for some time; for your eternal well-being
- 74. Activate your heart by taking up at least one aerobic activity everyday.
- 75. Follow a routine of yogic exercises everyday to tone up your body by strengthening your muscles.
- 76. Boost your energy levels by indulging in activities that interest you and not your routine work, at least 15 minutes everyday; viz. reading, listening to music, aerobics, yoga playing with pets, etc.
- 77. Do not exercise without warming up. Stretching exercises should never be attempted, without conditioning the body properly.
- 78. Be a good listener, listening requires more concentration than talking.
- 79. Wash your face with plenty of cold water during the day. It not only relives stress, freshens the senses, but also improves circulation and supples the skin.
- 80. A spoon of honey with luke warm water and a few drops of lime juice early morning, helps to detoxify your body and freshen up the entire system.

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ग्रीवाम्यस्त उष्णिहाभ्यः कीकसाभ्यो अनुक्यात्। यक्ष्म दोषाण्य मांसाभ्यां बाहुभ्यां विवृहामिते॥"

(ऋग्वेद 10-164-2)

अर्थ: हे रोग से व्याकुल (पीड़ित) मनुष्य मैं, तेरी ग्रीवा (गर्दन) से, धमनियों (उष्णिहा) से, अस्थियों से बाहु से, दूष्यों से, मांस पेशियों से समूल रोग को बाहर निकाल देता हूँ। पंच कर्म आयुर्वेदिय चिकित्सा का एक अंग होते हुए भी अपने आप में एक स्वतंत्र व पूर्ण चिकित्सा ही है। रोगों का समूल नाश करने वाली अब तक की सबसे पुरातन परन्तु पूर्ण रूप से विकित्सा एवं वैज्ञानिक चिकित्सा प्रणाली है (जो अन्य किसी भी चिकित्सा प्रणाली में उपलब्ध नहीं है) जिसका शरीर पर कोई भी दुष्प्रभाव नहीं होता।

पंचकर्म द्वारा हम ज्यादातर रोगों का सफल फलप्रद ईलाज कर सकते हैं। शोधन प्रधान होने से रोगों का शरीर से समूल नाश करती है और हमारे शरीर का नवीनीकरण कर देती है। पंच कर्म सिर्फ रोगी शरीर के लिए ही उपयोगी नहीं है अपितु एक स्वस्थ शरीर का भी इससे शोधन कर रोगों से लड़ने की प्रतिकारक क्षमता बढ़ाई जा सकती है जिससे भविष्य में शरीर रोग मुक्त रहता है।

ज्यादातर चिकित्सक पंचकर्म को जटिल प्रक्रिया जानकर सीधे ही औषध (शमन) चिकित्सा शुरूकर देते है जिससे सुखसाध्य रोग भी कप्टसाध्य हो जाता है जबिक हम अगर रोग की प्रथम अवस्था में ही पंचकर्म से दोषों का शोधन व नियमन कर दें तो कप्टसाध्य व्याधियाँ भी सुखसाध्य हो जाती है। और आज के प्रदूषण युक्त और तरह-तरह के रोगों से प्रभावित समाज को पंचकर्म द्वारा ही पूर्ण लाभ मिल सकता है इसिलए आयुर्वेदिय चिकित्सक समाज को पंचकर्म का इस्तेमाल करना चाहिए। जिससे ज्यादातर रोगी हमारे इस विज्ञान का लाभ लेकर अपने शरीर को रोग मुक्त कर एक स्वस्थ एवं समृद्ध जीवन जी सकें।

पंचकर्म : पंच = पांच तरह के

कर्म = कार्य (जो किया जाता है)

पांच तरह के अलग-अलग शोधन कार्य जिसके द्वारा दोषों का शोधन व नियमन करते हैं।

पंचकर्म में पांच निम्नलिखित कर्म होते हैं:

चरक अनुसार

- (1) वमन
- (2) विरेचन
- (3) बस्ति-निरुह (अस्थापन)
- (4) बस्ति-अनुवासन
- (5) नस्य

सुश्रुत अनुसार

- (1) वमन
- (2) विरेचन
- (3) बस्ति-निरुह अनुवासन
- (4) नस्य
- (5) रक्त मोक्षण

इन पांच कर्म को प्रधान कर्म कहते हैं जो मुख्य कार्य हैं। इन प्रधान कर्मो से पहले और बाद में भी कुछ सहायक क्रियाओं को करना अनिवार्य होता है जैसे:-

पूर्व कर्म :- वह कर्म जो प्रधान कर्म से पहले करते हैं जिससे दोष मृदु होकर रोगी प्रधान कर्म के लिए तैयार होता है। यह 3 प्रकार के होते हैं: पाचन, स्नेहन, स्वेदन।

- (1) **पाचन** : इसमें आप के पाचनार्थ, दीपन पाचन औषिधयों का प्रयोग करते हैं। जिससे अग्नि प्रदीप्त होती है। जैसे- चूर्ण (चित्रकादि)
 - बटी (शंख बटी, अग्नितुण्डी)
 - क्वाथ (धान्य पचंक)
 - घृत (पिप्पल्यादि घृत)
 - आसव-अरिष्ट (द्राक्षासव, जीरकाद्यरिष्ट)
 - पेया; यूष, यवागु
- (2) स्नेहन : स्नेहन वह प्रक्रिया है जिसके द्वारा भीतर व बाहर स्निग्धता (चिकनाई) उत्पन्न करते हैं।

"स्नेहनं स्नेह विष्यन्द मार्दव क्लेद कारकम्।"

च.सू. 22-11

अर्थात् जिस प्रक्रिया से स्नेहन, विष्यंदन, मृदुता व क्लेदन उत्पन्न होता है उसे स्नेहन कहते हैं।

स्नेहन द्रव्य - घृत, तैल, वसा व मज्जा को महा स्नेह कहते हैं।

स्नेहन के प्रकार :-

- (a) बाह्य : जिनके द्वारा शरीर के बाहरी इस्तेमाल से चिकनाहट लाते है। जैसे
 - (1) अभ्यंग (मालिश) (2) लेप (3) मर्दन-उन्मर्दन

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- (4) उद्वर्तन-उत्सादन (5) संवाहन-सुखकारक स्पर्श (6) पादाघात (पांव द्वारा दबाना) (7) मूर्धतैल (8) गडूंष (9) कर्ण पूरण (10) अक्षितर्पण (नैत्रतर्पण) (11) परिषेक ध रा को शरीर पछोड (12) पिचू योन्यादि में।
- (b) अभ्यांतर : इसमें मुख द्वारा स्नेह द्रव्यों का इस्तेमाल करा कर चिकनाहट पैदा करते हैं।
 - (1) स्नेह को भोजन में मिला कर खिलाते या पिलाते है।
- (2) स्नेह को मुख द्वारा पिलाते है। इसे अच्छ स्नेह कहते है।

चर्म रोगों में पंचितक्त घृत, कोष्ठबद्धता में एरण्ड तैल, मानसिक रोगों में ब्राहमी धृत, क्षीरबला धृत आदि।

स्नेहन द्रव्यों के गुण: स्निग्ध, गुरू, शीत, मृदु, द्रव, पिच्छिल, मंद-सूक्ष्म

स्नेह के गुण: वात नाषक, दोषों को मृदु करता है, जाठराग्नि दीप्त करना, कोष्ठ शुद्धि, नव धातुओं का निर्माण, शरीर बलवर्धन, शरीर-वर्ण प्रसादन, दीर्घायु बनाता है, इंद्रिया सबल होती है।

स्नेह काल में गर्म जल का ही सेवन करें (खाने, पीने व स्नान में) ब्रह्मचर्य पालन करे, रात्रिजागरण न करें, जोर से बोले नहीं, गुस्सा या शोक न करें। अधिक शीत और गरमी से बचें, व्यायाम, परिश्रम व यात्रा न करे दिन में अधिक नहीं सोयें (आम दोष उत्पन्न होता है), रूक्ष अन-पान न करें।

जिन्हे आम व कफ दोष हो, उनका स्नेहन सावधानी पूर्वक करें। स्नेहन के बाद स्वेदंन करते हैं।

(3) स्वेदन

जो क्रिया शरीर में पसीना (स्वेद) उत्पन करती है उसे स्वेदन कहते हैं।

स्वेदन द्रव्य: सरसों, गुग्गुल, अर्क, वाष्प (जल), एरण्ड, चित्रक, बालुका आदि।

स्वेदन द्रव्यों के गुण: उष्ण, तक्ष्णि, रूक्ष, स्थिर, गुय, द्रव, सर

प्रकार - स्वेदन दो प्रकार से किया जाता है।

(a) बाह्य : इनमें शरीर को बाहर से उष्मा या ताप देकर स्वेद उत्पन्न करते हैं। इसके 2 प्रकार होते हैं:- साग्नि स्वेद - जिसमें अग्नि का इस्तेमाल होता है। जैसे:-

- बालुका स्वेद (गर्म बालुका की पोटली बनाकर)
- प्रस्तर स्वेद (स्वेद द्रव्यों का शयन बनाकर)
- वाष्प स्वेद (पानी की भाप बनाकर)
 - (a) सवार्ग वाष्प
 - (b) नाड़ी स्वेद

आजकल यही 2 प्रकार ज्यादा प्रचलित हैं।

- पिंड स्वेद (सांठी चावल को औषध क्वाथ में पकाकर पोटली में बांधकर)
 - भू स्वेद (भूमि पर लिटाकर)
- कूंभी स्वेद (हाँडी में वातहर औषध पकाकर उसके वाष्प द्वारा)
- जेन्ताक स्वेद (विशेष प्रकार के कमरे (कूटागार) के इस्तेमाल से)
 - अश्मधन स्वेद
 - होलाक स्वेद
- उपनाह (स्वेद उत्पन्न करने वाली औषधि को <mark>बांध</mark> कर)
 - अवगाह स्वेद (गर्म पानी के बर्तन में बैठाना)
 - परिषेक व पिषिंचिल

निराग्नि स्वेद : जिसमें अग्नि का उपयोग नहीं होता है।

- व्यायाम
- गुय प्रावरण (मोटा कपड़ा ओढ़ना)
- उष्ण सदन (गर्म कमरा)
- क्रोध
- आतप सेवन (सूर्यताप)
- बहुपान (अधिक मद्यपान)
- भय
- क्षुधा
- उपनाह (जो औषध बिना गर्म किये ही स्वेद उत्पन करती है जैसे:- कुलत्थ, मदनफल अलसी का तैल, उड़्द रास्ना आदि)

आज कल इस्तेमाल में लाने वाले स्वेदन प्रकारः संवार्ग स्वेद- वाष्प स्वेद, पिषिंचिल, अवगाह, पिण्ड स्वेद

एकांग स्वेद - नाड़ी स्वेद

(b) आभ्यंतर स्वेद : इसमें औषध को मुख द्वारा खिलाकर (क्वाथ, कल्क या चूर्ण) स्वेद उत्पन्न करते हैं जैसे - गुग्गुल, एरण्ड बीज, गिलोय, रसोन, चोपचीनी, मदन फल, ज्योतिष्मती, भल्लातक

स्वेदन के गुण :

- स्तंभ निग्रह (जकड़ाहट दूर होती है)
- गौरवधन (भारीपन दूर होता है)
- शूल हर
- शीतधन (ठण्डापन दूर होता है)
- स्वेद निकलता है
- वाता का नियमन
- गात्रों में मृदुता उत्पन्न होती है।
- अग्निदीपन
- स्त्रोतो की शुद्धि होती है।
- अति निद्रा नाश और तंद्रा को दूर करता है।

स्वेदन के पश्चात् कुछ समय तक वायु तथा शीतलता से शरीर को बचाना चाहिए तथा कुछ देर तक शयन कक्ष में बिस्तर पर आराम करना चाहिए। स्नान व पीने के लिए गर्म जल का ही उपयोग करें।

स्वेदन के बाद वमन आदि कर्म करते हैं।

प्रधान कर्म :

वमन

वमन का साधारण रूप में यह अर्थ उस प्रक्रिया द्वारा है जिसमें हम औषधियों का मुख द्वारा सेवन करवा कर रोगी को उिल्टियाँ (वमन) करवाकर वातादि दोषों को (मुख्यत: कफ व अपक्व पित्त) मुख द्वारा बाहर निकाल कर शरीर का शोध न करते हैं।

वमन को लाने वाली औषधियों को वामक द्रव्य कहते हैं जैसे मदन फल, पिप्पली, बचा, लवण आदि

मदन फल को चरक सुश्रुत वाग्भट् आदि आचार्यों ने प्रमुख माना है। वामक द्रव्य उष्ण, सूक्ष्म, तीक्ष्ण, विकासी, किर्ध्वभाग पर प्रभावी होते हैं। इनसे आकाश और वायु महाभूत प्रधान होते हैं।

वमन विधि : दोष और रोग का विचार कर सबसे पहले आध्यंतर स्नेह पान कराते है। घृत या तैल। वसा व मज्जा का इस्तेमाल आज कल नहीं होता। स्नेह पान : 3-7 दिन तक हो सकता है प्रकृति अनुसार। वात में अधिक व कफ में निम्न)

सम्यक् स्निग्ध लक्षण में पुरीष चिकना होना, पुरीष पतला होना, अग्निवर्धन होना, गुदा (अधोमार्ग) से स्नेह आना, शरीर गौरव आदि। स्निग्ध लक्षण देखकर स्नेह पान घटा या बढ़ा सकते हैं।

स्नेह पान के बाद 2-3 दिन के विश्राम काल में बाह्य स्नेहन व स्वेदन (वाष्प द्वारा) करना अनिवार्य है क्योंकि इससे दोष मृदु हो जाते हैं।

स्नेहकाल में सुपाच्य व लघु आहार यूष, मूंग दाल आदि लेना चाहिए। जिससे पित्त का वर्धन न हो अन्यथा पित्त कफ का भी पाचन कर देता है।

वमन की पूर्व सन्धया को रोगी कफ वर्धक आहार लें जिससे कफ का उत्कलेश हो सके जैसे अधिक दूध की खीर या दहीं और उड़द दाल का बड़ा।

वमन वाली सुबह भी बाह्य स्नेहन स्वदेन अनिवार्य है। वमन क्रिया में रोगी का मुख पूर्व दिशा की तरफ होना चाहिए।

वमन मंत्र : ऊ ब्रह्मदक्षश्विरूद्रेंद्र भू चंद्रार्कानिलानलाः। ऋषयः सौंषधिग्रामा भूत संधाश्य पांतुते॥ रसायनिमवर्षीणां देवानाममृतं यथा। सुधेवोत्तम नागानां भैषज्यमिदमस्तुते॥

अर्थ: ब्रह्म देव, दक्ष, अश्विनी कुमार, रूद, इंद्र, पृथ्वी, चन्द्र, सूर्य, वायु, अग्नि, ऋषि, औषिधयों का समूह और भूत समूह तुम्हारी रक्षा करें। ऋषियों के लिये जैसे रसायन, देवों के लिये जैसे अमृत, नागों के लिये जैसे सुधा (अमृत) उत्तम है, वैसे ही यह औषिध तुम्हारे लिए भी अमृत तुल्य हो और तुम्हारे रोग का शमन करें।

उपरोक्त मंत्र का उच्चारण करने के बाद ही वमन कर्म शुरू करते हैं।

शुरू में इच्छा अनुसार इक्षु रस-या दूध पिलाना चाहिए क्योंकि वमन कोष्ठ की पूर्णता पर ही बेहतर होता है। इसके बाद थोड़ा रूककर मदन फल भाग 5+ लवण सैधव 2 भाग + शहद 1/2 से 1 तोला में मिलाकर, मर्दन कर खिलाते है। 20-30 मिनट तक विश्राम करवाकर विधिवत् मधुयष्टि फाण्ट पिलाकर वमन पूर्ण करवाते हैं।

उत्तम वेग - 8, मध्यम वेग - 6, हीन वेग - 4

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सम्यक वमन में कफ, पित्त और वात क्रमश: निकलते हैं। हृदय में हल्कापन, स्त्रोतों में हल्कापन, मनप्रसन्न, और अधि क पीड़ा न होना होता है।

सम्यक् वमन (8-10 वेग) के बाद रोगी को गुनगुने पानी से कुंजल व मुंह हाथ धुलाकर 1-2 घण्टे विश्राम करायें। उसके बाद 5-7 दिन संसर्जन कर्म करवाते हैं।

आहार में तरल पदार्थ से शुरू-कर धीरे-धीरे प्राकृत भोजन देते हैं। रोग अनुसार औषध शुरू करावें आदि विरेचन करवाना है तो वमन के 15वें दिन विरेचन करवायें।

वमन का रोग अधिकार : कफज रोग मुख्य हैं। श्वास-कास, पीनस, खालित्य, चर्म रोग, मेदोवृद्धि, यौवन पिडिकाएँ, कुष्ठ, नव ज्वर, प्रमेह, अद्योग अम्लिपत्त, अपस्मार, ग्रन्थि, अपचि, अरूचि, अजीर्ण, रसायन वाजीकरण आदि।

वमन किस रोग में न करावे : हद्रोग, ऊर्ध्ववात, उदावर्त, सुकुमार, दुर्बल, वृद्ध, अंतिस्थूल, अंतिकृश, वातव्याधि, अर्श, अन्न नालिका व आमाश्य व्रण आदि।

विरेचन

विरेचन का अर्थ उस प्रक्रिया द्वारा है जिससे औपिधयों को मुख द्वारा देकर वातांदि दोषों (मुख्यत: पक्व पित्त अधिष्ठान क्षुद्रआंत) को गुदा मार्ग द्वारा (मल रूप में) रोगी के शरीर से बाहर निकालते हैं। (अधोमार्ग)

विरेचन करवाने वाली औषिधयों को विरेचन द्रव्य कहते हैं जैसे

- सुखपूर्वण विरेचन में निशोध और त्रिवृत श्रेष्ठ है।
- मुद् विरेचन में अमलतास श्रेष्ठ है।
- तीक्ष्ण में स्नूहीक्षरि (थूहर का दूध) श्रेष्ठ हैं
- भेदन में अमलवेतस श्रेष्ठ है।

विरेचन द्रव्य उष्ण, तीक्ष्ण, सूक्ष्म, व्यवायि, विकासी, पृथ्वी और जल महाभूत विशेष होते है और यह अधोमार्ग पर प्रभावकारी होते हैं।

विरेचन विधि: स्नेह पान व स्वेदन कर्म वमन समान ही होते हैं। विरेचन की पूर्व संध्या को ऐसा भोजन दें जिसके कफ की अवृद्धि हो और पित्त की वृद्धि न हो क्योंकि पित्त वृद्धि से विरेचन औषध का भी पाचन हो जाता है जो अयोग का कारण होता है।

विरेचन में औषधियों का काढ़ा सामान्यता निशोध +

कटुका + त्रिफला + अमलतास और इच्छा भेदी रस + एरण्ड्र तैल (इनकी मात्रा रोगी का विचार करके बनायें) सबकों मिलाकर विरेचन वाली सुबह खाली पेट पिलाते हैं (क्योंकि विरेचन रिक्त कोष्ठ में ही बेहतर होता है) और ऊपर से थोड़ा गर्म जल (इच्छा भेदी योग में ठण्डा जल दें) और सौंफ+मिश्री खिला दें जिससे औषध का कड़वा पन मुख से दूर होता है और वमन नहीं होता।

औपधि देने के बाद रोगी को विश्राम करावें और बेगों को शुरू होने दें। सामान्यत: ½ से । घण्टे में वेग प्रारम्भ हो जाते हैं। थोड़ी-2 देर बाद पानी पिलाते रहते हैं और वेग आते रहते हैं। गुदा मार्ग से कफ के आने पर विरेचन रोक देते हैं।

उत्तम वेग - 30 मध्यम वेग - 20 हीन वेग - 10

सम्यक् विरेचन में पहले मूत्र, मल, पित्त, औषध और कफ तथा वात इस क्रम में शोधन होता है। स्रोतों की शुद्धि होती है, ज्ञानेन्द्रिय तथा कर्मेन्द्रिय प्रसन्न होती है, शरीर में हल्कापन आता है, वात अनुलोमन, अग्निप्रदिप्त होती है। आयोग के लक्ष्ण नहीं आते और रोग प्रशम के लक्षण मिलते हैं। संसर्जन कर्म वमन समान है। विरेचन कर्म होने के 9 दिन बाद बस्ति देत हैं।

विरेचन का रोग अधिकार: ज्वर (वातादि) रक्त पित (उर्ध्वगत), गुल्म, प्रमेह, कुष्ठ, उन्माद, राजयक्ष्मा, अपस्मार, उदर रोगों में, ग्रहणी, पाण्डु, हिक्का प्रश्वास, विसर्प, वातव्याधि, , योनिव्यापद आदि।

वमन किस रोग में न करावें - अधोगत् रक्तपित, नवज्वर, अजीर्ण, अतिरूक्ष, क्षतक्षीण, अतिस्थूल, पिपासित, उपवासित, अतिसार, गर्भिणी, आध्मान आदि।

बस्ति

यह पंच कर्म का महत्वपूर्ण कर्म है जिसके द्वारा हम अधि कतर रोगों का शमन कर सकते हैं क्योंकि शास्त्रों में शायद ही कोई ऐसा रोग हो जिसमें बस्ति न दी जा सके।

वस्ति अर्थात् पशुओं के मृत्राशय के उपयोग से औषधि^{याँ} को आभ्यंतर प्रविष्ट करना होता है। बस्ति वात प्रधान रोगों ^{में} मुख्यता देते हैं लेकिन पित, कफ, रक्त, तथा सन्निपात में ^{भी} लाभदायक होती है।

बस्ति प्रकार : अधिष्ठान भेद से

पक्वाशय गत : गुदा मार्ग में देते है।

्र गर्भाशय गत : योनि व गर्भाशय मार्ग

्र मूत्राशयगत : मूत्र मार्ग

्र व्रण गत : व्रणों के मुख में शोधन व रोपणार्थ

द्रव्य भेद से : निरूह (आस्थापन) : औषधियों का क्वाथ मुख्यत: इस्तेमाल में लाते हैं और दोपों को बाहर (गुदा द्वारा) निकालते हैं। इससे आयु की स्थापना होती है।

निरूह वस्ति में क्वाथ, कल्क, शहद, सैधंव नमक, गुड़ व तैल यह 6 चीजे होना अनिवार्य है।

अनुवासन : स्नेह मुख्य द्रव्य होता है। यह शरीर के अंदर की वास करती है और दोपों का हरण करती है। अनुवासन प्रकार : स्नेह निरूह की ¼ मात्रा 6 पल (24 तोला)

अनुवासन : स्नेह की ½ मात्रा 3 पल (12 तोला) मात्रा अनुवासन की ½ मात्रा 1½ पल (6 तोला)

कर्म भेद से : निरूह के कर्म के आधार पर :

- शोधन दोषों और मलों का शोधन
- लेखन मेद धातु को कम करती है।
- स्नेहन स्नेह अधिक उपयोग होता है। शारीरीक स्नेहन करती है। (अनुवासन प्रकार नहीं)
 - वृहण रसादि धातु का वर्धन करती है। संख्या भेद से :

क्रम: कुल 30 बस्तियाँ। प्रथम अनुवासन फिर निरूह इस क्रम से 12 निरन्ह और 12 अनुवासन, अंतिम 5 अनुवासन। निरन्ह 12 + अनुसावन 18

काल : कुल 16 बस्तियाँ। प्रथम अनुवासन फिर 6 निरूह, ह स्नेह और अंतिम 3 स्नेह। निरन्ह 6 + अनुवासन 12

योग : कुल 8 बस्तियाँ। प्रथम अनुवासन फिर 3 निरूह, ^{3 अनुवासन}, अन्तिम अनुवासन। निरन्ह 3 + अनुवासन 5

इनके अलावा : पिच्छा बस्ति - स्तम्भन कार्य के लिए (संग्रहणी में), रक्त बस्ति - रक्त निर्माण के लिए

विरेचन के बाद यदि वस्ति देनी हो तो 9 दिन बाद देवे ^{क्योंकि जल्दी} देने से विरेचन के बाद रिक्त कोप्ठ में बस्ति ^{जीकर} वात का वर्धन करती हैं

निरन्ह की मात्रा 200ml से 400ml तक होती है। निरन्ह बस्ति आजकल एनीमा पौट द्वारा देते हैं। निरूह बस्ति खाली पेट देते हैं और मल त्याग के बाद लघु सुपाच्य आहार देते हैं। निरूह बस्ति 30-40 मिनट में बाहर निकल जानी चाहिए। नहीं तो व्यापद पैदा करती हैं यदि न निकले तो वर्ति का उपयोग करें। कफ या आम दोपों में निरूह मुख्य है तथा वात या रूक्षता में ज्यादा उपयोग न करे अनुवासन बस्ति 50 या 100 ml की syringe व 11 और 12 No. catheter के द्वारा गुदा मार्ग में देते हैं। अनुवासन में स्नेह के साथ सैंधव मिलाना जरूरी है क्योंकि लवण से बस्ति स्थिर रहती है। भोजन के तुरन्त बाद भी दे सकते हैं। कफ या आम दोपों में अधिक न दे तथा वात या रूक्षता में अधिक दे सकते हैं। इसकी मात्रा धीरे-धीरे बढ़ाते हैं।

उत्तर बस्ति की मात्रा 5-10 ml ही होती हैं इसमें काढ़ा और स्नेह दोनों इस्तेमाल होते हैं।

स्त्रियों में रजोनिवृति के 4-5 दिन बाद ही दे और 16 दिवस की अवधि में ही दें। गर्भाशय रोग में निरंतर 3 दिन के बाद 3-4 दिन का विश्राम देकर से 3 दिन तक निरंतर दे सकते हैं।

उतर बस्ति 3-3 दिन के अन्तराल में देते हैं।

क्वाथ बस्ति तुरन्त बाहर निकल जाती है यद्यपि तैल वस्ति थोड़ी देर बाद निकलती है यदि न निकले तो शास्त्रों में वर्णित पिप्पल्यादि वर्ति को मूत्र मार्ग में प्रवेश कराकर या Catheter के द्वारा बस्ति को बाहर निकाल देना चाहिए।

बस्तियों में अभ्यांतर स्नेहन अनिवार्य नहीं है परन्तु बाह्य स्नेहन (अभ्यंग) व स्वेदन करवाते हैं। बस्ति पूर्व बाह्य सवांर्ग या स्थानीय (पेट व नितम्बों) पर अभ्यंग व स्वेदन करते हैं।

नस्य

"नासा ही शिरसों द्वारं।"

नासा ही शिर (उर्ध्वजर्त्रुगत अंगों) का द्वार हैं।

नाक (नासा) द्वारा औषधियों को प्रविष्ट करके उर्ध्वजत्रुगत वातादि दोषों का हरण करने को नस्य कहते हैं।

नस्य प्रकार :

कर्म भेद से (1) रेचन (विरेचन) : कफ को बाहर निकालती हैं। शोधन भी होता है।

- (2) बृहंण (तर्पण) : तैल घृत दुग्ध द्वारा शिर तथा नासा को पुष्टि देता है।
 - (3) शमन: चूर्ण या रस द्वारा दोषों का शमन होता है।

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प्रयोग भेद से (1) नावन रूई द्वारा या Dropper से तैल को नाक में डालना। स्नेहन व शोधन 2 प्रकार के होते हैं। अणुतैल से देते हैं। वातज शिरोरोग, गर्दन, स्कन्धो व उर को बल देता है, केशपात, अवबाहुक, दंत पात, झुर्रियाँ, नींद से जल्दी न उठना आदि में लाभकारी होती है।

- (2) अवपीड़न औषधि कल्क को निचोड़ कर उसका रस नाक में डालते हैं। शोधन व स्तम्भन 2 प्रकार होते हैं। इक्षु रस, दुग्ध आदि देते हैं। मूर्च्छा, मोह, अपतंत्रक, अपस्मार, पीनस आदि रोगों के देते हैं।
- (3) घ्मापन (प्रधमन) औषधि पूर्ण को नाक में निलका द्वारा फूंकते हैं। यह रेचक होता है। मानिसक रोगों में, उन्माद, कृमि शिरोरोग, विषपीड़ित आदि में देते हैं।
- (4) घूम : धूंए को नाक के द्वारा पीते हैं प्रायोगिक, विरेचनिक व स्नेहिक 3 प्रकार होते हैं। प्रियंगु, इलायची, लोध ,, गुग्गुल, अगर, पीपल आदि द्रव्य उपयोग में लाते हैं। शिरोरोग, नासा-अक्षिरोग आदि में लाभदायक है।

दोष यदि उत्किलष्टं हो तो पहले नासा से धूम लेवें और बाद में मुख से लेवे और यदि उत्कलेश करना हो तो पहले मुख से बाद में नाक से घूम लेते हैं।

नाक से धूएं खींच कर मुख द्वारा बाहर निकाल सकते हैं परन्तु मुंख से खींच कर नाक द्वारा धूम बाहर नहीं निकालते क्योंकि यह धूम आँखों को नुकसान करता है।

(5) प्रतिमर्श : तैल, घृत व वसा का उपयोग होता है परन्तु तैल ही श्रेष्ठ होता है। शिर कफ का अधिष्ठान है अत: तैल श्रेष्ठ है। मात्रा कम होती है। इसमें उँगुली स्नेह में डुबा कर नाक में गिराते है। जो अत्यंत दुर्बल हैं क्षत से पीड़ित, बालक व वृद्धों को देते हैं।

7 वर्ष से कम और 80 वर्ष से ऊपर आयु वाले को नस्य नहीं देना चाहिए।

पूर्वकर्म में अभ्यंतर स्नेह की आवश्यकता नहीं होती। परन्तु कुछ आचार्य या वैद्य गण नस्य के 2 दिन पहले 10-20 ml आभ्यंतर स्नेहन देने की सलाह देते हैं। इसमें बाह्य संवार्ग के बदले मुख पर ही अभ्यंग व स्वेदन करते हैं।

सुबह 6-10 बजे और शाम 6-10 बजे देते हैं।

पश्चात्कर्म : मुख मालिश हाथ द्वारा हल्के-हल्के करते हैं। गड्ष् (गर्म जल से) और थोड़ा विश्राम।

रक्त मोक्षण

शरीर से रक्त को बाहर निकालना रक्त मोक्षण कहलाता है। इससे रक्त धातु का शोधन होता है।

प्रकार:

(1) शस्त्र द्वारा

सिराव्यध : सिरा को वेधना। इससे पूर्व आभ्यंतर व बाह्य स्नेहन स्वेदन अनिवार्य है। सम्पूर्ण शरीर पर भी कर सकते हैं।

प्रच्छान : नशतर को कहते हैं। वह त्वचा के ऊपरी भाग का स्थानिक रक्त मोक्षण होता है। जहाँ प्रच्छन करना हो उस स्थान के ऊपर रस्सी बांध दे और स्नायु, सांधि, अस्थि व मर्म स्थान को छोड़कर नशतर लगाते हैं।

(2) बिना शस्त्र द्वारा

शृंग : गाय का सींग प्रयुक्त होता है। खोखला होने की वजह से चूषणार्थ कर रक्त को निकालता है। श्रृंग उष्ण, मध ुर, स्निग्ध होने से वात रोगों में उपयोगी है।

अलावु : आम भाषा में लौकी, कददू कहा जाता है। कफ रोगों में उपयोगी होता है

घटीयंत्र : कफ और वात रोगों में उपयोग होता है। घंटी जैसा होता है।

सूची : यहाँ सूची (सूई) का उपयोग Suringe के समान रक्त खींचने के लिए नहीं बिल्क सुई से बार बार क्षत निर्माण कर रक्त को निकालना है।

जलौका : जलौका (जोंक) को रक्त निकालने वाले स्थान पर लगा देते है जिससे जौं अपने चूसकों के द्वारा रक्त चूसती है। पित्त दोषों में उपयोगी होती है।

सभी रक्त मोक्षण कर्मों में अभ्यांतर व बाह्य स्नेहन और स्वेदन अनिवार्य है। रक्त मोक्षण के बाद अधिक ठण्डा व गरम भोजन न ले, लघु सुपाच्य आहार ले, रक्त वर्धक आहार हैं और सयंम से एक महीने तक रहें।

सुश्रुत अनुसार रक्तमोक्षण निम्न रोगों में करते है।

वात व्याधि, महावात व्याधि, कुष्ठ, उदर, बिद्रीं ग्रंथि-अर्बुदादि, श्लीपद, उपदंश, मुख रोग, नेत्र रोग, गुली शिरोरोग, अपस्मार, उन्माद आदि में।

पंचकर्म वैसे तो सभी रोगों में कर सकते हैं परनु शासी में उरूस्तंभ एक मात्र ऐसा रोग है जिसमें पंचकर्म का निषे है। उसमें कफ आम दोष के कारण सिर्फ रूक्षण ही करते

उपरोक्त पाँचों कर्म यदि एक साथ एक ही रोगी पर करने हों तो उत्तम शोधन में 130-138 दिन, मध्यम शोधन में 85 तथा निम्न शोधन में 57 दिन लगते हैं। ज्यादातर समय काल बस्ति कर्म में लग जाता है। क्योंकि जितने दिन बस्ति करते हैं उसका दो गुना समय विश्राम करना पड़ता है (काल वस्ति 30 दिन + 60 दिन विश्राम = 90 दिन)

शोधन काल

वर्षा - वात प्रकोप - बस्ति चिकित्सा शरद् - पित्त प्रकोप - विरेचन चिकित्सा वसन्त - कफ प्रकोप - वमन चिकित्सा

पश्चात कर्म : जो प्रधान कर्मों के बाद में शरीर को प्राकृतिक अवस्था में लाने के लिए और रोग का शमन करने के लिए किया जाता है। यह तीन प्रकार के हैं:-

(1) संसर्जन कर्म : वमनादि के बाद अग्निबल रोग आदि का विचार कर आहार का सेवन जैसे अग्निवर्धक पेया, यूष, मांस रस, खिचड़ी दलिया, प्राकृत भोजन इस क्रम से धीरे-2 भोजन दिया जाता है। यह 7 दिन तक चलता है। धातुपाक क्रम अनुसार।

- (2) रसायनादि क्रम : वाजीकरण रसायन औषध उपयोग।
- (3) शमन-औषध प्रयोग : रोग अनुसार शोधन के बाद उसी रोग की औषध द्वारा शमन चिकित्सा।

संसर्जन आदि कर्मों में रोगी को पूर्ण विश्राम करना चाहिए, अधिक श्रम, रात्रिजागरण, मैथुन, ठण्डा जल उपयोग में नहीं लेना चाहिए और सयंम से रहना चाहिए।

डॉ. आशीष कुमार

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AYURVEDIC CONCEPTS ON OBESITY CONTROL

by : DR. ANIL V. KAIMAL,

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According to Ayurveda 8 body traits (Ashta nindanyaniya Purusha) which are to be avoided. These are pairs of opposites represented by Tallness and Shortness, Hairiness and Hairlessness, Black and White, Obesity and Leanness.

Among these, the obese person has 1) Shortness of life, 2) Difficulty in movement 3) Difficulty in sexual intercourse 4) Tiredness 5) Body odor 6) Copious sweating 7) Ravenous hunger 8) Severe thirst.

NIDAN AND SAMPRAPTI (PATHOGENESIS) OF MEDOROGA

"Gurvaadi vrudha samleena sleshma misro annajorasa:
Aama eva sladheekurvan dhaathoon sthaulyamupaanayeth
Athisthaulyaadathikshuthrut prasweda swaasa athinidrathaa:
Aayaasaakshamatha jaalyam alpaayurbalavegathaa
Daurgandhyam galgadathwam cha bhavel medo athipushtitha"

(As.Sa.Su.)

"Srothassu medo rudheshu vaayu koshte viseshatha: Charan prajwalayathyagnim kshuthrushau thaththadodhikam Sthoolam kodaravath vrudhau dahatho agnyanilau cha tham Swedavaahisiraamoolabhaavadwishyanthanaadapi Medasa: sleshma yogaacha Bhavathi sweda bhooritha"

Due to eating heavily gurvaadis like rich sweet, cold, oily and fatty food etc. after digestion annarasa being mixed with Kapha and without proper pachanakriya the annarasa becomes aama and it enters into the dhaathus and gives sithilatha to them and Obesity results. As a result medus (fat) is accumulated out of proportion to the other dhatus (seven dhatus / tissues). The asymmetry of dhatus impairs the strength and shortness of lifespan, and individual becomes averse to physical activity and with excessive sleep. Excess of medus hampers the locomotion and sexual intercourse, which is aggravated by reduction in semen. As kapha is homologous with medus, kapha gets vitiated and combines with medus attain more vishyandana and that results in excessive sweating. The accumulated medus in the internal linings of channels obstructs the movement of vatha (Rudhagathi) in the medodhathu and it reverses back to koshta and become overactive in stomach causes intense hunger and thirst. Movement of Vatha (carrying nourishment) now restricted in koshta leads to increase in digestive capacity like a closed room fireplace is much hotter than open air fireplace. This results in Excess hunger and thirst. Food is digested quickly and triggers the urge to eat More. If desire is not met, the person suffers several ills as a consequence. The agni (digestive fire) and Vata combine to burn the person just as fire and wind consume a forest. Since there is no proper digestion in periphery the pasty deposition leads to block in channels resulting in limiting the completion of digestion in kent. in Koshta itself. Other causes of sthoulya are Samsodhanadwesha and Prakruthi. Samsodhanadwesha leads to doshopalipthavadana of rasavaha sira leading to sthoulya.

In Sthoulya (obesity) nidana (causative factors) are as we have seen earlier, the food and regimen which increases medus and kapha.

Dosha - Kapha and vata,

Dooshya- medus.

In nut shell, due to apathya ahara – vihara (sedentary habits, surfeit food etc) the kapha gets vitiated and it is homologous with medus, medus also increases, vata also gets blocked in the minute channels (srotas) with kapha. As a result Vata movement in the Koshta results the increase of Jadaraagni and excess intake of food leads to obesity.

Clinical features of obesity

"Ayadhopachitha utsaaha and Chala sphik udara sthanam"

Food & activities that increases medodhathu causes accumulation of Medas all over the body especially buttocks, abdomen and breasts and their life process and energy slowly come down constantly. Associated symptoms like More hunger, More thirst, More sweat, more sleep, dyspnoea, low stamina, lassitude, shorter life span, low immunity, sluggishness, body odour, sluttering also can be featured.

"Dhaathava: Khalu Shareerasamaanai: samaanagunabhooyishtai: aahaaravihaarai: Vrudhim aapnuvanthi" (Charaka)

According to Ayurveda, there are three factors in the disease pathology. They are Nidana (etiological factors), dhosha and dhooshya. When they combine together, there will be disease. When they do not combine, there will not be any disease at all. If they combine together in a weak form, the disease will precipitate later or the symptoms will be milder.

ANALYSIS OF OBESITY

When we analyse obesity as per 'Dasavidha pareeksha', doshas involved in obesity are Samaana vayu, Paachaka pitha and Kledaka kapha. Changes in dooshyas can be explained as, Rasam becomes Guru, athivrudha, samleena (anutklishta roopa), raktham develops vishyandana (Takes part in formation of complications like pidaka, sweda etc.), and sladhana properties. Mamsam increases its vasa part and sladhana (loss of compactness). Medas develops more vishyandana, upalepa, sanchaya gunas. Asthi sldhana, majja sladhana and sukla depletion can be evidenced. Nature of beeja, beejadushti can be considered. When considering bala it will be depending on degree and chronicity of obesity. When kaala is considered chronicity and age are key factors. For anala, only Jadaragni is increased and dhatwagnis are diminished. Prakruthi – Favourable for treatment and favourable for disease. Vayah – Middle age obesity is the current problem. Sathwam – alpasathwa due to loulya. Sathmyam – Gurumadhura alasya. Aharam – Medaskara Ahara and Avastha – Aamathwam.

Most of the symptoms of Amavastha can be noted in sthoulya as srothorodha, balabhramsa, gourava, anilamoodatha (except in koshta), alasya, apakthi (except for jadaragni). nishteeva, malasanga, aruchi (not present) and klama.

AYURVEDIC MANAGEMENT OF OBESITY

Acharya says

"Kaarsyameva Varam sthoulyad na hi sthoolasya bheshajam" (A.H)

That means it is very difficult to treat obesity. Because, Dwividhopakramas are inefficient to pacify atyagni, atimedas and ativatha conditions of obesity. **Viruddhopakramathwa** is present as with brumhana chikitsa agni & vatha goes down but medas goes high. With lamghana chikitsa medas goes down but agni & vatha goes high. Chronicity makes the disease itself satmya to the patient.

"Athasthasyolpaththihethum parihareth" (Su. Su. 15)
"Praayo anilo rudhagathi: kupyathyaamaasayam gatha:
Thasyaanulomanam kaaryam shudhi langhana paachanai:"

The obese are continually ill and need to be managed by slimming or reducing measures by observing (tissues). The aim of treatment is to restore the balance in the proportion of medas among the dhatus are able to withstand hunger, thirst, heat, cold and physical activity. Their life process including digestion is also even by balanced. A treatment plan to be established to achieve this well balanced state by shudhikriya, 2 types Sodhana and Samana. Sodhana is of 5 types (panchkarma) and samana is of 7 types (Pachana, performed.

"Athisthoola thanoryojyam Thathraannam maaruthaapaham Sleshma medoharam yacha Khalwa Mudga Yavaadi cha" (Chikitsaamanjari)

"Ulppannethu shilaajathu gulgulu gomoothra thriphala loharajo rasaanjana madhu yava mudga koradooshaka syaamaako-ddhaalakaadeenaam virrookshana chchedaneeyaanaam dravyaanaam vidhivadupayogo vyaayaamo lekhana vasthyupayogaschethi"

> "Athisthoola sareeraanaam Thila thailam prage pibeth Pibedasanasaarasya kwaadham va madhusamyutham"

Medicines should be theekshna (Arishta), ushna, rooksha (avoiding sleep) chedi, maruthapaham & sleshma-medoharam like Kulatha. Food and drink which neutralizes vata and reduces kapha and medas, rooksha and Lekhana vasthi, other internal medications are also can be indicated. Proper exercise diet restriction, emesis, purgation, blood letting, Udwarthana [massage with medicated choorna (powder)], thakra dhara etc. are very effective. When the disease is manifested then one should undergo with the medicines like, Shilaajathu, Gulgulu,Guduchi, Abhaya, Mustha, Mahat pancha moola, Gomoothra, Thriphala, Loha bhasma, Agnimandha rasa with Rasaanjana, Honey, Thila thaila etc and some Formulations like Yavaloha Choornam (Vidangadi choornam), Vyosha, katwee,vara, and sigru with saktu, Dasamoolahareethaki, Ayaskrithi etc. Madanadi or Asanadi for panam, and snanam and the food & drinks like guru & apatharpanam dravyas are used. The food materials like Godhooma, Yava, Kulatha, Yaavaka, Syamaaka, Mudgadi, Laaja, old grains esp. Venu, Koradoosha, Chana, Masoora, Thuvar daal, Honey, Sakthu, katu, thiktha, kashaya rasas, buttermilk, Sura, burned / Tandoori rotis etc., Brinjal, Mustard oil, Sesame oil, Cardamom etc are advocated. All dry(rooksha), leafy vegetables, are included in diet. Deodorant creams / sprays, hof water for internal and external use, and water before food are advisable for the obese during and after the treatment.

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"Chinthaavyavaaya Vyaayaama Sodhanaaswapanam Bhajeth Rookshamudwarthanam sneham daahaapekshee thadhaa bhajeth"

The Activities should be sodhanakriya, vyaayama, aswapanam, udwarthana, rooksha snana, srama Jagarana, vyavaaya, rookshaudwarthanam, langhanam, athapam, hasthyaswayanam, bhramanam, and manasika vyaapaaras like chintha, soka, bhaya etc and other apatharpana kriyas are essential for the relief of obese condition.

Daily exercise, taking food when there is appetite, food that contains Yava and Godhooma, buttermilk is to be followed for the purpose of obesity control. The regimen should also include lengthening the waking hours, increasing physical and sexual activity and enhancing the pace of mental work. Sleep during daytime is forbidden because it is lubricant (snighdha) and favours obesity unlike night vigil which is rooksha (rough) and is opposite of properties of medus and kapha. Various rookshana kriya and cheedaneeya dravya prayog are very necessary to get a desired effect. Lekhana vasthi is having significant result in this Athisthoolatha. The use of Kolakulathadi choorna for udwarthana is very useful for liquifying the fat. Usually abhyangam with thaila is not given for the patient as it is unctuous (Snigdha) in nature. But if the skin is very rough, the choorna is mixed with the appropriate oil like Nimbaamruthadi airandam, or mustard oil etc can be used for massage.

SWASTHA-VRITTA GUIDELINES IN OBESITY

According to ayurveda the swastha-vritta guidelines are also very useful in preventing obesity.

"Rookshamudwarthanam gaadam vyaayaamo nisi jaagara yachaanyasleshma medoghnam bahiranthascha thad hitham"

- 1. A person desirous of losing weight should stay awake at night. Should try and indulge in more sexual activity, do more physical and mental exercises.
- 2. Obese people should avoid very sweet, salty or oily food in any time.
- 3. One should avoid curd and take buttermilk instead.
- 4. One should always drink boiled warm water that also prepared with Asanaadi gana drugs.
- 5. Diet control and regular exercises like swimming, jogging, cycling, yoga or a combination of more than one of these is the key in controlling obesity.
- 8. Sleeping during the daytime should be avoided at any cost.
- 9. One should join a group that can encourage weight loss in a positive and motivating manner.
- 10. Initial weight loss should not be the therapeutic goal. The major challenge should be to find out an effective way to sustain this weight loss.
- It is very important for obese people to get their lipid and sugar levels routinely checked along with blood pressure and other tests related to heart.

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New Advances in the Ayurvedic Care of Neuro-muscular Ailments

Dr Mukesh D Jain Bhilai





The Ayurvedic Clinic on NMD was launched on 28th March 1995 at Central Medical Institute Bhilai by a group of high profile Ayurvedic doctors under Clinical guidance of Padma Shri Prof. M.P. Pandey of Ravishanker University Raipur and Dr Mukesh D Jain of Sanjivani Wellness Bhilai. The main thrust clinic program is care through research Neuro-muscular weakness with a focus on Ayurvedic treatment of deranged Vata disorders. The program is concentrating especially on to find out effective remedies severe debilitating diseases such as monoplegia, paraplegia, hemiplegia, Parkinson's disease, sciatica, rheumatoid arthritis and against several Muscular dystrophies.

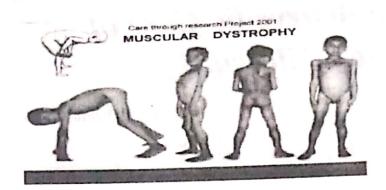
Vata is considered as "Prana", the principal bio-motive force responsible for all movements in living body system. The Vata is situated in the lumbosacral (Kati) region and is operated through Central nervous system. According to Ayurveda, the walking disability due to contraction of muscle tendon of one leg by deranged Vata is chief symptom in Khanja, whereas if both legs are affected in similar manner, the disorder is called Pangu (Susruta, Vagabhata).

NMD affects some part of the neuromuscular system viz. the muscles, the peripheral motor nerves or the muscle controlling nerve cells (motor neurons) in the spinal cord. Motor neurons are nerve cells located in brain, brainstem, and spinal cord that serve as controlling units and vital communication links between the nervous system and the voluntary muscles of the body. Messages from motor neurons in the brain (called upper motor neurons) are transmitted to motor neurons in the spinal cord (called lower motor neurons) and from them to particular muscles.

All neuromuscular ailments are progressive in nature, and all results in muscle weakness and fatigue. Some ailments are present at birth, some manifest in childhood, and others have an adult onset. The disease may be passed down through family genetic lines. At other times there is not a family history and the disease is the result of a spontaneous genetic mutation, or an abnormal immune response or an unknown cause. But in every case Vata deregulation is the primary cause.

Parkinson's disease is a progressive movement disorder marked by tremors, rigidity, slow movements (bradikinesia) and posture instability. It occurs when cells in one of the movement-control centers of the brain begin to die. Ayurvedic Treatment: focus on Tridoshic balancing and empowerment of dhatus. Thereby focus on treating or delaying symptoms, enhancing physical mobility and preventing cardiac and respiratory complications.

In charge Panch Karma & Yoga Clinic on Neuromuscular Diseases, Sanjivani Wellness Supela Bhilai 490023

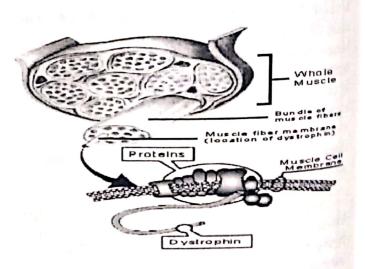


Since 1995 the Ayurvedic clinic targeted care through research on *Muscular dystrophy*. Genetic flaws are responsible for debilitating effects of different forms of muscular dystrophies. Our genetics is regulated by life forces and the later is influenced by the cosmic forces. This is purely a scientific and holistic understanding. Ayurveda considers this condition as Mamsa-vata-kshaya (MVK) related to Beeja dosha and impairments of Mamsagni (muscle enzyme). It involves deranged Vata and subsequent degeneration of muscles and structures related to it. Ayurvedic treatment might slow or stop the progression of muscle degeneration.

In Ayurvedic Clinic over 400 patients from India and abroad were treated and monitored during five year of follow up. A combined strategy of age-old Til-Mash Pinda sweda (TMP), Sukumar Guggul & Mamsagni Rasayana along with Yogic support is effective in the long-term management of muscular dystrophies. So far, we have treated Duchenne type, Bucker type and Limb-Girdle type of patients with very promising results such as (i) weight loss (ii) Decrease in blood CPK level (iii) Relief in Pain and Stress (iv) Decrease in walking difficulty (v) Further check on muscle wasting and contractures. These results suggest that there is check on further muscle destruction. The Ayurvedic clinic had been making all out efforts to explore the possibility of finding as easy naturally available, effective and inexpensive remedy for the diseases of Vata (Prana) derangement.

The Ayurvedic clinical programs are supported by The Ayush Sansthan a non-profit registered organization with Government of Chhattisgarh and the clinical studies are monitored by a panel of well known experts. The work is regularly published in national & international journals and is available in this website.

Utmost care was exercised while selecting the ayurvedic ingredients to ensure that the drugs should be non-controversial, inexpensive and easily available. As far as Pharmaco-vigilance is concerned we are not using any toxic heavy metals in the medicine used and new simple formulations are being developed in view of latest scientific verification on Ayurvedic ingredients. Purified and processed Mercury, the master medicine of Ayurveda is used in the preparations in the form of Ras Sindoor which is carefully prepared under supervision of a qualified ayurvedic doctor. Other ingredients used are standardized extracts of Withania somnifera, Curcuma longa, Tinospora cordifolia, Piper nigrum, Zingiber officinalis, Phyllantus emblica, Terminalia Arjuna and Commiphora mukul and Centella asiatica. All these ingredients have been scientifically verified and documented.



We know that our body movements are made possible through live functioning of our muscles. The muscle fibers require bio-energy (Pranic or Vatic force) for their functioning; mainly contraction and relaxation. The natural source of Prana for the muscle is our food-drink and air. Normally the Prana / Vata force is manifested in the form of fuel molecule

derived from food. They can not be directly used by the muscle fibers. They need to be broken down further inside each muscle fiber before they can be used by the cell's mitochondria to make fuel molecule ATP.

Actually the mitochondria inside the muscle fiber act as "carbonator of engine" that converts fuel in to energy. Most muscle weakness is caused by defects in the enzyme that control chemical reactions used to breakdown food. Enzyme defects are caused by flaws in the genes that govern production of enzymes. A gene is an inborn set of instructions for making a protein, such as an enzyme. The Ayurvedic term Agni attributes the enzymatic function in our body. If there is inborn defect in our Prana Sutra (Genes) then deficiency or absence of that enzyme will result.

Our Prana Sutra (Genes) is passed from mother and father to their children. Therefore genetic or Agni defects can be inherited through Beeja Dosha of parents.

Muscle weakness results due to weakness of metabolism and is dependent upon our make up of Prana Sutra that carry forward parental Prana Shakti that is used in producing energy (ATP) for muscle contraction and other cellular functions.

Most Common Cause of Muscle weakness

In metabolic myopathies, missing enzymes prevent mitochondria from properly processing fuel, and no energy is produced for muscle function. Muscular dystrophy refers to a group of genetic diseases characterized by the progressive weakness and subsequent degeneration, destruction and deformation of muscles and structure related to it.

Most Common Muscle disease among Children

Most children I see are affected by muscular dystrophies, inflammation of muscles, cerebral palsy, motor problems related to injuries at the time of birth or there after, and also birth-related injuries to the arms and legs - mostly to the nerves in the arms. The common diagnosis would be spasticity in children, muscular dystrophy and different kind of delays such as not walking, crawling, and so on.

Other less common problems are spinal muscular atrophy, neuropathies, and so on.

Duchenne muscular dystrophy & Myotonic muscular dystrophy

DMD is most common form in children while MMD is mostly affecting adults. However muscular dystrophy can affect people of all ages.

Muscle Weakness: the Primary symptom are Progressive frequent falls, . Walking difficulty and Poor muscle tone & curved spine (deformity)

Proper Diagnosis

Muscular dystrophy is diagnosed by blood test: Serum CPK (an enzyme found in muscle) and Muscle test: EMG: (electromyography). An E.C.G. is should also done to monitor changes in cardiac status.

Ayurvedic Treatment

Ayurveda offer prevention & treatment of muscle weakness. The Ayurvedic Garbha Sanskar and parental counseling is advised when there is a family history of muscular dystrophy. Women may be asymptomatic but still be carrier of the gene for the disorder. Genetic studies can detect DMD with about 95% accuracy during pregnancy.

The ayurvedic treatment focuses on augmentation of the Agni at muscle tissue level. Ayurvedic treatment might slow or stop the progression of muscle weakness due to degeneration, destruction and subsequent deformity and disability. A combined strategy of Til-Mash-Shashtic ricewheat bran Pinda Swedana, Anuvasana Vasti, Pizhinchal procedure using Shat Bala Prasarni oil and oral administration of Mamsagni Rasayana* is effective in the long term relief of the disability due to muscle weakness.

Treatment Agenda: The clinical agenda consist of Panch Karma Procedure of initial 10 days duration (to be followed at home if required), dietic and yogic support along with appropriate ayurvedic supplements. The duration of treatment lasts between 8 weeks to 6-8 months.

Ayurvedic Medicine: Mamsagni Rasayana



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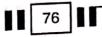
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हार्दिक शुभकामनाएँ

एमगा (दिल्ली प्रदेश) के नवनियुक्त अध्यक्ष डॉ. प्रदीप शर्मा एक समर्पित समाज सेवी हैं। समाज के प्रति इनकी सेवाओं को देखते हुए कांग्रेस पार्टी ने इनको दिल्ली प्रदेश कांग्रेस कमेटी के जन-शिकायत प्रकोष्ठ में वाइस चेयरमैन नियुक्त किया है। पूर्व में भी कांग्रेस पार्टी ने इन्हें चिकित्सक बन्धुओं के हितों के लिए संघर्षरत रहने के कारण अपने डॉक्टर प्रकोष्ठ (दिल्ली प्रदेश) में वाइस चेयरमैन के पद पर नियुक्त किया था।

डॉ. प्रदीप शर्मा दिल्ली सरकार के सिविल डिफेन्स में Chief H.S.O. (North) के पद पर रह कर भी समाज को अपनी सेवायें प्रदान कर रहे हैं। डॉ. प्रदीप शर्मा वर्तमान मे तिब्बिया कॉलेज आयुर्वेदिक ग्रेजुएट्स एसोसिऐशन (रिज.) [TCAGA] के लोकप्रिय अध्यक्ष भी है।

एमगा परिवार आशा करता है कि डॉ. प्रदीप शर्मा एमगा (दिल्ली प्रदेश) अध्यक्ष के रूप में अपने कार्यकाल के दौरान एमगा की कल्याणकारी व लाभकारी नीतियों का समस्त चिकित्सक समाज में प्रचार प्रसार करेगे।



शुभकामनाओं सहित :



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वैद्य नामआधार शर्मा एम.डी. (आयुर्वेद), एम.आर.एस.ए (जापान), (नाड़ी चिकित्सक)

यहाँ पर जड़ी-बूटियाँ व रस भस्मों द्वारा इलाज किया जाता है।

जोड़ों का दर्द (गठिया), जिगर व पेट गैस, शुगर, नींद न आना, श्वास-दमा, एक्जिमा, सोरायसिस, उच्च रक्त चाप, बवासीर-भगन्दर-पथरी (बिना आपरेशन), मोटापा-अधरंग (लकवा), स्त्रियों की बिमारी (सफेद पानी) बच्चों के रोग नोट : नि:सन्तान दम्पतियों के लिए ''लक्ष्मणा'' दिव्य औषधि मिलती है।

महर्षि चरक आयुर्वेद सैन्टर

34, सैन्ट्रल मार्किट, अशोक विहार, फेज-1 (नजदीक दीप सिनेमा), दिल्ली-52, फोन : 27212528, 9911209156

The Concept and Practice of Low Back Pain Management at Vaidyaratnam Nursing Home

Dr. P. K.V. Anand

M.D. (Kaya Chikitsa), Lecturer, Vaidyaratnam Ayurveda College, Thrissur, Kerala.

ABSTRACT:

Conventional clinical practice of low back pain treatment is widely varying in the concept about the disease, the causative factors, rationales and choice of treatments. This paper discusses the practices in Ashtavaidya tradition (followed by the traditional families of physicians in Kerala) in the management of low back pain at Vaidyaratnam Nursing Home, which is one of the leading and authentic institutes in kerala offering this kind of treatment under the able guidance of Asthavaidyan Sri E. T. Narayan Mooss.

The holistic approach of Ayurveda trains the physician to attend each and every thing in the body that has a relation with the manifested disorder while making a prescription. The abstract nature of the science offers immense freedom for the Vaidya for customizing the application of treatment principles according to the patient's clinical manifestation. This makes diagnosis of a single case different for each Vaidya, which in turn makes the treatments different from case to case. Successful treatments in low back pain are one of the examples for which the Ayurvedic practice has acquired popularity in the modern society. A closer look to the treated cases reveals wide variations in the prescriptions, which may not be this frequent in other systems of practice. Vaidya prefers to treat the cause, or the disease or both as the condition asks for. For this purpose, he differentiates causes and places them in a list according to their importance (Pradhanika), chronological distance from manifestations (Sannikrishta & Viprakrishta) and their aberrant involvement (Vyabhichari). Every prescription is so carefully prepared so that it attends each factor that gets involved in the development of illness. The causative diseases for the manifestation of the symptom low back ache falls into at least 5 categories. All of these five diseases develop by its own causes among which some causes might be common for more than one disease.

Being its primary location and the root of channels & structures that has a bony orientation, Vaatha provocation at pelvis holds immense importance. We find lumbago among the list of diseases among which the investigation in providing in the list of diseases. Diagnosing the involvement of Vaatha is inevitable. Low back pain is also a symptom in many illnesses. Diagnosing low hard Pakwasa pain confirms the presence of a disease with broader, multisystemic manifestations called Pakwasayagatha Vaatha, which is one among the Vaathavyadhi. Low back pain can also manifest in other diseases like piles, stones, herniations, diseases. Prevalent ones among them are Vaathasonitha, Aama Vaatha, diseases like piles, stones, hemiations, gynecolagynecological disorders and as a consequential manifestation to the strain of parturition. There are other diseases were five of Vantha dominance, bowel inflammations, diseases with a bearing in this region like Rajayakshma, fever of Vaatha dominance, bowel inflammations, visceral visceral pathologies etc. The disease Sandhigathavaatha & Urusthambha are also frequent diagnostic transient pathologies etc. The disease Sandhigathavaatha & Urusunamona are und transient transient and relaxation techniques. It can appear as a somatic transient cause of back ache which responds to rest and relaxation techniques. It can appear as a somatic manifestation of psychological causes also. Low back pain is a manifestation in many diseases as listed in

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table below. The sequence of events which precipitates this symptom might be same for all such as an IVDP, spondylosis, muscular spasms, etc. The principal complaints are stiffness, pain and numbness, all of which originates in response to a spastic static status of muscles of lower back.

Low back pain described as a symptom of some of the diseases or an ever	It
idavrutha Vaatha	_
Medakshaya	_
Gudasritha Vaatha	_
Pakwasayagatha Vaatha	_
Grudhrasi	_
Prakcharana	_
Pariplutha	_
Vathika Pradara	_
Vathika Arsas	
Ajeerna	.
Madathyaya [·]	_
Vaathaja pakwathisara	
Urakshatha / Kshathakasa	
Vrikkavidradhi	_
Vaathaja Jwara	
Thritheeyaka Jwara	
Udara & Vathikodara	_
Soolaroga	_
Dandaka	_
The seventh Vega of both Sthavara and Darvikara Vishas	
Aasanna prasava	

Even with a varied list of etiology, we may find similarities and comparisons in the pathogenesis, which forms patters that gets identified as a single disease. The convergence of all these varied etiopathogenic activities undergo a very similar course of events to be manifested as the same symptom in the same location. The sequential progress of events invariably ends up in developing inflammatory, disease prote and tense environment in the region. This in turn gives rise to painful tissue structures, sustained partial spasm of supporting musculature, impingement of nerves and nerve roots and inflammation of the connective tissues & nerves. Such a tense environment is always prone to IVDP, nerve impingements, entrapment of nerves, vessels or other structures in a congested area. Insignificant incidences like sneezing, a usual abrult twist, lifting a usual weight etc, becomes the instrumental causes (Nimitha karana) for acute manifestations due to IVDP, scoliosis etc.

The disease low back pain is seen traditionally as a group of symptoms among which the prominent one is low back pain. Those symptoms which accompany this major symptom explain the nature and

background pathology of low back pain. Ayurvedic physician attends both symptoms and causes in background panded by background panded by background attends both symptoms and causes in consideration to their relative positions in the clinical picture. The primary concern of the patient is to get consideration to the consideration of the manifestation. Many of them might not be aware or bothered in the settings that generate an acute manifestation. Practitioners are supposed to attend all such events comprehensively while planning the management. A profile of treatment records can reveal the prevalent clinical conditions planning the prevalent clinical precipitating low back pain when analyzed from the list of treatments provided in such group.

MATERIALS AND METHODS

Low back pain patients at Vaidyaratnam Nursing Home, during a period of one year in 2006-07, receiving treatment from Astavaidyan E.T.Narayanan Mooss were observed closely. Their clinical features along with the treatments and responses were recorded, listed and interpreted. From the cases reported to have low back pain, 76 cases for which low back pain was the major presenting complaints were selected

RESULTS

The mean age of the patients was 46.9 + or - 13.3 (range 21 to 67 yrs). The prevalent symptoms observed in comparison to the textual descriptions are depicted in the table below. Manifestations below hip were of varying nature such as pain, weakness, numbness, black discoloration, varicose vein, swellings, burning pains, spasm & stiffness of leg muscles, cramps, sciatic pain, etc., radiating downwards and difficulty to sit,

CLINICA	L PROFILE OF THE PATIE	ENTS
Signs and symptoms		
Colic pain	(soola)	%
Bloatulance	(Anaha)	3.333333333
Borborrigmi	(Anthrakoojanam)	16.66666667
Constipation		10
Piles	(Malarodham)	30
Upper & Lower back pain	(Arsa)	20
Manifestation 1	(Thrika-prishtagraham)	60
Manifestations below hip	(Adhah Kaye Upadravah)	88
Low back pain	(Kateegraha)	100

Females constituted 47% of the group under study. 72% of them were suffering from mild to moderate menstrual or gynecological complaints. This is another evidence of unsound Apanavayu, which prevails in Pakwasaya. The symptoms like herniation, calculi, colic pain etc, were rare presentations. Since low back pain derives from musculoskeletal causes like physical strains, bad postures and events like degeneration or disc injuries, the manifestation extends to upper back region also in many cases. The lower gastro intestinal symptoms due to Apana involvement like flatulence, piles, etc., were also prevalent among

Symptoms which can be included under the title Pakwasayagatha vaatha, of which low back pain is one of the symptoms was of more of diagnostic relevance here. Proximity and mutual relation between the

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Pakwasaya and Katee region could be the important consideration which makes it an exclusive Vaatha disease. When the predisposition, systemic symptoms and specific features were considered, the manifestations could also be discussed under other diseases involving musculoskeletal systems. But they can be excluded considering the absence of involvement of other joints, joint swellings, nature of pain, presence of Ama, favorable response to Snehana treatments, fatigue, etc. The percentage of patients with presence of some of the symptoms of those diseases in the study group is tabulated below. However this gives an idea about possible overlapping of symptoms and the clue to variations possibilities in the diagnosis of low back pain, which depends more on the physician's discrimination.

DISEASE CATEGORY	%
Sandhigatha Vaatha signs	6
Vaathasonitha signs	43
Urustbambha signs	4
AmaVaatha signs	30
PakwasayagathaVaatha signs	100

Many patients were presented with multiple joint pains along with low back ache. Although some of the symptoms like constipation, swellings etc. were suggestive of AmaVaatha, in 30% of the cases, the cardinal clinical evidences of the same were insufficient or absent. The pain was also not characteristic of AamaVaatha in any of cases. 77% of the cases were having pain radiating down through thighs while some of them had variable degree of tightness and feeling of heaviness. In addition to these 4% of the cases had the possibility of getting diagnosed as Urusthambha. But the compiled symptoms and the nature of responses to treatments were strong enough to pull them into a broader category like Pakwasayagatha Vaatha. Sandhigatha Vaatha was a diagnostic consideration in 6% of the cases by the presence of pain and stiffness related to movements involving the location. Still the absence of ballooned swellings and non specificity of the joint involvement in most of the cases makes it a less possible diagnosis. 43% of the cases could also be diagnosed as Vaathasonitha by the presence of multiple joint involvements along with presence of other variants of pain, numbness, cramps etc. Many were also having the characteristic features of Vaathasonitha like frequent remissions and exacerbations, fatigue, etc. But majority of symptoms of Vaathasonitha were not perceivable which provides lesser chances to make such a diagnosis. There can be so much overlapping of symptoms making different chances of diagnosis even when the prominent feature remain low back pain.

Treatments selected in low back pain	%	
Prishtavasthi	73.80952381	
Pizhichil	52.38095238	
Njavara kizhi in oil	35.71428571	
Kolakulathadi churnam etc./ Dhanya kizhi / Rooksha kizhi / patrapota sweda	71.42857143	

Madhuthailikam vasthy	Life and A
Yapanavasthi	92.85714286
Upanaham	4.761904762
Pradesika lepanam	54.76190476
Abhyangam	61.9047619
Pichů	100
	9.523809524

All patients received Abhyangam, which is regarded as an important procedure for musculoskeletal choomas. 71% of the cases have received Potalasweda with Kolakulathadi / Kottamchukkadi / Dhanya choomas, Rookshasweda with Syamaka, or pathrpotalasweda which are important for the purpose of pain relief and to relieve the Kapha-medas - ama involvement, if any. Prishtavasthy was performed in 74% of method of containing oil locally, was advised in 10% of cases. Local application of pastes were a choice in muscular disorders and has the added convenience of local specificity. This treatment was advised in 55% twas done in 98% cases out of which 4% were yapanavasthy and the rest Madhuthailikavasthi.

Many of them had their investigations done and diagnosis made prior to approach for Ayurvedic treatments. 78% of the patients had approached English medical system prior to seeking advice on Ayurvedic treatments, out of which only 33% of the cases had a radiological investigation done. X-rays, MRI or bone scans revealed 45% of cases them had intervertebral disc prolapse along with degenerative changes while others had degenerative disc changes but no prolapse.

Rasnasapthaka is a yoga mentioned in the context of Ama Vaatha and specifically for pain in calf, thigh, upper and lower back and the flanks. Increased frequency of this kashaya in the prescriptions denotes the prevalence of Ama, found in the clinical observation. Dhanwantharam kashaya yogam is for all kinds of Vaatha vikaras and specifically indicated in traumatic, those involving marma, etc. Adarisahacharadi and Sahacharadi are yogas frequently prescribed when walking is affected due to involvement of lower limbs. Gandharvahasthadi, sapthasaram, chiruvilwadi, sukumaram and abhayapippaleemooladi are yogas which other miscellaneous kashayas used include Balasathavaryadi, Dasamoolarasnadi, Ashtavargam, Bhadradi, Brihath nayopayam which are good in KevalaVaatha conditions. Sapthasaram, Dhanwantharam and delivery and puerperal events.

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The frequency of Kashayayogas used in percentage

		Major site of action	indicated disease
Rasnasapthakam	29%	lower limbs, back & flanks	Pain in AmaVaatha
Adarisahacharadi	13%	Lower limbs &heels	Vaathakandaka
Sapthasaram	13%	Pakwasaya	Gulma
Dhanwantharam ·	10%	Marma	Soothika
Other Vaathaharakwadhas	8%	Vit-mutra Anulomaka & vatahara	Kevala Vaatha
Chiruvilwadi	8%	Rectum	Arsas
Abhayapippaleemooladi of	8%	Large intestine	pain & constipation vaatha- kapha jwara
Sahacharadi	4%	Lower limbs	Kevala Vaatha
Sukumaram	4%	Uterus and abdomen as a whole	Vruddhi
Gandarvahastadi	3%	small & large intestine	Kevala Vaatha

The list of kashyayogas selected shows us that this tradition approaches the disease low back pain mainly with pain specific formulae of AmaVaatha and location specific (lower limbs) medicines.

A student in his early periods of practice of medicine may find it difficult to pass through such an intellectual exercise in the scientific instructions. But for experienced practitioners and for those who are trained in a particular tradition, it is an automatic reflex activity. It may not be easy to narrate the steps and sequences of the thought process. Even then managing the clinical conditions and fighting the causes goes on uninterrupted. This redefines the science to the needs of the era. The tradition of ashtavaidyas is such an important tradition which has offered much of updating of the scientific applications in the past. It offers an example to be followed in the flooding of various styles of practice and beacons the practitioner in an ever-changing and conflicting waves of information and clinical approaches.



After three failed attempts, Sir Edmond Hilary looked at Mount Everest and said with a clenched fist, You have defeated me again. But I will return and I will defeat you, because even as Everest you can not grow any further, but I as a human being can."

> compiled by Dr. Rakesh Goel



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YELLOW FEVER

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Yellow Fever is caused by the bite of infected Aedes. The togavirus of yellow fever is transmitted through this bite. Before the onset of fever the virus is in man's blood for 2 days, for the first 4 days of fever & exceptionally for longer period.

The main lesions are found in the liver and kidneys but haemorrhages may take place into many organs. The onset of the fever is sudden, sometimes with a rigor. Headache, bodyache & backache are common. The tongue is coated & its edges are red. Sometimes the pulse rate falls more quickly than the temperature. There is increasing epigastric pain, mental irritability and photophobia. There is persistent leucopenia. In an endemic area fever ,leucopenia and proteinuria with or without jaundice should suggest the possibility of yellow fever. There is no specific treatment. The patient should be nursed under a mosquito net because the blood is infectious. As the disease is notifiable under the International Health Regulations, people possessing only valid certificates of vaccination against yellow fever are allowed to proceed from an endemic area to receptive areas. For safety precautions, for people who travel these countries require to be vaccinated before leaving India and a certificate of being vaccinated by the Health Department is required at the time of appyling fo VISA.

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