



**AIIMGA**

**SOUVENIR**

**2009**

**Lord Dhanwantri Day**

celebrations

on

**Sunday, the 11th October, 2009**

at

**Hindi Bhawan**

**Deen Dayal Upadhaya Marg, Near I.T.O., New Delhi**

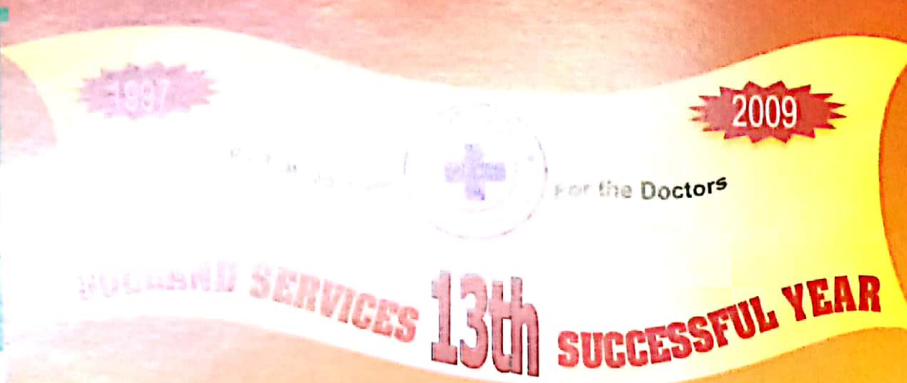


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व्याधि भय से मुक्ति दो, ॐ धन्वन्तरि नमस्तुते ॥1॥

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

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

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

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

वैद्य हृदय आलोकित कर, चरक चिकित्सा के प्रकाश से।  
शल्य में सुश्रुत को भर दो, ॐ धन्वन्तरि नमस्तुते ॥6॥

वाग्भट्ट की वाणी दे, दे माधव का कौशल निदान।  
दे भाव मिश्र की नूतन शैली, ॐ धन्वन्तरि नमस्तुते ॥7॥

जन जन की पीड़ा हरने को, औपधि में कौशल भरदे।  
“भरत” वैद्य सभी शरणागत, ॐ धन्वन्तरि नमस्तुते ॥8॥

- वैद्य भरत सिंह “भरत”

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SHEILA DIKSHIT  
Chief Minister



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DELHI SECRETARIAT, I.P. ESTATE, NEW DELHI-110002

D. O. NO. : 0M0/457  
Dated : 09-10-2009

### MESSAGE

I am glad to know that **ALL INDIA INDIAN MEDICINE GRADUATE ASSOCIATION** is organizing "Dhanwantri Day" on 11<sup>th</sup> October, 2009 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 celebration would provide an excellent opportunity to interact on latest know-how and information in the field of Indian medicine system, which is gaining acceptability.

My best wishes for success of the programme.

*Sheila Dikshit*

**(SHEILA DIKSHIT)**

---

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डा० अशोक कुमार वालिया  
Dr. ASHOK KUMAR WALIA



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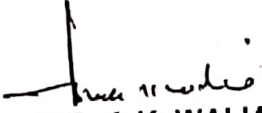
September, 2009.

### MESSAGE

It gives me immense pleasure to learn that All India Indian Medicine Graduate Association (Regd.) has decided to celebrate "Dhanvantri Day" the birthday of Lord Dhanwantry on Sunday, 11<sup>th</sup> October, 2009 at 3.00 PM at Hindi Bhawan, ITO, New Delhi. It gives me added pleasure to know that a Souvenir is also being brought out on this occasion.

As we all know that Lord Dhanwantry is the Lord of Ayurveda and the celebrations of "Dhanvantri Day" would definitely inspire people to use alternative system of medicines like Ayurveda, Unani & Homeopathy.

I extend my best wishes for the success of celebration and also wish for the successful publication of the souvenir.

  
(DR. A.K. WALIA)

Dr. S.R. Bhatnagar,  
Chief Editor, AIIMGA (Regd.),  
32, Ganesh Nagar, Vistar-II,  
Shakar Pur,  
Delhi - 110092.





**DR. YOGANAND SHASTRI**  
Speaker, Delhi Legislative Assembly

**MESSAGE**

I am happy to learn that All India Indian Medicine Graduates Association (Regd) is going to celebrate October 11, 2009 as "Dhanwantri Day" (the birth anniversary of Lord Dhanwantri) and it is bringing out a souvenir on this occasion, highlighting the cultural heritage of India.

I wish all the best to All India Indian Medicine Graduates Association (Regd) for the celebration as well as the successful publication of the souvenir.

**(DR YOGANAND SHASTRI)**

**SHRI S P BHATNAGAR**  
Chief Editor  
All India Indian Medicine Graduates  
Association (Regd)  
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Delhi - 92.

**ANIL BHARDWAJ**

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Ref No. ....

Dated 29-9-2009



### MESSAGE

I am glad to know that the All India Indian Medician Graduate Association is celebrating **Dhanwantri Day** on 11th October 2009 at Hindi Bhawan, Deen Dayal Upadhyay Marg, New Delhi. It gives me added pleasure to know that a souvenir is also being brought out on this occasion. 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 do hope that the association has been contributing substantially in the field of Indian system of Medicine.

I wish A.I.I.M.G.A. all success for its forth coming events & publication.

(Anil Bhardwaj)  
M.L.A. Delhi

वैद्य रघुनन्दन शर्मा

अध्यक्ष

VAIDYA RAGHUNANDAN SHARMA

PRESIDENT



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आयुष विभाग

CENTRAL COUNCIL OF INDIAN MEDICINE  
Ministry of Health & Family Welfare, Government of India  
Department of AYUSH

## MESSAGE

I am very glad to know that All Indian Medicine Graduate Association, an apex organization working in the field of Indian System of Medicine since 1987, is celebrating Dhanwantri Day on the auspicious day of Dhanteras. I find it notable and regular feature of this association.

Ayurveda is the science of life embodies all aspects related to physical, psychological, social and spiritual facts of human life. This ancient science of life is now globally accepted as a system of medicine. To achieve the goal of health and to promote this science world wide as well as to bring the services of Ayurveda to every mankind of India, every member of association should work hard with sincerity & integrity.

On this holy occasion, I feel immense pleasure to inform all of you that framing of PG Diploma Courses be possible due to the sincere efforts of various members of CCIM, the eminent personalities of the field and Dr. O.P. Vashisht member CCIM, Delhi and very soon it will be implemented in various institutions of Ayurveda in India. This will definitely serve as a mile stone for all Ayurvedic practitioners. This clinical specialization will help to practice Ayurveda more confidently and deliver specialized services to the common people.

I convey my heartiest congratulations to the organizer on this auspicious day. I wish AIIMGA for all success in this endeavour

(Raghunandan Sharma)



# ऑल इण्डिया इण्डियन मेडिसन ग्रेजुएट्स एसोसिएशन (रजि.)

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

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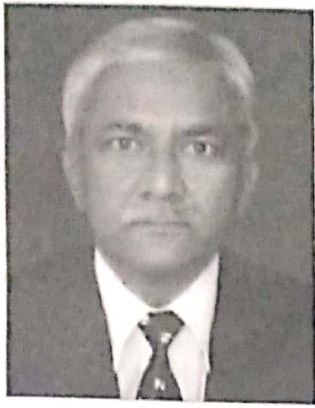
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*From  
the desk of  
Chief Editor*

Dear Doctors,

While I once again reach out to you through your very own souvenir "Dhanwantri", I can not but help reflect how AIIMGA continues to move with vigour, zest & dynamism. To achieve this momentum, has been no mean task. It has only been possible due to the combined efforts of all those who have putforth their painful efforts even quite happily. I sincerely thank the Almighty for giving us courage to endure and move forward facing new challanges, achieving new goals.

Even as "Dhanwantri" goes to the press a new debate is making the rounds every now & then whether Ayurveda & Unani graduates can prescribe or dispense allopathic medicines or not. Just as there are two sides to every coin so does this debate. The Govt. is not very clear about the issue due to its vote bank or the resions best known to her. Our graduates are being unnecessarily torchered every now & then. Delhi Bhartya Chikitsa Parishad & Central Council for Indian Medicine should take strong steps in this serious matter.

However, what I would like to emphasize is that - Be true to yourself, Be a good physician & serve the mankind sincerely.

Hope, you enjoy reading this 2009 edition of the souvenir "Dhanwantri". I congratulate the members of the editorial board as well as Dr. Rakesh Goel in particular who have contributed to the souvenir.

Keep the AIIMGA flag flying high.

With best wishes for "Happy Deepawali"



Hkm. S.P. BHATNAGAR

Chief Editor.



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## 'We' The AIIMGA Family

*Friends,*

*AIIMGA is here again with its annual souvenir and celebrations on the auspicious day of "Dhanteras" - the birthday of "Lord Dhanwantri"- The Lord of Medicine. Celebration of this day is not our annual activity but it is our culture.*

*AIIMGA was formed at Delhi with few members but gradually it has become a big tree with its branches spread all over the country.*

*AIIMGA is functioning in Delhi, Haryana, U.P Himachal Pradesh, Rajsthan, Punjab, Jammu and Kashmir, Madhya Pradesh to Karnatka in South. Every state has separate working committee at state level as well as separate committees at district and city level.*

*AIIMGA is the only body which works for the graduates of Ayurvedic, Unani and Homeopathy. AIIMGA is in favour of Integration and works for it. It fights for the rights of ISM Practitioners from time to time.*

*The Government recognizes AIIMGA as an NGO because of its functioning in the right direction for the betterment and upliftment of ISM. AIIMGA has worked in various Pulse Polio and other health programmes organised by the Govt.*

*AIIMGA has organised seminars on national level as well as state level. CME's have been organised in MoolChand Medicity Hospital. AIIMGA, as an NGO is also working on social level. Stationery has been distributed to the poor students by it. Medical Camps has been organized by state bodies for poor patients. Free medicines and free medical check-ups were provided to them.*

*"We the 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 Deepwali to each and every one.*

**Dr. Raman Khanna**

*Gen. Secretary*



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**(ON PANEL : C.G.H.S.)**



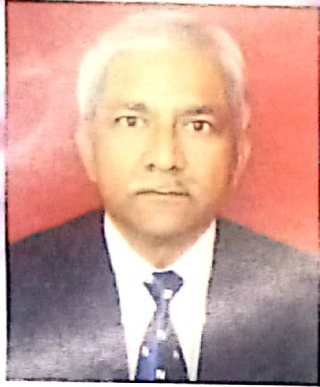
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2009**

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(A.I.M.G.A., Regd. No. 518646)

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# All India Indian Medicine Graduates' Association (Regd.)

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

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## PROFILE

Name : ALL INDIA INDIAN MEDICINE GRADUATES ASSOCIATION (Regd.)  
Established on : 7<sup>TH</sup> Nov. 1987  
Completed : 20 Years  
Date of registration : 12<sup>th</sup> 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 12<sup>th</sup> 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)

1. 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)
2. Appreciation for addition of latest (day to day) techniques in the ISM&H by the Central and the State governments.
3. 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.

4. AIIMGA has demanded from the government to provide the modern (upto date) facilities for Ayurvedic & Unani Hospitals as well as Research Institutions every now and then
5. AIIMGA demanded to open new Ayurvedic, Unani and Homeopathic Colleges and Research Centres for their systemic development
6. 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
7. AIIMGA 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:

AIIMGA organized a national conference of ISM&H in Jan 1993 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 Ghatowar (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

AIIMGA organized a special programme to celebrate the completion of fifty years of the Independence of the Republic of India on 25<sup>th</sup> June 2000 at the Constitution Club, V.P House, New Delhi. Dr. Vivekanand 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 C.U.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.

AIIMGA 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

In spite 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 Programme 1995, 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

AIIMGA 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 1<sup>st</sup> 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, Lok Sabha.
- 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. Krishnamurthy- the Chief Election Commissioner, Govt. of India.
- 16) Smt. Krishna Tirath-Minister for women and child development, Govt. of India, 2007.
- 17) Dr. A. K. Walia- Minister of Urban development, Govt. of NCT of Delhi, 2008.



## GLIMPSES of Dhanwantri Day celebrations-2008



Dr. Naresh Chhavanja, President AIIMGA & Dr. J.S. Panwar, Patron Delhi State performing Dhanwantri Pooja



Chief Guest Dr. A.K. Walia with AIIMGA personalities



Dr. R.S. Chauhan with spouse Smt. Shashi Chauhan after receiving AIIMGA Life time achievement award



Dr. M.L. Sharma (Mani)- President, Haryana receiving AIIMGA award from Dr. Pasha-Dy. Advisor (Unani) right



Releasing of Souvenir 2008



Chief guest Dr. A.K. Walia watching the celebrations 2008 with Dr. N.K. Chhavanja, Dr. R.S. Chauhan Dr. Pradeep Sharma & Dr. D.R. Singh

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- 1 Phytother Res. 2005 Aug;19(8):721-4.
- 2 Indian J Med Sci. 2003 Sep;57(9):408-14
- 3 Indian Med J 1967;61:65
- 4 Orient Longaman, Indian Medicinal Plants

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## AIMGIS of Dhanwantri Day celebrations-2008



Group photo on the occasion of Dhanwantri celebrations 2008



Sh. Gulfam Sabri (centre) presenting sufiyana Gazhals on the occasion of Dhanwantri day celebrations 2008



Dr. R.S. Mirgan announcing the name of lucky draw



Dr. Salim Malik (extreme left) receiving the lucky draw prize from Dr. R.S. Mirgan & Dr. D.C. Sharma

## CME PROGRAMME



Dr. S.V. Tripathi (right), CMO Moolchand Medcity Hospital receiving certificate of honour from Dr. R.S. Chauhan



Dr. Pratap Chauhan, Director Jiva Ayurveda delivering a lecture in CME on Tamak Swash

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# Medico - Social Activities of AIIMGA - 2008



# HOLI MILAN PROGRAMME





On the occasion of  
Lord Dhanwantri Day  
AIIMGA presents Award - 2009



**Dhanwantri Awards**

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CMO - Holy Family Hospital  
Delhi

**Dr. Mashkooor Ahmad**  
Dean, Faculty of Unani Medicine  
Jamia Hamdard University, Delhi

**Dr. Anil Singhal**  
Lecturer - Nehru Homeopathic Medical College  
Defence Colony, New Delhi.

**Dr. Vivek Bhusan**  
HOD, Deptt. of Ras Shastra & Dravya Gun  
A. & U. Tibbia College & Hospital, Karol Bagh

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## चिकित्सक सम्मानित

चिकित्सा के क्षेत्र में उल्लेखनीय योगदान के लिए श्रीमती जीला दीक्षित जी (राज्यीय मुख्यमंत्री दिल्ली सरकार) ने डा० प्रदीप शर्मा (अध्यक्ष AIIMGA दिल्ली केंद्र) को दिल्ली में एक नव्य समारोह में डिसेंबर 2009 को सम्मानित किया।

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AIIMGA परिवार इस अवसर पर मुख्य मंत्री जी का हार्दिक आभार व्यक्त करता है।



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# GLOBAL IMPACT OF AYURVEDA



It is surprising to note that 25 lac people died of AIDS in 2005 only, about 6.5 crore people are suffering from it (AIDS), 15 crore from Diabetes and same is the case with Cancer, Cardiac, Arthritis, Renal and other diseases. There is an unending queue of sick people all over. It seems that the globe has been flooded with diseases. Recently Dengue, Chickengunia and Swine flu pressed the panic button. It is a matter of great concern that despite the availability of most modern medical infrastructure and highly professional media at disposal, why such a pathetic condition has emerged.

Excessive use of antibiotics, synthetic and chemical drugs is damaging the system. Medicines are given to treat cancer, arthritis, asthma etc. After some time it is noticed that either kidney or liver is damaged. Such medicines are contraindicated in Ayurveda. The common man is tired of it (Allopathy) and turning towards nature based Ayurveda in a ray of hope. The herbs of Ayurveda not only treat completely & safely, but also impart immunity, longevity of life, vigor and vitality. It was the only Science practiced in earlier times. Revival of Laxmana by Sushain Vaid from the clutches of death with the help of Sanjeevani Booti and KayaKalp (regaining of youth) of Chayavan Rishi are some marvelous examples available in Vedic and Puranic Epics /literature, which signifies the scientific relevance of Ayurveda.

It is time to think how we can bring the golden era on the earth when all are healthy and every

one's urge to live, the fear of death, the desire of youth, distaste for old age and the quest for rejuvenation can be fulfilled. The answer lies in Ayurveda in which herbs like Sanjeevani, Vishalya Karm, Aloe vera, Giloy, and Amla are available which not only bring back a person from the mouth of death but help in Kaya Kalp of an old into youth. Treaties of Charak and Vagbhatta in the field of medicine, Sushruta in the field of Surgery, Shalakaya, Agnikarm, Organ transplant, Maram Chikitsa, Nadi Vigyan, Vish Chikitsa (Toxicology) Paediatrics, Gynae and Obs, Rasayan and Vajikaran Aushadhies, which not only restore youth into an old man but also make him powerful like horse and use of Sanskarit Parad to achieve immortality.

Ayurveda is not only a system but is a Science of life by which we can achieve health and longevity of life. Ahar (Diet), Nidra (sleep) and Brahmcharya are the pillars of Ayurveda. A man is said to be healthy, whose Shareer (body) Aatma (Soul) Indriya and Man (mind) are happy.

In Ayurveda such Divya Aushadhies are available in abundance which not only dissolve metals like gold but also assimilate mercury to bring it into dust and plays an important role in bringing health to mankind. The answer to Chronic and unsolved diseases lies in Jodi booti Vigyan of Ayurveda. That is why, multinational companies are praising Ayurvedic Drugs not only as life saving but as Saundriya Prasadak (for beautification) and concentrating in their

advertisement particularly about the use of Ayurvedic Kumkumadi Tailam in "Fair and Lovely" cream to keep the skin fair and glowing, use of Reetha, Amla, Shikakai in shampoo, and Tulsi, Ashwagandha and Mulethi in tea which are such example of daily use. Some long lasting effects of the herbs / Jodi Booties are as follows:

Use of Bargad, Chuhara and Karpas to enhance vigour and vitality, let the new born to lick the Honey with Golden Shalaka to boost the immunity, Jaiphal, Harad, Kala Namak and Suhaga to protect the child from diseases, Dashmoolaristh and Shatavari as postpartum remedies and galactagogue respectively. Arjun, Haritpatri and Gaozaban as cardiac Tonic. Tulsi Kali-Marich, Giloy, Ginger and Dronpushpi as febrifuge and immuno modulator Bandal Nasya, Makoh, Kasni, Kutki,



Chirayata, Kalmegh and Bhui Amla in hepatic disorders. Panchtrinmool in Renal diseases. Karela Vijyasar, Haldi, Gudmar, Jamun, Dalchini, Giloy, Methi, Neem and Paneer Dodiya in Diabetes. Unripe Ambi's (Mango's) Panna to keep body cool and beat the heat stroke in summer. Neem as antiseptic and disinfectant, Sadabahar in cancer. Mahamanjishthadi Kwath as blood purifier. Gugglu, Loban, Sarshap, Jatamansi, Neem leaves as dhopan to purify the atmosphere. Gomutra in Cancer, Kidney diseases and to boost the immune system, which can be traced in our ancient tradition laid down by great Rishis in the form of Parshad (Panch Gavya (Gomutra, Goras, Godugd, Godhadhi, GoGhrit), Honey and Tulsi leaves) given after Sat Narain Bhagwan's katha and other religious ceremonies to keep the society healthy and immune. Pouring of Ganga jal with Tulsi leaves in the mouth

of a dying person for heaven's sake is a common belief to show that this science was more popular among the masses.

Now the time has come when we should introspect ourselves why our great science has under gone such a neglect /degradation and what can be done to revive/rejuvenate it or this Jodi Booti Vigyan will be taken over by the West and will return to us with changed name as Jeevan Rakshak Sanjeevani as their property and we will not be able to do anything. Amla, Ghrit Kuman and Amrit Kalash has done wonders by proving as free radical inhibitors and their use in Cardiac Cancer, cases are unique examples of it. That is why the developed nations of the world like America, Britain, France, Japan and Germany are eyeing these Ayurvedic Herbs and techniques and are keen to patent them.

We require combined efforts with courage, dedication, devotion and determination so that we could restore its lost glory and prove the saying "Sarve Santu Niramaya" and could see global impact of Ayurveda in reality. Because of the same W.H.O. has recognized the potential of Ayurveda and included this divine science in the main stream of their programme "Health for all". Difficulty lies in the availability of raw materials like Kasturi, Amber, Banslochan, Gorochan, etc. I hope government will take appropriate steps to provide these drugs for the benefit of mankind so that Ayurveda can restore it's glory again to reach the top of the universe.

**Dr. Rakesh Kumar Jain**

Ph. D (Ayurved)

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# Heart Conditions in Homeopathic Repertories

I believe, people who lead unhealthy lifestyles are more likely to suffer from different heart ailments and conditions than those who eat and drink sensibly, don't smoke, and take regular exercise.

Heart diseases remain a leading cause of death for both men and women in this world. As per American Heart Association, 13 million Americans have active symptoms of coronary artery disease, and more than 40,000 people die each year from the disease.

Similarly, India has the highest incidences of heart diseases. India will carry 60% of the world's heart disease burden, nearly four times more than its share of the global population, according to a study by St. John's National Academy of Health Sciences in Bangalore. These conditions strike at an earlier age in Indians, and death rates are especially high among the country's poorest residents, those unable to get to hospital quickly in an emergency, or to afford routine treatments and surgery.

Heart diseases can be treated in many ways. The choice of treatment depends on the patient and the severity of the disease. Treatments include lifestyle changes and drug therapy, coronary artery bypass surgery, coronary angioplasty, and others. Heart disease is a chronic disease requiring lifelong care.

In the year 2009, we have seen many homeopathic seminars and events related to heart conditions throughout India, esp. Delhi, Shimla, Mumbai, Indore, etc. Recently, a mega event – National Homoeopathic Conference – was organized by SDHA, Delhi with an aim "HEALTHY HEART FOR ALL".

Homeopathy works at multiple levels relating to the underlying causes of various heart diseases. Homeopathy offers safe, natural, and effective way, and is readily available to significantly help people with the various forms of heart disease.

As we know, homeopathic repertories are best applied tools in this therapeutic science, I would like to mention here about locating rubrics pertaining to different heart conditions for easy reference in a clinical setup.

I have considered following homeopathic repertories for rubrics related to heart diseases:

Boenninghausen's Repertory (BBCR), Kent's Repertory (Knt R), Knerr's Repertory (Knr R), Boericke's Repertory (BR), Clarke's Repertory (CCR)

Newer repertories like Schroyen's Synthesis, Roger's Complete, and Murphy's Repertory are now having lots of clinical rubrics. In one of my analysis, I found that these repertories have collected rubrics and remedies from our classical repertories and placed them together in their respective works. If you have your old classical repertories, they will be equally efficient for analysis of your patients as a whole.

You may find different classification for heart conditions, but understanding the structures in the repertories I have divided heart diseases in the following groups:

## **Based on coronary / ischemic conditions**

Coronary thrombosis, Coronary artery aneurysm, Angina pectoris, Myocardial infarction (heart attack). Aneurysm of heart, Atherosclerosis

### Based on heart's layer

Pericarditis, Pericardial effusion, Myocarditis, Endocarditis, Valvular conditions, Murmurs, Cardiomyopathy

### Based on conduction / arrhythmia

Bradycardia, Tachycardia, Heart block, Flutter, Fibrillation

### Others

Heart failure, Cardiac asthma

## Repertorial Rubrics of Heart Conditions

### Boenninghausen's Repertory

- Chest; HEART; Angina pectoris
- Chest; HEART; Hypertrophy
- Chest; HEART; PERICARDIUM
- Chest; INNER; Quivering
- Circulation; Heart-beat; fluttering
- Circulation; Pulse abnormal; slow

### Kent's Repertory

- Chest; ANGINA pectoris
- Chest; DILATATION of heart
- Chest; FLUTTERING
- Chest; HYPERTROPHY of; Heart
- Chest; INFLAMMATION; Heart; endocardium
- Chest; INFLAMMATION; Heart; pericardium
- Chest; MURMURS
- Generalities; PULSE; fluttering
- Generalities; PULSE; slow
- Respiration; DIFFICULT; night, during

### Knerr's Repertory

- Chest; INNER CHEST; angina pectoris
- Chest; INNER CHEST; quivering
- Circulation; BLOOD VESSELS; atheroma
- Circulation; HEART; beat; alarmed quivering motion

- Circulation; HEART; beat; rapid
- Circulation; HEART; beat; slow
- Circulation; HEART; breathing, organic disease, with spasmodic asthma; cardiac dyspnoea
- Circulation; HEART; fluttering
- Circulation; HEART; inflammation; endocarditis
- Circulation; HEART; inflammation; myocarditis
- Circulation; HEART; organic affection; dilatation
- Circulation; HEART; organic affection; hypertrophy
- Circulation; HEART; organic affection; hypertrophy of left ventricle
- Circulation; HEART; organic affection; hypertrophy of right ventricle
- Circulation; HEART; organic affection; hypertrophy, with dilatation
- Circulation; HEART; Pulse; Rapid
- Circulation; HEART; sounds; murmur, systolic
- Circulation; HEART; sounds; murmurs
- Circulation; HEART; valvular affection; dilatation, with, of right ventricle
- Circulation; HEART; valvular affection; mitral insufficiency
- Circulation; HEART; valvular affection; mitral stenosis
- Circulation; PERICARDIUM; effusion
- Circulation; PERICARDIUM; inflammation
- Circulation; PULSE; accelerated
- Circulation; PULSE; fluttering
- Circulation; PULSE; slow
- Respiration; ASTHMA; heart; cardiac

### Boericke's Repertory

- Circulation; ARTERIES, AORTA; Angina Pectoris

- Circulation; ARTERIES, AORTA; Atheroma of arteries
- Circulation; HEART; Debility, weakness; Muscular, "heart failure"
- Circulation; HEART; Dilatation
- Circulation; HEART; Hypertrophy
- Circulation; HEART; Inflammation; Endocarditis; Acute
- Circulation; HEART; Inflammation; Endocarditis; Malignant
- Circulation; HEART; Inflammation; Myocarditis
- Circulation; HEART; Inflammation; Pericarditis; Acute
- Circulation; HEART; Inflammation; Pericarditis; Chronic
- Circulation; HEART; Pain; Neuralgic, ANGINA PECTORIS
- Circulation; HEART; Pain; Pseudo angina pectoris
- Circulation; HEART; Pulse; Slow
- Circulation; HEART; Pulse; Weak, fluttering, almost imperceptible
- Respiration; ASTHMA; Occurrence; Cardiac
- Ailments; Angina pectoris
- Ailments; Asthma; cardiac
- Ailments; Auricular Fibrillation
- Ailments; Bradycardia
- Ailments; Heart Failure
- Ailments; Myocarditis
- Ailments; Pericarditis
- Ailments; Tachycardia

#### Clarke's Repertory

- Clinical; Angina; Pectoris
- Clinical; Arteries; Atheroma of
- Clinical; Atheroma
- Clinical; Cardiac asthma
- Clinical; Heart; Failure of
- Clinical; Heart; Hypertrophy of

- Clinical; Heart; Slow
- Clinical; Pericarditis
- Clinical; Tachycardia

I have seen these different heart conditions are well represented in very limited chapters, like

Boenninghausen's Repertory (BBCR) - Chest, Circulation

Kent's Repertory (Knt R) - Chest, Generalities

Kner's Repertory (Knr R) - Chest, Circulation, Respiration

Boericke's Repertory (BR) - Circulation, Therapeutic index or Ailments

Clarke's Repertory (CCR) - Clinical

Certain questions might be prompting in one's mind like-Can we prescribe homeopathic remedies in acute heart conditions? What would be the legal aspect if anything goes wrong after prescribing homeopathic remedies in such acute heart conditions? What moral and ethical responsibilities one should have in such cases? Similar questions were raised by delegates when I presented the paper "Use of Homeopathic Repertories in different Heart Conditions" in Heart Care Foundation in New Delhi, this year.

Well, these issues are debatable and needs more space. I would like to say that it would be right if you prescribe remedies based on patient's condition homeopathically, and clearly guide the patients and attendants about the situation. If there is any need for hospitalization, it should be clearly stated to the patient that one needs to be admitted for further observation in a nearest hospital.

\* \* \*

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# Festival of Lights and Purification

*Dr. K. K. Agarwal, Dr. B.C. Roy Awardee, Sr. Consultant Cardiology and a teacher par excellence in his unique wisdom and style is hereunder adding new dimension to the auspicious celebrations of Holy Navratas, Dussehra which epitomizes the victory of righteousness over evil and Depawali, the festival of lights.*

Deepawali is the day of celebrations, of illuminating the night of Karhitk Amavasya with artificial lights, crackers and other fireworks. However Deepawali is meant to be a month long period of internal purification that begins with the previous amavasya and ends on karthik amavasya - the day of Deepawali.

The purification starts on the first day of the Navratras. For the nine days of Navratras there is a list of do's and don'ts that are aimed at physical and mental purification. The first three days of fasting are devoted to goddess Kali, the next three days to goddess Lakshmi and the remaining three days to goddess Saraswati.

Devotion to Kali represents removing negative thoughts from the mind and ensuring that all actions are positive. Praying to Goddess Lakshmi, Small symbolically represents consciously performing positive acts and devotion to Goddess Saraswati symbolizes a dedication to reading spiritual scriptures.

Nine days of Navratras involve fasting/control of sensory stimuli, restriction on motor activities and ingesting only satvik food. The nine days of purification, incorporating meditation in the morning and evening, end tamas (ignorance), rajas (passion) and ego within the body, and are followed by a celebration on the 10th day as Dussehra. Effigies of Kumbhakaran (tamas), Ravana (rajas) and meghnad (ego) are burnt.

By Dusshera the mind-body union has been achieved and a connection with consciousness established. For the next 20 days until Deepawali, the day of enlightenment, a basic spiritual process is followed with spurts of fasts on defined days.

According to Yoga Sutras of Patanjali, a relaxed mind that is in union with the body is open to suggestions and is able to acquire siddhis (an ability to produce miracles or ability to convert desires into fruits) with the right intention within the consciousness.

Health is the first need of the body. And the process of purification in the days before Dussehra is reinforced with the rituals on the 14th day of Sharad Purnima.

Protection is the second need of the bdy. In the traditional Indian context, for a woman, protection is synonymous with a long life of her husband and sons. After the full moon, on the 4th Day or the chauth, women celebrate Karwachauth fast to pray for prolonged life of their husband. Similarly, on the 8th day (asthami) they fast for hoi celebrations to pray for the longevity and prosperity of their sons.

Prosperity and wealth come after health and safety. On the 13th day (dhanteras) is celebrated to attract more wealth.

Finally, by the 14th day (amavasya), celebrated as Deepawali, one has acquired health, wealth,

security (husband) and future security (son), and hence, the fulfillment of all desires. It is time to reflect on inner peace (moksha) and happiness, and that is what Deepawali festival is all about.

The festivities of Deepawali are incomplete without observing one full month of spiritual purification. These rituals of month long purification are observed in other religions as well. In Islam, the ramzan goes on for one month and in Christianity the Easter goes on for 50 days.

The process of purification takes a minimum of four weeks.

Deepawali, therefore, is not only as a festival of exchanging gifts and sweets or playing cards

(gambling). It is an opportunity for spiritual awakening, purification and self-realization.

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**Dr. K.K. Aggarwal**

**Dr. B.C. Roy Awardee, Sr. Consultant Cardiology & Medicine, Dean Board of Medical Education Moolchand Medcity, President Heart Care Foundation of India**

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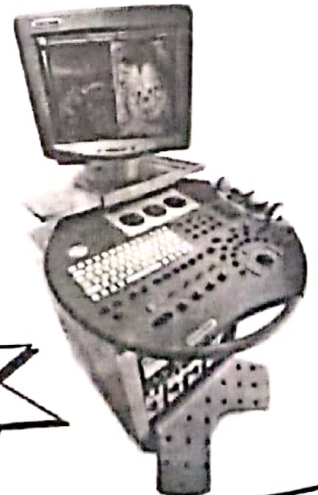
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# Human Swine Influenza: A Pandemic Threat

*Swine flue Pandemic is very much here. Following is some useful information which we have compiled from various resources and which every clinician must know.*

*Compilation-Dr. Rakesh Goel*

## SWINE FLU IN PIGS

Swine influenza (swine flu) is a respiratory disease of pigs caused by type A influenza virus that regularly causes outbreaks of influenza in pigs. Swine flu viruses cause high levels of illness and low death rates in pigs. Swine influenza viruses usually circulate among swine throughout the year, but most outbreaks occur during the late fall and winter months similar to outbreaks in humans. The classical swine flu virus (an influenza type A H1N1 virus) was first isolated from a pig in 1930. H3N2 influenza viruses began circulating among pigs from 1998. The H3N2 viruses initially were introduced into the pig population from humans.

Influenza type A viruses are divided into subtypes and named on the basis of two proteins on the surface of the virus: hemagglutinin (HA) and neuraminidase (NA). There are 16 known HA subtypes and 9 known NA subtypes. Many different combinations of HA and NA proteins are possible. For example, an "H1N1" virus has an HA 1 protein and an NA 1 protein. Only some influenza A subtypes (i.e. H1N1, H1N2 and H3N4) are currently in general circulation among people. Various subtypes of influenza A virus which infect humans, swine, birds, poultry, horses and other animals have been identified, but wild birds are the natural hosts for these viruses.

Like all influenza viruses, swine flu viruses change constantly. Pigs can be infected by avian influenza, human influenza viruses as well as swine influenza viruses and hence the pigs are known to be a mixing vessel. When influenza viruses from different species infect pigs, the viruses can re-assort (i.e. swap genes) and new viruses, a mix of swine,

human and/or avian influenza viruses - can emerge leading to development of new novel strain for which human beings have no immunity. There are four main influenza type A virus subtypes that have been isolated in pigs: H1N1, H1N2, H3N1 and H3N2. However, most of the recently isolated influenza viruses from pigs have been H1N1 viruses.

Swine flu virus spreads mostly through close contact among pigs and possibly from contaminated objects moving between infected and uninfected pigs. Symptoms of swine flu in pigs can include sudden onset of fever, depression, coughing (barking), discharge from the nose or eyes, sneezing, breathing difficulties, eye redness or inflammation, and going off feed.

## SWINE FLU IN HUMANS

Swine flu viruses do not normally infect humans. However, sporadic human infections with swine flu have occurred. Most commonly, these cases occur in persons having direct exposure to pigs. In addition, there have been sporadic cases of one person spreading swine flu to others. Occasional human swine influenza virus infection occurs every one to two years.

## SWINE FLU OUTBREAKS

Recently, human cases of swine influenza A(H1N1) virus infection have been reported in several countries. This is a novel influenza A virus that has not been identified in people before and human-to-human transmission of the virus appears to be ongoing and thus represents a real pandemic threat. WHO has upgraded the phasing of pandemic influenza from Phase-3 to Phase-6.

## WHO PHASES OF PANDEMIC ALERT (Source WHO)

returned to levels seen for seasonal influenza in most countries with adequate surveillance.

<b>Phase 1</b>	No animal influenza virus circulating among animals has been reported to cause infections in humans.
<b>Phase 2</b>	An animal influenza virus circulating among domesticated or wild animals is known to have caused infection in humans, and is therefore considered a specific potential pandemic threat.
<b>Phase 3</b>	An animal or human-animal influenza reassortant virus has caused sporadic cases or small clusters of disease in people, but has not resulted in human-to-human transmission sufficient to sustain community-level outbreaks.
<b>Phase 4</b>	Human-to-human transmission (H2H) of an animal or human-animal influenza reassortant virus able to sustain community-level outbreaks has been verified.
<b>Phase 5</b>	The same identified virus has caused sustained community level outbreaks in two or more countries in one WHO region.
<b>Phase 6</b>	The pandemic phase is characterized by community level outbreaks in at least one other country in a different WHO region in addition to the criteria defined in Phase 5.
<b>Post Peak Period</b>	Levels of pandemic influenza in most countries with, adequate surveillance have dropped below peak levels.
<b>Possible new wave</b>	Level of pandemic influenza activity in most countries with adequate surveillance rising again.
<b>Post Pandemic Period</b>	Levels of influenza activity have

## INFLUENZA SURVEILLANCE

Surveillance is the foundation of all efforts to understand and control influenza. The monitoring of influenza disease patterns is essential for identification of high risk groups, planning of prevention and response activities for complications and for estimating the burden of disease in terms of health and economic impact.

It is important to use standardized case definitions that enable comparisons between different areas within a country and also between countries. There are two case definitions used by the influenza surveillance system.

### 1. Influenza-like illness (ILI) is defined

(according to WHO criteria) as:

- Sudden onset of a fever over 38°C, AND
- Cough or sore throat, AND
- An absence of other diagnoses.

### 2. Severe Acute Respiratory Infections (SARI):

For persons  $\geq 5$  years the definition for SARI is adapted from the WHO protocol on rapid response:

- Sudden onset of a fever over 38°C, AND
- Cough or sore throat, AND
- Shortness of breath or difficulty in breathing AND
- Requiring hospital admission

For children < 5 years old: definition is adapted from the program for integrated Management of Childhood Illness (IMCI)

Any child <5 years old clinically suspected of having Pneumonia or Severe/very Severe Pneumonia and requiring hospital admission.

3. Confirmed case of influenza is defined as any case with laboratory test results positive for influenza virus.

### **CASE DEFINITION OF SWINE FLU IN HUMANS**

A suspected case of swine influenza A (H1N1) virus infection is defined as a person with acute febrile respiratory illness (fever 38°C) with onset.

- Within 7 days of close contact with a person who is a confirmed case of swine influenza A (H1N1) virus infection, or
- Within 7 days of travel to areas where there are one or more confirmed swine influenza A (H1N1) cases, or
- Resides in a community where there are one or more confirmed swine influenza cases.

A probable case of swine influenza A (H1N1) virus infection is defined as a person with an acute febrile respiratory illness who:

- Is positive for influenza A, but unsubtypable for H1 and H3 by influenza RT-PCR or reagents used to detect seasonal influenza virus infection, or
- Is positive for influenza A by an influenza rapid test or an influenza immunofluorescence assay (IFA) plus meets criteria for a suspected case, or
- Individual with a clinically compatible illness who died of an unexplained acute respiratory illness who is considered to be epidemiologically linked to a probable or confirmed case.

A confirmed case of swine influenza A (H1N1) virus infection is defined as a person with an acute febrile respiratory illness with laboratory confirmed swine influenza A (H1N1) virus infection at WHO approved laboratories by one or more of the

following tests:

- Real Time PCR
- Viral culture
- Four-fold rise in swine influenza A (H1N1) virus specific neutralizing antibodies.

### **OTHER DEFINITIONS**

Close contact is defined within 6 feet of an ill person who is a confirmed, probable or suspected case of swine influenza A (H1N1) virus infection during the infectious period.

Acute respiratory illness is defined as illness of recent onset with least two of the following rhinorrhea or nasal congestion, sore throat, cough (with or without fever).

High-risk group for complications of influenza is defined as a person such as:

- Resident of institutions for elderly people and the disabled.
- People with certain chronic health conditions (chronic heart or lung disease, metabolic or renal disease or immunodeficiencies)
- Elderly people and very young children

Infectious period: The infectious period for a confirmed case of swine influenza A (H1N1) virus infection is defined as 1 day prior to the onset of illness to 7 days after onset.

### **SYMPTOMS**

The symptoms of swine flu in people are expected to be similar to the symptoms of regular human seasonal influenza like fever, lethargy, lack of appetite and cough. Some people have also reported runny nose, sore throat, nausea, vomiting and diarrhoea.

In India, critical patients have experienced rapidly progressive pneumonia, respiratory failure and Acute Respiratory Distress Syndrome (ARDS) requiring mechanical ventilation.

## DIAGNOSIS OF SWINE FLU

For diagnosis of swine influenza A infection, respiratory specimen would generally need to be collected within the first 4 to 5 days of illness (when an infected person is most likely to be shedding virus). However, some persons, especially children, may shed virus for 10 days or longer.

## PREVENTIVE MEASURES

There is currently no vaccine available against human swine influenza. One has to follow proper hand hygiene and respiratory etiquettes.

### *Do's and Dont's:*

- Avoid close contact with people who are having respiratory illness.
- Sick persons should keep distance from others.
- If possible, stay at home, away from work, school, and public places when you are sick.
- Cover your mouth and nose with a tissue or handkerchief when coughing or sneezing.
- If you have no tissue or handkerchief you should not clean the nose with hands but with the cuff of your shirt or clothes.
- Washing your hands often with soap or alcohol based hand wash will help protect from germs.
- Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food.
- Persons who develop influenza-like-illness (ILI) (fever with either cough or sore throat) should be strongly encouraged to self-isolate in their home for 7 days after the onset of illness or at least 24 hours after symptoms have resolved, whichever is longer.
- Persons who experience ILI and wish to seek medical care should contact their health care providers to report illness (by telephone or

other remote means) before seeking care at a clinic, physician's office or hospital.

- Persons who have difficulty in breathing or shortness of breath should seek immediate medical attention and report to the nearby hospital.
- If ill persons must go into the community (e.g. to seek medical care) they should wear a face mask to reduce the risk of spreading the virus in the community.
- If a face mask is unavailable, ill persons intending to go into the community should use handkerchiefs or tissues to cover any coughing and sneezing.
- Persons in home isolation and their household members should be given infection control instructions like frequent hand washing with soap and water; use of alcohol-based hand gels (containing at least 60% alcohol).
- When the ill person is within 6 feet of others at home, the ill person should wear a face mask, if available or handkerchief or tissue.

### *Household contacts who are healthy/unaffected should:*

- remain home at the earliest sign of illness; minimize contact in the community to the extent possible;
- designate a single household family member as the ill person's caregiver to minimize interactions with symptomatic persons.

## ANTIVIRAL TREATMENT

Oseltamivir is the recommended drug both for the prophylaxis and the treatment.

### *Supportive therapy includes:*

- IV Fluids.
- Parenteral nutrition.
- Oxygen therapy / ventilatory support.



- Antibiotics for secondary infection.
- Vasopressors for shock.
- Paracetamol or ibuprofen is prescribed for fever, myalgia and headache. Patient is advised to drink plenty of fluids. Smokers should avoid smoking. For sore throat, short course of topical decongestants, saline nasal drops, throat lozenges and steam inhalation may be beneficial.
- Salicylate / aspirin is strictly contra indicated in any influenza patient due to its potential to cause Reye's syndrome.

The suspected cases should be constantly monitored for clinical/ radiological evidence of

### **Oseltamvir Medication**

Dose for treatment\* is as follows:

<b>By Weight:</b>	
For weight < 15kg	30 mg BD for 5 days
15-23kg	45 mg BD for 5 days
24-<40kg	60 mg BD for 5 days
>40kg	75 mg BD for 5 days

lower respiratory tract infection and for hypoxia (respiratory rate, oxygen saturation, level of consciousness).

Adult patients should be discharged 7 days after symptoms have subsided.

Children should be discharged 14 days after symptoms have subsided.

The family members of patients discharged earlier should be educated on personal hygiene and infection control measures at home; children should not attend school during this period.

<b>For infants:</b>	
<3 months	12 mg BD for 5 days
3-5 months	20 mg BD for 5 days
6-11 months	25 mg BD for 5 days
It is also available as syrup (12mg per ml)	

*\*Clinical Management Protocol and Infection Control Guidelines, MOH & FW*

If needed, dose & duration can be modified as per clinical condition.

#### **Adverse reactions:**

Oseltamivir is generally well tolerated, although gastrointestinal side effects (transient nausea & vomiting) may increase with increasing doses, particularly above 300 mg/day. Occasionally it may cause bronchitis, insomnia and vertigo. Less commonly angina, pseudo membranous colitis and peritonsillar abscess have also been reported. There

have been rare reports of anaphylaxis and skin rashes. In children, most frequently reported side effect is vomiting. Infrequently, abdominal pain, epistaxis, bronchitis, otitis media, dermatitis and conjunctivitis have also been observed. There is no recommendation for dose reduction in patients with hepatic disease. Though rare reports of fatal neuro-psychiatric illness in children and adolescents have been linked to oseltamivir but there is no scientific evidence for a causal relationship.

## **FREQUENTLY ASKED QUESTIONS BY PATIENTS**

*What are the signs and symptoms of swine flu in people?*

The symptoms of swine flu in people are similar to the symptoms of regular human flu and include fever, cough, sore throat, body aches, headache, chills and fatigue. Some people have reported diarrhoea and vomiting associated with swine flu. In the past, severe illness (pneumonia and respiratory failure) and deaths have been reported with swine flu infection in people. Like seasonal flu, swine flu may cause a worsening of underlying chronic medical conditions.

*How does swine flu spread?*

Spread of swine influenza A (H1N1) virus is thought to be happening in the same way as that of seasonal flu. Flu viruses are spread mainly from person to person through coughing or sneezing of people with influenza. Sometimes people may become infected by touching something with flu viruses on it and then touching their mouth or nose.

How can someone with the flu infect someone else? Infected people may be able to infect others beginning one day before symptoms develop and up to 7 or more days after becoming sick.

*What should I do to keep me away from getting the flu?*

First and most important: wash your hands frequently. Try to stay in good general health. Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids, and eat nutritious food. Avoid touching surfaces that may be contaminated with the flu virus. Avoid close contact with people having respiratory illness.

*Are there medicines to treat swine flu?*

Yes. The use of oseltamivir for the treatment and or prevention of infection with these swine influenza viruses is recommended. Antiviral drugs fight against the flu by keeping flu viruses from reproducing in your body. If you get sick, antiviral drugs can make your illness milder and make you feel better faster.

They may also prevent serious flu complications. For treatment, antiviral drugs work best if started soon after getting sick (within 2 days of symptoms). They are currently available with hospitals and are to be administered under supervision of clinicians.

*How long can an infected person spread swine flu to others?*

People with swine influenza virus infection should be considered potentially contagious as long as they are symptomatic and possibly for up to 7 days following onset of illness. Children, especially younger children, might potentially be contagious for longer periods.

*What surfaces are most likely to be sources of contamination?*

Germs can be spread when a person touches something that is contaminated with germs and then touches his or her eyes, nose, or mouth. Droplets from a cough or sneeze of an infected person move through the air.

*How long can viruses live outside the body?*

We know that some viruses and bacteria can live 2 hours or longer on surfaces like cafeteria tables, doorknobs, and desks. Frequent hand washing will help you reduce the chance of getting contamination from these common surfaces.

*What can I do to protect myself from getting sick?*

Currently available seasonal influenza vaccine does not protect against swine flu. There are everyday actions that can help prevent the spread of germs that cause respiratory illnesses like influenza. Take these everyday steps to protect your health:

- Cover your nose and mouth with a tissue when you cough or sneeze. Throw the tissue in the trash after you use it.
- Wash your hands often with soap and water, especially after you cough or sneeze. Alcohol based hand cleaners are also effective.
- Avoid touching your eyes, nose or mouth. Germs spread this way.
- Try to avoid close contact with people having respiratory illness.
- If one gets sick with influenza, one must stay at home, away from work or school and limit contact with others to keep from infecting them. However, if one is having any respiratory distress, one should report to a nearby hospital.

*What should I do if I get sick?*

If you live in areas where swine influenza cases have been identified and become ill with influenza like symptoms e.g. fever, body aches, runny nose, sore throat, nausea, or vomiting or diarrhoea, you

may contact their health care provider, particularly if you are worried about your symptoms. Your health care provider will determine whether influenza testing or treatment is needed.

If you are sick, you should stay at home and avoid contact with other people as much as possible to keep from spreading your illness to others. If you become ill and experience any of the following warning signs, seek emergency medical care.

*In children emergency warning signs that need urgent medical attention include:*

- Fast breathing or trouble breathing
- Bluish skin color
- Not drinking enough fluids/eating food
- Not waking up or not interacting
- Being so irritable that the child does not want to be held
- Flu-like symptoms improve but then return with fever and worse cough
- Fever with a rash

*In adults, emergency warning signs that need urgent medical attention include:*

- Difficulty in breathing or shortness of breath
- Pain or pressure in the chest or abdomen
- Sudden dizziness
- Confusion
- Severe or persistent vomiting

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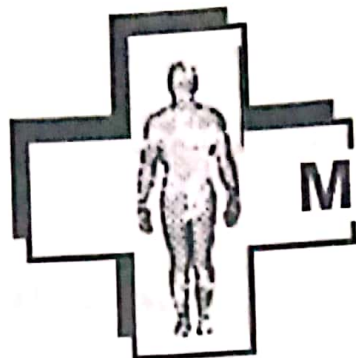
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# A Review on Chronic Renal Failure & Its Treatment in Ayurveda

**Chronic Renal Failure (CRF)** is the progressive loss of kidney function. The kidneys attempt to compensate for renal damage by hyperfiltration in turn, that causes further loss of function.

Chronic loss of function causes generalized wasting (shrinking in size) and progressive scarring within all parts of the kidneys. In time, overall scarring obscures the site of the initial damage. Yet, it is not until over 70% of the normal combined function of both kidneys is lost that most patients begin to experience symptoms of kidney failure.

## CAUSES

The cause can be determined by a detailed medical history, a comprehensive physical examination, and laboratory studies but it is difficult if not impossible. Even a kidney biopsy may be inconclusive, because all forms of kidney failure eventually progress to diffuse scarring and look the same on kidney biopsy. There are some identified disease conditions that may lead to CRF that can be categorized in three groups

### 1. PRE-RENAL CAUSES

Some medical conditions cause continuous hypoperfusion (low blood flow) of the kidneys, leading to kidney atrophy (shrinking), loss of nephron function, and chronic renal failure (CRF). Diabetes & Hypertension are most common

Multiple Myeloma, A type of cancer that begins in a type of white blood cell called plasma cells. Myeloma cells produce large numbers of proteins in the urine. These proteins often form deposits in the kidneys and cause kidney failure. In addition, multiple Myeloma increases the risk for hypocalcaemia and anemia and results in high blood levels of uric acid, which also increase the risk for chronic renal failure. Other conditions include poor cardiac function, chronic liver failure, and atherosclerosis of the renal arteries

### 2. Post-Renal causes

The disease conditions that interfere with the normal flow of urine can produce backpressure within the kidneys & can damage nephrons. Abnormalities that may hamper urine flow and cause post-renal CRF include the following: Bladder outlet obstruction due to an enlarged prostate gland or bladder stone Neurogenic bladder, Kidney stones, Obstruction of the tubules, Retro-peritoneal fibrosis, the formation of fiber like tissue behind the peritoneum, the membrane that lines the abdominal cavity

### 3. RENAL CAUSES

Diabetic nephropathy, Hypertension nephrosclerosis, chronic glomerular nephritis, chronic interstitial nephritis, Renal Vasculitis, Cystic kidney disease, hereditary diseases of the kidney.

### Signs and Symptoms of Chronic Renal Failure

Chronic renal failure (CRF) usually produces symptoms when renal function — which is measured as the glomerular filtration rate (GFR) — falls below 30 milliliters per minute (< 30 ml/min). This is approximately 30% of the normal value.

When the glomerular filtration rate (GFR) slows to below 30 ml/min, signs of uremia (high blood level of protein by-products, such as urea & creatinine) may become noticeable. When the GFR falls below 15 ml/min most people become increasingly symptomatic. Uremic symptoms can affect every organ system in the body, mainly :

**Neurological system**— cognitive impairment, personality change, asterixis (motor disturbance that affects groups of muscles), seizures.

**Gastrointestinal system**—nausea, vomiting.

**Blood-forming system**—anemia due to erythropoietin deficiency, easy bruising and bleeding due to abnormal platelets.

**Pulmonary system**—fluid in the lungs, with breathing difficulties

**Cardiovascular system**—chest pain due to inflammation of the sac surrounding the heart (pericarditis) and pericardial effusion (fluid accumulation around the heart)

**Skin**—generalized itching

## DIAGNOSIS

CRF is diagnosed by the observation of a combination of symptoms and elevated blood urea nitrogen (BUN) and S.creatinine (Cr) levels. These abnormalities may signal CRF:

- Anemia (low red blood cell count)
- High level of parathyroid hormone
- Hypocalcaemia (low blood level of calcium)
- Hyperphosphatemia (high blood level of phosphate)
- Hyperkalemia (high blood level of potassium)
- Hyponatremia (low blood level of sodium)
- Low blood level of bicarbonate
- Low plasma pH (blood acidity)
- Low serum proteins, Presence of Proteins in Urine

In chronic renal failure nutrition should have a balance of fluids and electrolytes and adjusting the diet to prevent accumulation of toxic waste products to the minimum possible level. In chronic renal failure nutritional needs are as follows:

The food should be high in calories and low in protein.

Avoid canned, baked, processed and preserved foods.

Salted cheese, butter and nuts should be avoided

To reduce potassium content, vegetables should be cooked with more water and excess should be drained off.

Avoid fruits, fruit juices, and coconut water.

If potassium is restricted avoid tea, coffee, baiga, maize, ragi, wheat flour, pulses and legumes, chocolates, vegetables, fruits, sauces, jam, jellies.

## AYURVEDA TREATMENT FOR CRF

Prevention is always the goal with kidney failure. Chronic disease such as hypertension and diabetes are devastating because of the damage that they can do to kidneys and other organs. Lifelong diligence is important in keeping blood sugar and blood pressure within normal limits. Specific treatments are dependent upon the underlying diseases.

Once kidney failure is present, the goal is to prevent further deterioration of renal function. If ignored, the kidneys will progress to complete failure, but if underlying illnesses are addressed and treated aggressively, kidney function can be preserved, though not always improved. The herbal Ayurveda products can be taken along with other types of medicines & treatments /procedures including dialysis.

A lot of herbal treatments are available for renal failure. The goals of treatment for renal failure are to:

1. Improve the status of protein & fat metabolism.
2. Correct or treat the cause of kidney failure.
3. Support the kidneys until they have healed and can work properly.
4. Prevent or treat any complications caused by acute renal failure

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# EPISTAXIS - AN EMERGENCY

Bleeding from nose is the most common emergency in all age groups, with a prevalence rate of 10-12%. Despite its high prevalence, the management of epistaxis is still debatable. Epistaxis is more common during hot dry climate with low humidity. Only few cases of epistaxis are more common in clinical practice which are found due to well defined primary causes (as listed below). Otherwise in maximum patients the epistaxis is without any obvious causative factor and thereby known as Idiopathic epistaxis. Causes :

## (A) Local

- \* Inflammatory - Rhinosinusitis, nasal polyp, rhinoscleroma.
- \* Traumatic - Facial trauma, iatrogenic, foreign body
- \* Idiopathic - Little's area, Woodruff's plexus.
- \* Neoplastic - Angiofibroma, squamous cell carcinoma, olfactory neuroblastoma.
- \* Drugs / Inhalants - Cocaine, tobacco, Heroin, Cannabis etc.

## (B) Systemic :-

- \* Coagulation disorders- Haemophilia, coagulation factor deficiency.
- \* Thrombocytopenia - Bone marrow aplasia, hypersplenism, DIC.
- \* Drugs - Aspirin, anticoagulants, alcohol, chloramphenicol, immunosuppressants etc.
- \* Others - Liver failure, hypothyroidism, Vit. K deficiency.

## EMERGENCY MANAGEMENT :-

1. Pinching of nostrils bilaterally with firm pressure by the thumb and the forefinger for 5-10 minutes or have two cotton plugs soaked in Phitkri (Alum) water or ice cold water, insert it in both the nostrils & then pinch for 5 minutes.
2. The patient is asked to sit down with head and neck leaned slightly forward because lying supine will cause the blood to drain into the pharynx and results in spitting or swallowing of the blood and subsequent vomiting, creating more anxiety, increasing the B.P. and thereby causing more bleeding.
3. Kai Bid- Dawa ( chemical cauterization ) by Carbolic Acid or 10 -20 % Silver nitrate etc or Kai Bil - Barq (Electric cauterization) should be done after identification of bleeding site especially in case of anterior epistaxis.
4. Anterior nasal packing (ANP) is indicated for bleeding from superior and inferior regions of the Nasal cavity that can not be controlled by Amal-e- Kai (Cauterization) or in case specific bleeding site is not identified.
5. In case of posterior epistaxis or both (Anterior & posterior epistaxis), Posterior Nasal packing is to be done along with Anterior nasal packing.
6. If bleeding is still uncontrolled, vessel ligation should be considered.
7. Habisuddam ( Haemostatic) Advia eg. Safuf habisuddam 5-10 gm BD / TDS or Sharbat Anjbar 20 ml BD along with Jawarish Amla 5-7 gm or Jawarish Shahi 5-7 gm twice a day after meal will help in stopping the bleeding.
8. Bed rest with head elevation is advised. Avoid stimulants, hot & spicy food.

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# Joint Replacement Surgery

## What Is Joint Replacement Surgery?

Joint replacement surgery is removing a damaged joint and putting in a new one. A joint is where two or more bones come together, like the knee, hip, and shoulder. Joint Replacement consists of replacing painful, arthritic, worn or cancerous parts of the joint with artificial surfaces shaped in such a way as to allow joint movement.



## What Can Happen to My Joints?

Joints can be damaged by Arthritis and other diseases, injuries or other causes. Arthritis or simply years of use may cause the joint to wear away. This can cause pain, suffering, and swelling. Bones are alive, and they need blood to be healthy, grow and repair themselves. Diseases can damage inside a joint can limit blood flow, causing problems.

## How is Joint Replacement Surgery Indicated?

Joint Replacement surgery is indicated when the symptoms, usually pain and loss of function, are disabling. As the risks of surgery are significant, the patient must understand them and prefer to take those risks rather than continue with the symptoms.

## What Are the Contra-Indications?

Purulent discharge (infection) in the operative area is considered an absolute contra-indication because of the disastrous consequences of post-operative deep infection. Infection anywhere in the patient is a strong but relative contra-indication.

Poor health is a relative contra-indication as the patient must be strong enough to withstand the stresses of major surgery. Some feel that persistent immobility due to pain is a more serious threat to health even in patients with severe heart and lung disease.

## What Is a New Joint Like?

A new joint, called a prosthesis, can be made of plastic, metal, or both. It may be cemented into place or not cemented, so that your bone will grow into it. Both methods may be combined to keep the new joint in place.



A cemented joint is used more often in older people who do not move around as much and in people with "weak" bones. The cement holds the new joint to the bone. An uncemented joint is often

recommended for younger, more active people and those with good bone quality. It may take longer to heal, because it takes longer for bone to grow and attach to it.

New joints generally last at least 10 to 15 years. Therefore, younger patients may need to have the same damaged joint replaced more than once.

### **Do I Need to Have My Joint Replaced?**

Only a doctor can tell if you need a joint replaced. He or she will look at your joint with an x-ray machine or another machine. The doctor may put a small, lighted tube (Arthroscope) into your joint to look for damage. A small sample of your tissue could also be tested.

After looking at your joint, the doctor may say that you should consider exercise, walking aids such as braces or canes, physical therapy, or medicines and vitamin supplements. Medicines for arthritis include drugs that reduce inflammation. Depending on the type of arthritis, the doctor may prescribe corticosteroids or other drugs.



However, all drugs may cause side effects, including bone loss.

If these treatments do not work, the doctor may suggest an operation called an osteotomy where the surgeon "aligns" the joint. Here, the surgeon cuts

the bone or bones around the joint to improve alignment. This may be simpler than replacing a joint, but it may take longer to recover. However, this operation is not commonly done today.

Joint replacement is often the answer if you have constant pain and can't move the joint well - for example, if you have trouble with things such as walking, climbing stairs, and taking a bath.



### **What is done before the Surgery?**

Because of the major surgery a complete pre-anesthetic work-up is required. In elderly patients this usually would include ECG, Chest X-ray, urine tests, and hematology and biochemistry blood tests. Cross match of blood is routine also as a high percentage of patients receiving a blood transfusion. Pre-operative planning requires accurate X-rays of the affected joint. The implant design is selected and the size matched to the x-ray images (a process known as templating).



## What Happens During Surgery?

First, the surgical team will give you medicine so you won't feel pain (anesthesia). The medicine may block the pain only in one part of the body (regional), or it may put your whole body to sleep (general). The team will then replace the damaged joint with a prosthesis.

Each surgery is different. How long it takes depends on how badly the joint is damaged and how the surgery is done. To replace a knee or a hip takes about 2 hours or less, unless there are complicating factors. After surgery, you will be moved to a recovery room for 1 to 2 hours until you are fully awake or the numbness goes away.



you will walk with a walker or crutches. You may have some temporary pain in the new joint because your muscles are weak from not being used. Also, your body is healing. The pain can be helped with medicines and should end in a few weeks or months.



Physiotherapy can begin the day after surgery to help strengthen the muscles around the new joint and help you regain motion in the joint. If you have your shoulder joint replaced, you can usually begin exercising the same day of your surgery! A physiotherapist will help you with gentle, range-of-motion exercises. Before you leave the hospital (usually 2 or 3 days after surgery), your therapist will show you how to use a pulley device to help

## What Happens After Surgery?

With knee or hip surgery, you may be able to go home in 3 to 5 days. If you are elderly or have additional disabilities, you may then need to spend several weeks in an intermediate-care facility before going home. You and your team of doctors will determine how long you stay in the hospital.

After hip or knee replacement, you will often stand or begin walking the day of surgery. At first,



## Will My Surgery Be Successful?

The success of your surgery depends a lot on what you do when you go home. Follow your doctor's advice about what you eat, what medicines to take, and how to exercise. Talk with your doctor about any pain or trouble moving.



Joint replacement is usually a success in more than 90 percent of people who have it. When problems do occur, most are treatable. Possible problems include:

- **Infection** – Areas in the wound or around the new joint may get infected. It may happen while you're still in the hospital or after you go home. It may even occur years later. Minor infections in the wound are usually treated with drugs. Deep infections may need a second operation to treat the infection or replace the joint.
- **Blood clots** – If your blood moves too slowly, it may begin to form lumps of blood parts called clots. If pain and swelling develop in your legs after hip or knee surgery, blood clots may be the cause. The doctor may suggest drugs to make your blood thin or special stockings, exercises, or boots to help

your blood move faster. If swelling, redness, or pain occurs in your leg after you leave the hospital, contact your doctor right away.

- **Loosening** – The new joint may loosen, causing pain. If the loosening is bad, you may need another operation. New ways to attach the joint to the bone should help.
- **Dislocation** – Sometimes after hip or other joint replacement, the ball of the prosthesis can come out of its socket. In most cases, the hip can be corrected without surgery. A brace may be worn for a while if a dislocation occurs.
- **Wear** – Some wear can be found in all joint replacements. Too much wear may help cause loosening. The doctor may need to operate again if the prosthesis comes loose. Sometimes, the plastic can wear thin, and the doctor may just replace the plastic and not the whole joint.
- **Nerve and blood vessel injury** – Nerves near the replaced joint may be damaged during surgery, but this does not happen often. Over time, the damage often improves and may disappear. Blood vessels may also be injured.

As you move your new joint and let your muscles grow strong again, pain will lessen, flexibility will increase, and movement will improve.



## **Risks and complications:**

### **Medical risks**

The stress of the operation may result in medical problems of varying incidence and severity.

- Heart Attack
- Stroke
- Venous Thromboembolism
- Pneumonia
- Increased confusion
- Urinary Tract Infection (UTI)

### **Intra-operative risks**

- Mal-position of the components
  - Shortening
  - Instability/dislocation
  - Loss of range of motion
- Fracture of the adjacent bone
- Nerve damage
- Damage to blood vessels

### **Immediate risks**

- Infection
  - Superficial
  - Deep
- Dislocation

### **Medium-term risks**

- Dislocation
- Persistent pain
- Loss of range of motion

- Weakness
- Indolent infection

### **Long-term risks**

- Loosening of the components: the bond between the bone and the components or the cement may breakdown or fatigue. As a result the component moves inside the bone causing pain. Fragments of wear debris may cause an inflammatory reaction with bone absorption which can cause loosening. This phenomenon is known as osteolysis.
- Wear of the bearing surfaces: polyethylene is thought to wear in weight bearing joints such as the hip at a rate of 0.3mm per year. This may be a problem in itself since the bearing surfaces are often less than 10 mm thick and may deform as they get thinner. It is also a problem because the wear debris may cause problems.

By-

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# REVISITING AYURVEDA

*Influenced by Ayurveda and the condition prevailing in the society about this science inspired her to critically analyse the present scenario.*

“Not for self, not for the fulfillment of any earthly desire of gain, but solely for the good of suffering humanity should you treat your patients and so excel all. Those who sell the treatment of disease as merchandise gather the dust and neglect the God.” By Charaka

Ayurveda is a perfect science of life and consists of a body of most remarkable knowledge on the internal mechanism of human health and longevity, on medicinal herbs and therapeutic roots, on the efficacious treatment of human ills by eradicating from the human system the very sources of their causation. This great medical science and humanity's most ancient and finest preventive school of practical medicine, which has been practised in India, century after century for over four thousand years, by expert Vaidyas well-versed and highly trained in its lore, should now receive, as a matter of immediate practical necessity, the increasing and the best interest of modern free India. No country in the world can boast of more medicinal plants than India, Burma, Siam and Sri Lanka. India's wealth of medicinal plants is unsurpassed. The literature of indigenous medicine ascribes medicinal properties to more than 2000 plants. Medicinal herbs are mentioned in the Rig-Veda. Ayurveda treats of herbal remedies in detail on which the ancient medical science largely rested.

## AYURVEDA

Ayurveda or the Science of life is an Upanga of Atharva-Veda. It consists of 100,000 verses in 1000 chapters. It was composed by Brahma, the Lord, before he created all beings. Ayurveda is really one aspect of the Veda as a whole. Ayurveda is a distinct Veda. It is even superior to the other Vedas because it gives life which is the basis of all enjoyments, study, meditation and Yoga Sadhana.

The three main branches of Ayurveda deal with the causes, symptoms and treatment of diseases.

Ayurveda serves as the best guide for the healthy and for the sick.

Ayurvedic medicines are more effective and less costly.

Ayurveda treats of eight subjects: Surgery (Shalya), treatment of diseases of the head (Shalaka), treatment of ordinary diseases (Kaya-chikitsa), the processes of counteracting the influences of evil spirits (Bhuta-vidya), treatment of child-diseases (Kaumara-bhritya), antidotes to poisons (Agada tantra), science of rejuvenating body (Rasayana) and the science of acquiring virile strength (Vajikarana).

The principles of Ayurvedic treatment are mainly the same as that of allopathic treatment. They consist of removing the injurious agent, soothing injured body and mind and eradicating the cause. The difference lies in the methods of details adopted by the different systems. In Ayurveda great importance is given upon the study of the various stages of vitiation of the three Doshas or humours of the body.

“Dosha Dhatu Mala Moolam hi Shareeram.”  
The essential constituents of the human body consist of Doshas, Dhatus and Malas. Deha Dhatus mean the supporters of the human body. The three Doshas, the seven Dhatus, the three Malas—these thirteen constitute the human body according to Ayurveda.

Disease, according to Ayurveda, is generally defined as derangement of the three Doshas.

Health is an equilibrium of the three Doshas.

## Importance of Ayurveda

Ayurveda is the science of life. It shows the way to remove diseases, to keep up sound health and attain longevity.

This wonderful science cannot be rooted out of India. It is deeply rooted in the hearts of the natives of India, the offsprings of Charaka, Sushruta, Madhava, Vagbhata, Sharangadhara and Dhanwantari. Even if all the books on Ayurveda are lost today, it will surely survive.

The efficacy of Ayurvedic medicines prepared strictly in accordance with the methods presented by the Ayurvedic text is very great and their curative powers cannot be in the least doubted or disputed.

Ayurveda is based on ten fundamental considerations—

1. Dushyam (the seven Dhatus and Doshas), 2. Desam (surrounding), 3. Balam (strength), 4. Kalam (season), 5. Analam (fire of digestion, Agni), 6. Prakriti (body), 7. Vayaha (age), 8. Satvam (mental state), 9. Satmyam (compatibility), 10. Aharam (dietary habits).

Ayurveda can cure certain diseases for which the Allopathic Pharmacopoeia has no remedy. There are great many indigenous drugs of extreme utility but little known to the students of Allopathy. The Allopaths are just emerging from the slough of empiricism. Many of the empirical methods of treatment adopted by many Ayurvedic physicians are of the greatest value. Whatever the ancient Ayurvedic physicians of yore knew are nowadays being brought to light as new discovery by the Allopaths. There are still many more indigenous drugs hidden in handbooks of vaidyas if brought out in wake of light can actually make our lives better and can be used to rescue life of millions of people. If the practitioners follow the methodology mentioned by Charaka, then there will be few chronic diseases left in this world

### **Renaissance of Ayurveda**

Ayurveda is an exact science. It is the Indian medical science practised by ancient Rishis and Seers of India. It is a portion of the Vedas. It is a very effective system of treatment of diseases. It had long period of development in its various branches including surgery. It was very much advanced in ancient India.

It is in no way inferior to other systems. The Allopathic doctors are perhaps intolerant towards Ayurveda. They have not understood and recognised the value and importance of the Indian System of Medicine. If they combine Allopathy and Ayurveda, they will be more useful to the suffering humanity and will do wonders in the field of Medicine.

The Ayurvedic system, on the other hand, laid the foundation to Allopathy. It has been proved beyond a shadow of doubt that the system of Ayurveda travelled from India to Egypt, Arabia, Rome and other places.

This glorious system of medicine fell into disuse owing to lack of State support and facilities for proper study, training and research.

Rasayana treatment which confers Kaya Kalpa (rejuvenation of body) comes under Ayurveda.

Nadi-pariksha or examination of the condition of the patient through feeling the pulse is a noteworthy feature in this system of treatment. No other system in the world has this feature. An Ayurvedic doctor or Vaidya feels the pulse of the patient and diagnoses the disease at once. He gives a vivid description of the state of the patient. Allopathy speaks of volume, tension, etc., of the pulse. The allopathic doctor says only "The pulse is wiry, small, feeble, etc.," but the Ayurvedic doctor dives deep and speaks volumes on the subject.

Herbs and Bhasmas (metallic oxides) play a prominent part in this system. Herbs and oxides possess infinite potencies. A small herb dissolves stones in the bladder, kidneys and gall-bladder in a minute or by the twinkling of an eye.

The various potent Ayurvedic preparations are Asavas (infusions), Arishtas (decoctions), Tailas (various medicated oils), Kashayams or Kvathas, Churna (powder), Lepa (ointment), Gutika (pills), Ghritams (medicated ghees), Bhasmas or metallic oxides, Sindoor (oxides), Rasa, Rasayanas, Lehyam (confections), Dravakam.

The preventive aspects of the Ayurveda have been incorporated in the religious and social observances of the Hindus. If they are prescribed in

a modern way, rationally, in terms of modern science, they will appeal nicely to the people. They will take them with a pleasant frame of mind as prescriptions for the maintenance of good health and proper hygienic conditions.

Ayurvedic system is still alive even after centuries of vicissitudes and non-recognition by the State. This points out definitely that the system has a vigour, vitality and power. It has a natural deep root in India. It can never die or become extinct.

India or Bharatavarsha is rich in medicinal plants and herbs. In the Gandhamadana hills of the Himalayas and in the vicinity of Nahang near Simla, rare medicinal herbs are found in abundance. All these herbs can be utilised to great advantage.

#### **The present scenario and what can be done**

Ayurveda was in vogue in India since very early times. The Ayurvedic and Siddha systems have played a very important and vital part in the sphere of public health. Their popularity is due to their availability, cheapness and efficacy, but their thorough knowledge was confined to a few specialists only. Controversies and contests arose in the arena of Ayurvedic field. An Ayurvedic father was jealous to make even his son well-versed in Ayurvedic Science. Exclusivism, and not the spirit of inclusivism, aristocracy and not liberalism and plebianism were the most pondering elements. There was paucity of standardisation of the drugs and therefore the Ayurvedic system did not keep pace with the Allopathic system.

Even now there are institutions, doing wonderful work; this clearly indicates that it has a vitality and natural root in India. All that is required is proper encouragement.

What is necessary for the growth of Ayurveda at the present moment is standardisation of quality, methods of administration, ways of manufacturing and the degree of potency.

The interest of Government of India, in Ayurveda is indeed most encouraging, but the private bodies and the public too should come to an increasing recognition of its importance and value, and as a first step begin trying its drugs.

Intense research in the Ayurveda is the need of the hour. Treasures lie hidden in Indian herbs and medicinal plants. They must be brought to light. Then the whole world will be immensely benefitted.

Most importantly there is a need to believe in the system, and not at all regard the system inferior to allopathy and to enlighten general public about the wealth of ayurveda and its importance and know its richness which has been supported by our culture.

There is a need to remove aura of mystery from ayurveda ( by making available and popularizing the commentaries on shushruta's or charaka's work in known language) and enlightening the practioners of modern medicine system, patients and also a common man about the great piece of work.

Wake up now at least. Open your eyes. The wealth of India is being drained by the import of sulphonamides, Iodides, tinctures, etc. Tap the inexhaustible herbal wealth of the Himalayas. Make your own Asavas, Arishtas, Avalehas and Ghritas. Enrich India and bring good health to the people. This is your very onerous duty. Kindly fulfil it now. Please discharge your duties well, and obtain the grace of the Lord. Here is a great field for your selfless service, purification of heart and salvation.

*Glory to Ayurveda, the fifth Veda! Glory to Ayurvedic Rishis, Charaka, Sushruta Vagbhata and Madhava!*

*Glory to righteous and self-sacrificing Ayurvedic physicians! Glory, Glory! All glory to Dhanvantari Bhagavan, the Lord, the original father and supporter of the Ayurvedic medicine!*

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# LEUCORRHOEA

LEUCORRHOEA is an abnormal discharge from the vagina. The vagina has a natural acid environment that protects it from unfavorable pathogens. If this is not maintained, various bacteria, fungi or protozoa can proliferate. Douches of sour taste such as vinegar, yogurt or herbs with acidophilus supplements are effective for this reason. In Ayurveda, leucorrhoea is most commonly of Kaphaj type, excess mucus condition, but can be caused by other humors. It is the humor that is treated rather than the specific pathogen. Vata (air) type leucorrhoea will be brown, sticky and dry, with more severe pain. Pitta (fire) type is yellow, smelling, perhaps purulent or mixed with blood, with more burning sensation. Kapha (water) type is white, mucoid, thick, profuse with feelings of dullness and heaviness. Causes are mainly those which increase Kapha; eating too much sweet, sour and salty, heavy and greasy foods such as dairy and sugars. Lack of cleanliness, excessive sex, use of antibiotics, infections or venereal diseases contribute.

## CAUSES OF LEUCORRHOEA

Leucorrhoea is due to infection of the female genital tract by some organisms. Moreover, Leucorrhoea can also take place due to hormonal and metabolic imbalances.

## SYMPTOMS OF LEUCORRHOEA

Leucorrhoea is characterised by a discharge from the female genital tract. If there is infection, the discharge usually has a foul odour. The patient becomes easily irritable; Watery or curd like Discharge per vagina, Itching, Back Ache, Pain in lower Abdomen & Thighs etc.

## CONSISTENCY OF THE DISCHARGE

The consistency of the discharge from the vaginal tract varies from person to person. It depends

on a number of factors like the menstrual phase when the infection takes place or the person's age.

## THE AYURVEDIC POINT OF VIEW

According to Ayurvedic principles, Leucorrhoea occurs due to the vitiation or predominance of the Kapha Dosha. People who are generally anaemic, emaciated, or weak are prone to Leucorrhoea.

## DIETARY REGIMEN

Such persons should make it a habit of regularly taking supari (areca nut) immediately after having the major meals. This practice not only prevents the Leucorrhoea ailment but also cures the ailment.

The patient suffering from Leucorrhoea must not be allowed to remain hungry for a long time.

## WHAT NOT TO EAT

Such persons should never have curd, pickles and similar other sour food items.

People suffering from Leucorrhoea should also avoid having spicy and fried food.

## OTHER IMPORTANT POINTS

Mental worries and Leucorrhoea go together. Avoid having blues. Keep smiling and happy!

Burning the midnight oil aggravates the condition. So, don't awake late into the night!

The person must follow hygienic and regular sanitary regimen.

Early morning brisk walk helps the curing process.

The patient suffering from Leucorrhoea should regularly practise Pranayama (Yoga breathing exercises) and meditation. This brings about peace

of mind which aids the recovery process of the patient

Stay away from sexual intercourse during such phases.

### AYURVEDIC TREATMENTS

The effective Ayurvedic medications for patients suffering from Leucorrhoea are Tandulodaka, Sphatika, Pradarantaka lauha, Lodhra Asava, and Kumari.

#### SPHATIKA

Sphatika is alum. Sphatika is used in this condition internally as well as externally. Actually, Sphatika is used with all the other medications to make them doubly effective along with Tandulodaka.

**Preparation Process:** Fry alum over fire in a vessel. Then grind it to the powdery form. Alum is a good agent for douching.

**The Dose:** One teaspoonful of Sphatika should be mixed with all the aforementioned medications to make them effective.

#### TANDULODAKA

Tandulodaka means rice wash. In fact, this ingredient is mixed or given with all the medications prescribed for patients suffering from Leucorrhoea.

Tandulodaka expedites the action of the medications and also ensures quick recovery from Leucorrhoea.

Tandulodaka all alone is beneficial for the people suffering from Leucorrhoea.

**The Dose:** If a patient suffers from Leucorrhoea, regular consumption of a cup of Tandulodaka cures the disease.

#### PRADARANTAKA LAUHA

Pradarantaka lauha is also to be tendered to the patient along with Tandulodaka. This concoction is an effective Ayurvedic medication for people suffering from Leucorrhoea.

**Preparation process:** Mix 125 mg. of Pradarantaka lauha with an equal amount of Sphatika seasoned with honey.

**The Dose:** The patient should be given this medication twice daily. However, it should be consumed only on an empty tummy.

#### LODHRA

Lodhra is another natural ingredient used for douching. The decoction of the bark of Lodhra is used for this purpose.

The patient can also be given 30 ml. of this decoction mixed with an equal quantity of water twice daily after meals.

#### KUMARI

Kumari is yet another effective natural herb used for treating this condition. It is grown as hedge in Indian homes. Its flowers are pink in colour. Kumari grows luxuriantly in sandy soil.

Kumari is beneficial in the treatment of genital tract diseases. It also checks formation of abnormal fluid from the genital tract.

The juice extracted from the Kumari leaves is ideal medication for toning up the liver, ensuring regular bowel movements and promoting digestion. Further, regular consumption of the juice rectifies the hormonal imbalances. As a consequence thereof, the patient's genital organs get toned up.

**Preparation process:** Remove the outer skin of the plant's leaves. Then use the fleshy pulp to extract the juice.

One can also mix honey with the juice for seasoning the taste.

**The Dose:** Give the patient 30 ml. of the juice twice daily. It should be consumed empty stomach only.

#### Fenugreek Seeds

These can be used both internally and externally. Adding the seeds to the morning cup of tea can be

quite curative for vaginal discharge. On the other hand, fenugreek seeds can also be used in douching. Boil a handful of them in good amount of water, simmering it until it gets down to half its quantity, finally using this decoction as douche.

- ❖ Having a balanced diet with good amount of protein, fiber and other essential nutrients helps maintain a healthy body, builds up immune system to fight infections.
- ❖ Include yoghurt, fruit and vegetable juices.
- ❖ Do not starve yourself, maintain regular food timings.
- ❖ Avoid fatty, fried, spicy, sour, excessive dairy foods, simple and refined sugars and incompatible food items.
- ❖ Maintain regular genital hygiene by cleansing with water.
- ❖ Avoid tight fitting clothing, go for comfortable clothes.

- ❖ Avoid sexual intercourse totally while suffering with leucorrhoea.
- ❖ Avoid stress, get good amount of sleep.
- ❖ Relaxing hot water baths and regular wet girdle packs will help.

#### EXERCISE

- Bend
- Backward
- Forward
- Knee to chest
- Bow



by - Dr. Meena Kashyap



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# INFERTILITY

Most experts define infertility as not being able to get pregnant after at least one year of trying. Women who are able to get pregnant but then have repeat miscarriages are also said to be infertile.

Pregnancy is the result of a complex chain of events. In order to get pregnant:

A woman must release an egg from one of her ovaries (ovulation).

The egg must go through a fallopian tube toward the uterus (womb).

A man's sperm must join with (fertilize) the egg along the way.

The fertilized egg must attach to the inside of the uterus (implantation).

Infertility can result from problems that interfere with any of these steps.

Infertility is not always a woman's problem. In only about one-third of cases is infertility due to the woman (female factors). In another one third of cases, infertility is due to the man (male factors). The remaining cases are caused by a mixture of male and female factors or by unknown factors.

## **Causes of infertility in men**

*Infertility in men is most often caused by:*

Problems making sperm — producing too few sperm or none at all

Problems with the sperm's ability to reach the egg and fertilize it — abnormal sperm shape or structure prevent it from moving correctly

Sometimes a man is born with the problems that affect his sperm. Other times problems start later in life due to illness or injury. For example, cystic fibrosis often causes infertility in men.

The number and quality of a man's sperm can be affected by his overall health and lifestyle. Some things that may reduce sperm number and/or quality

include:

alcohol

drugs

environmental toxins, including pesticides and lead

smoking cigarettes

health problems

medicines

radiation treatment and chemotherapy for cancer  
age

## **Causes of infertility in women**

Problems with ovulation account for most cases of infertility in women. Without ovulation, there are no eggs to be fertilized. Some signs that a woman is not ovulating normally include irregular or absent menstrual periods.

Less common causes of fertility problems in women include:

blocked fallopian tubes due to pelvic inflammatory disease, endometriosis, or surgery for an ectopic pregnancy

physical problems with the uterus

uterine fibroids

Many things can affect a woman's ability to have a baby. These include:

age

stress

poor diet

athletic training

being overweight or underweight

tobacco smoking

alcohol

sexually transmitted diseases (STDs)

health problems that cause hormonal changes

### **Age & woman's ability to have children**

More and more women are waiting until their 30s and 40s to have children. Actually, about 20 percent of women in the United States now have their first child after the age of 35. So age is an increasingly common cause of fertility problems. About one third of couples in which the woman is over 35 have fertility problems.

Aging decreases a woman's chances of having a baby in the following ways:

The ability of a woman's ovaries to release eggs ready for fertilization declines with age.

The health of a woman's eggs declines with age.

As a woman ages she is more likely to have health problems that can interfere with fertility.

As a woman ages, her risk of having a miscarriage increases.

Most healthy women under the age of 30 shouldn't worry about infertility unless they've been trying to get pregnant for at least a year. A woman's chances of having a baby decrease rapidly every year after the age of 30. So getting a complete and timely fertility evaluation is especially important.

Some health issues also increase the risk of fertility problems. So women with the following issues should speak to their doctors as soon as possible:

Irregular periods or no menstrual periods

Very painful periods

Endometriosis

Pelvic inflammatory disease

More than one miscarriage

### **Fertility evaluation.**

This process usually begins with physical exams and health and sexual histories. If there are no obvious problems, like poorly timed intercourse or absence of ovulation, tests will be needed.

Finding the cause of infertility is often a long, complex and emotional process.

For a man, begin by testing his semen. Look at the number, shape, and movement of the sperm. Sometimes doctors also suggest testing the level of a man's hormones.

Some common tests of fertility in women include:

1. *Hysterosalpingography*
2. *Laparoscopy*

### **Treatment:**

Infertility can be treated with medicine, surgery, artificial insemination or assisted reproductive technology. Many times these treatments are combined. About two-thirds of couples who are treated for infertility are able to have a baby. In most cases infertility is treated with drugs or surgery.

Specific treatments for infertility based on:

Test results

How long the couple has been trying to get pregnant

Age of both the man and woman

The overall health of the partners

Preference of the partners

*Infertility treatment in men* in the following ways:

a) Sexual problems: If the man is impotent or has problems with premature ejaculation, doctors can help him address these issues. Behavioral therapy and/or medicines can be used in these cases.

b) Too few sperm: If the man produces too few sperms, sometimes surgery can correct this problem. Antibiotics can also be used to clear up infections affecting sperm count.

### **Infertility treatment in women**

Various fertility medicines are often used to treat women with ovulation problems. Problems with a woman's ovaries, fallopian tubes, or uterus can sometimes be corrected with surgery.

*Intrauterine insemination (IUI)* is another type of treatment for infertility. IUI is known by most



people as artificial insemination. In this procedure, the woman is injected with specially prepared sperm. Sometimes the woman is also treated with medicines that stimulate ovulation before IUI.

IUI is often used to treat:

Mild male factor infertility

Women who have problems with their cervical mucus

Couples with unexplained infertility

**Some common medicines used to treat infertility in women include:**

Clomiphene citrate (Clomid)

Human menopausal gonadotropin

Follicle-stimulating hormone

Gonadotropin-releasing hormone

**Metformin**

Bromocriptine

**Assisted reproductive technology (ART)**

Assisted reproductive technology (ART) is a term that describes several different methods used to help infertile couples. ART involves removing eggs from a woman's body, mixing them with sperm in the laboratory and putting the embryos back into a woman's body.

Some things that affect the success rate of ART include:

Age of the partners

Reason for infertility

ART can be expensive and time-consuming. But it has allowed many couples to have children that otherwise would not have been conceived. The most common complication of ART is multiple fetuses. But this is a problem that can be prevented or minimized in several different ways.

**Common methods of ART include:**

*In vitro fertilization (IVF)* means fertilization outside of the body. IVF is the most effective ART.

It is often used when a woman's fallopian tubes are blocked or when a man produces too few sperm. Doctors treat the woman with a drug that causes the ovaries to produce multiple eggs. Once mature, the eggs are removed from the woman. They are put in a dish in the lab along with the man's sperm for fertilization. After 3 to 5 days, healthy embryos are implanted in the woman's uterus.

*Zygote intrafallopian transfer (ZIFT)* or Tubal Embryo Transfer is similar to IVF. Fertilization occurs in the laboratory. Then the very young embryo is transferred to the fallopian tube instead of the uterus.

*Gamete intrafallopian transfer (GIFT)* involves transferring eggs and sperm into the woman's fallopian tube. So fertilization occurs in the woman's body. Few practices offer GIFT as an option.

*Intracytoplasmic sperm injection (ICSI)* is often used for couples in which there are serious problems with the sperm. Sometimes it is also used for older couples or for those with failed IVF attempts. In ICSI, a single sperm is injected into a mature egg. Then the embryo is transferred to the uterus or fallopian tube.

ART procedures sometimes involve the use of donor eggs (eggs from another woman), donor sperm, or previously frozen embryos. Donor eggs are sometimes used for women who can not produce eggs. Also, donor eggs or donor sperm is sometimes used when the woman or man has a genetic disease that can be passed on to the baby.

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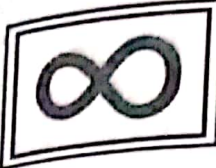
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| <input type="checkbox"/> Gastroenterology | <input type="checkbox"/> Pulmology                |
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| <input type="checkbox"/> Dentistry        | <input type="checkbox"/> Radiology                |
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