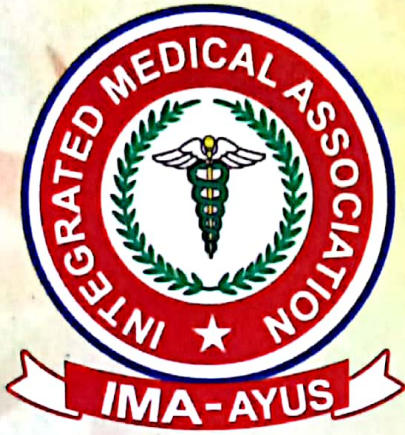


NATIONAL DHANWANTRI WEEK - 2015



IMA (AYUS) SOUVENIR 2015

LORD DHANWANTRI DAY

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on
Sunday, the 1st November, 2015
at

HINDI BHAWAN

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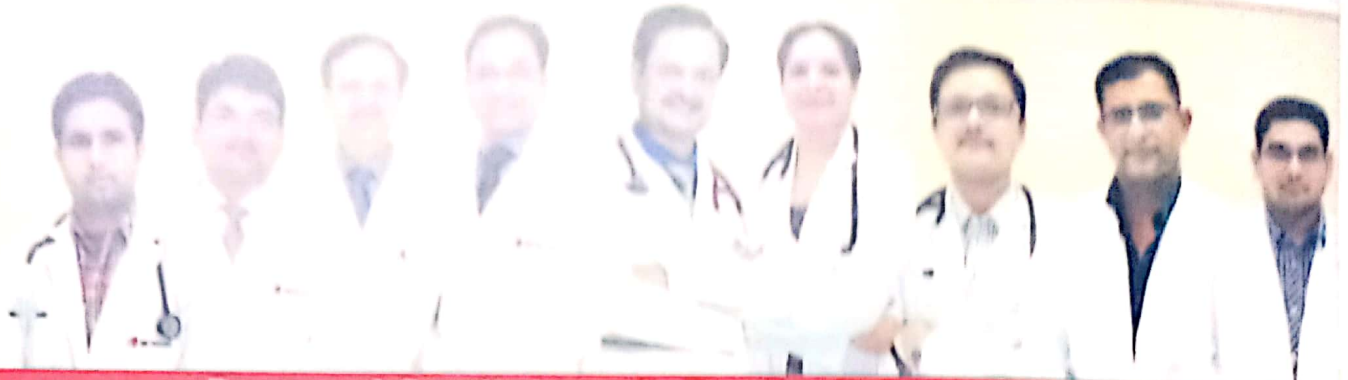
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Obesity
High Cholesterol
High Blood Pressure

Stress
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स्तुति भगवान् श्री धन्वन्तरि जी की

नमामि आरोग्यदाता, आदि धन्वन्तरि।

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

हे सिन्धु रत्न, सुघपाणि, शंख, शस्य धारी शिवम।

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॥

वाग्भट् की वाणी दे, दे माघव का कौशल निदान।

दे भाव मिश्र की नूतन शैली, ॐ धन्वन्तरि नमस्तुते॥7॥

जन जन की पीड़ा हरने को, औषधि में कौशल भरदे।

“भरत” वैद्य सभी शरणागत, ॐ धन्वन्तरि नमस्तुते॥8॥

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छठपूजा मंगलवार, दिनांक 17 नवम्बर, 2015

गुरुनानक जयंती बुधवार, दिनांक 25 नवम्बर, 2015

क्रिसमस शुक्रवार, दिनांक 25 दिसम्बर, 2015

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Souvenir-2015



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From the desk of Chief Editor

Amid the season of festivity IMA (AYUS) is celebrating Lord Dhanvantry week again, which will be initiated after hosting a function of lord Dhanvantri Jayanti on 1st November 2015. As usual like every year a souvenir which reflects the ideology of our esteemed organization, is in your hand for your ready references regarding the topics included in the book. All these topics are well written by the eminent experts in their respective fields.

Now the time has come that we should promote Ayurveda as primary pathy for treatment as it was in the ancient times. Old proven remedies with full scientific approach and with newer methods of promotions should come up in front of world to regain the belief of efficacy of Ayurvedic treatments. Supporting to this idea, some articles are included in this souvenir. New generations of Ayurvedic Physicians with the help of their elder counterparts or under their guidance can make this idea a huge success.

This souvenir has come up with the untiring efforts of all our senior members, our advertisers and all those writers who given us their papers in a very short span of time on our request. Here I want to pay my special thanks & regards to my elder brother Dr. Rakesh Sharma for his unconditional support by which formation of this souvenir has become a very easy task. All the members of the editorial board has put their best efforts in publishing this booklet, despite that I hereby apologise if any mistake has left unnoticed.

We are sure that Lord Dhanvantry Day celebrations will be a treat for every participant and hope you take back cherishing memories of the moment.

Wishing you all the best for Dhanteres, Deepawali and coming New Year.

Dr. RAJEEV MALHOTRA
Chief Editor

The contents of all the articles and advertisements are sole responsibility of concerned persons, and not editorial board or IMA (Ayus).

Control of Cholesterol through Ayurveda

A recently concluded study by ICMR (Indian Council of Medical Research) states that at least three fourth of the country's population is having abnormal levels of cholesterol or triglycerides - a condition medically known as Dyslipidemia. Studies show that Indians are now affected by heart diseases at much younger age than compared with people in west. Dyslipidemia along with other risk factors like obesity, diabetes, high blood pressure, poor dietary habits, smoking, and alcohol lead to cardiovascular diseases. Lot of young age people have high cholesterol so early screening and healthy lifestyle are necessary to prevent Dyslipidemia and heart diseases. More than one in ten persons had high cholesterol levels, and more than one in five had high triglyceride levels. To make it worse it was found that across India the levels of good cholesterol (HDL) were below normal.

Ayurveda has recommended healthy lifestyle, yogic postures and various herbs, plants to control High LDL, VLDL, Triglycerides, and improve HDL for prevention of heart diseases.

Baidyanath Research Foundation in collaboration with Banaras Hindu University, SASTRA University developed a novel herbal formulation to control cholesterol.

Cardiwin DS is the only Ayurvedic formulation having US FDA Patent for prevention of CHD and effective in controlling dyslipidaemia. Composition of Cardiwin DS:

Commiphoramukul (Guggulu): Significantly lowers serum triglycerides, LDL and VLDL cholesterol, inhibits platelet aggregation, and may increase thermogenesis through stimulation of the thyroid potentially resulting in weight loss.

Terminaliaarjuna (Arjuna): The active constituents are tannins, triterpenoidsaponins: Arjunic acid, Arjunolic acid, oleanolic acid, Arjungenin, Arjunin, Flavonoids and inorganic compounds. Several experimental and clinical evidence have proven the anti-atherosclerotic property of Arjuna reducing the associated cardiovascular complications.

Inularecemos (Pushkarmula): Pushkarmula is a beneficial for cardiovascular system, chest pain and breathlessness. Pushkarmula is known for its lipid-lowering qualities and also showed improvement in the cardiogram.

Hippophaerhamnoides (Seabuck Thorn) (Durchuk): Its berries are most nutritious and vitamin rich fruits found in plant kingdom. Durchuk has potentiality to enhance the adaptability towards stress and also enhances immunity and general body resistance.

BENEFITS

- Maintains healthy heart
- Reduces level of LDL, Total Cholesterol & Tri-glyceride
- Improves Blood Circulation
- Increases HDL
- Effective in mild SBP patients
- Decreases the LDL in dyslipidemia cases.
- Total Cholesterol lowering action is quite significant.
- HDL increasing action to a desired extent has been observed.
- Very effective in TGs lowering.
- CRP lowering action has also been reported.

- Endothelin and Homocysteine lowering action have also been observed.
- SBP and DBP lowering action.
- Decrease the risk of developing the Cardiac Disorders by virtue of improving BMI
- The clinical trials done on Cardiwin DS in BHU showed beneficial effects on following -
 - 1) Cardiwin DS lowered the Basal metabolic index (BMI) after 3 months of treatments than the conventional therapy alone. Obesity is one of the known causes leading to hypertension and cardiac diseases. Cardiwin DS reduced risk markers for heart diseases homocysteine, IL-6, TNF- α , lipid profile including triglyceride and apolipo(B) among cases at risk of Coronary heart disease (CHD) due to dyslipidemia and altered inflammatory biomarkers.
 - 2) Cardiwin DS covered the three major causative factors responsible for progression of atherosclerosis i.e. pro-inflammatory markers, oxidative injury and dyslipidemia. The significant improvement in atherosclerotic parameters indicates the beneficial role of Cardiwin DS. Thus Cardiwin DS may prevent the blockage in arteries through acting on cholesterol receptors and prevent the coronary arteries form atherogenic injury.

- What is Coronary Heart Disease?
- CORONARY HEART DISEASE (CHD) occurs when the arteries of the heart that normally provide blood and oxygen to the heart are narrowed or even completely blocked.
- Coronary heart disease (CHD) is the leading cause of death in India and the leading cause of death worldwide. Previously thought to affect primarily high-income countries.
- CHD now leads to more death and disability in low- and middle-income countries, such as India, with rates that are increasing disproportionately compared to high-income countries.



Doctor Consultation : 📞 08826650444

बैद्यनाथ

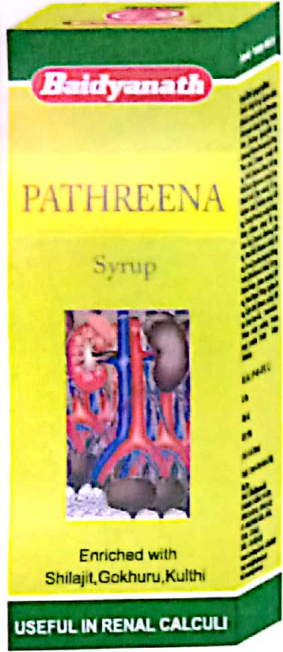
झांसी

असली आयुर्वेद

बैद्यनाथ पथरीना (सीरप)

मूत्रमार्ग की पथरी में
लाभदायक

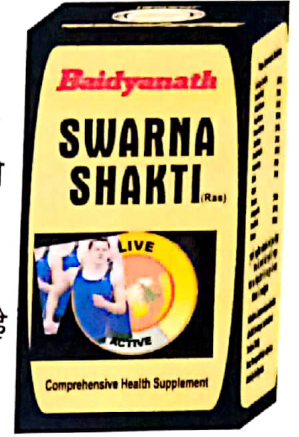
- * गुर्दे की सभी प्रकार की पथरी जैसे आक्सलेट स्टोन, यूरेट स्टोन
- * पेशाब में जलन
- * गुर्दे में सूजन
- * मूत्रमार्ग के संक्रमण में उपयोगी



बैद्यनाथ स्वर्ण शक्ति (रस)

सम्पूर्ण स्वास्थ्यवर्धक

- * एण्टी-ऑक्सीडेंट गुणों के कारण रोगरोधी क्षमता को मजबूत करने में सहायक
- * ताकत बढ़ाने में सहायक
- * थकावट व कमजोरी दूर करता है
- * स्वास्थ्य बनाये रखने में मदद करता है



बैद्यनाथ मेदोहर गुग्गुलु (टेबलेट)

वजन घटाने का उपयोगी फार्मूला

- * शरीर के फैट मेटाबोलिज्म को बढ़ाता है।
- * शरीर में बढ़ी हुई वसा की मात्रा को कम करता है।
- * शरीर पाचन क्रिया को सुधारने में उपयोगी।
- * मेद (चर्बी) जन्य रोगों में लाभकारी।



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- * मांसपेशियों में खिंचाव



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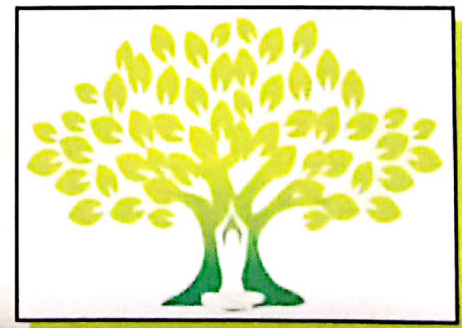
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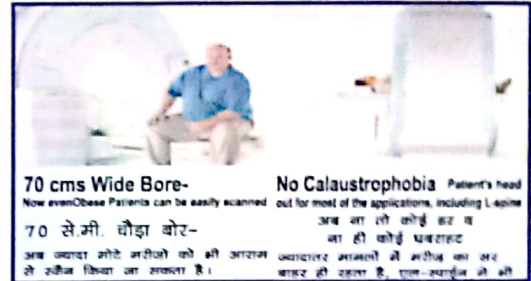
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70 cms Wide Bore-

Now even Obese Patients can be easily scanned

70 से.मी. चौड़ा बोर- अब ज्यादा मोटे मरीजों को भी आराम से स्कैन किया जा सकता है।

No Claustrophobia

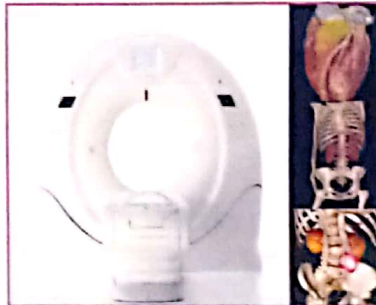
Patients head out for most of the applications, including L-spine. अब ना तो कोई डर या ना ही कोई घबराहट ज्यादातर मामलों में मरीज का सर बाहर ही रहता है. एल-स्प्राइज जो भी

CT SCAN सी.टी. स्कैन

5 एम.आर.आई. स्कैनर का बड़ा और बेहतर समविभाग.

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011-27916689

डॉ. रवि दुवे

011-27915743

जीवन चेरीटेबल अस्पताल

आर - 225/226/227/228/229, मंगोलपुरी, दिल्ली-83

- ♦ 24 घंटे आपातकालीन चिकित्सा सेवा
- ♦ आधुनिक आग्नेशन रिपेटर, सभी प्रकार के दरबीन वाले आग्नेशन की सुविधा चेरीटेबल रेट पर
- ♦ नर्सों के लिए ए.सी. वार्ड, प्राइवेट ए.सी. कमर्स व गरीबों के लिए मुफ्त बिस्तर की सुविधा

पूरे पेट का अल्ट्रासाउण्ड बड़ी मशीन पर फिल्ट्र सहित 450 रु में प्रतिदिन 8.30 बजे सुबह पथरी कोई भी, कही भी, कैंसरी भी फ्रैक्चर कोई भी, कही भी, कैंसा भी आधुनिक तकनीक सी आर्म द्वारा बिना चीर-फाड़ के इलाज आधे रेट पर

पंडित शिवकुमार का चेरीटेबल ट्रस्ट द्वारा

जीवन चेरीटेबल पोली क्लीनिक

आर - 1/12-1/13 -1/14, डी.डी.ए मार्किट, मंगोलपुरी, दिल्ली-83

ओ.पी.डी. सुविधाएं-

कानों के डॉक्टर : सभी प्रकार के आरंभिक कान

प्रतिदिन - 1.00 घंटे

जानों के रेपेडिस्ट डक्टर : जानों के आरंभिक एवं आरंभिक के नए

सुखाने-सुखाने सेवा के 1.00 घंटे

हड्डियों के रेपेडिस्ट डक्टर : हड्डियों व जोड़ों संबंधी घुलान, मोलान

सोवना टोडर । घरे एवं प्रतिदिन सेवा : घरे के 1 घंटे सोवना के टोडर तक

नासों के रेपेडिस्ट डक्टर : नासों के ऑपरेशनों व टोडरों के नए

सोवना, सुखाने 1.00 घंटे टोडर व नए

सोवना, सुखाने, सोवना व टोडरों का मरत 1.00 घंटे

पानी, दूध एवं दूधन रोज विशेषज्ञ :

सोवना, सुखाने, सुखाने व नए टोडर 1.00 घंटे

सोवना, सोवना व टोडरों का टोडर टोडर 1.00 घंटे

सबे रोज विशेषज्ञ :

सोवना, सुखाने व सुखाने 1.00 घंटे टोडर व नए

सोवना, सोवना व टोडरों 1.00 घंटे टोडर का टोडर

नाक, कान, नाल रोज विशेषज्ञ : सोवना, सोवना नाल 1.00 घंटे

कली रोज विशेषज्ञ : सभी प्रकार के कली रोजों के नए

सुखाने व टोडर 1.00 घंटे टोडर

कली रोजों के नए सोवना के रेपेडिस्ट डक्टर

के टोडरों का टोडर

के टोडरों का टोडर



दाँतों के डॉक्टर

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प्रतिदिन सोवना 8.30 घंटे से 7.30 घंटे तक (सोवना के टोडर तक)



डॉ. रवि दुवे एच.यू.एफ.

जीवन चेरीटेबल एक्स-रे लैब

आर - 1/9-1/10 -1/11, डी.डी.ए मार्किट, मंगोलपुरी, दिल्ली-83

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Bacometrazonone Dipropionate 0.025% w/v +
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TRIOKIT

Azithromycin 1 gm 1 Tab, Fluconazole 150 mg 1 Tab,
Secnidazole 1 gm 2 Tab, in a Kit

Nuzyme

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Oil Di 1 mg + Caraway Oil 1 mg + Anise Oil 1 mg / 5 ml

Cefaz-50LB

Cefpodoxime Proxetil 50 mg +
Lactobacillus 30 Million Spores / 5 ml Suspension

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Magaldrate 540 mg + Activated Dimethicone 50 mg +
Oxetacaine 10 mg per 5 ml

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Vaginal SoftGel Suppositories
Clindamycin 100 mg + Cloxacillin 200 mg

Prescuf-XP

Expectorant, Terbutaline 1.25 mg + Ambroxol 15 mg +
Guafenesin 50 mg per 5 ml
Drops: Ambroxol + Levosalbutamol + Guafenesin

ZOCID DM

Rabeprazole 20 mg +
Domperidone 10 mg R,
20 mg SR Cap

Comfurt

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Triokit VT

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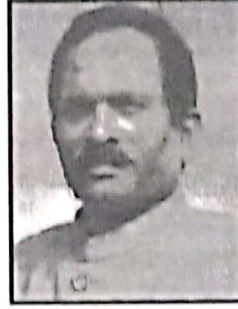


सत्यमेव जयते

श्रीपाद नाईक
SHRIPAD NAIK

राज्य मंत्री (स्वतंत्र प्रभार)
आयुर्वेद, योग व प्राकृतिक चिकित्सा, युनानी, सिद्ध एवं
होम्योपैथी (आयुष) मंत्रालय
राज्य मंत्री, स्वास्थ्य एवं परिवार कल्याण
भारत सरकार

MINISTER OF STATE (INDEPENDENT CHARGE) FOR
AYURVEDA, YOGA & NATUROPATHY
UNANI, SIDDHA AND HOMOEOPATHY (AYUSH)
AND MINISTER OF STATE FOR HEALTH & FAMILY WELFARE
GOVERNMENT OF INDIA



16, October, 2015

MESSAGE

I am happy to learn that Integrated Medical Association (AYUS), New Delhi is organizing the opening ceremony of the week as Dhanwantri Day Celebrations on Sunday, the 1st November, 2015.

I take this opportunity to extend my warm greetings and best wishes to all delegates and organizer of Association on this occasion for all success of the programme.

(Shripad Naik)

Dr. Ram Phal Panchal
Chairman
Legal Committee IMA (Ayus)

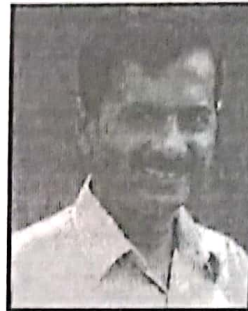
Office : 101, AYUSH Bhavan, 'B' Block, GPO Complex, INA, New Delhi 110023
Tel. : 011-24651955, 011-24651935 Fax : 011-24651936 E-mail : minister_ayush@nic.in

ARVIND KEJRIWAL
CHIEF MINISTER



GOVT. OF NATIONAL CAPITAL TERRITORY OF DELHI
DELHI SECRETARIAT, I.P. ESTATE, NEW DELHI-110002
PHONE : 23392020, 23392030

D.O. NO. : F.1(2)/CM/GO/2015/708
DATE : 17/10/2015



MESSAGE

I am glad to know that on the occasion of 'Dhanwantri day' Integrated Medical Association (AYUS), is publishing a Souvenir. The association is working for the upliftment of Indian System of Medicine. I hope this Souvenir will stimulate new thoughts in the minds of researchers.

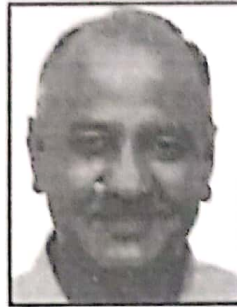
I wish IMA (AYUS) for all success for his forthcoming events and publication.


(Arvind Kejriwal)

MANISH SISODIA
मनीष सिंसोदिया



DEPUTY CHIEF MINISTER
GOVT. OF NCT OF DELHI
उप मुख्यमंत्री, दिल्ली सरकार
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NEW DELHI-110002
Email. msisodia.delhi@gov.in
D.O. NO. : Dy.CMR/2015/928
DATE : 19/10/2015



MESSAGE

I am happy to know that Integrated Medical Association (AYUS), is celebrating "Dhanwantri Day-the birth anniversary of Lord Dhanwantri" on 1 st November 2015 and is also bringing out a souvenir to highlight the Indian cultural heritage. On this auspicious day we remember Lord Dhanwantri for showering health and prosperity. This is an opportunity to discuss various issues relating Ayurveda and Unani medicine and their role in the health care delivery of the country. Ayurveda is gaining popularity and there is a global resurgence of interest in understanding the concept of holistic healthcare.

I convey my heartiest congratulations to the organizers on this auspicious occasion.


(MANISH SISODIA)

सत्येन्द्र जैन
Satyendar Jain

गृह, स्वास्थ्य, उर्जा, लोक निर्माण विभाग,
एवं उद्योग मंत्री
Minister of Home, Health, Power, PWD,
& Industries



राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार
Govt. of National Capital Territory of Delhi
ए विंग, सातवां तल, दिल्ली सचिवालय
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I.P. Estate, New Delhi-110 002
दूरभाष /Tele No. : 23392116, 23392117
Fax : 23392044
E-mail : moh.delhi@gov.in
D.O. No. : mimhealth/6209
Date : 15/10/15

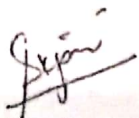


MESSAGE

I am glad to know that Integrated Medical Association (AYUS), is celebrating National "Dhanwantri Week from 1st November, 2015 onwards and a souvenir is being brought out on this occasion to commemorate the birth anniversary of Lord Dhanwantri.

I would like to extend my best wishes on the occasion and also for the publication of souvenir.

Dr. Ram Phal Panchal
Chairman
Legal Committee IMA (Ayus)


(Satyendar Jain)

कपिल मिश्रा
KAPIL MISHRA

पर्यटन, कला, संस्कृति एवं भाषाएं,
गुरद्वारा चुनाव एवं जल मंत्री
Minister of Tourism, Art,
Culture & Languages,
Gurdwara Elections and Water



राष्ट्रीय राजधानी क्षेत्र, दिल्ली सरकार
Govt. of National Capital Territory of Delhi
आठवां तल, ए विंग, दिल्ली सचिवालय
आई.पी.एस्टेट, नई दिल्ली-110002
8th Level, 'A' Wing, Delhi Secretariat,
I.P. Estate, New Delhi-110 002
Tele No. : 011-23392126, 011-23392127
Fax : 23392066
E-mail : mintours.delhi@gov.in
D.O. No. : 3631
Date : 16/10/15



MESSAGE

I am glad to know that Integrated Medical Association (AYUS), is going to celebrate the Dhanwantri Day. On this day the Association releasing a colorful souvenir with the new researches in Indian System of Medicine propagation of Integrated Medicine is the need of the hour and there is great potential all its growth.

I, Congratulate the organizers and the members of this publication is success in their venture.

Dr. Yuvraj Kumar Tyagi
Founder Patron
IMA (Ayus)

Kapil Mishra
(Kapil Mishra)

संजीव झा

सदस्य, दिल्ली विधान सभा
बुराड़ी विधान सभा क्षेत्र
राष्ट्रीय राजधानी क्षेत्र दिल्ली



SANJEEV JHA
Member, Delhi Legislative Assembly
Burari Assembly Constituency
National Capital Territory of Delhi



MESSAGE

It's a matter of great pleasure that Integrated Medical Association (Ayus) is a voluntary origination, is celebrating " Dhanwantari Day" 1st Nov. 2015 in Hindi Bhawan New Delhi. At this occasion a Souvenir will be released to Commemorate the function. I Convey my best wished for the Successful Publication of the Souvenir.

Your's

(Sanjeev Jha)
MLA

कार्यालय : ख.नं. 122/177, 100 फुटा रोड़, संत नगर, नजदीक राजधानी मॉडर्न पब्लिक स्कूल, बुराड़ी, दिल्ली 110 084

मोबाईल : 8588833505 हैल्पलाईन : 8588833402 ईमेल : mlaborari02@gmail.com

Office : K. NO. 122/177, 100 Feet Road, Sant Nagar, Near Rajdhani Modern Public School, Burari, Delhi-110 084

Mobile : 8588833505, Help Line 8588833402 Email ID : mlaborari02@gmail.com

Gram "AYUSH"



प्रो. वैद्य के. एस. धीमान
महानिदेशक
Prof. Vd. K.S. Dhiman
Director General

केन्द्रीय आयुर्वेदीय विज्ञान अनुसंधान परिषद्
आयुष मंत्रालय
CENTRAL COUNCIL FOR RESEARCH IN AYURVEDIC SCIENCES
Ministry of AYUSH, Govt. of India



MESSAGE

I am glad to know that the Integrated Medical Association (AYUS) is going to release a "Souvenir" on the occasion of 'Dhanvantari Triyodashi' of Samvat 2072. It is also heartening to know that the association is making good efforts to popularize Ayurveda and to create health awareness among the public by organizing free medical & education Camps. Such activities are very important to promote the principles of Ayurveda as Indian System of Medicine.

My heartily congratulations and best wishes to entire team involved in this work for the successful publication of the Souvenir and forthcoming events of the association.


(Prof. Vd. K.S. Dhiman)
Director General

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Website : www.ccras.nic.in E-mail : dg-ccras@nic.in, dr_ks_dhiman@yahoo.co.in



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(A National Organisation of Institutionally Qualified Doctors of Indian Systems of Medicine)

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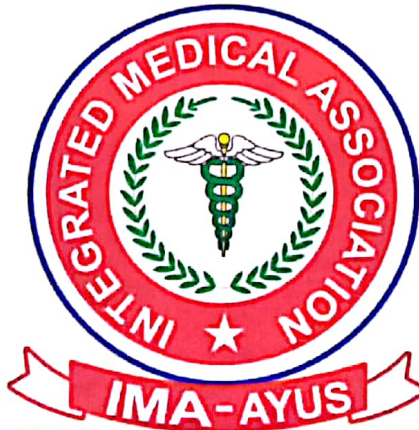
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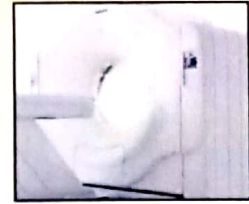
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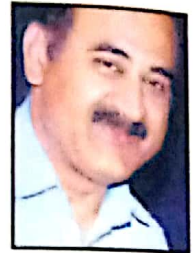
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- Dr. Vijay Kumar Sharma, Director, North Delhi Municipal Corporation.
- Dr. Pooja Bhardwaj, Ex Director General (Ayush) Govt. of Uttarakhand.
- Dr. Yogender Sharma, Principal Govt. Rajiv Gandhi Ay. College, Paprola, H.P.
- Dr. Akash Deep, Director Centre for Holistic Medicine Faridabad, Haryana.
- Prof. Sikander Hyat, Director (Unani), Govt. of U.P.

DR. J. S. PANWAR MEMORIAL AWARD :

- Dr. Ram Phal Panchal, Chairman Legal Committee

DR. K.K. VATS MEMORIAL AWARD :

- Dr. T.C. Goyal, Advisor I.M.A. (Ayus), Haryana.

LIFE TIME ACHIEVEMENT AWARD :

- Dr. Karan Singh, Member CCIM

SPECIAL AWARD :

- Dr. Sanjay Atri, Ex Chairman Haryana Ayur. & Unani Chikitsa Padthi Board.

IMA (AYUS) AWARDS :

- Dr. Mrs. Veena Sehpathi
- Dr. Sanjay Singla, Faridabad.
- Dr. Anil Gupta, Faridabad.
- Dr. Ghanshyam Vats, Faridabad.
- Dr. Vikas Aggarwal, Palwal.
- Dr. Pradeep Swami, Bhiwani.
- Dr. Satish Lalit, Gurgaon.
- Dr. Jitendar Gill, Kaithal.

APPRECIATION AWARDS

- Shree Baidyanath Ayurved Bhawan Pvt. Ltd. (Jhansi).
- Dr. Pushkar Sharma, Vats Clinic, Chirag Delhi.
- Dr. Prabhakar Rao, Renowned Author & Physician.
- Dr. S. S. Bansal, Medical Director Metro Hospital, Faridabad.
- Dr. Bijender Malik, Registrar, Indian Systems Of Medicine Panchkula. Haryana.

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| • South East | : Dr. Shashi Bhushan Goel | • Mid Zone | : Dr. Jitender Gaur |
| • South West | : Dr. Virender Singh Chauhan | • Palam | : Dr. N.P.S. Rathi |
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| • North East | : Dr. Pawan Kaushik | • North East | : Dr. Seema Teotia |

PRESS AWARDS :

- Ms. Nishi Bhat, (Hindustan)
- Sh. Rahul Anand, (Navbharat Times)
- Sh. Ranbijay K Singh, (Dainik Jagran)
- Editor, Punjab Kesri
- Sh. Sujit Kumar, (Total TV)
- Sh. Gyan Prakash, (Rashtriya Sahara)
- Sh. Ravi Shankar, (IBN7)

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Dr. Manoj Nesri, Adviser (Ayush) Govt. of India
Lightning the Inauguration Lamp



Prof. Dr. Abhimanyu Kumar, D. G. (CCRS)
Lightning the Inauguration Lamp

Dhanwantri Awards

2014



Prof. Dr. Abhimanyu Kumar (Left) Giving Dhanwantri Award to
Dr. Parveen Chaudhary (A&U Tibbia College, Delhi)



Prof. Dr. Abhimanyu Kumar & Dr. R. S. Chauhan Giving Dhanwantri Award
to Dr. M.A. Jafri of Jamia Hamdard, Delhi



Dr. Manoj Nesri (Left) Giving Dhanwantri Award to
Dr. D. P. Vashisth Director, AYUSH EDMC



Prof. Dr. Abhimanyu Kumar Giving Dhanwantri Award
to Dr. Sanjeev Shokeen (Right) Director, Medicinal Plants Board

Cherished Moments



Dr. R.S. Chauhan, Dr. Yuvraj Tyagi, Sh. Sanjay Ghosh Dastidar and Dr. Manoj Nesri Giving Award to Dr. Rashidullah Khan, Patron IMA (Ayus)



Dr. R.S. Chauhan, Dr. Abhimanyu Kumar Giving Life Time Achievement Award-2014 to Dr. O.P. Vashisth



Mr. Anil Kumar, Dr. Naresh Chhavana Giving Award to Dr. T.C. Goyal



Dr. Manoj Nesri Giving Award to Mr. Rajesh Mittal (N.B. Times)



Mr. Anil Kumar, Giving Award to Dr. Pushkar Sharma (Right)



Mr. Anil Kumar, Giving Award to Dr. Ashok Gupta (Right) for his work in Sex Education & Awareness



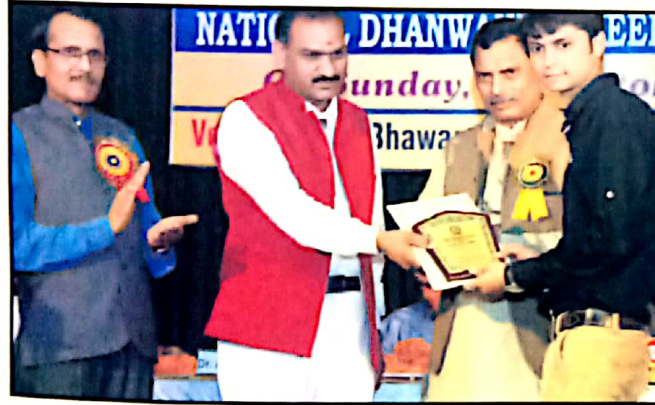
Mr. Anil Kumar, Giving Award of Excellence to Dr. Shushil Swami (Right)



Dr. R.S. Chauhan, Mr. Anil Kumar, Giving Award to Dr. C.S. Bhardwaj & Dr. C.P. Parasher (Right)

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IMA (Ayus) Officials with delegates on the occasion of Dhanwantri Day Celebrations



Dr. Pramod Sharma, Dr. Naresh Chhavan, Dr. Rakesh Sharma & His Wife Mrs. Archana Sharma Dr. R. S. Chauhan & Dr. Raman Khanna (Left to Right)



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From the Desk of General Secretaries



Dr. Raman Khanna
National General Secretary



Dr. R. P. Parasher
National General Secretary

The Integrated Medical Association has been working for the upliftment & development of Ayurveda and other Indian systems of medicines (ISM) as well as to safeguard the rights & privileges of ISM practitioners since its inception. The year 2014 will be remembered for the landmark decision of the Government of India to form a separate Ministry of Ayush to fulfill the long time demand of the Integrated Medical Association on 9th November 2014. The Association has put forward various demands to the newly formed Ministry of Ayush for the development of the Indian systems of medicines and for the welfare of ISM practitioners.

The Indian medical fraternity also witnessed a few significant decisions of some state governments and an order of the Hon'ble Supreme Court of India in favour of the health of the people during the last two years. The issue was regarding the right of using allopathic medicines by AYUSH practitioners. It is unfortunate that the medical fraternity is entangled in judicial cases over such minor issues rather than working jointly for the health of the people. Various state governments like Maharashtra, Haryana, Uttar Pradesh, Uttarakhand, amended their acts to allow the use of allopathic medicines by practitioners of Ayurveda, Unani and other recognized Indian systems of medicines. In fact, the amendments were made to provide essential medicines & life saving drugs to the needy public to procure their health and their lives because the availability of allopathic practitioners in the rural and remote areas was insignificant and the true soldiers fighting there with infectious diseases was without trusted weapons. The state governments had conveyed a clear message through these amended acts that health of people is the only priority for the authorities and laws are only for the welfare of the people which can be modified at any time keeping in

view the larger public interest. But the Indian Medical Association and its state branches could not digest the decisions of the state governments easily considering it as an infringement in their rights. Wise decision of the Maharashtra government was challenged by the state branch of Indian Medical Association with the intention that health of the people should be left at their mercy in spite of their unwillingness to serve the rural masses. The Indian Medical Association must understand that constitution and law of a country are for the welfare of the people and can always be amended for the cause of the people. The allopathic practitioners have a misconception in their mind that use of allopathic drugs is their prerogative and any step taken by the government in public interest is a violation of the act framed by the government itself. Anyone can ask whether any right of an individual or a group, even if it is not a fundamental right, can be over the national interest. Besides interpreting the legality of various acts and laws, the Hon'ble Supreme Court of India has conveyed the message very clearly that first and foremost concern of a government is health and well being of the people, while upholding the notification of the government of Maharashtra. The Integrated Medical Association has extended full support to practitioners of these states in their struggle in all possible manners. The Association has been striving constantly for the cause of ISM practitioners and pleaded successfully in the Hon'ble Supreme Court of India in 1988 when the landmark judgement was delivered in the case of Dr. Mukhtiar Chand & others v/s The State Of Punjab & others. The Association has also been pleading in the Hon'ble Delhi High Court to keep alive the right of use of allopathic drugs by the practitioners of Delhi which has been challenged by the Delhi Medical Association. The right of "integrated medicine" has been duly

granted to the practitioners of the National Capital Territory of Delhi under the Delhi Bhartiya Chikitsa Parishad which has been challenged in the Hon'ble Delhi High Court without any merits.

Human resource development is the first indicator of development and growth of a country. It is regretted that in spite of being the second largest economy of the world, India is far behind on the health front in terms of human resource development. The following facts present a despondent view of the state of human resource development in the country:

- Infant mortality rate is still 40 per 1000
- Maternal mortality rate is 167 per one lac
- 70 % of adolescent girls in the country are anemic
- 50% of pregnant and lactating mothers are anemic in the country
- Deaths due to malaria in the country in 2014 were 561, but the estimated unofficial figures are at least 20 times more than the official figures.
- Patients of T.B. have been increasing regularly, more and more cases of MDR & XDR T.B. are being reported every year.

The only reason for this pessimistic picture is selection of erroneous health policies by the government as well as reluctance of the allopathic doctors to serve the poor residing in the villages of India. In spite of various incentives offered to the allopathic doctors, primary health centers in rural areas are running without medical officers. It is beyond imagination that allopathic doctors will start their clinic in a remote area. Most of the rural population is still deprived of basic health facilities due to pertinacity and obduracy of allopathic doctors. In view of the decision of the Hon'ble Supreme Court, now the government should decide to appoint AYUSH practitioners in primary health centers which are running without a medical officer for more than a year. AYUSH doctors appointed in various health institutions under the National Rural Health Mission have already proved their competency. In this way the major Indian population residing in villages can be provided adequate medical facilities including essential and life saving drugs by AYUSH practitioners. If the allopathic practitioners are not willing to serve the rural masses, it is high time the government should decide to appoint

AYUSH practitioners in primary health centers, maternity & child welfare centers, urban health centers, dispensaries and hospitals.

It is fate of destiny that the AYUSH practitioners have been compelled to use essential allopathic medicines and life saving drugs for infectious & communicable diseases as well as emergency conditions only because they have no option to treat patients successfully in such conditions in absence of documented work in their own systems of medicines.

The government must realize that it adopted a wrong model for the health sector in the country by allocating more than 95% funds for allopathic system of medicine only which could not find a solution to tackle the menace of diseases like dengue fever or swine flu. If sufficient funds are allocated to the Indian systems of medicines, research work can be undertaken to find a solution for the treatment of ailments for which the allopathic doctors have totally failed. There is sufficient scope of evolving treatment for diseases like dengue fever, malaria, kala-azar, swine flu, etc. because of availability of a number of drugs in Ayurveda and other Indian systems of medicines having immunomodulator and antiviral properties. If we analyse the result of health facilities provided by the government in the allopathic system of medicine horizontally, we are left completely disappointed. We have already missed the target of "Health for all by 2000" and it is impossible to achieve it in near future if the prevailing policies are not modified by the government involving active role of Ayurveda and other Indian systems of medicine. If research work is undertaken on Ayurvedic and other drugs of Indian systems of medicines in view of their sensitivity against bacteria, virus and other microbes, certainly we will not be left without medicines in the war against any viral or bacterial disease.

The Hon'ble Supreme Court has paved the way for active utilization of the services of AYUSH practitioners in the health care delivery system and the national health care programmes without any legal hurdle. Now it is the turn of the government to amend its policies for the health sector in order to provide health facilities to each and every citizen of India. The Integrated Medical Association will continue to provide basic health facilities to each and every citizen of India through utilization of services of ISM practitioners.



Ayurveda- The Natural Way of Life

*By Dr. Partap Chauhan

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* Dr. Partap Chauhan (Ayurvedacharya) is an author, educator and master Ayurvedic physician. He is the founder of Jiva Ayurveda, India and has traveled to more than 40 countries to teach Ayurveda and help patients suffering mainly from the so called incurable diseases like Multiple Sclerosis, Fibromyalgia, and Chronic Liver and Digestive Disorders. Dr. Chauhan has done a pioneering work in telemedicine and created the world's largest Ayurvedic Telemedicine center and also launched the world's first Ayurvedic website in 1995. Amongst health projects from 136 countries, "TeleDoc", a telemedicine program for the poor villagers in India, has won the best e-health project award from United Nations in Geneva in December, 2003. Through its partners in Japan, France, Poland and Lithuania, Jiva is spreading the Ayurvedic knowledge to help the society.

Ayurveda is an Indian medical science, originating over 5000 years ago. The written source of this science is ancient books of knowledge known as the *Vedas*. The *Vedas* contain practical and scientific information on a wide variety of issues including philosophy, logic, engineering, agriculture, economics and politics, amongst other subjects. They are the books of knowledge like we have encyclopedia in the modern age.

Ayurveda propounds the principle of natural balance within the body and harmony with the environment. People are seen as an integral part of their habitat - not as a separate entity from the natural world. Obtaining and maintaining balance within the body and mind, and with the external environment, is one of the goals of this knowledge. Living in harmony with nature and according to natural principles ensures complete physical health and peace of mind.

Modern life often violates the principles of natural living. We work long hours in offices with artificial light and air conditioning systems. We rush from one mundane task to the next while being bombarded with advertising and constant noise, and absorbing pollution through the air and water. Pure water and air are becoming scarce resources, in an environment that is becoming increasingly toxic to the humans that to live in it.

Our lifestyles are often as detrimental to our health as the environment. We don't have time to prepare breakfast, eat a fast food lunch at our desk and a pre-prepared dinner in front of the television. Coffee keeps us alert, alcohol "relaxes" us and drugs treat our ailments. When the weekend arrives we are so exhausted that we often don't even have time to really enjoy it! And then it is Monday again with that familiar feeling of dread - we are back in the race of trying to make enough money to buy processed food, gadgets to save us time and amusements to distract us from the monotony of our lives. In our efforts to seek pleasure we are working hard to achieve personal suffering and poor health.

So why are people in modern times, with all the conveniences of technology to make life easier, finding that life has lost all joy? It is because we have lost contact with nature and we often feel empty and unsatisfied, as well as physically sick for reasons we can't really identify. We are overlooking the fact that humans are as much a part of mother Earth as all of the other species. People have forgotten the once instinctive ancient knowledge about the cycles and rhythms of natural living.

Instead of being in harmony with Earth, we have adopted artificial practices that disturb the equilibrium of the mind and body. Despite the luxuries of modern

times, people are anxious and depressed. We can't sleep, concentrate or relax. The imbalance in our lives manifests in addiction, disease and death much sooner than our anticipated lifespan.

This ancient knowledge has not been lost it has just been ignored over generations and is now unfamiliar. People are raised without a basic education of how the body functions, what is beneficial and detrimental from both the physical and psychological perspectives, how to prevent illness and how to achieve peace and happiness. This is like buying a brand new car and instead of reading or understanding the manual, just jumping behind the steering wheel and taking off to see how fast it can go.

Without knowledge of how to check your new car's water, oil, tires or fuel, it will not be long before the car is not performing at its peak. Sooner or later it will begin rattling and jolting and eventually the engine will seize up and the car will be useless. It might look almost immaculate on the surface but ignoring the signs of rust, putting in the wrong fuel and not checking the basic systems will lead to irreversible damage.

The benefits of the car can then no longer be enjoyed unless you spend a lot of money fixing or replacing the parts. The car becomes a liability instead of an asset it takes up space in your garage, drains your bank account and doesn't even take you to your destination safely. It is like a sick body that can no longer enjoy the advantages offered by life.

The human body is a far more complex and valuable vehicle than a car. You may be able to just dump a car when it becomes a liability and buy a new one, but a body is irreplaceable. But some people seem more concerned with cleaning and checking their car than looking after themselves physically and mentally. Or they may think that their body and mind are the domain of experts and prefer to leave them to a doctor or psychologist.

Living naturally according to some simple principles can prevent the need for expensive medical treatment or suffering needlessly from debilitating conditions. Learning to listen to your body and read the signals of distress can help you maintain health, making you more productive in your life as well as contented.

So is this ancient wisdom secret, or only available to a fortunate few? Or are the principles hard to comprehend and difficult to apply? You will be pleasantly surprised to know it is easily learnt by anyone and can be adapted into your life starting from today. It does not require any fancy equipment or expert knowledge, and costs no more (and probably less) than what you already spend on groceries. Maintaining your health is based on nothing more complex than understanding the characteristics of your body and qualities of the food you eat. Many of the remedies for common ailments can be simply and quickly prepared in your own kitchen with widely available herbs.

The instruction manual for the natural living of human beings is called Ayurveda. Understanding this philosophy of life enables you to become your own "healer". You learn about your body, how it functions and how to treat it through diet and herbal remedies. In fact, you also become your own dietician, personal trainer, counselor or psychologist, stylist and beautician! Ayurveda is a unified system that encompasses all these aspects. The magic of it is that it involves nothing more expensive or complex than adapting your diet and lifestyle routines.

This systematic approach includes gentle exercise, and daily practices that vary according to season. The purpose of these living habits is to encourage longevity, vitality and physical and mental strength. As a bonus it also provides peace of mind and balanced emotions. With such perfect health, you are able to not only work more efficiently, you are also able to totally relax when you want to. You become the master of your body and mind, not the slave.

Ayurvedic applications can be used to explain and treat any physical or psychological ailment. There are no side effects or negative environmental impacts from the treatments, and the root cause of illness is treated rather than just the symptoms. All medicinal preparations used (herbs, plants, foods and minerals) are already found in the natural environment and are inexpensive.

Of course, just as your car may sometimes need to be looked at by a mechanic despite regular maintenance, you may still need to see a doctor occasionally for

specialist treatment or guidance on health issues. However, these visits should become much less frequent, and you will be more aware of what is happening to your body during treatment.

In society today it is often difficult to avoid some things that disturb our natural balance. To follow the Ayurvedic principles, we don't need to reject modern life or live in a grass hut or on a deserted island. We

often don't really have a choice, and we shouldn't have to forfeit the advantages of modern life simply because it has so many disadvantages. Instead, we can utilize this discipline to learn how to identify imbalances in our body. We can also learn what to do in order to reverse such disturbances and stabilize our body and mind. This can be done prior to becoming seriously ill and miserable. Ayurveda should be integrated into our lives to attain health, happiness and peace.



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How Does Ayurvedic Medicine Balance us Naturally?

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Ayurveda is India's traditional system of health care. Conceived and developed by the seers (Rishis) and natural scientists through centuries of observations, experiments, discussions, and meditations. Ayurveda is a natural system of medicine that has been practiced for more than 5,000 years. The word Ayurveda is Sanskrit for "Science of Life" or "Practices of Longevity."

In practice this system emphasizes prevention of disease, rejuvenation of the body systems, and consequently extension of life span.

The profound premise of Ayurveda is that through guided practices, not only can we prevent heart disease and make our headaches go away, but we can also better understand ourselves and the world around us, live a long healthy life in balance and harmony, achieve our fullest potential, and express our true inner nature on a daily basis.

Ayurveda provides an integrated approach to preventing and treating illness both through lifestyle interventions and ancient natural herbal therapies. To understand how these techniques work you have to delve into the philosophy behind Ayurveda. In Ayurveda, the mind (consciousness) and the body (physical mass) not only influence each other, together they form the mind-body.

Zooming out, with this perspective in mind, it becomes clear that the universal consciousness is an aware "ocean of energy" which is so powerful that it gives rise to the physical world we perceive through our five senses.

Ayurvedic philosophy and practices link us to each aspect of ourselves, reminding us that we are also in unity with every aspect of nature, each other, and the entire universe. Thus, it follows that there can be no mental health without physical health, and vice versa. Because of this, in Ayurveda, symptoms and diseases that might usually be categorized as mental thoughts or feelings are regarded as just as important as symptoms and diseases of the physical body. Both are due to imbalances within a person, and both are treated by restoring the natural balance, mentally and physically to the patient. In Ayurveda your whole life, as well as your lifestyle must be in harmony before you can enjoy true health and balance.

For several thousands of years, these teachings were passed on orally from teacher to student, and used widely in Indian society by rich and poor alike. In current times, there has been a growing interest in Ayurveda that is reinforced by laboratory and clinical studies on Ayurvedic herbal remedies and other therapies that have shown them to have a range of potentially beneficial effects. Additionally, published studies have documented reductions in cardiovascular disease risk factors, including blood pressure, cholesterol, and reaction to stress, in individuals who practice Ayurvedic methods. In present-day India, Ayurvedic practitioners receive state-recognized institutionalized training in parallel to their physician counterparts. Due to all of these innovations in Ayurveda, this healing system is now being used successfully in treating modern disorders such as certain cancers, infectious diseases, diabetes, aging

and generally for promoting health.

Ayurveda is applicable to every living thing, as implied by its name: "The Science of Life." Vedic sciences conceive of every aspect of the world as a living being including the various elements that make up the universe such as air, wind, fire, earth, as well as the planets, stars, etc. In essence, the basic premise of Ayurveda is that the entire cosmos is part of one singular absolute being. Therefore, everything that exists in the vast external universe, the macrocosm, also appears in the internal cosmos of the human body, the microcosm.

When looking through this lens you can see that the human body, consisting of 50-100 million cells, when healthy and in harmony is self-perpetuating and self-correcting just as the universe is. The ancient Ayurvedic text, Charaka, says, "Man is the epitome of the universe. Within man, there is as much diversity as

in the world outside. Similarly, the outside world is as diverse as human beings themselves." In other words, all human beings are a living microcosm of the universe and the universe is a living macrocosm of human beings.

I am Dr. Gaurang Joshi and I welcome you to contact me at my website here

if you would like to learn more and travel down this healing journey with me!

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Ante Natal Care - Ayurvedic View

Dr. Pooja Bharadwaj

D. G. Ayush (Retd.) Govt. of Uttarakhand

Systemic & regular supervision of the pregnant women is known as Antenatal Care. Antenatal Care is named as Garbhini Paricharya in Ayurvedic classics.

Ayurveda places a lot of emphasis on the importance of mother care before & during pregnancy. The physician is cautioned to be very vigilant during management of pregnancy. In this respect Acharyas has quoted a beautiful example; "If a pot is filled with oil right upto the brim, & needs to be carried without spilling even a single drop, every step has to be taken with care". Ayurveda advises the same degree of care & attention in management of the pregnant women.

According to Ayurveda, care of women should be started even before actual conception. Improper lifestyle & diet may lead to genesis of diseases, even congenital anomalies in fetus. All the family members are advised to look after the pregnant woman's diet & encourage activities that are healthy & beneficial to her & the child developing in her womb. Ayurveda recommends for proper diet, behavior, activities, and even spiritual actions for the mother to be.

Recommended Monthly Regime for Pregnant Women

First Month :

From the first month, mother should take non medicated milk repeatedly in desired quantity considering her digestive power and strength

- Congenial diet should be taken in morning and evening
- Cold and sweet liquid diet should be preferred

Second Month

- Sweet, cold and liquid diet
- Sweetened milk treated with Kakoli
- Milk medicated with Madhur Group of Drugs

Third Month

- Sweet, cold & liquid diet - Shasti rice with milk
- Milk with honey & Ghee
- Olio prepared with rice & pulses (Krishara)

In first trimester of pregnancy, woman usually suffer from morning sickness, i.e. nausea and vomiting in morning hours, so this type of diet prevents dehydration and milk will supply required nourishment.

Milk and drugs of Madhur Group are advised throughout pregnancy. Milk is a whole Diet and drugs of Madhur groups are anabolic which helps in

maintenance of proper health of mother along with growth and development of Fetus.

Fourth Month

- Butter extracted from milk or milk with butter
- Medicated cooked rice or cooked Shasti rice with curd
- Pleasant food mixed with milk & butter
- Meat soup of wild animals

Fourth month onwards, muscular tissue of the fetus grows, so diet rich in protein is preferred in this month. Milk, milk products and meat will give required protein for fetus development.

Fifth Month

- Milk & Ghee
- Cooked shasti rice with milk
- Food enriched with milk & ghee
- Milk, Yavagu (Rice Gruel) & Payaus (Rice cooked with milk & sweetened)

Sixth Month

- Ghee prepared from milk medicated with drugs of Madhur group
- Rice gruel & ghee medicated with Gokshuru and sweetened curd

By the end of second trimester, most women suffer

from edema of feet and other complication of water retention. Gokshuru being Diuretic, prevents complications arising from retention of water

Seventh Month

- Ghee prepared from Milk medicated with drugs of Madhur Group

- Ghee medicated with Prathyak Parnyadi and Vidarigandhadi Group of Drugs

The mentioned Group of Drugs is diuretic in nature & being anabolic regular use of these drugs in seventh month helps in maintaining the health of mother and ensures proper growth and development of Fetus.

Eighth Month

- Rice Gruel prepared with milk mixed with ghee

- Asthapan Basti (Medicated Evacuated Enema) followed by Anuvasan Basti (Unctuous Enema). After Basti, Unctuous Gruel and meat soup of wild Animal should be given

Apan Vayu is responsible for normal contraction of uterus. If Apan Vayu is normal then the labor, remains in its right direction, thus ensuring the mother to be delivers without any difficulty & complications

Ninth Month

- Meat Soup with cooked Rice and Ghrita

- Rice Gruel mixed with Good Quantity of Ghrita

- Different varieties of Cereals

- Anuvasan Basti

- Vaginal Tampon with Medicated oil

Most women experiences constipation in late pregnancy due to effect of Progesterone and pressure of gravid uterus over the bowel. Use of Basti relieves constipation and may also affect autonomous nervous system governing Myometrium and helps in regulating their function during Labor. Tampon of Oil (Pichu) may destroy pathogenic bacteria in vaginal canal, soften vaginal passage that helps in normal labor and also soften the perineum that helps in its relaxation during Labor.

Things Beneficial For Pregnant Woman:

Shali and Shastik Rice, Mudga (Green Gram), Wheat, Flour of Parched Rice Butter, Ghee, Milk, curd mixed with Sugar & condiments Honey, Sugar, Banana, Amla, Draksha (Grape), sour and sweet substances Desired food, anabolic or gratifying eatables,

Anointment with cooling agents like Sandal & Camphor, Listening Spiritual Music, Wearing of Garlands, Moon Light Bath, Massage, Soft Bed, Cool Air, Embracing Beloved, Pleasing mode of Life Advisable Mode of Lifestyle for Pregnant Woman: Pregnant woman should follow meritorious and auspicious lifestyle. She should follow high moral & truthful behavior, remain in high spirit, perform religious rites, do auspicious deeds, and worship Diety, Rising sun, Brahmin & priests. She should take bath daily with cold decoction of pounded leaves of drugs and water prepared with fragrant (Sarvgandhiya Drugs). These are capable of suppressing Vata. Wearing clean garments & ornaments should also be included in her lifestyle. Affectionate and good behavior of Husband and other family members helps in maintenance of Pregnancy

Abode of pregnant woman should be free from insects & fumigated with Fragrant Drugs. Vedic Hymns and devotional songs & music should be played. Sleeping and sitting place should not be very high. It should have elevated upper portion and covered with soft cushion to make it comfortable. This mode of life should be continued throughout Pregnancy.

Welfare of mother and fetus are identical, hence pregnant woman should use desired congenial diet and proper mode of lifestyle, avoiding factors likely to harm the Fetus.

Mode of Life style to be avoided during Pregnancy:

Squatting or sitting in abnormal position, sleeping in supine position with stretched extremities, suppression of natural urges like defecation & micturition, improper and excessive exercise, trauma and compression in lower abdomen, riding in a jerky vehicle, listening to unpleasant words should be avoided. Also activities like oral or physical strife, over indulgence in sex, smoking and alcohol consumption, over sleepiness, hard household works should also be avoided.

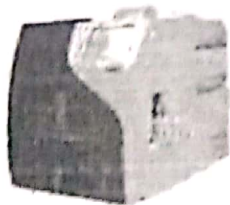
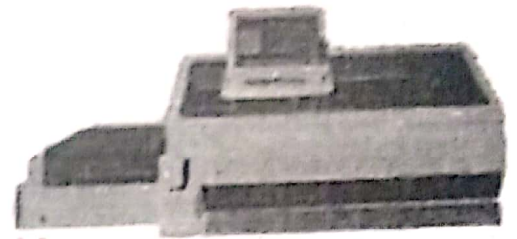
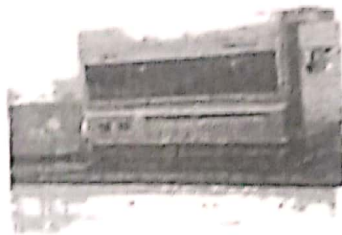
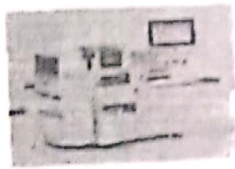
Benefits of Garbhini Paricharya (Antenatal Care)

Vayu moves in right direction, feces, urine and placenta are excreted /expelled easily by their respective passage, skin and nails become soft, women gain strength and good complexion. By following Garbhini Paricharya, women remains healthy and delivers healthy child with strength and compactness of voice. In order to fulfill the desire of healthy offspring, pregnant woman should follow the entire regimen throughout the pregnancy.

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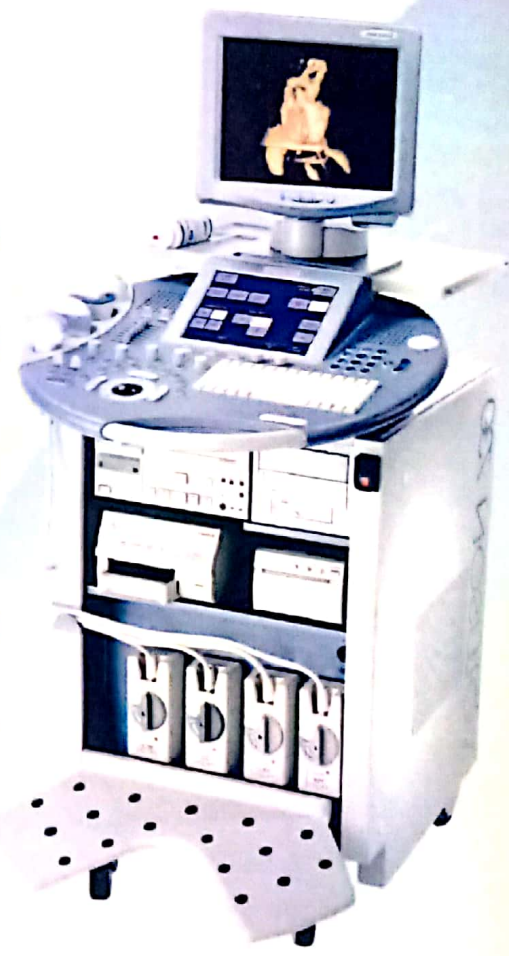
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Restraining Dengue Explosion with Ayurveda

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Abstract

Dengue now become epidemic in India, despite of all therapeutic measures its incidence is increasing in last three decades. Lack of distinct treatment, difficult diagnosis, and prompt spread make it massacre. Dengue stigma rocks the medical world and forces them to review the treatment strategy, even at the level of Government it is now approved to seek help from alternative and complementary medicines for making better treatment protocol. Ayurvedic medicines and preventive measures are proved to be life-saving in many cases of dengue if started earlier in the course of disease. Ayurvedic medicines helps in regressing the disease pathology prevent manifestation of complications and also helps in fast recovery without any toxic/ side effect.

Key Words:

Abhisangaja Jvara, Raktasrava, Chikitsa, Dengue Hemorrhagic Fever.

Introduction

Dengue cause by virus belongs to family Flaviviridae, having four serotypes that spread by the bite of infected Aedes mosquitoes. It causes a wide spectrum of illness from mild asymptomatic illness to severe fatal dengue haemorrhagic fever / dengue shock syndrome (DHF/DSS). Approximately 2.5 billion people live in dengue-risk regions with about 100 million new cases each year worldwide¹. The cumulative dengue diseases burden has attained an unprecedented proportion in recent times with sharp increase in the size of human population at risk. Dengue disease presents highly complex pathophysiological, economic and ecologic problems. In India, the first epidemic of clinical dengue-like illness was recorded in Madras (now Chennai) in 1780. Dengue virus was isolated in Japan in 1943 by inoculation of serum of patients in suckling mice² and at Calcutta (Now Kolkata) in 1944 from serum samples of US soldiers³. And the first virologically proved epidemic of dengue fever (DF) occurred in Calcutta (Now Kolkata) and Eastern Coast of India in 1963-1964. The first major epidemic of the DHF

occurred in 1953-1954 in Philippines followed by a quick global spread of epidemics of DF/DHF⁵. DHF was occurring in the adjoining countries but it was absent in India for unknown reasons as all the risk factors were present. The DHF started simmering in various parts of India since 1988-9^{6,9}. The first major wide spread epidemics of DHF/DSS occurred in India in 1996 involving areas around Delhi¹⁰ and Lucknow¹¹ and then it spread to all over the country¹².

What is Dengue?

Dengue is an infectious disease caused by dengue virus (DENV). In general, dengue is a self-limiting acute febrile illness followed by a phase of critical defervescence, in which patients may improve or progress to a severe form. Severe illness is characterized by hemodynamic disturbances, increased vascular permeability, hypovolemia, hypotension, and shock.

Clinical Features:

- The disease manifests as a sudden onset of severe headache, chills, pain upon moving the eyes, and low backache,
- Painful aching in the legs and joints (myalgias, arthralgias and severe pain that gives it the nickname break-bone fever or bone crusher disease),

- The dengue rash is characteristically bright red petechiae and usually appears first on the lower limbs and the chest,
- The glands (lymph nodes) in the neck and groin are often swollen,
- There may also be gastritis with some combination of associated abdominal pain, nausea, vomiting, or diarrhea,
- The classic dengue fever lasts about six to seven days, with a smaller peak of fever at the trailing end of the disease (the so-called biphasic pattern).
- Clinically, the platelet count will drop until the patient's temperature is normal.

Differential Diagnosis:

Some cases develop much milder symptoms which can be misdiagnosed as influenza, chikungunya, or other viral infection when no rash is present.

Table 1. Comparison of the Clinical Features of Dengue Fever and Chikungunya Fever

Clinical Features	Dengue	Chikungunya
Fever	++	+++
Arthralgia	+/-	+++
Lymphopenia	++	+++
Rash	+	++
Leukopenia	+++	++
Myalgias	++	+
Headache	++	+
Neutropenia	+++	+
Thrombocytopenia	+++	+
Bleeding dyscrasias	++	+/-
Shock	+/-	-

Symbols indicate the percentage of patients exhibiting each feature: +++, 70%–100% of patients; ++, 40%–69%; +, 10%–39%; +/-, <10%; -, 0%.

Classification of Dengue according to WHO:

The World Health Organization (WHO) classified the clinical presentations of DHF into four severity grades based on laboratory data:

- Grade I: fever with positive tourniquet test;
- Grade II: plus mild spontaneous bleeding;
- Grade III: presence of weak and rapid pulse; and
- Grade IV: profound shock with undetectable pulse. The last two are considered Dengue Shock Syndrome (DSS).

Given the difficulty of classifying serious cases according to WHO criteria, a new category has been proposed called **Signs Associated with Dengue Shock**, which is very similar to DSS but without the presence of thrombocytopenia and hemoconcentration. According to this criterion, the new classification addresses three sets of clinical signs and symptoms: (1) dengue without warning signs, (2) dengue with warning signs, and (3) severe dengue. Monitoring for warning signs and other clinical parameters are crucial to recognizing the progression to the critical phase, and it may help distinguish nonsevere and severe dengue cases.

The warning signs are assessed by the following clinical parameters:

- abdominal pain or tenderness,
- persistent vomiting,
- clinical fluid accumulation,
- mucosal bleed,
- lethargy,
- restlessness, and
- liver enlargement >2 cm associated with laboratory parameters such as increase in hematocrit (HCT) concurrent with rapid decrease in platelet count.
- Mild hemorrhagic manifestations such as petechiae and mucosal membrane bleeding (e.g., nose and gums) may be present.

Patients require emergency treatment and urgent referral in the critical phase of disease, that is, when they have severe dengue, characterized by severe plasma leakage leading to dengue shock and/or fluid accumulation with respiratory distress, severe hemorrhages shown by massive vaginal bleeding (in women of childbearing age), and gastrointestinal bleeding and/or severe organ impairment (hepatic damage, renal impairment, cardiomyopathy, encephalopathy, or encephalitis). Most patients recovered from the illness uneventfully and survived to hospital discharge.

Dengue Haemorrhagic Fever

DHF is characterized by increased vascular permeability, hypovolaemia and abnormal bleed

clotting mechanisms. DHF is a potentially deadly complication with symptoms similar to those of dengue fever, but after several days the patient becomes irritable, restless, and sweaty. In moderate DHF cases, all signs and symptoms abate after the fever subsides. In severe cases, the patient's condition may suddenly deteriorate after a few days of fever; the temperature drops, followed by signs of circulatory failure, and the patient may rapidly go into a critical state of shock. The Dengue Shock Syndrome (DSS) is characterized by bleeding that may appear as tiny spots of blood on the skin (petechiae) and larger patches of blood under the skin (ecchymoses). Minor injuries may cause bleeding. Shock may cause death within 12 to 24 hours. Patients can recover following appropriate medical treatment.

Dengue Shock Syndrome:

Dengue shock syndrome is defined as dengue hemorrhagic fever plus:

- Weak rapid pulse
- Narrow pulse pressure (less than 20 mm Hg)
- Cold, clammy skin and restlessness.

Cause of thrombocytopenia in Dengue:

The mechanisms involved in thrombocytopenia and bleeding during DENV infection are not fully understood. Several hypotheses have been suggested to elucidate the mechanism involved few among them are-

- DENV could directly or indirectly affect bone marrow progenitor cells by inhibiting their function¹²
- Reduce the proliferative capacity of hematopoietic cells¹³
- DENV can induce bone marrow hypoplasia during the acute phase of the disease¹⁴
- DENV infection induces platelet consumption due to disseminated intravascular coagulation (DIC)
- Platelet destruction due to increased apoptosis,
- Lysis by the complement system and by the involvement of antiplatelet antibodies¹⁵⁻¹⁸.

Is Dengue Incidence Rising in India?

National Vector Borne Disease Control Programme (NVBDCP) collects the data for diagnosis and prevalence of dengue in India. Analysis of data collected by NVBDCP reveals that dengue has been endemic in 16 states of India since the beginning. Although the number of dengue cases has shown a steady rise with every passing year, the mortality has reduced. The overall mortality rate of 1.2% in 2007 dropped to 0.25% in 2013. This reduction is probably the result of the cumulative effects of better patient management, increased diagnostic capabilities and better reporting. Compared with the rest of South-East Asia, the number of dengue shock syndrome (DSS) cases in India remains low.

Ayurvedic Management for Prevention:

In Ayurvedic perspectives, it comes under the category of *Abhisangaja Jvara* predominantly *Pittaja- Vataja* in pathological ground. Symptoms like Giddiness, thirst, burning sensation, heaviness and excessive headache are suggestive *Vata- Pitta* dominated *Sannipataja Jvara* and symptoms of DHF like blood in stool, and urine, burning sensation, sweating, thirst, loss of strength and fainting are due to *Pitta* predominated *Sannipataja Jvara*.

Management:

- **Acute Febrile Stage-** At this stage the circulating pyrogens (virulence of circulating strain) evoke immune response and causes platelet destruction by suppressing marrow progenitor cells, induce apoptosis and increased platelet consumption therefore the strategy for management is to modulate immune response and prevent platelet destruction.
- **Use of Guduci-** Guduci (*Tinospora cordifolia*) is said to be best immunomodulator, have protective role against myelosuppression, potent anti-oxidant property and adaptogenic property along with *Soditavibhandhahara* (hemostasis factor regulator) property. *Tinospora cordifolia* appeared to improve the phagocytic function without affecting the humoral or cell-mediated immune system. Thus Guduci helps in modulating the immune response stabilized the platelet membrane, stimulate bone marrow and regress the autolysis of platelet by complement proteins. It can

be given in the form of *Svarasa* (fresh juice), decoction or *Amritasatva* (Ayurvedic proprietary drug).

- **Use of *Shirisha*:** *Shirisha* (*Albizia leeback*) is found to have anti platelet aggregating activity, it prevents expression of receptors on platelet surface, suppression of platelet aggregation was demonstrated during the acute phase of DHF in both shock and nonshock patients, with a simultaneous increase in release of beta-thromboglobulin (BTG) and platelet factor 4 (PF4) from platelets into plasma⁷. *Shirisha* is also having immunomodulator, antianaphylactic and anti-inflammatory activities. *Shirisha* is said to be best *Vishaghana* (anti-toxin effect) therefore its use in *Abhisangaja Jvara* is judicial.
- **Use of *Kutaki* :** *Kutaki* (*Pichrohiza Kurroa*) has Apocynin that has been shown to possess anti-inflammatory properties. Apocynin inhibits the formation of thromboxane A₂, and potentially inhibits arachidonic acid-induced aggregation of bovine platelets, possibly through inhibition of thromboxane formation. It inhibit the production of PG E₂ by arachidonic acid through cyclo-oxygenase pathway in hypothalamus and thereby resist the stimulation of thermosensitive neurons in thermoregulatory centre. Thus *Kutaki* is very helpful in controlling fever.
- **Use of *Triphala*:** *Triphala* decoction (powder of *Emblica Officinalis*, *Terminalia bellirica* & *Terminalia chebula*) can be given that act as anti-oxidant and anti-pyretic. For fever in initial phase, *Kwath* prepared of *Dhamasa* (*Fagonia Cretica*), *Parpat* (*Fumaria indica*), *Kiratatikta* (*Swertia chirata*), *Musta* (*Cyperus rotundus*) may be advised.
- **Shamshamani Vati** (*Guduchi Ghana Vati*), *Sudarshanaghana Vati*, *Godanti Bhasma*, *Tulsi Svarasa* can also be given for prevention of fever.
- **Management of Hemorrhagic conditions:** *Raktaprasadaka* (blood purifier) and *Raktastambhaka* (hemostasis) drugs like *Vasa* (*Adhatoda vasica*), *Rakta Chandana* (*Pterocarpus santalinus*), *Sariva* (*Hemidesmus indicus*), *Nagakeshar* (*Mesua ferrea*), *Durva* (*Cynodon*

dactylon) & *Yashtimadhu* (*Glycyrrhiza Glabra*) can be given. For dehydration - *Shadanga Paneeya*, *Dhanyakadi Hima* (*Dhaniya*, *Amla*, *Vasa*, *Draksha*, *Parpat*), water of cardamom and clove, green coconut water, etc. can be given.

Conclusion:

Dengue is a dreaded disease when progress to Dengue Hemorrhagic Fever and Dengue Shock Syndrome but in its initial stage or uncomplicated stage it is totally curable. The thing to be given emphasis while treating Dengue fever is to prevent its progression into complications and that can be achieved with the early administration of Ayurvedic drugs. Ayurvedic drugs having potent anti-oxidant property helps in stabilizing the platelet membrane thereby reduce the chance of their disruption. Ayurvedic medicine also helps in restoring the immune response and if supplement with proper hydration (intake of plenty of water, coconut water, etc) reduce the risk of Dengue shock syndrome. It is therefore recommended that general population should make aware for the proper use of Ayurvedic medicines via media, campaigns, etc. for the prevention and eradication of this disease.

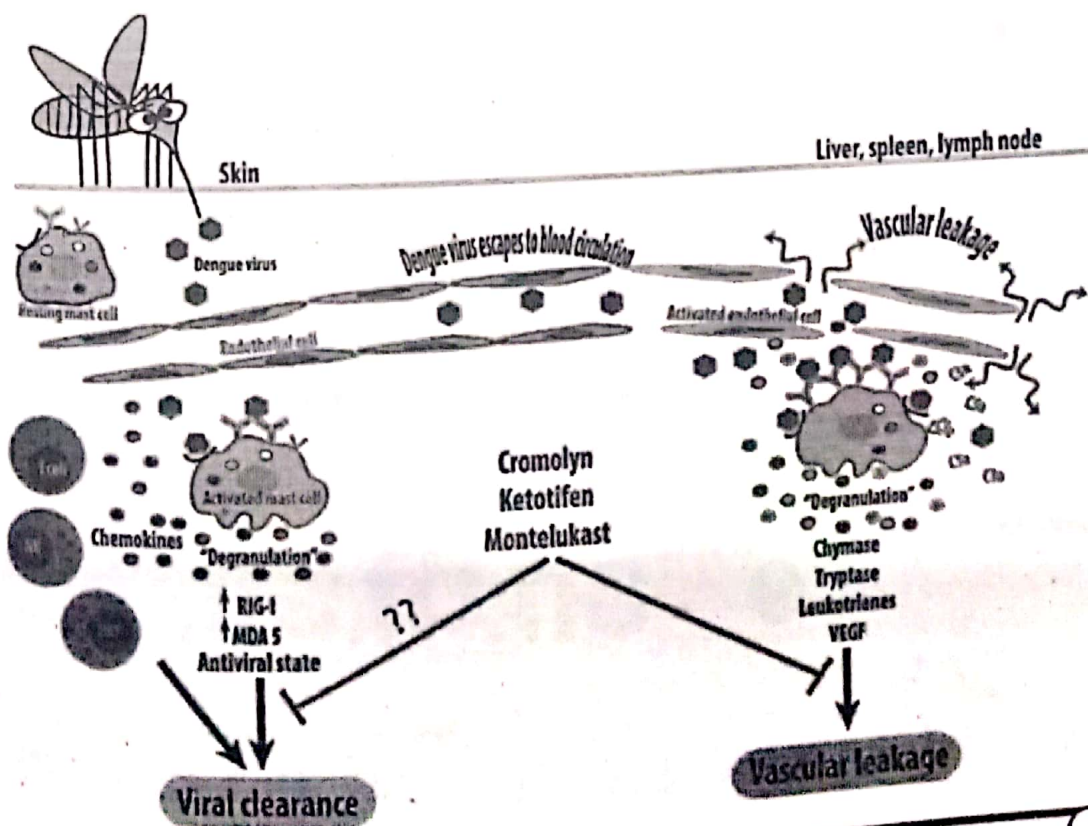
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परनामी एक्स-रे एण्ड क्लीनिकल

- अल्ट्रासाउण्ड
- ई.सी.जी.
- ईको
- टी.एम.टी.
- बी.एम.डी.
- ओ.पी.जी.

A-15, पंचवटी, नई आजादपुर सब्जी मण्डी बस स्टॉप के सामने, दिल्ली

Dengue

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Looking into the gravity of the disease and the fact that there is no treatment available other than platelet transfusion, replenishment of fluids and other supportive measures, I thought it would be appropriate to share details of one non-clinical study conducted on mice with Papaya leaves in which the herbal extract of leaves (Swaras) has been found to increase the number of platelets manifold. Details of the study are being produced in this article.

Dengue is the most common mosquito-borne viral disease of humans that in recent years has become a major international public health concern. Globally, 2.5 billion people live in areas where dengue viruses can be transmitted. Dengue is caused by infection with any one of four related dengue virus (DENV) serotypes (DENV 1, -2, -3, and -4) which are transmitted by *Aedes* sp mosquitoes. The geographical spread of both the mosquito vectors and the viruses has led to the global resurgence of epidemic dengue fever and emergence of dengue hemorrhagic fever (dengue/DHF) in the past 25 years with the development of hyperendemicity in many urban centers of the tropics.

Recovery from infection by one provides lifelong immunity against that serotype but confers only partial and transient protection against subsequent infection by the other three. There is good evidence that sequential infection increases the risk of more serious disease resulting in DHF.

The majority (~75%) of DENV infections are asymptomatic. Among persons with symptomatic DENV infection (Dengue) the illness occurs in three phases. During the acute phase, the principal symptom is 2-7 days of fever, which is often accompanied by one or more of the following: headache, retro-orbital eye pain, joint pain, muscle and/or bone pain, rash, mild bleeding, manifestations (e.g., nose or gum bleed, petechiae, or easy bruising) and low white cell count. The critical phase of dengue begins at defervescence which marks a 24 to 48 hour period in which compensated or decompensated shock may occur due to increased capillary permeability with

plasma leakage that produces ascites, pleural effusions and "third spacing" of fluids. The presence of these signs and/or symptoms is now called severe dengue rather than dengue hemorrhagic fever or dengue shock syndrome. Without appropriate treatment, patients with severe dengue are at risk of death. Other warning signs of severe dengue include abdominal pain, vomiting, thrombocytopenia and mild to severe hemorrhagic manifestations, including, tendency to bruise easily, petechiae, menorrhagia and mucous membrane bleeding of the nose or gums. The convalescent phase of dengue lasts for 4-7 days.

Laboratory diagnosis of dengue is best made during the acute phase of the illness when DENV circulates in the blood and can be detected by assays to detect the viral RNA genome (13-15) or soluble antigens (i.e., NS1 antigen) (16). Anti-DENV IgM antibody to DENV is also produced during the acute phase of the illness and becomes detectable by ELISA at days 3-5 after onset of fever (17, 18). At this point the optimum testing algorithm for dengue has not yet been determined. If results of the DENV detection test (e.g., RT-PCR) are negative (days 1-5 after fever onset), anti-DENV IgM testing should be considered. If the patient first presents during the critical or convalescent phases of the illness, laboratory diagnosis is best made using a test for IgM anti-body to DENI.

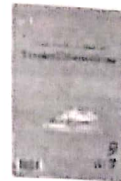
Early detection of Dengue fever can help in preventing the more serious manifestations of the dreaded disease. A detailed experimental study of carica papaya leaf extract to increase the platelet count is follow for the ready reference, taken from Asian Pacific Journal of Tropical Biomedicine



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Does *Carica papaya* leaf-extract increase the platelet count? An experimental study in a murine model

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PEER REVIEW

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This is an interesting study of the effect of *C. papaya* leaves extract on the haematological and biochemical parameters in a murine model. The findings are impressive and useful for continuous study related to *C. papaya*. *C. papaya* leaf could be an alternative to treat dengue and malarial fever instead of prescription drugs.
Details on Page 723

ABSTRACT

To investigate the potential role of fresh *Carica papaya* (*C. papaya*) leaf extract on haematological and biochemical parameters and toxicological changes in a murine model.

In total 36 mice were used for the trial. Fresh *C. papaya* leaf extract [0.2 ml (2 g/ mouse)] was given only to the test group (18 mice). General behavior, clinical signs and feeding patterns were recorded. Blood and tissue samples were collected at intervals. Haematological parameters including platelet, red blood cell (RBC), white blood cell (WBC), packed cell volume (PCV), serum biochemistry including serum creatinine, serum glutamic-oxaloacetic transaminase (SGOT) and serum glutamic-pyruvic transaminase (SGPT) were determined. Organs for possible histopathological changes were examined.

Neither group exhibited alteration of behavior or reduction in food and water intake. Similarly, no significant changes in SGOT, SGPT and serum creatinine levels were detected in the test group. Histopathological organ changes were not observed in either group of mice except in three liver samples of the test group which had a mild focal necrosis. The platelet count ($11.33 \pm 0.35 \times 10^9/\mu\text{l}$, $P=0.00003$) and the RBC count ($7.97 \pm 0.61 \times 10^6/\mu\text{l}$, $P=0.00003$) were significantly increased in the test group compared to that of the controls. However, WBC count and PCV (%) values were not changed significantly in the test group. The platelet count in the test group started to increase significantly from Day 3 ($3.4 \pm 0.18 \times 10^9/\mu\text{l}$), reaching almost a fourfold higher at Day 21 ($11.3 \times 10^9/\mu\text{l}$), while it was $3.8 \times 10^9/\mu\text{l}$ and $5.5 \times 10^9/\mu\text{l}$ at Day 3 and Day 21 respectively in the control. Likewise, the RBC count in the test group increased from $6 \times 10^6/\mu\text{l}$ to $9 \times 10^6/\mu\text{l}$ at Day 21 while it remained near constant in the control group ($6 \times 10^6/\mu\text{l}$).

Fresh *C. papaya* leaf extract significantly increased the platelet and RBC counts in the test group as compared to controls. Therefore, it is very important to identify those chemicals of *C. papaya* leaves as it can be recommended to be used as a medication to boost thrombopoiesis and erythropoiesis in humans and in animals in which these cell lineages have been compromised.

KEYWORDS

Carica papaya, Alternative medicine, Erythropoiesis, Thrombopoiesis, Toxicity

1. Introduction

Carica papaya (*C. papaya*, family Caricaceae, papaya)

is one of the most popular and economically important plants in the world as its fruit is a common delicacy^[1]. It is a soft wooded single-stemmed perennial tree, 2–10 m

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in height, with a crown of large palmate leaves emerging from the apex of the trunk. The soft, hollow, cylindrical trunk ranges from 30 cm in diameter at the base to about 5 cm in diameter at the crown^[2]. Although native to Central America, it has been transported to many parts of the tropics.

The papaya plant is lactiferous as it contains specialized cells known as lactifers that occur in most tissues and secrete latex. Lactifers secrete latex and are dispersed throughout most plant tissues. The papaya-latex is well known for being a rich source of the four cysteine endopeptidases namely papain, chymopapain, glycy endopeptidase and caricain^[3]. Leaves contain an alkaloid called carpaine and a glucoside named carposide^[4].

Different parts of the papaya plants including fruit, dried fruit, leaves, dried leaves, stems, seeds and roots have long been used as ingredients in alternative medicine. For instance, the seeds are used for expelling worms and roots and seeds are used as an abortifacient agent. The leaves (especially fallen ones) are used variously for the treatment of fevers, pyrexia, diabetes, gonorrhoea, syphilis, inflammation and as a dressing for septic wounds^[5].

Untested herbal medicines could be potentially injurious to human health. Many plants used in traditional and folk medicines are potentially toxic, mutagenic, and carcinogenic^[6-11]. Toxicological studies of extracts from different parts of *C. papaya* plants such as seeds, fruit, roots and leaves have been carried out using several animal models. Acute and chronic toxicities of unripe fruit of the *C. papaya* have been documented^[12].

Some of the traditional claims of efficacy that have been investigated scientifically using animal models and their efficacy have been proven^[13,14]. Recent studies showed that *C. papaya* leaf extract has potential anti-sickling (inhibition of sickle cell formation) properties^[14]. Indran *et al.* have shown that there is a protective effect against gastric ulcers in rats^[13]. Moreover, *C. papaya* flowers are known to have antibacterial activities^[15]. The contraceptive efficacy of the seeds of *C. papaya* has been earlier demonstrated in rats, mice and rabbits^[16-19]. Oral administration of *C. papaya* seed extract could induce reversible male infertility and could be used for pharmaceutical development of a male contraceptive.

Today, many tropical and subtropical countries are engulfed by dengue infection which is caused by viruses belonging to the Flaviviridae family. There is no specific therapy for dengue even though the infection has a significant mortality. Sri Lanka is no exception where, dengue infection is a priority for the national health services for prevention and reducing mortality^[20]. In desperation, many people have resorted to use papaya leaf extract covertly. This is applicable even to hospitalized dengue patients. However, recommending *C. papaya* leaf extract for dengue infection is unethical until it is proven by scientific research.

Therefore, in the present study, we have investigated the effects of oral intake of pure extract of *C. papaya* leaves on haematological/biochemical parameters and toxicological changes in the murine model.

2. Materials and methods

2.1. Experimental animals

Male white mice (average body weight 32-33 g) 6 weeks old, obtained from the Medical Research Institute, Sri Lanka were used as the model for haematological and toxicological investigation. Animals were kept in the animal house of the Faculty of Medicine, University of Peradeniya.

Three experimental trials were conducted during May 2011 to May 2012 using three sets of mice. Mice were divided into two groups, control and test, in all three trials. For the first and second trials, we used 48 mice (for each trial 12 mice/control and 12 mice/test) and for the third trial, 36 mice were used (18 control and 18 test). All mice were given a standard commercial diet with free access to water. All mice in both test and control groups were numbered by ear tattooing. The first trial was a pilot study to plan a proper study where the following variables were considered—dose of *C. papaya* leaf extract, timing of blood sampling and histopathological changes in liver. The second trial refined the methodology and the third provided the results presented here. Ethical clearance was obtained from the Ethical Review Committee of the Faculty of Veterinary Medicine and Animal Science, University of Peradeniya, Sri Lanka.

2.2. Preparation of *C. papaya* leaf extract

Fresh, middle stage age, *C. papaya* leaves were picked daily for 7 d. Leaves were washed and the stems were removed before use. After weighing, leaves were blended without adding water or other liquids. Then the mixture was filtered to obtain a pure extract of *C. papaya* leaves. Finally, the volume of the extract was measured and the extracts were stored at 4 °C until use. Fresh extracts were prepared for each use.

2.3. Dosage of *C. papaya* leaf extract

In the first trial, we used 0.5 mL (5 g/mouse/day) and in second and third trial, we used 0.2 mL (2 g/mouse/day). The first trial was conducted to determine a suitable daily dose per mouse. In the third trial, test group mice were fed with fresh *C. papaya* leaf extract for seven consecutive days (0.2 mL (2 g/mouse/day), the first of these days being regarded as day one of the trial. Similarly, the control group was given water.

2.4. Experimental procedure

Body weights of all mice were recorded before feeding started and weighing was repeated every second day during the study period. Behavioral activities were recorded once a day.

Blood smears were prepared to evaluate the platelet and red blood cell (RBC) counts from both test and control groups on alternate days and on days of sacrifice (on Days 8, 14 and 21, an equal number of mice were sacrificed from each group for biochemical and histological examination). The numbers of platelets and RBCs were counted in 10 fields or more under

oil immersion ($\times 100$). The procedure was repeated in thin or thick areas of the film if the distribution was uneven. Then, average numbers of platelets and RBCs were determined by dividing the total number by the number of fields viewed. Finally, the average number of platelets and RBCs was multiplied by the established field factor to determine the estimate count.

Six mice from each group (test and control) were sacrificed at Day 8, 14 and 21. Blood was collected. Packed cell volume (PCV) was measured. Serum was separated and stored at -80°C until use. Serum glutamic-oxaloacetic transaminase, serum glutamic-pyruvic transaminase and creatinine levels were also measured. Furthermore, specimens (liver, lungs, kidney, heart, intestine and spleen) were collected for the histopathological and toxicological investigation.

2.5. Histopathological examination

Specimens were fixed in buffered formalin (10%). Paraffin tissue sections (thickness 2–7 μm) were prepared. Sections were de-paraffinized and re-hydrated. Samples were stained with hematoxylin and eosin (H&E) and observed under a light microscope.

2.6. Statistical analysis

A test for the normal distribution was performed for platelet and RBC counts in both control and test groups using the Shapiro-Wilk normality test. Wilcoxon signed rank test was applied for statistical comparison of the platelet counts. Welch two sample *t*-test was used for statistical comparison of RBC counts. All values were expressed as the mean \pm SEM. Differences were considered as significant at $P < 0.05$.

3. Results

3.1. Body weight and behavioral changes

The average body weight of mice at the start for the third trial was (32.000 ± 0.595) g in the test group and (32.70 ± 0.70) g in the control group. However, it was observed that the average body weight was (36.20 ± 1.63) g and (36.50 ± 1.62) g in the test and control groups respectively by Day 21 after the start of treatment. Neither loss of body weight nor behavioral changes were observed in the test group.

3.2. Histopathology

There were no gross pathological changes observed on organs during the post mortem examination of mice from

either group. Examination of histological sections of the liver, lung, kidney, spleen, heart and the intestine found no remarkable changes other than mild focal lytic cell necrosis in three liver sections obtained from the test group (3 of 18 samples). However, in the first trial, when high dose of *C. papaya* leaf extract was used, liver histology showed focal lytic necrosis of all test groups indicating that there can be dose dependent toxicity.

3.3. Serology

Serum glutamic-oxaloacetic transaminase, serum glutamic-pyruvic transaminase and creatinine levels were not altered from their normal range in both groups (Table 1).

3.4. Hematological investigation

No significant changes were observed in PCV in the test group compared to that of the control group. Values always remained within the normal range (39%–49%).

Average platelet counts of the test and control groups were $(3.36 \pm 0.16) \times 10^9/\mu\text{L}$ and $(3.67 \pm 0.16) \times 10^9/\mu\text{L}$ respectively before the experiment. There was no significant difference in the platelet counts during the first 3 days in either group. However, platelet counts within the test group started to rise steadily after Day 3 and reached a peak level at Day 13 ($10.94 \times 10^9/\mu\text{L}$). Subsequently, the platelet count remained relatively constant at a range of 10×10^9 to $11 \times 10^9/\mu\text{L}$. The platelet count of the test group was $(11.33 \pm 0.35) \times 10^9/\mu\text{L}$ at the end of the experiment compared to that of the control group ($5.53 \pm 0.12) \times 10^9/\mu\text{L}$ (Figure 1).

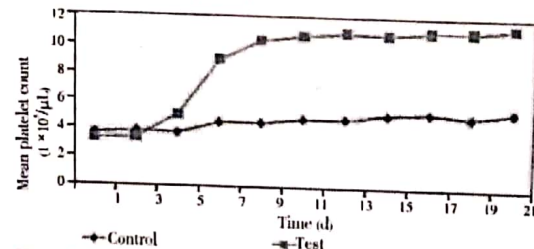


Figure 1. Trends of platelet count rise in test and control groups.

Control and test groups had nearly similar RBC counts [$6.23 \pm 0.17) \times 10^6/\mu\text{L}$ and $(5.87 \pm 0.19) \times 10^6/\mu\text{L}$ in control and test mice respectively] on Day 1 (just before feeding started). The average RBC counts in the control group remained at a constant level of $(6.00 \pm 0.31) \times 10^6/\mu\text{L}$ with minor fluctuations. In contrast, the average RBC count in the test group increased steadily during the first two weeks with $(6.63 \pm 0.32) \times 10^6/\mu\text{L}$ at Day 8 and $(7.95 \pm 0.59) \times 10^6/\mu\text{L}$ at Day 14. Thereafter, it remained at constant level around $7.97 \times 10^6/\mu\text{L}$ (Table 1).

Table 1

Haematological and biochemical parameters in the groups after giving *C. papaya* leaves extract (mean \pm SD).

Parameters	Day 1		Day 7		Day 14		Day 21	
	Control group	Test group	Control group	Test group	Control group	Test group	Control group	Test group
Platelet count ($\times 10^9/\mu\text{L}$)	3.67 \pm 0.16	3.36 \pm 0.16	4.52 \pm 0.15	9.00 \pm 0.35	5.21 \pm 0.13	10.86 \pm 0.38	5.53 \pm 0.12	11.33 \pm 0.35
RBC ($\times 10^6/\mu\text{L}$)	6.23 \pm 0.17	5.87 \pm 0.19	5.95 \pm 0.18	6.63 \pm 0.32	6.61 \pm 0.28	7.95 \pm 0.59	6.00 \pm 0.31	7.97 \pm 0.51
WBC ($\times 10^3/\mu\text{L}$)	7.45 \pm 0.23	7.61 \pm 0.13	7.16 \pm 0.21	7.62 \pm 0.32	7.34 \pm 0.15	7.71 \pm 0.61	7.52 \pm 0.11	8.01 \pm 0.42
SGOT (U/L)			88.67 \pm 7.60	118.67 \pm 25.91	96.17 \pm 40.00	110.17 \pm 23.00	90.00 \pm 16.47	90.00 \pm 11.43
SGPT (U/L)			28.50 \pm 2.70	24.17 \pm 3.70	17.83 \pm 4.90	27.67 \pm 9.97	47.20 \pm 7.40	42.83 \pm 3.32
Serum creatinine (mg/dL)			0.12 \pm 0.12	0.12 \pm 0.02	0.03 \pm 0.04	0.1 \pm 0.02	0.17 \pm 0.18	0.10 \pm 0.12
PCV (%)			41.8 \pm 0.48	40.83 \pm 1.85	43.7 \pm 2.77	40.87 \pm 1.19	41.00 \pm 4.37	44.83 \pm 1.79

Our results clearly indicated that there was a significant increase ($P<0.05$) in average platelet counts in the test group, as against a slight increase in the control group (Table 1). RBC count was also significantly ($P<0.05$) increased in the test group compared to controls. There were no morphological changes observed in blood cells of mice in test group.

4. Discussion

This study clearly showed increasing platelet and RBC in healthy mice after feeding with a short course of papaya leaf extract. These animals remained healthy with normal weight gain during the experiment. No adverse effects were observed in the test group as evidenced by normal biochemical tests and normal histological examination of vital organs. However, at higher doses potential effects on the liver cannot be excluded. In Sri Lanka, various extracts from different parts of *C. papaya* have long been used in alternative medicine. Currently, *C. papaya* leaf juice is used to treat dengue patients and also for wound healing purposes. However, *C. papaya* leaf juice confers benefits in these diseases has not been tested scientifically in Sri Lanka. Therefore, studies to verify beneficial and/or harmful effects of *C. papaya* leaf extract in animal models will be the platform for future clinical research. As this study was done in healthy animals, we have no idea of platelet change in the thrombocytopenic state such as that induced by dengue fever.

In the present study, we used fresh *C. papaya* leaves to obtain pure extracts without adding any solvent or chemical. However, in previous animal studies^{21,22}, *C. papaya* leaf extracts were prepared using dried leaves processed using various methods. Phytochemical analyses have indicated that *C. papaya* leaf extract contains chemical compounds such as alkaloids, tannins, anthraquinone, cardenolides, steroids, saponins, phenolics, reducing sugars, flavonoids and cardiac glycosides²³⁻²⁵. These compounds can affect various biological processes in the body in ways that might have harmful or beneficial effects.

Bodyweight of both groups was increased by 4 g during the trial. Behavioral changes were not observed and animals moved freely within cages during the study. All mice (including both control and test groups) survived until the scarification. Therefore, it is suggested that oral feeding of *C. papaya* leaf extract (2 g/mouse/day for 7 d) may not cause adverse effects on animal behavior, appetite and bodyweight.

Similarly, feeding of *C. papaya* leaf extract didn't cause gross or histopathological changes in the test group, although mild focal necrosis was detected in a few liver sections (3 mice of 18) in this group. This might be due to the leaf extract fed to the mice, or some other unknown reason. Furthermore, a recent study proved that feeding of an aqueous extract of freeze dried *C. papaya* leaves did not cause acute toxicity in rats²². However, it is important to carry out further studies, feeding different doses for a long period of time to determine the chronic toxicity of *C. papaya* leaf extract. Liver enzyme profiles and creatinine levels did not significantly differ between test and control groups. Our results suggest that oral administration of *C. papaya* leaf extract may not cause sub acute and/or acute toxicity in the mouse model.

Interestingly, there was a significant rise in some haematological parameters, such as platelet and RBC counts, only in the test group. Other parameters, such as white blood cell count and PCV, did not show significant increase in either group.

Initially, platelet counts in the test and control groups were $(3.36\pm 0.16)\times 10^7/\mu\text{L}$ and $(3.67\pm 0.16)\times 10^7/\mu\text{L}$ respectively and $(11.33\pm 0.35)\times 10^6/\mu\text{L}$ and $(5.53\pm 0.12)\times 10^6/\mu\text{L}$ respectively at the end of the experiment. The effect on platelet counts by oral administration of *C. papaya* leaf extract is statistically significant ($P<0.001$). In addition, the RBC count in the test group increased significantly in comparison with the control ($P<0.001$).

The findings of the present study strongly suggest that there could be some active compounds in *C. papaya* leaves that can enhance haemopoiesis and thrombopoiesis in animals. Recently in Pakistan, a dengue patient was treated with aqueous extract of *C. papaya* leaves (25 ml, twice daily for 5-consecutive day) and exhibited a rise in platelet count²⁵. Chemical analysis of *C. papaya* leaves showed the presence of considerable amounts of carpaine, malic acid, quinic acid, manghaslin and elitorin, minor quantities of various malic acid derivatives, nicotiflorin, rutin and unidentified constituents²⁶. Therefore, we consider that it is very important to carry out further investigations to identify the active compounds in *C. papaya* leaf extracts which are responsible for the activation of haemopoiesis and thrombopoiesis.

In conclusion, it is clear that an oral feeding of pure extract of *C. papaya* leaves causes considerable increases in platelet and RBC counts in the murine model without causing any acute/subacute toxicity. Therefore, we suggest that *C. papaya* leaf extract may be used as a medicine to boost haemopoiesis and thrombopoiesis when these have been suppressed by disease. However, this is a preliminary study and more work is needed to isolate and to identify the biologically active ingredients of *C. papaya* leaves that are responsible for these effects.

Conflict of interest statement

We declare that we have no conflict of interest.

Acknowledgements

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Comments

Background

This study is to evaluate the effect of hematology, biochemical and toxicology changes in mice after administration of *C. papaya* leaf extract. *C. papaya* is one of the medicinal plants have been used worldwide as a remedy, food, cosmetic and widely cultivated around the world. People in rural area have used papaya leaf as alternative to treat dengue and dengue hemorrhagic fever. They believe this plant's leaves can increase the platelet level of dengue patient shortly after receiving juice, boiled or raw of the leaves.

Research frontiers

Studies are being performed to evaluate the hematology, biochemical and toxicity of fresh *C. papaya* leaf extract in mice.

Related reports

In these studies acute, subacute and subchronic toxicity studies showed that the *C. papaya* leaf juice given to the Sprague Dawley rats didn't showed any toxicity effect (Halim et al., 2011; Afzan et al., 2012). The clinical trial using juice and methanol extract of *C. papaya* showed the extract elevated the platelet level and maintained the hematocrit stability in dengue patient during treatment (Yunita et al., 2012; Subenthiran et al., 2013). Other studies reported that the extract of *C. papaya* leaves administered to thrombocytopenic rat model at doses of 400 mg/kg and 800 mg/kg for 15 d showed significant alteration in platelet count, which was considered effective in the treatment of dengue (Patil et al., 2013).

Innovations and breakthroughs

This study has shown that mice received *C. papaya* leaf extract showed significant increase in RBC and platelet at a dose of 2 g/kg.

Applications

It will be significant to know, what kind of compound have made the elevation of platelet and RBC level in treated mice, since anti-platelet antibodies generate after dengue virus infection cause destruction of platelets.

Peer review

This is an interesting study of the effect of *C. papaya* leaves extract on the haematological and biochemical parameters in a murine model. The findings are impressive and useful for continuous study related to *C. papaya*. *C. papaya* leaf could be an alternative to treat dengue and malaria fever instead of prescription drugs.

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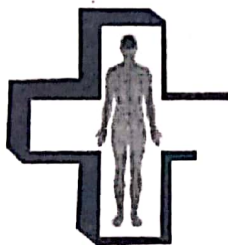
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Role of Ayurveda & Yoga in Global Health Scenario

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Introduction:

The basic objective of all systems of medicine is to get rid of the agony of diseases. Ayurveda & Yoga seem to be superior in this perspective because of their wider approach in this regard. These disciplines primarily focus upon prevention from diseases by promoting ones physical, mental, social and spiritual health. Therefore they are considered as superior systems for preventive health care. Apart from this Ayurveda and Yoga are equally useful in cure of various diseases, especially chronic, intractable and life style related disorders. It is a common misconception that Yoga is specifically meant for physical fitness but it is equally beneficial in boosting up mental health. There were many contemporary systems of medicine in different civilizations as per the need of suffering humanity. Western medicine also came in existence as a most popular system of treatment in global health scenario. Though this system of medicine is much advanced in the prompt control of infectious diseases but has limitations in alleviation of endogenous diseases like diabetes, hypertension, bronchial asthma, rheumatoid arthritis and ulcerative colitis, etc. The drugs used are basically providing symptomatic relief to the patients. Neither the relief is long lasting nor it is free from adverse effects. Numerous side effects are common with these drugs. On the other hand, Ayurveda, being a holistic system of health care, offers radical cure for most of such ailments without any adverse effects. Therefore we must know the strength of our system as well as the limitations to chalk out proper strategy for evolving ideal treatment modality in present health scenario. Similarly, it is an acute need of time to spread the real benefits of Yoga in the global community. Most of the people are unaware of this fact that yoga not only maintains our physical health, but also elevates mental alertness and concentration and

develops the overall personality. It is also considered as the best tool to achieve liberation. As stated by Charaka "*yogo moksha pravartakah*". In fact Ayurveda itself has roots of all available systems of treatment including Allopathy and Homoeopathy as it is reflected in eighteen types of *Upashayas* Yoga is an integral part of Ayurveda. Charaka has described the concept of Yoga in its compendium in *Sharir sthan*. It is presumed that Ayurveda, Yoga and Vyakaran mahabhasya were composed by the same author Patanjali, for the purification of body, mind and speech i.e. vani respectively. Therefore it is advised to formulate an integrated treatment modality comprising present set up of Ayurveda, Yoga and Naturopathy for achieving four dimensional goal of W.H.O.

Four dimensional goal of W.H.O.:

World Health Organisation has fixed its four dimensional goal to achieve the health at global level. These goals are as hereunder

1. Prevention
2. Promotion
3. Cure
4. Rehabilitation

It is important here to discuss the strength and deficiencies of different systems of treatment in this regard.

Prevention:

Thy primary objective of Ayurveda is to maintain the health of Healthy individual and the secondary one is to cure the ailing. This system is basically designed as preventive, social and spiritual medicine. It has got wonderful description of ideal life style in the form of day, night and seasonal regimens viz. Dincharya,

Ratricharya & Ritucharya. Ayurveda elaborates a beautiful concept of moral code of conduct as Sadvritta and Achara Rasayana which not only prevent from diseases but also promotes non pharmacological approach to disease or illness. The concept of Dos & Don'ts further reflects its depth of knowledge in this regard. Apart from this role of diet (Ahar), sleep (Nidra) and celibacy (Brahmacharya) for prevention of diseases and promotion of health is a salient feature for the prevention of disease. Moreover, Sharangdhara, a well known Ayurvedist has elaborated a scientific concept of age related bio loss in each decade of life in an individual which may be proved as mile stone in the field of immunization programme. We can recommend a number of herbal drugs in each decade of life to prevent respective bio loss accordingly. It is the matter of fact that these drugs are proved on scientific parameters for boosting up immune system in these individuals. The efficacy of Ashwagandha as growth promoter and anti-anxiety, Guduchi as immunomodulator, Amla as antioxidant, Brahmi, Shankhpushpi and Mandukparni as brain tonic is already established. Therefore the schedule of Sharangdhara must be incorporated in national immunization programme to prevent various diseases prone in respective decades up to the age of hundred years.

“Jeevem sharadah shatam, Pashyem sharadah shatam”

Promotion:

Promotion is the second goal of World Health Organization. Ayurveda is the only system of treatment which provides detailed description of promotion measures for the healthy individuals. There is description of two separate super specialities as Rasayana and Vajikarana in Ashtanga Ayurveda. It shows the importance of preventive strategy in those days too. A fair number of drugs are discussed for promotion of physical, mental and sexual health in these chapters. Ashwagandha, Bala and Shatavari for promotion of physical health, Brahmi and Shankhpushpi for mental health and Kaivach and Akarkara for sexual health are verified by researchers working in this field. The role of these Rasayana and Vajikarana group of drugs is further verified in the management of immune compromised conditions and

depressive illness respectively.

Cure:

Cure is the third goal of World Health Organization. Ayurveda has wonderful cure potential, as it cures the patient not only the disease, unlike its western counterpart.

“Nanaushadhibhutam jagat kinchit” -Charaka

Charaka emphasized that there is virtually no substance in the universe which is not having medicinal quality. It reflects the rich therapeutic endeavour of our system. Research conducted at various centres of our country already proved the efficacy of these herbal and herbomineral compounds in the treatment of different diseases on scientific parameters. It is further stated that these drugs have wonderful cure potential in the management of chronic diseases where western medicine failed to provide logical outcome.

Liver Diseases:

Kalmegh, Kutaki, Bhuiamla, Daruharidra, Bhringaraj, Pittapapara, Guduchi and Punarnava etc. are wonderful drugs used successfully in the treatment of jaundice of different origin including hepatitis B and C. The efficacy of these drugs is proven on various clinical, biochemical and serological parameters.

Diabetes mellitus:

Diabetes is supposed to be the most common example of life style oriented diseases. As a matter of fact the dreaded complications of this disease are inevitable in spite of sufficient control of blood sugar level with insulin or other oral hypoglycaemic drugs. Metabolic syndrome, pre diabetes and diabetes are the three stages of this disease. Ayurveda recommends a fair number of herbal and herbomineral drugs for control of this clinical entity. These drugs proved to be very effective in controlling first two stages of diabetes independently but have limitation in the management of moderate to severe diabetes. Though, these drugs are quite effective in preventing and delaying dreaded complications of this disease, if used as adjuvant with western drugs. A compound

Bronchial Asthma:

Bronchial asthma is a most common life distressing

disease of respiratory tract. Western medicine offers several medicaments for its prompt control but their side effects are also more pronounced thus attracting the attention of medical fraternity at global level to find out some satisfactory and safe alternative for its cure. Ayurveda advocates a fair number of drugs possessing anti allergic, anti inflammatory, bronchodilator and mucolytic properties which can control these patients effectively. The combinations containing Shirish, Kantkari, Vasa, Tulsi, Mulaithi, Shunthi, Haridra and Krishna marich etc which is proved to be very effective in preventing the episodes of this disease, if used in between attacks. Hence it may be recommended for allergic rhinitis, bronchial asthma, allergic bronchitis and tropical pulmonary eosinophilia successfully.

Hypertension:

Hypertension is also very common but serious health problem. Slight ignorance in its management may lead to grave complications at any stage of life. It is a common belief that once the antihypertensive drugs started once it will be mandatory to continue throughout life. Several measures including Panchakarma followed by combination of herbal anti hypertensive drugs like- Sarpagandha, Arjuna, Shankpushpi, Vacha, Jatamansi, Tagar and Ashwagandha along with Rasayana drugs like Brahmi are proved beneficial to control this disease in primitive stage. These drugs are free from any untoward effects. It is because like other chronic ailments hypertension too has membrane pathology on one hand and immunopathology on the other. Panchakarma (biopurification) removes membrane pathology and Rasayana drugs boost up and restore dislodged immunity in the patients.

Rehabilitation:

Rehabilitation is the fourth goal of World Health Organization. Description of Samsarjana measures for restoration of normalcy is very relevant in present perspectives. Use of Mand, Peya, Vilepi, Krishara, Yavagu etc according to the status of Agni shows scientific attitude of our ancestors. Above description proves the strength of Ayurveda for achieving four dimensional goal of World Health Organization.

Strength of Ayurveda

Ayurveda also offers non pharmacological treatment in the form of Adravyabhut Chikitsa. As a matter of fact eight ninth part of its therapeutic endeavour is based on drug less therapy. Moreover life style, diet and drug are the three therapeutic tools of this very system. First two of them are also drug less.

Diet has been given a special attention in present health scenario. Balance diet is essential for good health. In western counter part, only gross components of diet like carbohydrate, fat and protein etc. are taken in to consideration, leaving aside the other aspects of diet like quantity, combination of food articles, method of preparation, nature of consumer and environmental considerations such as weather and climate etc. Charaka and Sushruta have narrated eight and twelve specific principles of dietetics as Ashtavidh Aharavisheshayatana and Dwadash Asanvichar respectively which are still relevant in present perspectives Unlike western medicine, the qualities of diet as discussed in Ayurvedic parlance are entirely different. The concept of Laghu, Guru, Ushna, Sheeta, Teekshna, Mridu, Snigdha, Ruksha, Pichhila and Abhishyandi ahara shows the wonderful analytical approach of our ancestors. There is acute need of the time to establish these principles on modern lines of nutrition dynamics.

Therapeutic uses of Yoga:

Yoga is generally practiced for preservation and promotion of health but it has drastic potential to cure different diseases too. As a matter of fact we are advising different yogic practices in several disorders with Ayurvedic drugs as an adjuvant and getting wonderful effects. Some of them are discussed as here under.

Diabetes:

Ardhmatsyendrasana is very beneficial to increase the quantum of insulin in Type II diabetics. Along with this Nishpandbhava and Shavasana also give positive results by cutting down the excessive stress level.

Hypertension:

Nadi shodhan Pranayama, Nishpandbhava and Shavasana are beneficial in controlling high blood pressure. Mild primary hypertensives can be controlled only by these practices without any

medication.

Bronchial Asthma:

Kunjla kriya and Kapalbhata are very beneficial for asthmatics. Nadishodhan pranayam is considered as sadabahar pranayam practice in all the diseases especially in respiratory ailments.

Colitis & IBS:

Shankhprakashalana is very useful in all the diseases of gastrointestinal tract especially in repeated episodes of colitis and a very common disease irritable bowel syndrome.

Diseases of Vertebral column:

Yogic postures like Yogamudra, Bhujangasana and Ardhamatsyendrasana & Konasana, recommended for forward, backward and sideward bending of spinal column are very much beneficial in preventing cervical and lumbar spondylosis. Apart from this these practices are equally beneficial to improve alertness and physical stamina.

Conclusion:

Keeping above mentioned facts in the mind it may be concluded that Ayurveda has special strength in certain areas including principles of preventive and social medicine viz. ideal life style and dietetics management of chronic and intractable disorders promotion of general and sexual health and radical cure of recurrent diseases through Panchkarma therapy. Apart from this, Ayurveda may offer a specific immunization schedule up to the age of hundred years if given the opportunity in national health programme. It is the only system of treatment which provides relief to the suffering humanity with its available natural resources in remote villages of our country even today. On the other hand Yoga is another natural system of health care which does not require any medication. It is presumed that Ayurveda & Yoga can prove to be a better alternative system of treatment for suffering humanity if given proper recognition at national level.



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Suvarna Prashana

An Ancient Method of Enhancing Immunity In Children

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Childhood

- Is the period extending from birth to sixteen years
- It is the period of growth and development where the tissues of the body are immature and undifferentiated with low immunity power, Low tolerance and Kapha predominance.

Suvarna Prashana

- It is Described in KASHYAPA SAMHITHA is intended to boost memory, intelligence and immunity of children.
- It is administration of pure gold along with cows ghee and honey.
- Benefits of administering gold was known since ancient time.
- It is believed that regular intake of gold rejuvenates health condition.

Gold in the form of fine gold dust, red colloidal solution, suvarna patra, suvarna bhasma, suvarna parpati etc often combined with ghee, honey, medhya and rasayana herbs is popularly used in ayurvedic therapies.

Severe and chronic diseases which are unable to controlled by palliative and purificatory procedures can be cured by the administration of gold preparations.

It is believed that wearing gold ornament itself increases health, wealth, lusture and longevity of the individuals.

Methods of Enhancing Immunity In Children

- Intake of nutritious diet during pregnancy.

- Administration of colostrum to new born.
- Administration of unequal quantity of ghee and honey immediately after birth.
- Suvarna prashana
- Administration of rasayana and balya drugs.

Suvarna Prashana Practise

1. Metallic gold rubbed on clean rubbing stone with water till fine gold particles are released, mixed with fine powders of medhya and rasayana herbs along with ghee and honey is given to the new born.
2. Suvarna has been advised to rubbed on a rubbing stone with water and emulsified with ghee and honey.
3. Thin leaves of gold is red heated ,dipped in boiled milk.
4. Purified gold wire inserted into processed underground stem of VACHA. This suvarna vacha rubbed in a clean rubbing stone with milk or water. Paste should be administered to the child with ghee and honey.
5. Ghee fortified with medhya and rasayana herbs like brahmi, mandukaparni, yashti madhu, shankapushpi, vacha and guduchi along with suvarna bhasma and suvarna bindhu is prepared.

Duration

1. On the day of Pushya star every month (24-30 doses).
2. 10-12 days per month, such 6-12 cycles
3. For a period of one month.

4. For a period of three months.
5. For a period of six months.
6. For a period of one year.

Dosage

- Less than 0.2mg per dose
- One month old baby 0.02mg, increasing 0.02mg every month.

IMPORTANCE OF PUSHYA STAR

Pushya star day is considered to be best for improving health. Medicines collected, prepared and administered gives additional benefits.

Benefits

1. Enhances immunity
2. Improves physical and mental health.
3. Restores healthy functioning of the brain.
4. Improves concentration, grasping power, intelligence and memory.
5. Improves digestive process and reduces obesity.
6. Helps in overall development of children.
7. Suvarna prashana is not vaccination method in Ayurveda and not a substitute for

immunisation schedule but supplement.

8. Suvarna prashana is rasayana chikithsa, hence should be administered continuously to get optimum therapeutics for the physical, mental, intellectual and spiritual well being of the children.

9. Gold nano particles quickly absorb and assimilate. It bypass digestion and directly absorbed via sublingual route into the bloodstream.

10. Gold in suvarna bhasma is approximately 20-35nm in size, it can reach the affected site after oral administration via intestinal absorption and possibly can release Au (I) ions in a sustained manner for therapeutic action

Diet During Suvarna Prashna

- No restriction in regular diet.
- Better to administer in empty stomach.

Contraindication

- Children suffering from liver and kidney disorders.
- Children with organ transplants.
- Children on immuno-suppressive drugs



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प्रसूति व स्त्री रोग एवं एक्यू. विशेषज्ञ



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नोट : जरूरी जाँच और बेहतर इलाज, आपकी सन्तुष्टी की हमारा एक मात्र उद्देश्य।

Hernia Causes & Treatment

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In Ayurveda hernia is known as Antravridhi, aantkautarna or antrashoth. Hernia is not a disease; it is a localized & limited looseness & disability of the respective muscle especially abdominal muscle & mesentery covering abdominal organs.

Most of the people are unaware about the hernia occurring in new born & adult male or female. Apart from this most of the time hernia in primary stage is asymptomatic. So mostly patient realize it when it becomes complicated. Due to weakness of muscle when intestines protruded out from the abdominal internal wall (mesentery) is called hernia. It does not occur due to crack or damage of mesentery, but it occurs due to weakness of muscles. This kind of situation can occur in other parts of the body also, apart from intestines. Hernia mostly occurs in naval region & is more commonly seen in females than in males. The displaced intestines look like a swelling from outside but it actually not a swelling & it subsides in lying position. Hernia may occur to anyone at anytime irrespective of age i.e. from childhood to old age.

Causes of Hernia:-

Generally people think that hernia occurs due to heavy work & excessive pressure on abdomen but this is a precipitating situation which causes hernia easily to a person.

There can be one or more reason for hernia as splitted below in three primary categories---

1 Mechanical Causes :-

Increased pressure inside the abdomen due to acute or chronic constipation, forcing out abdominal gases, straining bowel movements, lifting heavy objects incorrectly or without proper support, sedentary life style, forcibly sneezing & coughing, excessive athletic activities, over eating, congenital deformity in

body structure, obesity, recurrent pregnancy, increased age, frequently bending incorrectly ETC.

2 Chemical Causes :-

To use excessively & on regular basis- alcohol, smoking, recreational drugs, medicines which weakens the digestive system, intake of nutritional supplement, red meat, ice cold water & sodas, food in nature which slow down bowel movements creating constipation, chemical contamination of hernia site tissues.

3 Emotional or Mental Causes :-

There is a long list of emotional conditions in a person but in short

The emotional components may vary person to person resulting in mental stress & sleep disorder resulting in hernia.

Symptoms of Hernia:-

When the intestines descend down then in the beginning a mild swelling is felt at one or both groins or in abdominal region. This swelling is very soft & small like a hen egg or even smaller than that. Mostly it is felt at the time of walking or in standing position & not all the time. This swelling also subsides by little massage or pressure. Usually this small swelling is not painful or discomfort able, but sometimes when more part of intestine protrude out & do not reduce to its place the person feels severe pain & discomfortness. Generally it occurs in abdominal & inguinal region. In children it mostly occurs in umbilical region.

Stages of Hernia:-

In 1st stage finger get penetrate into the hole of hernia.

In 2nd stage hole becomes loose & get affected by coughing.

In 3rd stage by coughing protrusion originates.

In 4th stage the intestine/ internal part gets descends in to hernia but reduces to its place by itself, sometimes with little pain.

In 5th stage the descended part in hernia does not reduces to its place and accompanied by severe pain.

Types of Hernia:-

1 Inguinal Hernia :

It may be simple (one sided) or double (both sided). In this type the intestines descends at the juncture of abdomen & thigh i.e. inguinal region

2 Scrotal Hernia :

In the intra uterine life of fetus the testes in male remains in the abdominal region. After birth it descends down in to the scrotum & remains there forever. The orifice (hole) through which these testes descends get closed after some time, but in some males it fails to get closed completely resulting in descending down of intestines in scrotum.

3 Femoral Hernia :

in this type hernia occurs through femoral canal. Male-3%, Female-17%

4 Strangulated hernia :

When there becomes an obstruction on the neck of protruded part & it becomes like strangulation its termed as strangulated hernia. Operation is the only way out to deal with such type of hernia.

5 Umbilical Hernia :

In this type of hernia intestines bulges out from umbilical or naval region.

How to Diagnose Hernia:

It is very easy to diagnose it. On coughing hernia swelling appears. Depending on the site & symptoms from which hernia appears, different type & stages can easily be identified. For diagnose of hernia there is no need for pathological tests or x-ray.

Treatment of Hernia :

As hernia is not a disease, it is only weakness &

looseness of muscles so there is no effective medicine to cure hernia. Experts of Ayurveda, allopathy & homeopathy agree on this fact. But still in primary stage it can be cured by exercise, ayurvedic medicines & applications, proper support & by preventing the said reasons. These remedies make abdominal muscle strong. Exercise & yoga such as-shavasana, padmasana, shirsana, pawanmuktasna, uttan padasana, sahaj agnisarasana etc. are effective.

Deep breathing exercise at an empty stomach for 2-3 times a day is also effective.

Abdominal belt is mandatory to tie.

Ayurvedic Treatment:

Avoid the reasons responsible for hernia.

Keep wet mud on abdomen for half an hour, then keep hot and cold fomentation on abdomen, and then take lemon cold enema for at least one month.

Take complete body steam in a week.

Massage the effected part with mustard oil daily for 10 minutes increase it to 10 minutes. If descend is on right side then massage circularly from right to left, and if it occurs on left side then massage circularly from left to right side.

Take two gms churna of bark of root of palasha twice daily.

In the oil of errand make lepa with churna of root of indrayana & seed of karanja, apply it on affected part twice a day.

To tie leaves of besharam plant applying luke warm mustard oil on it in the night is a effective remedy for hernia.

Taking 5 grams of daru haldi churna with cow urine twice daily cures hernia.

Arogya vardhini vati, vridhi badhika vati, shashi shekhar rasa, kanchnar guggulu aantra vridhi ha, gutika, kumariasva are also effective treatments depending on the stage of hernia.

Recurrence of Hernia:

In almost 10% of patients hernia can reoccur after surgery at that site.

Recent Trends In The Management of "Fistula In Ano"

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Abstract:

The disease fistula in ano is a common anorectal surgical disease since the period of Hippocrates (460-356 BC). Sushruta "the father of Indian Surgery" (1500-1000BC) has recognized *Bhagandar* with its surgical and parasurgical management, which is very much similar to fistula in ano. In spite of many surgical and minimal surgical procedure developed from time to time but the problem of recurrence and management of high rectal fistulas remains challenging. *Ksharsutra therapy* and modified *Ksharsutra therapy* is found to be most successful in terms of its efficacy, minimal invasive procedure and an ambulatory management in fistula in ano.

Introduction:

The Fistula in ano has been recognized as a difficult surgical entity in all ancient and modern medical science in the world. It is defined as a tract lined by unhealthy granulation tissue having a primary source in the anal canal but a secondary opening in the perianal skin. The overall prevalence of anal fistula is 8-10 cases per 1,00,000 population with male:female ratio of 2:1. The disease is not life threatening but causes discomfort and pain to the patient which affects the normal routine of the patient. The fistula in ano usually occurs as a sequel to the ano rectal abscess (90%) or can develop secondary to trauma, tuberculosis, crohn's disease, anal fissure, certain infections like actinomycosis, chlamydia, lymphogranulome venereum etc, malignancy of anal canal and rectum and exposure to irradiations(10%)¹.

In Ayurveda the description of *bhagandar* very much simulate to the fistula in ano. The *Bhagandar* is a disease was known from early days. There is detailed description available in *samhitas* and *puranas*. Sushruta "the father of Indian surgery" was first to describe in detail the etiology pathology, classification & management of the diseases. He described the fistula in ano as *mahagada* i.e. difficult to treat.

Classification of Fistula in Ano:

Various classifications for fistula in ano have been

proposed over several decades, the most widely used classification for fistula in ano was formulated by "Parks in 1976". The classification relates the type of fistula to the external anal sphincter / Puborectalis complex. According to Park's classification anal fistulas are classified into four main types. There are

- Intersphincteric fistula
- Transphincteric fistula
- Suprasphincteric fistula
- Extrasphincteric fistula

Anal fistulae can also be clinically classified as simple and complex anal fistula. A simple anal fistula consists of a single tract that involves < 30-50 % external sphincters. Complex anal fistula may consists multiple tracts in >30-50% of external anal sphincter are found in an anterior location and may be related to an etiology of radiation exposure and inflammatory bowel disease. Complex fistula may be found in patient with already compromised sphincter function (prone to incontinence).

Clinical features:

Primarily it is disease of middle age, commonly between 30-60 years of age group. Almost all patients give a history of having an abscess in perianal region that burst and discharge pus intermittently or continuously since then. In many cases there may be

history of one or more operation for the original abscess/ subsequent fistulae.

In few cases the discharge will follow to some other rectal or gynecological operation where the perineum was torn. In these cases the fistula is situated anteriorly and often opens in posterior vaginal wall in females (recto- vaginal fistula). There may be discharge mixed with faeces and flatus.

Usually it is a painless condition but if the discharge stops leading to accumulation of pus; pain is felt till the abscess burst which gives immediate relief. There is soreness, itching and discomfort in perianal skin are common due to pruritis resulting from the moist condition of the perianal skin.

In cases of anal fistula secondary to other diseases like proctitis, Crohn's diseases, ulcerative colitis, actinomycosis or carcinoma of anorectal origin present with additional bowel symptoms. If fistula is due to tuberculosis there may be history of tuberculosis.

The external opening can be seen as an elevation of granulation tissue discharging pus. Digital rectal examination may reveal an indurated cord like structure under the skin in the direction of internal opening with asymmetry to the opposite side. Internal opening may be felt as indurated nodules or pits leading to an indurated tract.

Investigations:-

- Anoscopy should be done before operation to locate the primary or internal opening.
- Sigmoidoscopy should be advised to locate a proximal internal opening and to exclude underlying pathology such as proctitis or anorectal growth.
- Colonoscopy or barium enema are indicated in the patients suggestive of inflammatory bowel disease and in patient with multiple or recurrent fistulas.
- Anal Manometry : It is not required in all case but useful to plan the operative procedure in females with previous obstetric trauma. In an elderly patient having symptoms of Crohn's disease or AIDS or in patient with recurrent fistula².

• Fistulography : Fistulography modified by professor Deshpande P.J. is useful to locate the course of the fistulous tract and level of internal opening³.

• CT Scan : It is used to assess the perirectal spaces and helpful in the drainage of perirectal abscess. It does not permit visualization of tracts in relation to the levators.

• Endoanal/Transrectal ultra sound : It is useful to establish the relation of primary tract to anal sphincters, to differentiate a simple and complex fistula and to locate the primary opening. The equipment with a facility of 3D imaging is the latest and useful to show the complete course of the fistulous tract^{4,5,6}

• Magnetic Resonance Imaging (MRI) : MRI is helpful in the assessment of patient with complex fistulas and those with anatomic distortion resulting from previous surgery. It can provide multiplanar, visualization of sphincter muscles, differentiation of supralevator from infralevator lesion easily. MRI can easily determine the presence and course of primary fistulous tract as well as able to demonstrate secondary tracts and internal openings.

Treatment:

The principles of surgical intervention aims to eliminate the fistula, prevent recurrence and preserve sphincter function, the success depends on accurately identification of primary opening and dividing the least amount of muscle possible. Several procedures are in practices which are as follows:

- Lay open technique: It is useful for the treatment of simple intersphincteric and low transsphincteric fistulas. A probe is inserted from the external opening along the tract to the internal opening at the dentate line. The tissue over lying the probe is incised and the granulation tissue is curetted.
- Seton: The problem of preserving anal continence and treating the fistula is more difficult in the management of high transsphincteric fistula. The use of lay open

technique in combination with insertion of a Seton is useful in cases where the fistulous tract crosses the sphincter muscle at a high level.

Anorectal Advancement flap: This procedure is useful in anterior fistulas in women, in patients with inflammatory bowel disease, in high transsphincteric and suprasphincteric fistulas, as well as in those with previous multiple sphincter operations, multiple and complex fistulae. Advantage of this technique are reduction in duration of healing, reduced associated discomfort, minimal deformity to anal canal & little sphincter muscles damaged. The success of the procedure is reported as 90%. Failure of procedure may be in cases of Crohn's disease and use of steroids⁹.

Fistulectomy : The Limitation of technique are prolong healing time due to large wound, the greater risk of incontinence as greater separation of muscle ends occurs and greater risk of injury to the underlying muscle leading to the risk of incontinence.

Fibrin Glue : This treatment modality is useful as it is minimal invasive, reduces the risk of incontinence, it may be repeated in recurrent fistulas. The technique involves the injection of fibrin Glue into fistulous tract. The technique has short term success state of 70%-74%¹⁰ and 60% success in long term follow up.¹¹

Bio prosthetic fistula Plug: Recently the use of bio prosthetic plug made from lyophilized porcine intestinal submucosa is in use for complex fistula.¹²

Ligation of Intersphincteric fistula tract (LIFT)¹³: The tract is identified at the level of inter-sphincteric groove after making a small linear curve incision without dividing sphincter muscle. The tract is divided in the intersphincteric groove very close to internal opening between ties. The internal opening is closed by suturing. The external opening is left open to dry. The intersphincteric incision is closed. The initial study shows 94% success

but subsequent studies shows 55 to 82% success rate. The risk of incontinence is minimal¹¹.

Fistula Laser closure : The use of laser in the treatment of anal fistula was first in produced in 2011 by Wilhelm. This novel sphincter saving technique was an emitting laser probe (Fistula Laser Closure) (FilaCTM), Biolitec, Germany, which destroys the fistula epithelium and simultaneously obliterate the remaining fistula tract¹⁴.

Video- assisted and fistula treatment : (VAAFT) It was developed by professor P. Meinero in 2006 but adopted in India 2012. The technique involves the identification and secure internal closure of internal fistula opening and cauterization of fistulous tract under vision by using a specially designed fistuloscope. Initial study on 136 patients shows 73.5% success in 2-3 month follow up¹⁵.

Adipose- derived stem cells: Application of autologous ASCs (Cx 401) is an approach for enhancing regeneration of damaged tissue in an environment particularly unfavorable wound healing. After curetting of fistulous tract and suture closure of internal opening, ASCs solution is injected in fistulous tract and into the wall of fistula, followed by sealing tract by fibrin glue. But till date it is difficult to make an opinion regarding its efficacy in terms of finically viability because of limited available data¹⁶.

Kshar Sutra Therapy:- Ksharsutra therapy is an age old, simple and safe minimum invasive surgical technique for the treatment of fistula in ano described in Ayurvedic classics. The technique is scientifically validated in the department of Shalya Tantra, Faculty of Ayurveda, I.M.S, Banaras Hindu University, and is being practiced in fistula in ano, including complex and recurrent fistula since 1965 with great success. Ksharsutra is a medicated seton made from herbs which serves cutting, drainage and simultaneous healing of fistulous tract. The damage of

sphincter is minimal and chances of incontinence are almost nil. It is cost effective, day care procedure and hospitalization is not required in most of the cases. During course of treatment the patient remains ambulatory and can perform normal daily routine. Cure rate is 96%^{17,18,19}.

• IFTAK (Interception of Fistulous Tract with application of Ksharasutra):- It is a modified Ksharasutra therapy which is useful in treating all type of fistula including complex and recurrent fistula. The technique involves interception of fistulous tract at intersphincteric plane along with application of ksharasutra from site of interception to the infected crypt in anal canal. The technique is aimed to eradicate the infected anal crypt without damage to anal sphincter by using Ksharasutra. Continuous drainage of any abscess cavity side by side preventing recurrence. The duration of treatment is significantly reduced. This technique is developed in department of Shalya Tantra and named as IFTAK, BHU. The credit goes to Professor Manoranjan Sahu²⁰.

Conclusion :

- The ksharasutra therapy and modified ksharasutra therapy i.e. IFTAK are better technique than other surgical procedure for the treatment of all fistulas in ano including recurrent and complex fistula in ano.
- Ksharasutra treatment does not require hospitalization where as the average hospital stay following surgery varied from 3 to 16 day.
- It is easily available and cost effective where as other surgical or minimal assess surgical procedure are available only at higher centers and cost of the treatment is more.
- Patient can perform is normal routine.
- Ksharasutra therapy appears to be the best option for fistula in ano where there is no post therapy major incontinence. Success rate is as high as 95-96% and least recurrence rate i.e. 5 percent.

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Role of Diet in the Management of Sthoulya (Obesity)

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Sthoulya (Obesity) is one among the major diseases of modern era. Due to continuous changing lifestyle and environment; man has become the victim of many diseases mainly caused by unwholesome dietary habits and obesity is one of them.

Obesity refers to excessive or abnormal accumulation of the body fat, usually 20% or more over an individual's ideal body weight. It is associated with increased risk of illness, disability and in extreme condition — death. Its evaluation is based on the degree of excess fat. Normal (ideal) BMI (Body Mass Index) ranges between 18.5 and 25. BMI less than 18.5 denotes underweight while 25-30 is considered overweight and above 30 indicates obesity.

In Ayurveda, Sthoulya is described as excessive accumulation of Medho dhatu. (Ch.Su.21/4-5). It has been described one among the Astaninditapurusha (Ch.Su.21) and also in the Santarpanajanya roga (Ch.Su.23). It's difficult to treat Sthoulya as compared to Krishta (malnourished). And the bigger drawback of Sthoulya is that it has got social stigma along with the health problems.

Prevalence of Obesity

- Globally, there are more than 1 billion overweight adults, at least 300 million of them are obese.
- Obesity and overweight pose major risk for chronic diseases, including type 2 diabetes, hypertension, stroke and certain form of cancer.
- At least 2.8 million people each year die as a result of being overweight or obese. Causes of Obesity The key causes are increased consumption of energy-dense foods high in saturated fats and sugars and reduced physical activity. Other causes are hormonal imbalance,

increased free fatty acids, stress etc. In Ayurveda, so many etiological factors are there like excessive intake of food especially guru, madhura, sheeta, snigdha diet; no exercise or physical activities, emotional causes like excessive happiness or grief etc. Besides these dietetic, regimomial and psychological factors, hereditary components (bijadosha) has also been described in causation of Sthoulya by Acharya Charaka.

Sign and Symptoms

Charaka has narrated Pratyatma lakshana (rupa) of Sthoulya as Medomamsa ativridhi, Chala sphikaudara-stana, Ayathaupachya, Anutshaha (Ch. Su 21/9)

Besides these cardinal symptoms, eight disabilities of Sthoulya are:

- i. Ayusohrasa (Diminution of lifespan)
- ii. Javoprodha (Lack of enthusiasm)
- iii. Kriccha vyavaya (Difficulty in sexual act)
- iv. Daurbalya (Debility)
- v. Daurgandhya (Foul smelling of the body)
- vi. Swedabadha (distressful sweating)
- vii. Kshudhatimatrata (excessive hunger)
- viii. Pipasatatiyoga (excessive thirst)

Due to obstruction of Srotas by Meda, the Vata moves mainly to the stomach; whips up the Agni and absorbs the food. The corpulent man digests food speedily and craves for food inordinately. Over eating produces more upadanarasa which causes over production of Medho dhatu and leads to Sthoulya.

Management of Obesity

The strategies of management are to reduce the weight and the risk of complications and improve the quality

of life.

In Ayurveda, the main line of treatment for Sthoulya is:

- Guru - Apatarpana
- Vyayama (exercise)
- Langhana
- Lekhana
- Chedana
- Kshara, yava, madhu, mudga etc.

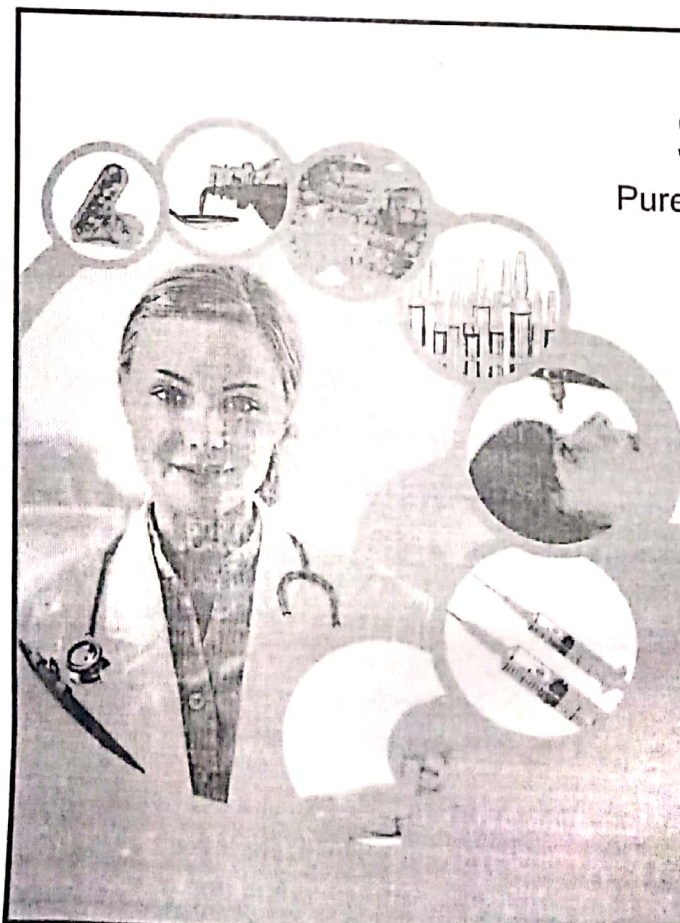
Aahara (diet) has been accepted as the main reason behind obesity. Thus, when it comes to management of the disease, the importance of diet can't be ignored. Our Learned Acharyas has described various dietary regimens for correction of increasing weight/ obesity.

- Food & drinks that reduce Meda, vata and kapha are used for treating obesity.
- In diet, Prashatika (an inferior cereal), Kangu (foxtail millet), Syamaka (Echinochloa

colonom), yava (barley), Kodrava (kodrava millet), Moong dal, Kulattha (kulthi dal), Makustha (moth bean), Aahaki (arhar dal), Patola (parwal), Aamlaki (amla) are to be used. (A.H.Su.14/21)

- Yava, Mudga, Kullatha, Mastu, Syamaka, Takra are to be used in the diet for reducing obesity. These not only help to reduce body fat but also reduce Triglycerides & LDL and simultaneously enhance HDL.
- Hot water (cooled at room temperature), lukewarm water left after boiling rice in 14 times water, chhach with jeera & black salt are good for reducing fat. Condiments for Medoroga (Sthoulya/obesity) are Jiraka, Trikatu, Hingu, Sauvarchala etc (Yogratnakara)

Thus, it can be said that diet is not only beneficial but safe and effective in the management of obesity.



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Raktavasecana (Therapeutic Blood Letting)

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Justification of choosing tools:

If the blood is thick (Avagadha) then Jalauka is good, if the doshas are localized (Pindita). Pracchana is better. In case of generalized vitiation, Siravedhana is preferred and in case of vitiation in subcutaneous region. Shringa Alabu is preferred. (Sushruta)

Raktavisravana with Shringa (cupping by horn)

Shringa denotes the horn of cow. Its length is 10 angula on average and the attaching portion has the diameter of 3 angula. The sucking end has a hole of mustard seed size.

Technique:

After performing Snehana, Svedana and Pracchana at the desired site of bloodletting, the Shringa is placed. Thereafter, suck by mouth through the hole in horn; it will create vacuum in the horn. It will help the blood to let out. The mouth should be closed to maintain vacuum in the horn. When you want to remove the Shringa, hole should be open down. Suction can be performed by the suction apparatus instead of mouth.

Raktavisravana with Alabu (Cupping by Gourd)

The diameter of the Alabu yantra is 3-4 angula and it has two openings on either side. Owing to Katu, Ruksha and Tikshna guna, it is used specifically in the Kapha predominated illnesses.

Method:

It works on the principle of vacuum extraction. A lamp is placed on the place of application of Alabu and the lamp is ignited. The lamp remains in the ignited form up to when the air remains in the Alabu. When all of the air is used present in the Alabu, the lamp goes off. Owing to this action, vacuum develops inside the Alabu. The Alabu is remained in the same position for ten to fifteen minutes. Now a day, a glass is used to cover the lamp instead of Alabu. This procedure is named as cupping.

Raktavisravana with Pracchana (Scarification)

Pracchana-karma is adopted when doshas are situated in tvak and blood is remained in pindita state. Method: With the help of sharp instrument the cuts are applied on the desired body parts from below upward.

Raktavisravana with Siravedha (Venesection or venepuncture)

Siravedha is said to be the half treatment in the Shalya Tantra. Different veins are punctured according to the need and according to the parts of the body involved.

Jalaukavacharana:

Jalauka is used for the bloodletting especially in extensive thrombosis and in the predominance of Pitta-dosha. Bloodletting with the help of Jalauka is more physiological and feasible both to the patient and doctor.

Uses of Jalauka:

As swan can separate milk from the water mixed milk, likewise the Jalauka can separate pure and impure blood and sucks impure blood only.

Salivary secretion of leech:

Salivary secretion of leech is found to be very useful. It contains medicinally useful substances. Some of them are mentioned hereunder:

1. **Hirudin:** It is a proteolytic and thrombin specific inhibitor. It retards the coagulation of blood. Mature hirudo-medicinalis contains 285 ATU of hirudin varying with feeding state. Regarding the structure it is polypeptide with molecular weight 10800 based on amino acid composition. Hirudin is characterized by high proportion of decarboxylic acid, which explains its acid character, and by absence of tryptophan, methomine and argentine. A specific inhibitor of thrombin, hirudin inhibits

coagulation in the initial stages of clotting and doesn't require presence of other coagulation factors or plasma constituents.

2. **Bdellin:** It is also a proteolytic inhibitor. Bdellin with a molecular weight of about 5000 is the smallest known naturally occurring inhibitor of trypsin, plasmin and acrosin and may be useful in medical science where plasmin inhibition is indicated.
3. **Eglin:** The low molecular weight Eglin is a potent inhibitor of elates, cathepsin G, chymotrypsin and subtilisin. This polypeptide is of medical interest for several reasons. Eglins effectively block the inflammatory response induced after localized trauma or surgery. It is effective against some kind of collagenolytic, ulcerative conditions of the gut endothelium e.g. Crohn's disease, in addition, against non-specific proteolysis of clotting factors associated with septicemia.
4. **Hementin:** It is another anticoagulant found in the salivary gland of *Haementeria ghilianii* and is different from hirudin in action mechanism. It is a fibrinogenolytic enzyme which degrades fibrinogen and fibrin in plasma. This enzyme is useful in medical therapeutics because of insensitivity to natural proteolytic inhibitor present in human plasma.
5. **Collagenase:** It inhibits platelet aggregation.
6. **Apyrase:** It is also a platelet anti-aggregant.
7. **Decrosin:** A potent glycoprotein antagonist and inhibitor of platelet aggregation.
8. **Hyaluronidase:** Nobel laureate Claude showed that this substance is not hirudin and that it is located in the anterior part of the leech. This substance is mucolytic and specific for hyaluronic acid. Leech hyaluronidase has powerful antibiotic properties as well as good effect in the management of Glaucoma, alcoholism, arthritis and heart disease.
9. **Orgelase:** It is a specific hyaluronidase and helps in skin penetration.
10. **Anaesthetic:** The bite of all blood-sucking leeches is painless. It is supposed that this is

due to an anaesthetic agent secreted by the leech. This substance is not identified yet, but it is known that this is different from Hirudin.

11. **Vasodilator:** Except for well known anticoagulants, there is substance to prolong bleeding. This vasodilator is histamin like substance and is shown in salivary gland of medicinal leech.
12. **Antistatin and ghilantin:** It is known that the salivary gland extract from *Haementeria ghilianii* inhibits lung metastasis formation. Antistatin which is purified from *Haementaria officinalis* and ghilantin from *Haementaria ghilianii* have homology in DNA sequence and both are effective to inhibit metastasis.
13. **Antibiotic:** Antibiotic properties of leech has been studied and it concluded that antibiotic in medicinal leech is produced by *Aeromonas hydrophilla* which lives endosymbiotically in its gut. This bacterium cultured in vitro inhibits tuberculosis, dysentery, diphtheria, *S.aureus* and other diseases.

Mode of action:

The leech's main therapeutic benefits are not derived from the average 5 ml of blood removed during biting (although this may provide dramatic relief at first), but from the fact that each bite wound continues to ooze up to 150 ml of blood for 10 or more hours. The goal then is to produce a minimally adequate venous outflow from the tissue by adjusting the number of bite wounds to suit the clinical situation. Researches indicate that after about 3 to 5 days, new vessels in growth around flap margins develop sufficiently to restore effective venous drainage.

Role of leeches in medical therapeutics

The use of the leech in the medical field goes back to ancient India and Egyptian times. The surgical book 'Susruta Samhitas' dictated the extensive use of leeches in various disorders.

1. **Reconstructive and plastic surgery:** Presently, medicine, especially the area of microsurgery, has been favored and improved by the use of the leech. Micro-surgeons today are adept at reattaching severed body parts.

such as fingers. They usually have little trouble attaching the two ends of the arteries because arteries are thick walled and relatively easy to suture. The veins, however, are thin walled and especially difficult to suture, particularly if the tissue is badly damaged. All too often the surgeons can get blood to flow in the reattached arteries but not veins. With the venous circulation severely compromised, the blood going to the reattached finger becomes congested, or stagnant; the reattached portion turns blue and lifeless and is at serious risk of being lost. It is precisely in such cases that leeches are summoned.

Whenever amputated parts are sown back or implantation or grafting done, leeches are used to enhance circulation of blood in the injured area. Blood will flow in through the arteries but it will not flow out through the veins, resulting in a build up of pressure. The reason for this could be that there are not enough veins or because the veins are not functioning well enough, as described above. In this case the leech is used to suck up the extra blood, causing a reduction in pressure, leading to a better circulation. The leech secretes a chemical that opens the vein thus helping in improvement in circulation. This has been one of the most important contributions of the leech to medicine over the last decade. Over the past several years countless patients have benefited from the use of leeches in microsurgery. As you know, leeches are used to overcome the problem of venous congestion by creating prolonged localized bleeding uniquely — it is the characteristic of leech bite. The artificial circulation gives the graft time to reestablish its own circulation, normally 3-5 days. The practitioner should be aware, however, that if the arterial supply is insufficient, the graft is very vulnerable indeed to infection from any outside source. including the leech.

The following criteria may help in diagnosing a true venous problem in a flap:

- Skin color change to bluish or dusky.

- Capillary return is brusquier than normal.
- Pinprick response: the bleeding should be rapid and dark.

The anti-coagulant when injected into a wound helps to stop a scab forming, preventing the skin from sealing over too quickly and it results in healing from the inside outwards. This is especially important where very delicate repairs have been done on tissues.

2. **Prevention of necrosis:** It has been proved that after transplanting or reattaching human limbs or the tissues, the blood supply at the site of the operation often fails to return through the veins to the heart but blocks up and reduces the supply of fresh blood through the arteries. This results in the death and decay of the tissues. Attempt by doctors using mechanical and chemical means to prevent tissue death once venous problems have risen, so far have failed. Some surgeons involved in the transplant, reattachment, removal of malignant tissues or cosmetic surgery have turned to remove blood from the site of the operation and to keep blood flow regular. The leeches suck-up blood and thereby prevent necrosis. They also provide enough time for capillaries to grow across the suture and allow normal blood flow to be resumed.
3. **Oedema:** Leeches are successfully used in the management of oedema. The leech itself provides immediate reduction of swelling by removing 15 to 30 ml of blood. Its most important contribution is the injection of Hirudin that keeps the wound seeping for another 10 hours on average.
4. It is used in the management of Peri orbital haematoma in the accident.
5. In Russia it was used in acute external otitis, adhesive otitis and malignant tumors.
6. Research on leech saliva is being done involving possible anti tumor effects of leech

saliva, as well as other properties that could help in heart-related diseases.

7. Use of leech in burger's disease.
8. One of their role in therapeutic is that they were used to get venom from snake bites out of human in ancient times.

A case study of effect of Jalaukavacharana in Buerger's disease

The patient name Anand age 35 years, male, came on 17th April 1999 with the c/o Pain in right leg for three years and a non-healing wound on the great toe of the right foot.

The patient started feeling pain in his right leg from knee joint downwards three years ago. Slowly and gradually, the pain and numbness started increasing and the distance of claudication started decreasing. One year ago, the patient noticed swelling and ulceration over the greater toe of the same foot. When the patient was admitted to this hospital, his greater toe cvas swollen, cold in touch and a non-healing ulcer was present on its tip.

The patient was a chronic smoker for 15 years and was taking treatment from L.N.J.P. hospital before

admission but not relived and the doctors at L.N.J.P. Hospital advised him for Lumber Sympathectomy. He then came to A&U Tibbia college Hospital for further management.

With the scientific application of the principal of Ayurveda and the judicious use of herbal and herbo mineral drugs accompanied with eight session of leech application (4-8 leeches in every session) over the right leg, the patient showed remarkable improvement within a span of about one and a half month. The results were confirmed by colour Doppler study.

Comparative reports of colour Doppler study

Colour Doppler study before treatment	Colour Doppler study after one month of treatment
Gross obliteration of the right proximal superficial femoral artery with resistance flow No flow is scen in the superficial femoral artery below the mid-thigh. No flow is seen in the popliteal artery. Multiple collaterals are seen in the thigh and knee. Deep femoral artery is attenuated with low resistance flow.	Block of the right superficial femoral artery. Multiple collaterals seen in thigh and knee. Patial recanalization of the popliteal artery is seen. It shows blood flow with low resistance and continuous forward blood flow. The anterior and posterior of low with low resistance and continuous forward flow.



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Metabolic Disorder Reasons & Prevention Through Ayurveda

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Metabolism is derived from the Greek word *metabole* means change. These enzymes catalyzed reaction allow organisms to grow, reproduce & maintain their structures & respond to their environments.

A cluster of biochemical & physiological abnormalities associated with the development of

1. Cardio vascular disease
2. Type 2 Diabetes
3. Increased blood pressure
4. Excess body fat around the waist (Abdominal Obesity)
5. Increase cholesterol levels
6. Increase risk of heart disease
7. Fatty liver resulting in Inflammation & the potential of cirrhosis
8. Kidneys are affected with Microalbuminurea (Leaking of protein in the urine)
9. Obstructive Sleep Apnea
10. Polycystic Ovary Syndrome
11. Risk of Dementia & early ageing etc.

Metabolic disorders are mainly related to the lifestyle. Ayurveda is the key source to prevent metabolic disorders. There are 3 main Factors to prevent Metabolic Disorders which are as follows:

- Ahara (Diet)
- Vihara (Life style)
- Nidra (Sleep)

DIET

- Freshly cooked food consume within 6 hrs of cooking

Seasonal food

- Balance food which contains all types of taste according to ayurveda six type of tastes available in the food
- Choose organic food (without pesticide)
- Avoid frozen, canned, processed & genetically engineered foods
- Avoid fake food with little nutritional value, refined white flour, white sugar, preservatives, artificial flavours & colours.
- Avoid left overs either cold out of the refrigerator or reheated
- Cook food slowly on a lower heat i.e. gently neither violently nor microwave
- Use fresh ripe fruits & vegetables
- Eat a wide variety of seasonal whole some food
- Eat according to your hunger level avoid eating when not hungry and do not delay or skip meals
- Eat approximately the same time every day
- Dinner must be light

LIFE STYLE

To maintain the lifestyle & prevent the diseases in the body there are 2 kinds of natural urges are explained by the Ayurved. Out of them one has to be controlled & other types are never be suppressed they are named as

- 1) Dharniya Vega (Which should be controlled) these are 4 types i.e.

1. Greed
2. Grief
3. Fear

4. Anger
- 2) Adharniya Vega (Which should not be suppressed) These are 13 types
 1. Urge of passing urine
 2. Urge of passing flatus
 3. Urge of passing faeces
 4. Urge of sneezing
 5. Urge of thirst
 6. Urge of hunger
 7. Urge of sleep
 8. Urge of coughing
 9. Urge of breathing
 10. Urge of Yawning
 11. Urge of cry
 12. Urge of cry
 13. Discharge of seminal fluid

Life style is nothing just to maintain the day to day resigm like

- Personal Hygiene,
- Body massage
- Bath
- Brushing of teeth
- Meditation
- Exercises
- No exercise after the food
- Brisk walk & yogik exercises only in the

morning

- Just after dinner don't go to bed immediately, mild walk for 10 to 20 mts after the dinner
- Different type of natural urges some should be controlled & some shouldn't be controlled
- Bowels should be cleared in the morning

SLEEP

- Early to bed Early to rise
- Day sleep is not allowed
- Minimum 6 to 7 hrs sleep in a day

Totally Prohibited Things According To Ayurveda Are

- Sudden variations in temperature regarding food & climate
- Curd & rice in the night
- Stale food
- Preservative food
- Honey & ghee in equal quantities
- Milk & fish together
- Milk & salt together
- Alkalies taken for long time
- Salt taken for long time
- Honey in hot drinks
- Sleeping during the day time

It's a very simple resigm one can follow in his busiest schedule & prevent so many diseases & maintain a good health.



Ayurvedic classical texts were written in India between 3,500 and 5,000 years ago.

Concept of Infection & Microbials In Indian System of Medicine

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Wisdom of ancient India have the Devine power of vision, they were minute observer and have strong faith on God. They also believe on the existence of the things which were not visible through naked eyes. Since the time of prevedic period, Vedic period & up to 16th Century A.D. the technology was not so much developed, the microscopes and other facilities to detect the microbes were not available. Even though our ancestors have, not only believed on existence of micro-organism, but they are also aware of the fact that certain micro-organisms are harmful for human being causing ill health in them.

About Micro-organisms :-

In Vedas which are supposed to be first literature of the world, description of several visible & invisible micro organisms by the name of **Yakshma, Raksha, Rkasha, Pishach Gandharva** etc. and their treatment with certain **Mantras, Sunrays, River water** & with certain herbal drugs are available.

In Ayurvedic literature **Acharya Charaka, Sushruta, Vagabhatta, Kashayapa** and other Acharayas have described visible as well as invisible form of micro-organism by using the term **Krimi**. They have also described the target tissues which are being affected by particular type of micro-organisms. They were also aware of the fact that certain types of micro-organisms are beneficial for the health of the person, for which the term **Sahaja Krimi** have been used. There are certain other types of micro-organisms which are harmful for the health of human being, the term **Vaikarima Krimi** have been used for these micro-organisms. These harmful micro-organisms have been further classified into certain groups on the basis of media within the body where they flourish more. A number of diseases & their management have also been described in Ayurvedic literature such as:- **Krimija ShiroRoga, Krimija Hridroga, Krimija Chhardi, Masurika, Romantika, Sheetala, Upadansha, Firang** etc.

which are caused by micro-organisms. Acute infectious diseases have been described as **Balagraha** in **Kashyapa Samhita**.

Transmission of infections :-

Means of transmission of micro-organisms have been also describes in Ayurveda. In this reference **Acharya Sushruta** says that diseases can spread from one person to other through sexual intercourse (**Prasangaata**) with infected person, coming in contact with the physical body of infected person (**Gatra Spersanaata**), sleeping on the same bed with infected person (**Saha Shaiyasana**), by using things such as cloths, utensils, garland (**Vastra malyanulepanaata**) etc. which have already been used by diseased persons. Infection also spread through air exhaled by infected patients, contaminated food & water (**Nihshwasaata Sahabhोजनाata**). The diseases which are developed in the form of epidemic have been described by **Acharya Charak** by using the term **Janpadodhwansa**. He has also described the cause of epidemics and preventive measure to be adopted for this purpose.

Ayurvedic Concept of Infection :-

According to the concept of Modern Medical Sciences the pathogenic micro-organism play a measure role in the development of any infectious disease. But on the

other hand Ayurveda have given equal importance to the strength of disease causing agents as well as immunity of person in the development of a disease. Explaining through an example Acharyas have told that just like, for the cultivation of crop, good quality of seeds and fertile land have equal importance. Without good quality of seeds proper growth of crop is not possible even in highly fertile land. On the other hand if land is not fertile even in the presence of good quality of seeds one could not get good crop and after a certain period of time seeds will destroy automatically. Similarly for development of disease powerful causative agent and favorable conditions for the growth of micro-organisms should be available in the body of victims. In the presence of weak causative agent, if conditions are not favorable for flourishing of micro-organisms in the body, then the disease will not develop.

Today we live in the world full of micro organisms. Every facet of our existence exposes us to bacteria, viruses, fungi, and numerous parasites. We have natural micro flora on all over the body, with in all orifices and throughout the gastrointestinal tract. The air which we inhale, the water which we drink and food which we eat all of them contain micro-organisms. Despite of continuous invasion of these micro-organisms in our body they fail to develop disease in a healthy and strong person. It is because in the body of these persons conditions are not favorable for the growth of micro-organisms due to presence of strong immune system. This immune system resists the organisms that tend to damage the tissues or organs. If due to certain reasons immunity of the persons become weak, these pathogenic micro-organisms start to flourish in the body resulting in the development of diseases.

Because in Ayurveda the weak immune is supposed to be major cause of development of the disease, therefore in this system of medicine a great emphasis have been given to assess the status of residual health of the patients by ten points examination (**Dasvidha Pareeksha**).

Line of treatment of infections diseases :-

According to the Ayurveda it is not the medicine which

treat the disease but the body itself has inherent power of self healing. Therefore the assessment of the state of residual health is important because chances of cure & healing depends upon it, medicines only help in enhancing the healing capacity of the body.

While prescribing the medicines to patients of infectious diseases special emphasis have been given to enhance the immunity of the patients. It is because Ayurveda believes that strong immune system of the body will resist the pathogenic micro-organism and will destroy them.

Preventive Steps :-

As for as the prevention of infectious diseases are concerned, directions have been given to control the spreading of diseases through avoiding the contact with infected persons, by not sharing the cloths, utensils food items, bed etc. with them. As Acharayas know that a few diseases are transmitted through unsafe sexual intercourse therefore they have given high emphasis to keep the moral values high and to follow the social code and conduct. They are also aware of the fact that unhygienic living conditions, dirty and polluted atmosphere causes the ill health of persons by providing favorable atmosphere for the growth of pathogenic micro-organisms as well as vectors such as flies, mosquitoes etc. Acharya have described the diseases which affect the particular area in the form of epidemics (**Janapadodhwansa**). For prevention of such diseases Acharyas have directed to keep the surroundings clean. To keep our body healthy they have suggested to migrate from the area of epidemics and to avoid living unhygienic conditions.

In the present scenario the Ayurvedic concept of infection and line of treatment seems to be more relevant as we can see in most of the infections at present. Our body is continuously exposed to various micro-organisms and there is continuous invasion of these micro-organisms, but they are unable to affect our health until we have good immunity. And when there is deterioration of immunity a number of opportunistic infection will easily affect our health. Therefore in the management of infectious diseases more emphasis has been given in enhancing the immunity of the patients.

Introduction and Importance of Panchakarma

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Introduction

Panchakarma is a detoxification process for purification of the toxins accumulated due to the morbid condition of doshas. This therapy restores balance with natural law to maintain the equilibrium of doshas and stabilize the internal milieu of body. Panchakarma helps to eliminate toxins in a more stable way, allowing healing of tissues, cleaning of srotas (channels), improving digestion and mental functions. Panchakarma therapy is beneficial before the symptoms of Nija Roga become visible¹. Shodhana is appropriate for person those possess good strength, Mandagni and severity of disease²

According to Ayurvedic texts our body is a network of srotas. Diseases occur when toxins get accumulated in body and clog these Srotas. These accumulated toxins have to be expelled out in order to keep the body healthy. Through Panchakarma therapy these toxic clogs are cleared to restore normal physiological process. Panchakarma therapy is not only for diseased person it can also be administered to a normal person to prevent diseases and keep his body healthy. Therefore it is an important therapy for maintaining the health of individuals and also regulates with imbalance doshas to cure the diseases.

The word 'Panchakarma' means five karmas. The "Pancha" word is a symbol of blessing of the god called "Mangalam" and this represents that all the procedures of treatment should require the presence of god. There is reference that all constituent of universe forms body or Panmahabhuta are main constituents of the body. All living and non-living things are a combination of pancha bhuta (prithvi, apa, thejas, vayu, akasa). To regulate the living body, Acharyas concised pancha bhutas into tridoshas (vata, pitta, kapha) and therefore the main aim of treatment is to stabilize the equilibrium among these doshas.

'Karma' word may be defined as method, procedures, techniques etc. Here it can be describe as procedures of treatment and preventive measures.

According to Ayurveda, vyadhi has been defined as the state in which both the body and mind are subjected to pain and misery. This is the state of imbalance of three doshas. The measures undertaken to restore the doshika equilibrium is called chikitsa¹. In Ayurveda, chikitsa has been broadly classified into two groups:

1. Shamana

The treatment, which doesn't eliminate the doshas or elevate those, which are in normal condition but tries to bring equilibrium in the imbalanced doshas, is called as "Shamana". It may be done in seven ways⁴

- 1) Pachana
- 2) Deepana
- 3) Kshudha
- 4) Trushna
- 5) Vyayama
- 6) Aatapa
- 7) Maruta

2. Shodhana

The treatment through which increased doshas are eliminated and balance is established between them is referred to as "Shodhana". Shodhan is considered as a prominent process. Shodhan is so important because the diseases treated by this way may not occur at all or

the chances of recurrence become too less⁶. Drugs used for shodhan posses various types of potency and able to remove doshas via upper and lower route⁷.

Process of Panchakarma (Comprises of three parts)

Purva Karma (Preparatory Procedure)	Pradhan Karma (Main Procedures)	Paschat Karma (Methods After Main Procedure)
Snehana (Oleation therapy)	Vamana (Emesis)	Samsarjana Karma (specific dietetic regimen and mode)
Swedana (Sudation)	Virechana (Purgation)	
	Shirovirechana (Nasya or putting medicines through nostrills)	
	Niruha basti (medicated enema)	
	Anuvasana basti	

Sushruta clubbed the basti karmas mentioned separately above together as enema therapy and in the vacant place adds Rakthamokshana or Blood letting as the fifth measure of shodhana (eliminative or purificatory) procedures

Among the both categories samshodhana has been given much emphasis because it eliminates the disease completely so much so that it does not recur again unless there being strong etiological factors, and at the same time it regulates the vitiated doshas from their very site of origin. Samshodhana therapy purifies or cleanses all the body tissues and micro-circulatory channels, and brings about the harmony of tridosha i.e. vata, pitta, kapha and manasa dosha (satva, raja and tama) in such a way that vitiated doshas are regulated in the body and long lasting beneficial effects of long duration are produced in the body.

Panchakarma is a very unique therapeutic procedure, because of its preventive, promotive, prophylactic and rejuvenative properties as well as providing a radical cure. These purificatory procedures consist of a variety of psychophysiological measures. Panchakarma therapy represents a similar integrated procedure. is designed to eradicate the vitiated doshas and to maintain a state of normalcy and equilibrium which is the fundamental basis of health⁸.

Characters of Samyaka samshodhana⁹

After taking manda, sweating visible first on head, forehead, heart, neck, scrotum, aksha and in temporal region

- Proper udgar
- Vishudhha vata karma
- Nirupdrava
- Pushti

Equilibrium state of dosha and relief from diseases considered arogya¹¹ (Symptom of arogya)

- Annabhilasha
- Bhakshaya paripaka sukham
- Shushta vina mutram vatatvam
- Sukhswapna ,pratibhodhanam
- Bala, varna, ayu
- Soumnasya
- Samagnita

Panchakarma Procedures

Panchakarma consists mainly three categories, solitary as well as companied it cure and prevent health problems. A diseased body can be compared to a soiled cloth which can not be colored as we desire. Hence to attain the maximum benefits, the body has to be purified or cleaned before starting the treatment. The cleared channels help medicines to penetrate the deeper tissues. Panchakarma therapy is a comprehensive samshodhana regimen under which all other similar procedures may be included. The classical panchakarma therapy consists of following groups of procedures.

1. Purvakarma
2. Pradhanakarma
3. Pashchat karma

1. Purva-Karma

This is a foundation of panchkarma, following preliminary methods tolerance and acceptance of the consequence of main procedure is improved. It makes changes in vitiated doshas to mobilise them without trouble, and thus easily removed from the body tissues without creating harm to the body. Purva-karma helps

to achieve best response of main procedure of Panchakarma, subsequently body develops sensitivity, to keep balance throughout the process of pradhan Karma. Devoid of pre-procedure produces complications as an unripe fruit get crushed during juice extraction, whereas ripped fruit is best, and juice can easily be extracted¹².

Pre procedures consist of¹³

- Snehana
- Swedana

Purva karma helps to move the doshas from sakha to koshta and can be excreted from their nearest route of excretion.

The evacuation of morbid, spoiled and vitiated doshas initiated since preliminary procedure. This is an effort to make up the body and its doshas in a proper state of elimination of ama dosha (toxins) also helps the pradhana karma to produce positive and stable response to the body.

Purva Karma establish a smooth and flexible pathway to the doshas and transferred energy to move their vitiated sites (Shakha) to the main compartment of body (Koshtha) and prepared to removed from the body easily. Apart from this it also helps to digest Ama thus helps to detoxify the body because non-extraction of ama doshas can damage the body tissues¹⁴

Purva Karma consists specifically two certain series of actions first is snehana following it is swedana, which should be conducted in a particular manner¹⁵

Freedomely directing pradhana karma early into the similar consequences of destruction as in dry wooden stick stir without lubrication and giving energy as force to it¹⁶.

Apart from these methods some other systemic procedures have their own importance to assemble the raw material procedure after improper digestion; these are rukshana (roughness), dipana (appetizer) and pachana (digestive) these actions should be applied according to the condition and require special sense of treatment.

2. Pradhana Karma

These are the main procedures and may applied as a single procedure or in different situations these may

used collectively. These procedures actually let off the impure material called "Ama Doshas" from their accumulation sites.

Various types of Pradhana Karma are defined according to acharya, but mainly their divisions are¹⁷

- Vamana
- Virechana
- Nasya
- Anuvasana Basti
- Niruha Basti

Blood letting (Sushruta) procedure also consider under main procedure of eradication the ama doshas from rakta dhatu.

3. Paschat Karma

It includes the regimens like Samsarjana Krama, specially planned diet and other post therapeutic measures like Dhumapana, Kavalgraha and Gandusha etc.

Conclusion:-

Panchakarma consists mainly three above categories, solitary as well as companied it cure and prevent health problems. A diseased body can be compared to a soiled cloth which can not be colored as we desire. Hence to attain the maximum benefits, the body has to be purified or cleaned before starting the treatment. The cleared channels help medicines to penetrate the deeper tissues. Panchakarma therapy is a comprehensive samshodhana regimen under which all other similar procedures may be included

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Dear All

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Female Infertility

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Infertility is the state of being unable to get pregnant or to remain pregnant upto the full term. To deliver a healthy baby, after trying for approximately 1 year (1). A lack of uniform definitions has compromised the research on infertility. It has been accepted that the terms infertility, childlessness or sterility, all refer to the incapacity of couples in conceiving or in bearing children when it is desired.

There are many reasons why a couple may not be able to conceive, or may not be able to conceive without medical assistance. Common believes that it is easy to have a child and is often surprised when the woman does not fall pregnant as soon as they start trying for a baby. The chance of getting pregnant in each menstrual cycle (each month) is very high. However, it may take a long time to conceive, even if everything is looks normal, because some may just be a bit weak. Eight out of every ten women trying for a baby will fall pregnant within the first six months. Women who do become pregnant without any medical assistance generally do so within 8 months of trying (2). It is common for couples to seek help and advice if there is difficulty conceiving. Overall, around 15 per cent (one in six) of all couples will seek help. The point at which they may want to seek help will depend on various factors. For example, if they are over 35 years of age or if they have any worrying symptoms, such as infrequent periods and so on, the couple should seek help after about six months of trying.

The burden of female infertility: A report states that in India, 13% of the ever-married women who were aged 15-49 years were childless in 1981, which had increased to 16% in 2001(3).

Infertility affects females in a one third proportion as males, but unknown and combined factors comprise the final third of this proportion. The infertility

statistics quote 10% of women in the U.S. ie 6.1 million.

The aetiology of female infertility: In India, the primary infertility cases are 3.9% (age-standardized to 25-49 years) and 16.8% (age-standardized to 15-49 years), which were found by using the "age but no birth", which was put forth by the WHO. According to the National Family Health Survey (NFHS) 2007, some states in India show low fertility rates (4).

The female infertility is difficult to diagnose, but it abounds in therapeutic options. Usually, a history of ectopic pregnancy, irregular periods, pelvic inflammatory disease and thyroid disease reflect infertility. The increased risk factors for the female infertility are:

- Weight problems
- Age related factors
- Advancing maternal age
- Sexually transmitted diseases
- Radiation and chemotherapy insults
- Smoking and alcohol use).

The ultimate cause of the female infertility translates to the:

- Ovulation problems (e.g. polycystic ovarian syndrome, PCOS, the leading reason why women present to fertility clinics due to anovulatory infertility.
- Blocked fallopian tubes
- Uterine and ova malformations.

Acquired and genetic factors have an equal share in the aetiology of infertility. Mutations, spontaneous and environmental, indeed are also responsible.

Modern Treatment of Female Infertility

Fertility drugs are often used alone as initial treatment to induce ovulation. If they fail as sole therapy, they may be used with assisted reproductive procedures, such as in vitro fertilization, to produce multiple eggs, a process called *superovulation* (5).

According to the American Society for Reproductive Medicine, fertility drugs can be divided into three main categories:

- Medications for Ovarian Stimulation. Clomiphene, follicle stimulating hormone (FSH), human menopausal gonadotrophin (hMG); luteneizing hormone (LH)
- Medications for Oocyte Maturation. Human chorionic gonadotropin (hCG).
- Medications to Prevent Premature Ovulation. GnRh agonists; GnRH antagonists.

Assisted Reproductive Technology

1. Intra Uterine Insemination (IUI): is a fertility treatment that involves placing sperm inside a woman's uterus to facilitate fertilization.
2. In vitro fertilization (IVF or Test Tube Baby): is a reproductive technology in which an egg is removed from a woman, joined with a sperm cell from a man in a test tube (in vitro). The cells fuse to form single cell called a zygote, which then starts dividing, becoming an embryo.
3. Intra Cytoplasmic Sperm Injection (ICSI): is the most successful form of treatment for men who are infertile and is used in nearly half of all IVF treatments. ICSI only requires one sperm, which is injected directly into the egg. The fertilised egg (embryo) is then transferred to uterus (womb).
4. Intra Cytoplasmic Morphologically Selected Sperm Injection (IMSI): IMSI (Intracytoplasmic morphologically selected sperm injection) is a new method based on motile sperm organelle morphology examination (MSOME) performed with an inverted light microscope equipped with high power optics enhanced by digital imaging to

achieve a magnification of 6600X

5. Testicular Sperm (TESA) ICSI: In obstructive azoospermia testicular sperm are used for ICSI.

Female infertility in Ayurveda

In the Indian system of Ayurveda, the approach to the female infertility is entirely different. In ayurveda, we compare the human body to the miniature universe. As a sprout comes out as a result of the combination of the season, soil, water and seed, conception takes place positively if these 4 factors are combined properly. In the human body, the fertility factor depends on the Ritu (ovulation) period, the kshetra (uterus), the ambu - pervading rasa dhatu which is formed by the digested food, the bija (ovum and the sperm) (6)

If there is any impairment in the above 4 factors, conception will not take place. In Ayurveda, 20 types of pathologies which are related to the genital organs have been discussed as yoni vyapath. These are caused by the wrong regimen, menstrual morbidity, genetic defects and as a result of evil actions which were done in the previous life (Daiva) (7).

When the reproductive system is affected by any of these yoni rogas, a woman becomes incapable of retaining or receiving the semen, as a result of which she does not conceive.

Yoni Vyapath Rogas

1. Vatika yoni Roga
2. Paithika yoni roga
3. Kaphaja yoni roga
4. Sannipatika Yoni roga
5. Rakta yoni, Asradghara (D.U.B)
6. Arajaska (Amenorrhoea)
7. Achrana
8. Aticharana
9. Udavartini (dysmenorrhoea)
10. Putraghni
11. Mahayoni

Then, there is Prak chrana in puberty, Upapluta in pregnancy and Paripluta (due to the suppression of

natural urges like sneeze, etc, the vata gets aggravated, causing oedema, tenderness and pain in the genital tract.) , Kamini (polyp), Antarmukhi yoni roga (distortion of the cervix), Suchimukhi yoniroga (Pin hole os), Shushka yoni (dryness of the vagina), Vamini (Semen is thrown out after 6-7 nights) and Shandi (female impotency).

Ayurvedic Treatment

Female infertility accounts for 35-40 % of overall infertility. Treatment depends upon the specific identifiable cause. Ayurvedic herbal treatment of female infertility is discussed below

Ayurvedic Treatment for Female Infertility

1. Ovulation disorder: Chandraprabha Vati, Yograj Guggulu, Ashokarishta and Dashmoolarishta. Herbal medicines useful in this disorder are: Ashoka (Saraca indica), Dashmool (Ten Roots), Shatavari (Asparagus racemosus), Aloes (Aloevera), Guggulu (Commiphora mukul), Hirabol (Commiphora myrrha) and Harmal (Paganum harmala).
2. Ovulation problems caused due to polycystic ovarian syndrome (PCOS):Latakaranj (Caesalpinia crista), Varun (Crataeva nuevula), Kanchnaar (Bauhinia variegata) and Guggulu. Thyroid gland disorders are treated using Arogya Vardhini, Kanchnaar Guggulu and Punarnava Guggulu
3. Premature ovarian failure(POF): Ashoka, Dashmool, Chandraprabha, Shatavari, Guduchi, and Jeevanti (Leptadania reticulata). These medicines can be given in addition to hormone replacement therapy.
4. Blocked fallopian tubes, adhesions (scar tissue) and pelvic inflammatory disease: Kaishor Guggulu, Triphala Guggulu, Guduchi, Kutki (Picrorrhiza kurroa) and Punarnava can be used in these conditions.
5. Cervical mucus: Vata (Ficus bengalensis), Ashwatha (Ficus religiosa), Udumbara (Ficus glomerata), Plaksha (Ficus infectora), Shirisha (Albizia lebec),Haridra (Curcuma longa), Yashtimadhuk (Glycerrhiza glabra), Saariva and Manjishtha (Rubia cordifolia).

6. Women who are underweight or have a small, undeveloped uterus or cervix:Shatavari, Ashwagandha (Withania somnifera), Vidarikand (Pueraria tuberosa), Ksheeridari (Ipomoea digitata), Bala (Sida cordifolia), Samudrashok (Argyria speciosa), Nagbala (Grewia hirsuta), Shrungatak (Trapa natans) and Yashtimadhuk.
7. Some women do conceive, but are unable to retain the pregnancy till full-term:Guduchi, Kantakari (Solanum xanthocarpum), Brihati (Solanum indicum), Gokshur (Tribulus terrestris), Bhrungraj (Eclipta alba), Yashtimadhuk, Pippali (Piper longum), Bharangi (Clerodendrum serriatum), Padmakashtha (Prunus cerasoides), Rasna (Pluchea lanceolata) and Manjishtha.

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Anorectal Disorders: General Public View & Awareness

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Abstract

Anorectal disorders are group of medical disorders including piles, fissure in ano, fistula in ano, rectal prolapsed, carcinoma, anorectal abscess etc. After pay attention the various problems of patient with their misconception, the thought came in mind that it is essential to recognize the general problems and awareness of people about anorectal diseases with their level of health education. The aim of this article is to share own experience achieve during care of patient affected by anorectal problems. It is better to provide written material or educative information brochure to the patients undergoing treatments & kshara sutra therapy for awareness in society.

Key words

Anorectal disorders, Ayurveda, Bawasheer

Background

The Anorectal disorders are elaborately described in Ayurveda by ancient Ayurvedic authors with their peculiar terminology namely as bhagandara, parikartika, arsha, gudabhramsa, gudapaak, etc with its aetiopathogenesis, types & management. These diseases have specific features and for their management various modalities have been described in form of medical, surgical, parasurgical method as bhesaja, kshara, agni, shastra etc. A lot of experience achieve by observing the patients with their queries at Anorectal Clinic of Sir Sunderlal Hospital, BHU Varanasi(U.P.)¹ and Shalya OPD of Chaudhary Brahm Prakash Ayurved Charak Sansthan, Khera Dabar New Delhi since 2009 to 2015. India is the country of villages and most of the population belonging from rural areas having lesser awareness of sanitation and about own health and diseases especially if disease located at perianal region due to shyness, ignorance and hesitancy. They try it to manage self, follow suggestion of other sufferer, by quack and untrained person. They follow same treatment for all trouble and never consult to expert until unless they became late or serious. They take it lightly or in serious way like

cancers etc. The existence of problem is same in rural and urban areas with minor variations, but in urban areas due to slight awareness about health and availability of facilities they take consultation earlier. Most of the Anorectal problems can be prevented & treated easily if find earlier.

What are Anorectal disorders-?

The Anorectal disorders (ARD) occur at the junction of the anal canal and the rectum site. There are a number of different anorectal disorders which are more or less associated with rectum and anal canal are mention below -

S. No.	Anorectal disorders
1.	Piles (Haemorrhoids, Arsha, bawasheer) Its major complaints are bleeding per rectum, something coming out per rectum.
2.	Rectal prolapsed (Gudabhramsha) Circumferential descent of rectum from anal opening. It may be partial or complete.
3.	Anal fissure (Parikartika, bawasheer) This is the longitudinal tear in the anal canal anteriorly, posteriorly or at both. This may be acute, chronic, with tag, without tag, fissure bed abscess, with fistula in ano etc.
4.	Fistula in ano (Bhagandara) An external opening at perianal region having communication with rectum and anal canal having complaints of pus discharge, itching, pain etc.

S. No.	Anorectal disorders
5.	Perianal abscess(guda vidradhi) Abscess occupying perianal region affecting rectum and anal canal.
6.	Carcinoma of rectum and anal canal (cancer) common in old age.
7.	Pruritis ani, anal itching (guda kandu) The pruritis may be due to disease related, unhygienic or nonspecific reason.
8.	Anorectal growth The growth may be benign or malignant
9.	Thrombosed pile mass
10.	Proctitis, colitis, proctocolitis, Rectal ulceration
11.	Stricture of the rectum (sanniruddhaguda) Sushruta Nidana 13/57,58
12.	Pilonidal sinuses/abscess Sinus containing tuft of hairs, commonly found in the skin covering the sacrum and coccyx ⁺
13.	Inflammatory bowel diseases (IBD) ulcerative colitis and chrons diseases
14.	Bed sores at anal and gluteal region
15.	Anal stenosis and imperforation of anus - Birth defects of the anus which are treated by surgical intervention.
16.	Patulous anus - Damaged <u>anal sphincter</u> (patulous anus in more severe cases) caused by careless or sometimes necessarily sacrificial surgery in the <u>perianal</u> region or by rough or abrupt accidental penetration of foreign body in <u>anal region</u> can lead to <u>flatus</u> and or <u>fecal incontinence</u> etc.
17.	Other miscellaneous diseases ³ Proctalgia, rectovaginal fistula, rectovesical fistula, candidiasis, fecolith, foreign bodies, sexually transmitted disease(gonorrhoea, herpes etc), traumatic, rectal varices chronic <u>constipation</u> , <u>mega colon</u> , fecal incontinence etc.

Misconception in community about anorectal disorders and how to check awareness -

Most conditions arising in anal region is however are common and benign but may be incapacitating and interfere with the daily quality of life of patients. Moreover, these disorders are often misdiagnosed or maltreated, leading at times to unfortunate cost. There are many misconceptions in society regarding Anorectal diseases (ARD). The Information available about the anorectal diseases from the society is as mostly all the disease of anal region is regarded as "Bhagandara", "Nasoor" or "Bawashir" in common people. As the disease is located in perianal and genital area therefore the shyness is the main cause of ignorance for the disease. The chronic nature of the disease leads to many misconception such as they are suffering from cancer or some other life threatening disease. In initial stage of disease they though as simple boil and try treatment of their own for long

duration. The problem of identification of these diseases are as people lack proper knowledge about anorectal diseases, lack of proper hygiene, sedentary life style or very hectic life style, ignorance of disease, lack of information about treatment options. The introduction of disease, its causative factors, method of diagnosis, approach to the treatment, prognosis avoidance of recurrence along with do's and don'ts explained in the simple language. Early detection of disease, to help in understanding the severity of disease, prevention of disease, to make aware about the disease and how to control the disease, to provide the detailed information about treatment of Anorectal disorders & kshar sutra therapy, to help in making decisions for treatment are fully explained. To knowing about awareness in public for Anorectal diseases, ask few frequent questions as: (a) What is an anorectal disorder?, (b)What causes anorectal problems?, (c)What symptom does presents in this? (d)What the treatment available? (e) What is the success rate of each treatment? (f) What is ksharasutra therapy? (g)What precautions should be taken to avoid anorectal disorders? (h)What precautions should be taken to avoid recurrence? (i) Is the every complain related anorectal region is "Bawasheer" or "Bhagandara ?

General health awareness tip for society

Information, education and communication is an important approach to bring about changes in the knowledge attitude and behaviour of the people for betterment of their health and the health of the family and community in which they live. The disease can be prevented by opposing its natural history at different levels⁴. To prevent the prevalence of Anorectal disorders and improvement in diseased person, it is duty of medical practitioners to aware the public. For prevention and treatment of anal discomfort or pain due to anal fissures and other conditions the few important tips regarding this is mention below -

1. Avoid spicy diet, fast food, packed food, as it may disturb digestion and metabolic processes.
2. Do not ignore the urge of defecation and flatus to go (Purishvegavrodha and apanvayu vegavrodha- Charak sutra 07/8, 12).\

3. Get daily exercise, such as walking. Exercise speeds up the intestines.
4. Avoid sitting or standing for long periods.
5. Avoid obesity because obesity causes many disorders in body.
6. Not to strain during the act of defecation and avoid excess sitting in toilet for prolonged periods of time. Sitting for too long causes the haemorrhoids to pop out or prolapse, and will worsen pain and bleeding.
7. Yoga help with breathing and relaxation, promote feelings of well-being, energizing, stress relief etc.
8. **Hot sitz bath with luke** warm water one or two times a day, especially after having a bowel movement to keep the perianal area thoroughly clean, subside swelling and relief pain. Dry it after sitz bath. If sitz bath not possible gently clean with wet cotton.
9. **Peranal care-** By Acharya Charaka if you make purifying of feet & excretory orifices (and anal region) with water earth etc, it promotes intelligence, brings about purity, cleanliness & longevity. It also eliminates inauspiciousness and the bad effects of kalii. (Charak Sutrasthana chapter 05/98)⁵
10. Increase fibre and fluid in the diet.
11. Drink lots of water or fluid to maintain hydration & clear GI tract or passage.
12. **Fibrous Food-** Fibre is the indigestible part of vegetables, fruits and grains. This provides bulk to the food and thus plays a vital role in facilitating proper bowel function. A high fibres diet is essential. The easiest way to increase your fibre intake is to consume a high fibre cereal every day.
13. The selection of good food is as important as the combination with which it is taken. Sometimes, it can cause an adverse effect also.
14. Follow the roga-anutpattikarabhava (factors prevent disease emergence Charak sharer 02/40-47)⁶, pathya-apathya (useful and harmful diet), nidanapaivarjana (avoid

causative or precipitating factors)⁷ as described in Ayurveda for prevention.

15. Maintained and improve the digestive power of the body, so take diet properly in reference to amount, time, frequency, combination etc.
16. Avoid constipation - Constipation & indigestion play an underlying role in haemorrhoids, rectal prolapse & fissure in ano and it is important to treat constipation in order to avoid recurrences.
17. Prevention of pelvic floor damage in female during pregnancy & labour
18. Haemorrhoids & fissures are generally treated conservatively & surgery is hardly ever required. Rectal prolapse & crypto glandular perianal fistulae are treated surgically. Perianal fistula in crohns disease is treated conservatively and surgery is only required in cases with abscess. Sexually transmitted proctitis needs to be adequately recognised and treated according to infectious agent.

Conclusion

Some anorectal condition causing similar symptoms & in general population it commonly told as piles, bawasheer that is not true. The common cause of existence of problem is due to improper hygiene, shyness, hesitancy, unawareness of per anal care, faulty life style, lack of exercise, increasing stress, irregular diet, intake of excess meat (nonvegetarian), spicy food, fast food, packed food substances etc. The anorectal problems treatment is challenging now a day. The health educations with public awareness programme is performed through camp, through print media (i.e. printed matter, news paper), through internet websites etc and counselling centre with the help of booklet or direct communication is beneficial. The message circulate must be convenience for every group of peoples in understandable way.

Acknowledgement

I from the bottom of my heart want to acknowledge those entire patients who attend patient care centre and public awareness programme and get benefit or leaving a message to clinician that it may be happen.

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The Glorious Past: A Journey Through Medical History Illuminating Indo Arab Relations.

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Introduction:

The time when the entire world of western geography was dormant, India and subcontinents of East were supposed to be the highest centers for learning in Astrophysics, medicine mathematics, music etc. Peeping into world history of medicine it is agreed by historians authoritatively that motherland of medical science might be India, China, Babylon (Ancient Iraq) India being one of the most ancient civilizations and civilized countries has always attracted other civilizations and cultures existing contemporarily

Arabian civilization was just a Bedouin culture before the birth of Prophet Mohammad (C.700 AD) where the continent lacked the light of knowledge, ethical and moralistic inculcations. The entire Arab world was engaged in wicked inhumane activities, without having any rational approach to science and judgment in every field of knowledge. Medicine was also in shells of superstitions and witch craftsmanship held by sorcerers and magicians All the Benevolence and Mercy of Almighty Allah gave reincarnation of a Prophet; Mohammad and his neoreligion attracted the masses from all corners of globe, not because of being the latest edition of religion but also because of its purity, clarity and closeness to human psychosomatic behaviour. The reign of Islam expanded from Africa to Asia, even far till Europe, distant from its place of origin; the Arab land.

Muslim rulers were very much fond of knowledge and intoxicated by collecting, inviting, transforming, preserving the cultural heritage and traditional lineage of every sect of religion and civilization. Therefore, like the import of scholars from other parts of world, they also looked towards India. India, one of the most ancient civilizations of the world had been always a point of focus. Thus, knowledge loving Arabians could well establish a bandage with India, as in other trades, business, also in medical sciences. This paper is aimed at to look into Indo-Arab relations in medical sciences and art of healing.

India: A renowned highest center for learning in art of healing and medical sciences.

India attained always a central idea regarding it being the motherland of so many knowledge and learning. Every civilization and culture appreciated the legacies of India in the field of medicine mathematics, music, magic, astrology, and astronomy etc. Muslims historians have attributed a grateful remark for the contributions of ancient Indians in above-mentioned fields of high skilled sphere of knowledge. The author of Tabqat-al-Umam stressfully argues that Indians were greatest of all civilizations expertise in medicine and art of healing; they were most knowledgeable in elucidating the pharmacodynamics and pharmacological properties of drugs.

Abu Hamid of Granada mentions in his book Tuhfat-

al-Ahbab“ Indians are unparallel in art of healing medicine, medicine mathematics, astronomy etc. Subsequently, they are the best among the others in fields of magic, miracle that nobody can compare them. Its (India) mountains are abundant in plants and trees of Ood (Aegle), Kapoor (Camphor) & other odorous plants. Besides Clove (Eugenia) Valerian (Sumbul), Cinnamomum (Darchini) Cardamomum (Qaqila) and other important drugs are plentifully distributed.

Jahiz apprises Indians as best in art of healing in his journal Fakhrus-al-Saudan-al-Baidha.... they have got simple methods of treatment for general and routine diseases.... similarly they have effective regimes for treating poisons and pains. They are even experts in magical medicine and can treat a patient/

person to send him in hibernation-somnolence.

Editor of Kitabu-Masalik-wo-Mumalik, Ibn KhiradAzbah opines, "Indians are so expert in magic, sorcery, that they can make possible anything, if impossible; the physicians of the land are also perfectly versed in pharmacology and medicinal resources. Therefore, simultaneously they exploit both the methods of treatment i.e., magic and pharmacotherapy. Certainly they are the best."

Therefore, India was considered as one of the unparalleled centers for learning and practice of medicine.

Ancient Arab Medicine & Physicians:

Since ancient times many of families of Indian origin have been living in Arab, which included Jats, Brahmins, etc. inhabited especially eastern coastal areas. They had bigger colonies in Yemen, Oman, Bahrain and other gulf regions, practicing all their relics and rituals; they also applied Indian medical principles in treatment of diseases. Their expertise in art of healing was not only exploited by themselves, but also attracted many Arab families. Arab also practiced their inherited methodology of treatment and procedure, though these were not properly learnt and studied, but adopted as ritualistic acceptance. Therefore, before the advent of Islam, a physician recognized as "Physician of Arab" Hatith bin KuldahSaqfi was a great physician and scholar. Knowing all the traditional Bedouin medicine of Arabs, he formally learnt art of healing and medicine traveling to Yemen & Iran. According to an authoritative Hadith Prophet Mohammad once suggested to SahabiSaad bin AbiWaqas that he should get expert opinion and treatment from Harith bin Kuldah, as quoting him as one of the best physicians.

Nadhr, the son of Harith was also one of the great physicians in pre Islamic era, simultaneously he had optimal enmity with prophet Mohammad, because he always propagated falsehood about the Prophet.

Similarly a lady of Indian origin, Zainab of BaniAzd tribal had an expertise hand in surgery and was expert in ophthalmic diseases; she had a fame of "physician of BaniAzd" Her contribution in medicine and skills in art of healing is frequently acknowledged by Arab poets.

Companion physicians: (shahabiAtibba):

It is clear from historical data of Islamic heritage that many of the Prophet's companions (Sahaba) were very good and skilled physicians having fullest knowledge in art of healing & medicine. Even the last prophet of God had also a true knowledge of medicine, which he frequently utilized in treatment of diseased by using simple medicinal recipe. Many reliable Hadiths acclaim that Hazrat Ayesha was not only a brilliant scholar of Islamic theology but also simultaneously expertise in medicine. Some Hadith also quotes her being the greatest poet in Arab literature of that time.

Ibn AbiRamtha is quoted to be the great surgeon and surgical interventionist during the time of Prophet Mohammad as in Uyoon-al-Amba-Fi Tabqat-al-Atibba of Ibn AbiUsaibahQufti mentions that once AbiRmtha could see the stamp of prophecy on Mohammad's body, he considered it to be a wound. Therefore, he offered a treatment for it by surgical procedures. But, Prophet discouraged him saying "you are a physician, but loved one is Allah.

It's a historical truth that in Arab-penisula Indian physicians were also settled and practicing art of healing along with Arabs. These physicians have great expertise and reputation amongst Arabian inhabitants. For every trouble and all health problems the Arabs preferred to visit exclusively Indian Hakims. In this context a sage physician of Indian origin Bairztan-al-Hindi (RahmatullahAlaih) had vast acceptability and fame during the reign of Caesar in Yemen. He expertise in treatment by Hashishat-al-Fuqra (Bhang)-Cannabis indica and he introduced this method of treatment in Arab. The author of "al-Asbab" has described this all in details in fourth volume. Similarly a Jat hakim settled in al-MadinaMunawwara has reputation of treating patients by hypnotism & magic. Al-Adab-ul-Mufrad of Imam Bukhari (RAU) mentions that once Hazrat 'Ayesha' (RTU) met with sickness; she consulted a jat Hakim on recommendation of her nephew. The learned physician skillfully corrected her problem.

Prophetic Medicine and Indian Medicine:

The last prophet of Islam Muhammad (SAW) had used and recommended some natural substances for cure of the diseases. His practices and prophecies paved the

foundation of prophetic medicine. Being Indian we can feel gratified and glorified that Muhammad (SAW) himself used abundantly the Indian medicinal plants and also he recommended others for their use, since he find that these agents are highly adorable and efficacious.

Authorities on Hadith incessantly compiled such practices of Prophet by the topics as Bab-al-Tibb and Kitab-al-Tibb, which compass around the prophetic practices of health and hygiene as well as the therapeutic agents used by him. Later, so many books in name of "prophetic medicine" were compiled. It is a matter of great relief to the Indian Muslims that mentioned list of medicinal plants used by Prophet are of Indian origin. For example, Qust Hindi was strongly recommended to mothers for seven serious ailments and He (SAW) clearly reiterated the medicinal importance of Qust Hindi, as proven by authentic Hadith. In this regard a chapter "Bab-al-Saut bi-al-Qust-al-Hidi-ul-Babrihu-al-Kist" enshelves the significance of Qust Hindi in Bukhari Hadith. As he mentions that Muhammad (SAW) prophessed to Umm-e-QaisbintMahsthan that in condition of uvulitis and throat chocking mothers should use Qust Hindi. This Hadith is also confirmed in Sahih Muslim, with further addition saying, "for you the best treatment is cupping and QustBahri".

In problems of amenorrhoea or menorrhagia the use of QustHindi was permitted by Prophet to such women. This also a proven fact told by Umm-e-Utiyah (RA) as she says, "you (SAW) has permitted us to use some quantity of Kist-e-Azfari/Kist-e-Babri, when the women go through formal cleanliness after menses. Elaborators and commentators say that Kist Azafri is synonym to Qust Hindi.

There are more stories about the acquaintance of Qust, which shows its significant place in Prophet's life. As for in some Hadith it is said that SAW has recommended in headache and epistaxis of children. As He (SAW) once directed Hazrat Ayesha (RA) that in cases of epistaxis and headaches, the solution of Qust can be topically poured into nostrils.

Besides this, Prophet (SAW) has enumerated seven diseases in which Qust has been found to be effective. Some which were "Revelations" while some were

purely based on His (SAW) experiences and speculations. Similarly, Zareerah was highly praised by Prophet. Zareerah is a cardi toniccardioprotective and exhilarant medicine possessing hot-dry temperament. Zareerah is claimed to be effective in hepatic and gastric dysfunctioning. In Hadiths Imarns confirm this as revealed by Hazrat Ayesha (RA) that during the time of Hujjat-ul-vida Muhammad (SAW) used Zareerah himself. In spite this Hadith there is description of one incident where an Indian king sent Zanjbeel (Adrak) as a gift to Prophet Muhammad (SAW), which he distributed to Sahaba and directed them to use. Arabs have a great Zeel for ginger. Even the Holy Quran also mentions the beneficial effects and uses of ginger and camphor.

If thoroughly Hadiths are explored and studied then certainly we can get a clue for other herbs of Indian origin, which were been successfully and medically used by prophetic era, and this companions (Daur-e-Sahabah). Imam Ibn-e-Qaim mentions detailed prophetic medicine in his book Zad-al-Me'ad saying that Arab & Indian physicians were frequently practicing and treating by Mufradat (single drugs) of which many hailed from India. Even they incorporated substitutes and correctives whenever required.

This shows that during Ahd-e-Rithalat and Ahd-e-Sahaba inhabited many renowned Indian physicians practicing medicine and art of healing. Furthermore, herbs and medicinal plants procured from India were strongly recommended and used by Muhammad (SAW) and his companions (Sahaba).

Abbasid's period and Indian medicine:

During Umayyad period the learning, curiosity and extensive work on religion and theology, no other knowledge could attain importance. Instead Abbasid's time (Caliphate) al the sciences, knowledge from different parts of the globe were properly invited and substantially nurtured. Due emergence of concept of global village they could exploit the confluence of vivid cultures and civilizations of world and fortunately Indian philosophy and knowledge found most attraction during Abbasid's Caliphate. This liaison is clued in history as an incident when Caliph Ali Jafar Mansoor asked about the details of different civilizations and culture from Ismail Bin Abdullah. He

was told "Indians are great thinkers and scholars, they, due to their vast expertise in knowledge and practice keep them isolated and live in their own country." Caliph Ali Jafar's strong affection with Indian philosophy made him to invite a great Indian philosopher, mathematician, Astronomer of his time to Baghdad. He had mastery in stars, **course, delicate description of sun & moon etc. He was requested by Caliph to translate that book might be translated in Arabic, but unfortunately the Indian legend refused to do so because of non-acquaintance in Arabic.** Thus, the book was translated by Mohammad Ibrahim Farazi. This book was a reputed source material for Arabs since centuries, and famously called "sanad-e-Hind-al-Kabeer."

After this historical event the Indian philosophy and medicine dominated during Abbasid's Caliphate, and Indian thinkers and scholars paralleled with the Roman physicians & scholars during Mamoon Rasheed's Sultanate. Mamoon (198-218 AH) most of valuable books on medicine and science were translated in Arabic from Sanskrit language. Not only patronized this entire work but also invited Indian scholars to settle in Baghdad. He also facilitated them with in charge ship of big Hospitals in different parts of Baghdad, where Indian practice of healing and treatment was given a free environment to flourish.

Patronage of Beramiki:

First of all Yahya Bin Khalid was one who curiously made Caliphs and Sultans to get affiliated with the cause of translation and construction of Hospitals. During the reign of Mamoon a rebellion from Sindh, Bashar Bin Dawood was defeated by Ghassan Bin Abbad in an attack to Mamoon with an instruction that after crushing Bashar Bin Dawood he has to depute Moosa Bin Yahya as the Governor of Sindh. And later, this happened in history that almost three or four Beramikals succeeded the governorship of Sindh for consecutive years. Yahya Bin Khalid Beramiki was so fascinated with India that during all regimes of his son and grandson he sent ambassadors to collect the written documents on Indian philosophy, science and medicine. The author of "Alfheerist" Ibn-e-Nadeem quotes that a person was sent to India for collecting the data of medicinal plants and their seeds might be brought to Baghdad and also to compile an extensive

book on the origin, development and legacies of Indians in different areas of science & techniques (17,18). Therefore, scholars and physicians of India started rushing to Baghdad during the sultanate of Yahya Bin Khalid. They were well exploited there to translate Sanskrit works into Arabic, the lingua franca of the time. Those scholars and physicians who were invited to Baghdad by Yahya Bin Khalid include the great names like Manka Hindi, Bhela Hindi, Qilirqal Hindi, Ibn Dahna Hindi etc. The above mentioned were highly accredited, renowned, and privileged scholars for their authority and scholarly attitude. Manka Hindi was especially invited in court of Caliph Haroon for his own treatment. Later he came the royal physician of Ishaq Bin Salman Hashmi and also made superintendent of a Hospital at Baghdad. Because of his expertise in Arabic and Sanskrit language he was designated to translate some of Indian books into Arabic. Manka's legacies were sustained and nurtured by Ibn Dahna in near future as of his being identical legendary to Manka. He was deputed to be in charge of a Govt. Hospital at Baghdad. Behla Hindi, his son, and the grandson were all famous and renowned court physicians of Caliph and governors of the contemporary Baghdad.

This golden era of Arabic and Persian sovereignty pronounced great works of translation, transliteration and commentaries in field of learning and science.

The author of "Alfheerist" Ibn Nadeem quotes that Yahya Bin Khalid ordered to translate SushratSanghita, an all time famous book on Indian medicine and surgery; Manka Hindi successfully accomplished the SushratSanghita. The commentary of Ibn Dahna was comprehensively given to the second book BrihadAshtankar (Ashtankarul Jamey). Other commentaries of Ibn Dahna were written in Arabic for "Seerak" and 'KitabSandastaq" Other renowned great works of those times were transliteration of Kitablil Fi-al-Aqaqeer, the brief book on the descriptive details on medicinal plants of Indian origin (India), Kitab-Ilajattil-Hebali-lil Hind, book dealing with gynecological and obstetrical problems, KitabToqasthal, hundred diseases and hundred medicines were detailed in this book. Besides the above books other important encyclopedias which might be named were as:

Kitab Rausa-ul-Hind Fi Ilajatumisa (Gynae)

Kitabul Askar lil Hind (Materiamedicaindica)

Kitab Isma-e-Aqaqeerul Hind (Materiamedicaindica)

Kitab Ra-e-Hind Fi Ajnasil Hayyat-wo-Samoomah (on species of snakes, their venoms & its treatment)

Baghdad once attained the pioneer center of learning and science flourished as the most renowned place for Academic and research hub. After establishment of great bondage and lineage with India in medical and trade activities the markets of Baghdad were flooded with medicines and therapeutic agents procured from India. The most commonly traded medicines from India were namely Sandal wood, Aegle wood, Camphor, Vateria, cardamom, Clove, Ginger, Cinnamom, Amber, Castorium etc. These therapeutic agents and spices found a great value in recipes of medicated products and delicacies. There were big shops and stores in Baghdad and Basra, which successfully traded the medicinal herbs and agents imported from India. Traders and merchants of these stores likely preferred Sindhi shopkeepers and salesmen whose honesty and dedication was appreciable, that led to traders to attain peak of their performance, as written by Jahiz

Discussion & conclusion:

Peeping through an astonishing journey of medical history reveals the interesting bondage of India and Arabs. Since the prophecy of Prophet Mohammad up to 16th century AD it was a flawless and free flow of knowledge and interchange of heritage and culture

between two great peninsulas of the world. During the caliphate regime of Haroon, Mamoon, Yahya Bin Khalid the bondage strengthened with time and space, which opened the gates & windows for neo-rational, scientific, cultural, educational exchange. But, might be the time has dimmed and dusted the old liaison between the two great lands, but still its heat flows under current. It has to be sparkled again with the historical zest and zeal.

Reading Suggested:

1. Abu Hamid Granata "Tuhfatul Ahbab".
2. Jahiz "Fakhrus Saudan' Al-Baizan"
3. Ibn-e-Khirad Azbah "Kitabul Masalik wo Mumalik"
4. Ibn Abi Usaiba'a "Tabqatul Atibba"
5. Qazi Abdul Jabbar "Tasbeet-e- Dalayil-e-Nabuwat"
6. Ibn-e-Hijra "Al Usabah"
7. Bukhari Imam "Al-Adabul-Mufarad"
8. Ibid "Al Jamius Saheeh"
9. Ibid "Attayyibil Maratu Inda Gusliha Min al Haiz"
10. Imn Qeem "Zaadul Meiyat"
11. ----- "Fatahul Bari"
12. Rasheed Bin Zubair "Kitabul Zakhir wo Tahaf"
13. Jahiz "Kitabul Haiwan"

**If diet is WRONG,
Medicine is of no use.**

**If diet is CORRECT
Medicine is of no need.**

Prevention & Control of "Chickenpox" Through Unani System of Medicine

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Chickenpox or varicella also known as HUMEQUA in Unani System of Medicine. It is an acute highly infectious disease but mild, exanthematous disease of children.

Causitive Agent :

- Varicella Zoster virus

Mode of Transmission

- Droplet infection and droplet nuclei.
- Placental transmission.
- Fomites Born transmission.

Source of Infection

- Usually from a person suffering from chickenpox.
- Rarely a case of herpes.

Infective Material

- Respiratory secretion.
- Cutaneous lesion.
- Vesicular fluid.

Period of Infectivity

- One or two days before the appearance of rashes and 4-5 days thereafter.

Host:

- It is common among young children below 10 years of age.
- However it can occur among adults also and in adults it is usually severe.
- It can also occur in pregnancy and lead to **Congenital Varicella Syndrome** characterized by low birth weight, microphthalmia, cataract, hypertrophied limbs with hypotonacity and zoster like skin lesions or scars.

Environmental Factor

- Summer and overcrowding favors transmission.

Incubation Period

- One to three weeks.

Clinical Features

1. **Pre Eruptive stage (Prodromal stage)** characterized by mild fever myalgia and malaise lasting about few hours to one day. These features are little more severe among adults and last for 2 to 3 days.
2. **Eruptive stage (Exanthematous stage)** this stage is characterized by appearance of rashes on the next day of fever or even on the day of fever starts.

The rashes are macular, quickly pass through the stage of papules, vesicles (look like dew drops), pustules and crusting stage within 3-4 days. rashes are pruritic in nature. New lesions continue to appear daily for 4-5 days.

Pleomorphism of lesion is characteristic of chicken pox. That is all stages, of the lesions are seen simultaneously

Prevention of Healthy Person S

(Prophylactic Measures)

1. Plenty of liquid.
2. Arq-e-kewra / Aqueous distillate of Screw (Pandanus tecterius) 20 ml once a day.
3. Qurs kafoor / Tablet of Camphor (Cinnamomum camphora) Ones a day.
4. Decoction of khoob kalan (Sisymbrium irio), Unnab (Zizyphus vulgaris) and Munaqqa (Vitis vinefera) Twice a day.

5. Khameera Marwareed (*Mytilus margaritiferus*) 5 mg twice a day as immunomodulator.
6. Camphor balls should be kept in the various corner of House.
7. Put the branches of Margosa tree (*Azadarachta indica*) at the places of ventilation.
8. Easily digestible diet is recommended during the season of this disease. Green leafy vegetables, food prepared from white meat and citrus fruits are useful.
9. Avoid fast running during these days.
10. Care provider of the patient should strictly follow the rule of personal hygiene along with above mentioned measures.
11. Fumigation of rooms should be done by Loban (*Styrax benzoin*) to control droplet infections.

Measures For Affected Persons

1. Complete isolation.
2. Proper ventilation should be maintained. The

doors and windows are kept open for good aeration.

3. Utensils and crockery items should be disinfected by boiling for 5-10 minutes.
4. Linen and clothing of the patient are disinfected by boiling for half an hour.
5. Room should be fumigated by Kibreet (Sulphur).
6. Decoction of Unnab (*Zizyphus vulgaris*)-six in number, Marwareed (*Mytilus margaritiferus*)-nine in number, Mulethi (*Glychiza glabra*)-2gm, Khaksi (*Sisymbrium irio*)-5gm with syrup of Neelofar (*Nymphialotus*)-10 ml twice a day.

Diet:

- Easily digestible diet like barley water and boiled rice with Daal.
- Aaloo bukhara (*Prunus domestica*) to be used as it is laxative.

Plenty of oral fluids to evacuate waste Products.

— चिकित्सा सिद्धान्त —

अपने रोगी को लाभ पहुँचाएं, हम कोई भी पैथी अपनायें।
अपने हक की लड़ाई लड़कर बजट को खूब बढ़ायें॥

माधव निदान द्वारा रोगों का निदान करके।
जंगल की बूटियों का, अनुसंधान करके॥

निघण्टु द्वारा कर चिकित्सा, रोगी के कष्ट हरे हम।
रोगों से मुक्त करके, स्वस्थ जीवन दें हम॥

सुश्रुत जैसा कर आप्रेशन, कटे अंग को जोड़े।
दुनिया सीख रही है हमसे, हम नहीं समझ रहे स्वयं को॥

इसी लिए मैं यह कहता हूँ, हम भारत भाग्य विधाता हैं।
अपने को पहचाने, भारत का भाग्य बदले हम॥

सेवा भाव ध्यान में रखकर, लोगों के दर्द हरो।
धन और यश की कमी न हो, करके तो देखो॥

धनवन्तरि का सुमिरण करके, आयुर्वेद का उत्थान करें।
रोगों से मुक्ति दिलाकर, हर जीवन को स्वस्थ बना दें हम॥

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ग्रहणी दोष की रस चिकित्सा

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असिस्टेंट प्रोफेसर (रस शास्त्र एवं भेषज्य कल्पना विभाग)
भारत आयुर्वेद मैडिकल कालेज एवं हास्पिटल, मुजफ्फरनगर (उ.प्र.)
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छठवीं पित्तधरा कला का नाम ग्रहणी है। अन्न का ग्रहण करने के कारण इसे ग्रहणी कहते हैं। जब यह अग्नि के मंद पड़ जाने से अपने कर्म में असमर्थ हो जाती है तो यही रोग का रूप धारण कर लेती है।

अथस्तु पक्वमामं या प्रवृत ग्रहणी गद :

चरक चिकित्सा (ग्रहणी) अर्थात् जब दुर्बल अग्नि के द्वारा विदग्ध होकर पका हुआ अथवा कच्चा आहार गुदमार्ग से निकलता है तो उसे ग्रहणी रोग कहा जाता है।

मलं संगृह्य कदाचितदतिरेचयेत्।

अरुचिः श्वयथुर्माद्यं ग्रहणी रोग लक्षणम्।।

अर्थात् कभी मल का रूक-रूक कर आना, कभी बिल्कुल पतला मल निकलना, अरुचि होना, शोथ और अग्निमांघ होना ग्रहणी रोग का लक्षण है।

भोजन का सर्वथा परित्याग करने, अजीर्ण होने पर भी भोजन कर लेने से, अति आहार से, जो आहार अपनी प्रकृति के अनुकूल न हो, गुरु भोजन, अतिशीत, अतिरूक्ष तथा दूषित आहार का सेवन करने से ऋतु की विषमता आदि से, अधारणीय वेगों को धारण करने से पाचकाग्नि दूषित हो जाती है वह दूषित थोड़े अन्न को भी भली भांति नहीं पचा सकती और वही अपक्य आहार विष का रूप धारण कर लेता है।

वह आमरूपी विष जब :

- १ पित्त दोष से संयुक्त होता है तो दाह, तृष्णा, मुखपाक, अम्लपित्त रोगी को उत्पन्न करता है।
- २ कफ दोष से संयुक्त होता है तो यक्ष्मा, पीनस, प्रमेह आदि रोगों को उत्पन्न करता है।

३ वात दोष से संयुक्त होता है तो अनेक वात रोगों को उत्पन्न करता है।

४ मूत्र से युक्त होता है तो मूत्र सम्बन्धित विकार उत्पन्न होते हैं।

५ रस रक्त आदि धातुओं से युक्त होता है तो उनसे सम्बन्धित रोग उत्पन्न होते हैं।

अतः यह रोग शरीर के समस्त संस्थानों को प्रभावित करता है।

चिकित्सा अनुभूत :

इस व्याधि में मुख्य रूप से अग्नि को सामान्य अवस्था में लाना ही उद्देश्य है और यह रोग उत्कृष्ट कोटि का है जो कि व्यावहारिक रूप से सिद्ध है।

कज्जली	१ भाग
कपर्दक भस्म	१ भाग
शंख भस्म	२ भाग
पिप्पली चूर्ण	४ भाग
भावना नींबू स्वरस	
मात्रा	१२५ मि.ग्रा. सुबह शाम
अनुपान	गौघृत
पथ्य	दुग्ध, मक्खन, भृष्टजीरक, अनार का रस।
अपथ्य	केला, ककड़ी, करेला, कद्दू, अम्लपेय, तीक्ष्ण उष्ण पदार्थ, व्यायाम, आतप सेवन, मैथुन कर्म, अधिक पैदल चलना।

निकट दृष्टिमांद्य एवं आयुर्वेद

डा. राजेश छोकर

नेत्ररोग विशेषज्ञ एवं सहप्राध्यापक

तिब्बिया कालेज एवं अस्पताल, करोलबाग, नई दिल्ली

हमारी सभी ज्ञानेन्द्रियों में सर्वाधिक महत्वपूर्ण है चक्षु इन्द्रिय और इसका अधिष्ठान है हमारे दोनो नेत्र। हम सभी जानते हैं कि हमारे दैनिक जीवन में किसी अन्य ज्ञानेन्द्रिय के प्रभावित होने से उतना असर नहीं पड़ता जितना कि नेत्रों की अस्वस्थता से होता है। नेत्रों में लालिमा, पानी आना, करकराहट आदि तो सामान्य लक्षण हैं जिनके कारण रोगी त्वरित रूप से चिकित्सक की सलाह लेता है परन्तु कुछ ऐसे नेत्र विकार भी हैं जिनका या तो पता नहीं चलता अथवा पता चलने पर भी व्यक्ति उनकी तब तक उपेक्षा करता है जब तक कि उसका दैनिक कार्य प्रभावित न होने लगे जैसे कि दृष्टिमांद्यता। दृष्टिमांद्यता भी दो प्रकार की है :

क) दूरदृष्टिमांद्यता

ख) निकटदृष्टिमांद्यता

दूरदृष्टिमांद्यता परावर्तनजन्य विकारों (Refractive Errors) जैसे मायोपिया, हाइपरमेट्रोपिया, एवं ऐस्टिगमेटिज्म के कारण होती है।

निकटदृष्टिमांद्यता एक स्वभावज विकार है जो 40 वर्ष की आयु के आसपास हो ही जाती है, ऐसा आधुनिक चिकित्सा विज्ञान कहता है। परन्तु मेरे 25 वर्षों के अनुभव में मैंने पाया कि इसकी कोई निश्चित उम्र नहीं है। मैंने ऐसे व्यक्ति भी देखे हैं जिन्हें 50-55 वर्ष तक भी निकट दृष्टि में कोई बाधा नहीं है। इसके विपरीत मेरे पास एक 18 वर्ष का युवक भी आया जिसे निकट दृष्टि में असहजता थी। वस्तुतः यह अनेक कारणों पर निर्भर करता है कि निकट दृष्टि कब प्रभावित होगी, यथा पोषण, परावर्तनज विकार, व्यवसाय आदि। हाइपरमेट्रोपिया से प्रभावित व्यक्तियों में प्रायः 35 वर्ष की आयु से ही प्रारम्भ हो जाती है इसके विपरीत मायोपिया प्रभावित व्यक्तियों में 50 वर्ष तक भी निकट

कार्य हेतु चश्मों की आवश्यकता नहीं पड़ती है। आधुनिक परिपेक्ष में मैंने पाया है कि सभी निमित्त कारणों में व्यवसाय ही प्रमुख है, जिसका जीवंत उदाहरण अपना निकित्सा व्यवसाय ही है। हमें और पराचिकित्सक व्यक्तियों जैसे परिचारिकाओं आदि को इंजैक्शन वायल, दवाईयों इत्यादि की पैकिंग पर लिखे सूक्ष्म अक्षरों को पढ़ने में कष्ट होता है। मेरे पास आया 18 वर्ष का युवक मोबाइल ठीक करने के व्यवसाय में था और उसे मोबाइल के पार्टस पर लिखे अत्यन्त सूक्ष्म अक्षरों को पढ़ने में कठिनाई होती थी। इसी तरह मेरे पास रोज की ऐसे व्यवसाय से जुड़े व्यक्ति भी आते हैं जिन्हें अल्प समय में ही निकट दृष्टि प्रभावित होने के कारण वे नजदीक का चश्मा मांगते हैं जैसे : दर्जी, सुनार, घड़ीसाज इत्यादि।

निकटदृष्टिमांद्य का आयुर्वेद में भी वर्णन मिलता है। दृष्टिगत रोगों का वर्णन करते हुए सुश्रुतचार्य ने लिखा है कि जब दोष द्वितीय पटल को प्रभावित करते हैं तो सूई का छिद्र नहीं दिखाई देता, यथा

समीपस्थानानि दूरे च दृष्टि गोचरविभ्रनात्।।

यत्नवानपि चात्यर्थं सूचिपाशम् न पश्यति।।

आधुनिक विकृति विज्ञान की दृष्टि से यह Accommodation का विकार है। सामान्य भाषा में कहा जाए तो Accommodation प्रक्रिया में नेत्र एक Auto Focus कैमरे की भांति कार्य करते हैं। जब हम किसी निकट की वस्तु (जैसे पढ़ना इत्यादि) का देखते हैं तो Accommodation प्रक्रिया त्वरित रूप से स्वयं सक्रिय हो जाती है और उस वस्तु को Focus करने हेतु हमारे नेत्र की आभ्यांतरिक पेशियां संकुचित होती हैं और लेंस भी मोटा (Convex) हो जाता है। बढ़ती उम्र के साथ नेत्र की आभ्यांतरिक पेशियां शिथिल हो जाती हैं और

लेंस भी काठिन्यता (Rigidity) के कारण मोटा (Convex) नहीं हो पाता। इसीलिए हमारे नेत्र निकट की चीजों को स्पष्ट रूप से नहीं देख पाते और हमें निकट के लिए चश्में (Reading Glasses) की जरूरत पड़ती है।

निकटदृष्टिमांद्य का आयुर्वेदिक दृष्टिकोण से विश्लेषण किया जाए तो निश्चित होता है कि इसमें प्रमुख कारण वात दोष है। कारकता एवं वय दोनों के अनुसार। इसी दृष्टिकोण को ध्यान में रखते हुए मैंने असंख्य व्यक्तियों में आयुर्वेदीय आहार औषध से निकटदृष्टिमांद्य (Presbyopia) का शमन किया है। इसके लिए निम्नलिखित सिद्धान्त महत्वपूर्ण है।

- क) आमलकी रसायन का उपयुक्त मात्रा में सेवन।
- ख) अश्वगंधा चूर्ण का उपयुक्त मात्रा में

सेवन।

- ग) अश्वगंधारिष्ट एवं बलारिष्ट का मिश्रित सेवन।
- घ) केवल दुग्ध से अक्षितर्पण।

उपरोक्त वर्णित चिकित्सा कर्मों से इतना ही लाभ होता है कि अल्पवय व्यक्तियों में निकटदृष्टिमांद्यता उत्पन्न नहीं होती है और लक्षणों का शमन हो जाता है तथा जो व्यक्ति +1.00 D तक के चश्में लगाते हैं (निकट के लिए) उनकी चश्मों पर निर्भरता समाप्त हो जाती है। यहाँ यह बात स्पष्ट करना चाहूंगा कि +1.00 D से अधिक के Near Glass में (+1.00 +3.00D) पहनने वालों का नम्बर +0.50 Is +1.00 D तक ही कम हो सकता है परन्तु इससे ज्यादा अपेक्षा उचित नहीं और अगर व्यक्ति को आवश्यकता लगे तो चश्मा पहनने से रोकना उचित दृष्टिकोण नहीं है।

गाजर के औषधीय प्रयोग

गाजर को उसके प्राकृतिक रूप में ही अर्थात् कच्चा खाने से ज्यादा लाभ होता है। उसके भीतर का पीला भाग नहीं खाना चाहिये क्योंकि वो अत्यधिक गरम होता है। अतः पित्तदोष वीर्यदोष एवं छाती में दाह उत्पन्न करता है। गाजर कैल्शियम एवं करोटीन प्रचुर मात्रा में होने के कारण छोटे बच्चों के लिए यह एक उत्तम आहार है। इसमें विटामिन 'ए' भी काफी मात्रा में पाया जाता है। अतः यह नेत्र रोगों में भी लाभदायक है। गाजर के बीज गरम होते हैं अतः गर्भवती महिलाओं को उनका उपयोग नहीं करना चाहिये।

औषधी प्रयोग

- 1 पाचन सम्बन्धी गड़बड़ी : अरुचि मन्दाग्नि, अपच आदि रोगों में गाजर के रस में नमक, धनिया, जीरा, कालीमिर्च, नींबू का रस डाल कर पीयें।
- 2 कष्टार्तव : मासिक कम आने पर या समय से न आने पर गाजर के 5 ग्राम बीजों को 20 ग्राम गुड़ के साथ काढ़ा बना कर लेने से लाभ होता है।
- 3 सूजन : इसके रोगी को सब आहार त्यागकर केवल गाजर का रस अथवा उबली हुई गाजर पर रहने से लाभ होता है।
- 4 पुराने घाव : गाजर को उबाल कर उसकी पुल्टिस बनाकर घाव पर लगाने से लाभ होता है।
- 5 आधासीसी : गाजर के पत्तों पर दोनों और शुद्ध घी लगाकर उन्हें गर्म करें। फिर उनका रस निकाल कर 2-3 बूँद कान एवं नाक में डालें। इससे आधासीसी का दर्द मिटता है।
- 6 श्वास / हिचकी : गाजर के रस की 4-5 बूँदे दोनों नथुनों में डालने से लाभ होता है।
- 7 पेशाब की तकलीफ : गाजर का रस पीने से पेशाब आता है। गाजर का हलवा खाने से पेशाब में कैल्शियम, फास्फोरस आना बन्द हो जाता है।
- 8 नेत्ररोग : दृष्टिमन्दता, रतौंधी पढ़ते समय आँखों में तकलीफ होना आदि रोगों में गाजर का रस सेवन लाभप्रद है।
- 9 दस्त : गाजर का सूप दस्त होने पर लाभप्रद होता है।
- 10 हृदयरोग : हृदय की कमजोरी अथवा धड़कने बढ़ जाने पर लाल गाजर को उबाल कर रात भर खुल्ले आकाश में रख दें, सुबह उसमें मिश्री तथा केवड़े या गुलाब का अर्क मिला कर रोगी को देने से अथवा बार-बार कच्ची गाजर का रस पिलाने से लाभ होता है।

Dr. Paridhi Sharma

(Ayurvedic Physician) For Gynecological Disorders Shri Vats Chikitsalay, Chirag Delhi



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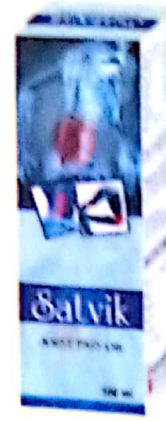
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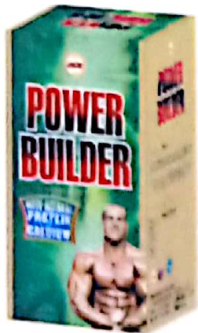
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