

# SOUVENIR

2007



## Bhagwan Dhanwantri Day

celebration on  
Sunday, the 4th November, 2007  
at

**PSK AUDITORIUM**

Near Coffee Home, Laxmi Nagar, Delhi-110092

organized by :  
DELHI STATE

**ALL INDIA INDIAN MEDICINE GRADUATES' ASSOCIATION**

Office : 2236/2, Khampur, Opp. West Patel Nagar, New Delhi-110008







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**20**  
years

*Establishment*

*of*

**A.I.I.M.G.A.**





आदिदेव भगवान् धन्वन्तरि





## स्तुति भगवान श्री धन्वन्तरि जी की

नमामि आरोग्यदाता, आदि देव धन्वन्तरि।  
व्याधि भय से मुक्ति दे, ॐ धन्वन्तरि नमस्तुते ॥1॥

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

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

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

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

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

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

जन जन की पीड़ा हरने को, औषधि में कौशल भरदे।  
"भरत" वैद्य सभी शरणागत, ॐ धन्वन्तरि नमस्तुते ॥8॥

- वैद्य भरत सिंह "भरत"



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श्रीमती शीला दीक्षित  
मुख्यमंत्री - दिल्ली



**SMT. SHEILA DIKSHIT**  
Chief Minister

Govt. of NCT of Delhi  
Delhi Secretariat,  
I.P. Estate,  
New Delhi-110002

D.O. No. : 26320  
Dated : 29.10.2007

## *Message*

*I am glad to learn that All India Indian Medicine Graduates Association is celebrating Dhanwantri Day on the 4<sup>th</sup> November, 2007 and a Souvenir is also being brought out on this occasion.*

*I do hope that celebrations would go a long way in popularizing Indian System of Medicine which is economic as well as harmless.*

*I convey my best wishes to organizers for success of annual celebrations.*

*Sd/-*

*Smt. Sheila Dikshit*



डॉ. योगानंद शास्त्री  
Dr. Yoganand Shastri



स्वास्थ्य एवं समाज कल्याण मंत्री  
राष्ट्रीय राजधानी क्षेत्र दिल्ली सरकार  
Minister of Health & Social Welfare  
Govt. of NCT of Delhi

D.O. No. : MOHSW/07/2719

Date : 30 / 10 / 2007

## *Message*

*I am happy to know that All India Indian Medicine Graduates Association (Regd.) is celebrating "Dhanwantri Day - the birth anniversary of Lord Dhanwantri" on 4th November, 2007 and is also bringing out a souvenir to highlight the Indian cultural heritage.*

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

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

*Sd/-*

*Dr. Yoganand Shastri*

*Hkm. S. P. Bhatnagar  
Chief Editor  
All India Indian Medicine  
Graduates Association (Regd.)  
2236/2, Khampur, Opp. West Patel Nagar,  
New Delhi-110008*



**डॉ. सुरेन्द्र कुमार शर्मा**  
सलाहकार (आयुर्वेद)

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



भारत सरकार  
स्वास्थ्य एवं परिवार कल्याण मंत्रालय  
आयुर्वेद, योग व प्राकृतिक चिकित्सा  
यूनानी, सिद्ध एवं होम्योपैथी (आयुष) विभाग  
रेड क्रॉस भवन, नई दिल्ली-११०००१

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

## *Message*

*I am happy to know that All India Indian Medicine Graduates Association (A.I.I.M.G.A.) is celebrating Dhanwantri Diwas on 4<sup>th</sup> Nov. 2007 at New Delhi. 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. All the Ayurvedists have to play an important role to project Ayurveda in its true prospective and suitable to the needs of the day.*

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

*Sd/-*

*Dr. S. K. Sharma*  
*Adviser (Ayurveda)*



**DR. S. P. SINGH**  
B.Sc., M.D. (Homeopathy)  
Advisor (Homeopathy)



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

## Message

*Thank you very much for your letter, regarding celebration of Dhanwantri Day - The Birth Anniversary of Lord Dhanwantri on the auspicious day of Dhanteras and also release of a Souvenir which will certainly contain about the various information pertaining to medical science especially in the field of Indian System of Medicine etc. It is our duty to observe the guidelines for keeping health care of the human beings as illustrated by Lord Dhanwantri. A lot of work on health problems and maintaining good health has to be done by the professionals of the Indian Systems of Medicine. It will enhance the present status of health care available today and also ensure further improvement in maintaining the balance of body and mind functioning.*

*I convey my best wishes for the success of the occasion and special thanks to you for organizing such an event in public interest.*

*Sd/-*

*Dr. S. P. Singh*

*Hkm. S. P. Bhatnagar*  
*Chief Editor*  
*All India Indian Medicine*  
*Graduates Association (Regd.)*  
*2236/2, Khampur, Opp. West Patel Nagar,*  
*New Delhi-110008*



**DR. SYED ASAD PASHA**  
Deputy Advisor Unani



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

*Dated : 15th October, 2007*

## *Message*

*I am glad to know that All India Indian Medicine Graduates Association (A.I.I.M.G.A.) is going to celebrate "Dhanwantri Day" on Sunday, the 4<sup>th</sup> Nov. 2007 at PSK Auditorium, Laxmi Nagar, New Delhi. On this occasion a souvenir is being brought out to highlight the activities of the association. It is expected that AIIMGA will make significant contribution in providing the safe health to the people through the AYUSH systems.*

*With these words, I wish the All Inida Indian Medicine Graduates Association Delhi every success in all their efforts to popularize AYUSH systems.*

*Sd/-*

*Dr. Syed Asad  
Pasha*

**DR. D. C. KATOCH**  
Deputy Advisor (Ayurveda)



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

Dated : 31<sup>st</sup> October, 2007

## Message

*I am happy to learn that Delhi chapter of All India Indian Medicine Graduates Association (A.I.I.M.G.A.) is organizing Dhanwantri Day celebrations on 4<sup>th</sup> November 2007 coupled with AIDS awareness programme. Congratulations to AIIMGA for taking up this noble initiative.*

*The word 'Ayurveda' has reached all corners of the world. In the present era of globalization, holistic approach and inherited strengths of Ayurveda for preventive, promotive, mitigative, rehabilitative and curative health care have opened many vistas for practitioners, teachers, scientists and industry both within and outside the country. With such a huge scope for Ayurveda we need to build upon what we have today and carry forward the message of Dhanwantri for achieving healthy society. The most important attribute to promote Ayurveda for global well being is to observe quality standards in education, practice and drugs in right perspective.*

*I wish, Ayurvedic fraternity is duly guided by the preaching of Dhanwantri and let us rededicate ourselves for the cause of Ayurveda.*

Sd/-

Dr. D.C. Katoch



**DR. M. A. KUMAR**  
Deputy Adviser (Siddha)



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

## *Message*

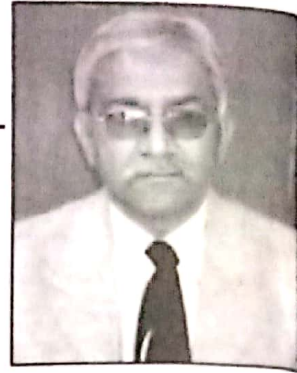
*I am glad to know that this year the All India Indian Medicine Graduates Association (Regd.) - Delhi State is celebrating 'Dhanwantri Day' on Sunday, the 4<sup>th</sup> November, 2007 at PSK Auditorium, New Delhi like every year. The commitment of this association in bringing awareness about the AYUSH system in general and particularly in Ayurveda and Unani is highly commendable. The presence of Siddha system in Delhi is very meagre and it is very fortunate that this association is making all efforts to popularize this system also. Through the combined efforts of all, we can certainly develop strategies to be able to use limited resources in the best possible way. There must be a holistic approach, a conversion of ideas, and common goals for upliftment of poor people and community participation to ensure sustainability. It is expected that everyone should raise up to the occasion in achieving the common goal of health for all within the stipulated time schedule.*

*With these, I once again express my happiness and wish the All India Indian Medicine Graduates Association (Regd.) - Delhi State every success in all their endeavour.*

*Sd/-*

*Dr. M. A. Kumar*

## Editorial



*It gives me immense pleasure and pride in saying that AIIMGA has completed 20 years of its formation. AIIMGA celebrates Lord Dhanwantri Day - the birth anniversary of Lord Dhanwantri on the auspicious day of 'Dhanteras'. This year too it is celebrating Lord Dhanwantri Day on Sunday, the 4th November, 2007.*

*It is your constant faith & belief in AIIMGA and your ability to offer your services to bring AIIMGA to the position where it stands today. I thank every member of AIIMGA without whom this would not have been achieved. AIIMGA has worked a lot for the upliftment of ISM & H during last twenty years and will continue to work with the same tempo for the cause of mankind in the future also.*

*With a short but fully dedicated editorial team I have tried my level best to bring this edition of the souvenir well in time. I am highly thankful to the members of editorial team, all the executive members of the Centre & State Cabinets of AIIMGA who have shown their full co-operation in providing the publication material from all the corners of Delhi & the neighbouring states.*

*I wish you will like this edition of Souvenir 2007 covering articles on different topics and variety of other informations including the achievements of AIIMGA during the last 20 years.*

*With best wishes for DEEPAWALI to one & all.*

A handwritten signature in black ink, appearing to read 'Hkm S. P. Bhatnagar', enclosed in a circular scribble.

(Hkm S. P. Bhatnagar)

Chief Editor





## एमगा परिवार

### सुख-दुख का साथी

प्रिय चिकित्सक बंधुओं,

बड़े हर्ष का विषय है कि एमगा इस वर्ष धन्वन्तरी जयन्ती समारोह 2007 एवं एमगा-संघर्ष के बीस वर्ष कार्यक्रम का आयोजन दिल्ली प्रदेश एमगा (ऑल इण्डिया इण्डियन मेडिसिन ग्रेजुएट्स एसोसिएशन) द्वारा बड़े हर्षोल्लास के साथ किया जा रहा है।

एमगा का जन्म आयुर्वेद एवं इसके चिकित्सक समाज के विकास, उत्थान एवं समस्याओं के समाधान हेतु 7 नवम्बर 1987 को पाँच सदस्यों के रूप में हुआ। तब से आज तक एमगा ने संघर्ष का एक लम्बा रास्ता तय किया है। आज भारत में हजारों की संख्या में वाला एमगा रूपी विशाल वट वृक्ष ISM समाज के लिए कवच का कार्य कर रहा है।

ऑल इण्डिया इण्डियन मेडिसिन ग्रेजुएट्स एसोसिएशन (एमगा) का कार्य क्षेत्र दिल्ली से लेकर हरियाणा, उत्तर प्रदेश, हिमाचल प्रदेश, पंजाब, राजस्थान, तथा दक्षिण कर्नाटक तक फैला है। प्रत्येक राज्य में पृथक-पृथक कार्यसमितियों का गठन किया गया है। एमगा ISM समाज में एक मात्र ऐसी संस्था है जो संयुक्त रूप से आयुर्वेदिक, यूनानी एवं होम्योपैथिक चिकित्सकों का प्रतिनिधित्व एवं नेतृत्व करती है। हमारी कार्यशैली, कार्यक्षमता एवं दूरदृष्टि को ध्यान में रखते हुए सरकार की ओर से हमें NGO का आसन प्राप्त हुआ है।

हमने सरकार के साथ कंधे से कंधा मिला कर कार्य किया है चाहे वह पल्स पोलियो कार्यक्रम हो या अन्य कोई कार्यक्रम जिसके लिए हमारी संस्था एमगा को विशेष सम्मान से सम्मानित किया है।

एमगा समय-समय पर चिकित्सकों के ज्ञानवर्धन हेतु पुनर्बोधन एवं CME कार्यक्रम के अर्न्तगत व्याख्यान, संगोष्ठी आदि का आयोजन करती है। गत सितम्बर माह में मूलचन्द मेडिसिटी अस्पताल के साथ मिलकर CME कार्यक्रम शुरू किया गया है जो आगे भी निरंतर चलता रहेगा।

संकट की घड़ी में एमगा सदैव चिकित्सक समाज के साथ रही है। हाल ही में हमारे चिकित्सक सदस्य डा० सुनील दत्त गौड़ (दिल्ली) का कैंसर रोग से देहान्त हो गया। ऐसी विकट एवं संकट की परिस्थितियों में एमगा ने दुखद शोक संतृप्त परिवार को एक लाख रूपये की राशि देकर सेवा के रूप में आर्थिक सहायता है की मुझे गर्व है कि हम ऐसी संस्था के सदस्य हैं जिसमें मृत्योपरान्त भी अपने चिकित्सक सदस्य के प्रति सेवाभाव एवं सामर्थ्य शक्ति है।

इन बीस वर्षों में हमने जो कुछ किया आने वाले समय में हम और अधिक उल्लास और लग्न के साथ अपने उद्देश्यों को समाज के हित में पूरा करेंगे, ऐसा हमारी संस्था का संकल्प है।

अन्त में सभी साथियों, भाइयों, गुरुजनों को दीपावली एवं नववर्ष की हार्दिक शुभकामनाएँ।

धन्यवाद!

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

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**Name** : ALL INDIA INDIAN MEDICINE GRADUATES ASSOCIATION (Regd.)  
**Established on** : 7<sup>TH</sup> Nov. 1987  
**Completed** : 20 Years  
**Date of registration** : 12<sup>th</sup> Feb 1988 (Under societies registration act. XXI of 1860)  
**Pan No.** : AAATA 1217H  
**Registered address** : 32, GANESH NAGAR VISTAR-II, SHAKARPUR, DELHI - 110092

### **INTRODUCTION**

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

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

### **ACTIVITIES & WORKING:**

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

Types of activities:

- Systemic Activities
- Welfare & Protective Activities
- Social Activities

### **SYSTEMIC ACTIVITIES:**

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

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

## On Completion of 20 Years - AIIMGA

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

### WELFARE & PROTECTIVE ACTIVITIES

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

#### 1) NATIONAL CONFERENCE:

AIIMGA organized a national conference of ISM&H in Jan 1993 at New Delhi in the Hamdard College Auditorium. After three days of intellectual discussions and considerations, Dr. V.K. Gupta, Principal of Nehru Homeopathic College, presented the conclusion report for the development of ISM&H. Shri Pawan Singh Ghatowar (the then State Minister for Health, Government of India) delivered his speech and supported the conclusion report and assured about the Government's positive attitude for the development and upgrading of ISM&H.

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

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

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

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

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

A lecture on **AAM VAAT & SANDHI VAAT**-Dehli

A lecture on **ANORECTAL DISORDERS** -Spring Bell Public School

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

#### 2) FIFTY YEARS OF INDEPENDENCE AND ISM&H

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



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

### **3) VACCINATION TRAINING PROGRAMMES:**

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

### **4) FREE DISTRIBUTION OF VACCINES:**

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

### **5) REGARDING LEGAL MATTERS:**

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

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

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

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

## **SOCIAL ACTIVITIES**

### **1) MEDICAL CAMPS:**

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

### **2) FREE IMMUNIZATION CAMPS**

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

### **3) NATIONAL DISASTERS**

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

### **4) PULSE POLIO PROGRAMME**

During the Pulse Polio Programme 1995, AIIMGA had shared the platform with the Delhi Government. Its members wholeheartedly supervise the Polio Centres from time to time as per schedule of the Polio Vaccination Committee of the Delhi Government.

**5) BLOOD DONATION CAMP**

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

**6) EYE DONATION PROGRAMME**

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

**8) THE SPORTS MEET:**

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

**7) DHANWANTRI DIWAS CELEBRATIONS**

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

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

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

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

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







# प्रशस्ति पत्र

यह प्रशस्ति पत्र

2 अक्टूबर और 4 दिसम्बर 1994 को

स्वास्थ्य मंत्रालय, दिल्ली सरकार द्वारा आयोजित

पल्स पोलियो उन्मूलन अभियान के अन्तर्गत

पोलियो उन्मूलन कार्यक्रम 1994


के सफल आयोजन में

डॉल इण्डिया इण्डियन मैडीसिन ग्रेजुएट एसोसियेशन

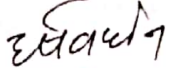
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की अनुशंसा में

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डॉ० हर्षवर्धन  
स्वास्थ्य मंत्री

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14 जनवरी, 1995



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दिल्ली का गौरव बढ़ाने वाले

स्वतंत्रता सेनानियों, प्रमुख नागरिकों, समाज सेवकों,  
और सामाजिक संस्थाओं

का

## सम्मान

समय : दोपहर 12 बजे दिनांक : 3-12-1997  
स्थान : जवाहर लाल नेहरू स्टेडियम, नई दिल्ली

स्वर्ण जयन्ती वर्ष दिल्ली सरकार द्वारा नागरिकों का सम्मान			स्वर्ण जयन्ती वर्ष दिल्ली सरकार द्वारा संस्थाओं का सम्मान		
क्र.सं.	नाम	पता	क्र.सं.	नाम	पता
1.	अजय माधुर	फाकट-1, 128-बी, दिलशाद गार्डन, दिल्ली-95	1.	हैवल्स इंडिया लि.	1, राज नारायण मार्ग, सिविल लाइन, दिल्ली-54
2.	अनीता अग्रवाल	4384 गुलसी दास स्ट्रीट, 4 ए अंसारी रोड, दरिया गंज, नई दिल्ली-2	2.	वर्ड फाउंडेशन	36, सुखदेव विहार, नई दिल्ली-25
3.	अविनारा पंडित	बी-24, महारानी बाग, नई दिल्ली-65	3.	समाज सुधार मोसायटी	श्री कृष्ण भवन, केरला रोड, धर्मपुरा नजफगढ़, दिल्ली-43
4.	अशोक कुमार पाण्डेय	जूनियर इन्जीनियर (विद्युत) विद्युत खण्ड-8, डी.डी.ए.	4.	जन परिषद, दिल्ली प्रदेश	7/51, ज्वाला नगर, हलकारा कुंआ, शाहदपुर, दिल्ली-32
5.	आनन्द प्रकाश	द्वारा-आर्यसमाज बाकनेर, दिल्ली-40	5.	भारतीय संस्कृति तथा चेतना मंडल	सी-605, सरस्वती विहार, दिल्ली-34
6.	अकबर अली	5957, गली बब्बू खाँ, बल्ली भागन, दिल्ली-6	6.	वालेंटरी इनीशिएटिव इन कंसल्टिंग फार ह्यूमन एक्शन एंड रिमचं (रजि.)	194, ईस्ट आफ कैलाश, नई दिल्ली
7.	अशोक चक्रधर	द्वारा-लैफ्टिनेंट जनरल एम.ए. जर्की, वाइस चांसलर, जामिया मिलिया इस्लामिया, नई दिल्ली-25	7.	राष्ट्रीय राजधानी ग्रन्थचार विरोधी समिति (रजि.)	1301, संगतरायां, पहाड़गंज, नई दिल्ली-55
8.	अमिता शर्मा	5239, अजमेरी गेट, दिल्ली-6	8.	लोक उत्थान समिति	सी-1-ए/63-ए, जनकपुरी, नई दिल्ली
9.	अरुण अग्रवाल	फ्लैट नं. 131, डी.डी.ए/एस.एफ.एस. मूडर्जी नगर, दिल्ली-31	9.	सद्भावना क्लब	42 बी, फाकट-ए, मयूर विहार फेम-2, दिल्ली-91
177.	संजय थापर		189.	श्री श्याम लाल जैन अध्यक्ष, जैन सेवा निधि	2946 से 2949, गली नं. 5, रघुवरपुरा-2, गांधी नगर, दिल्ली-31
178.	आर.एस. चौहान (डॉ.)	32 गणेश नगर विस्तार-II, राकरपुर दिल्ली-92	190.	आल इंडिया इंडियन मैडिसिन प्रेजुएट एसोसिएशन (पंजी.)	32 गणेश नगर विस्तार-2, राकरपुर, दिल्ली-92
179.	निमल श्रीवाम्तय (श्रीमती)	सहेली महिला कल्याण समिति (रजि.) 4/17 रूप नगर, दिल्ली-7	191.	वैश्य संगठन सभा (पंजी)	14/4626, महायज्ञ अग्रसेन मार्ग, पहाड़ी धौरज, दिल्ली
180.	प्रेमचन्द गुना	6/60 डी.ई.एन. अजमलखान रोड, करोल बाग, नई दिल्ली-5			
181.	जय नारायण खण्डेलवाल	गंज पहलाद पुर बाँगर, (अलीपुर ब्लाक) दिल्ली-42			
182.	ओमप्रकाश (जी.) सुपुत्र श्री बलदेव सिंह				





# एमगा - संघर्ष के बीस वर्ष एवं भगवान धन्वन्तरि जयन्ती समारोह

## Dhanwantari Award 2007

Personalities selected for Dhanwantri Award for the year 2007 are :

**Prof. Dr. Om Prakash Upadhaya**  
HOD-Maulik Sidhanth & DEAN (Academic),  
National Institute of Ayurveda, Jaipur

**Dr. Shakir Jameel**  
DEAN, Faculty of Medicine,  
Jamia Hamdard University

**Dr. Jag Mohan Rana**  
Medical Officer NDMC

**Dr. Pratap Chauhan**  
Eminent International Ayurvedic Specialist

## AIIMGA Award - 2007

1. **Dr. Mahesh Chand Sharma**  
Mid Zone
2. **Dr. Ashwani Sharma**  
East Zone - I
3. **Dr. Kuldeep Singh Sohal**  
East Zone-II
4. **Dr. (Mrs.) Babita Rathi**  
Rohini-Mangol Puri Zone
5. **Dr. B. D. Joshi**  
Delhi South West Zone
6. **Dr. Rajeev Malhotra**  
West Zone
7. **Dr. P. K. Khatri**  
Ghaziabad, U.P.
8. **Dr. M.L. Tripathi**  
Ghaziabad, U.P.
9. **Dr. Praveen Verma**  
South East Zone
10. **Dr. Darshan Lal Madan**  
Kaithal, Hariyana
11. **Dr. C.B. Parashar**  
Faridabad
12. **Dr. Vinod Gupta**  
Ambala
13. **Anil Bhatia**  
Faridabad
14. **Dr. T.S. Talwar**  
Gurgaon
15. **Dr. Suresh Yadav**  
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#### SURBHI HEALTH CENTRE

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*Dr. N. K. Dhamija*

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Yudhister Gali, Delhi

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## संधिवात (ARTHRITIS)

आज के युग में चिकित्सा क्षेत्र में संधिवात (Arthritis) सबसे बड़ी समस्या है। वैसे तो सहस्रों साल पहले भी संधिवात के होने की बात ग्रंथों में वर्णित है। सभी आयु वर्ग के स्त्री-पुरुष, बच्चे, प्रौढ़ एवं वृद्ध संधिवात से पीड़ित हैं। स्त्रियों में यह रोग अधिक देखने को मिलता है।

**पर्याय :-** इस रोग को जोड़ों में दर्द होना, संधिवात तथा आमवात से आयुर्वेद में जाना जाता है। ऐलोपैथी में प्रारम्भिक अवस्था में Arthritis (अर्थराइटिस) तथा रोग की बाद की अवस्थाओं को Osteoarthritis या Rheumatoid arthritis कहते हैं।

आयुर्वेद में संधिवात (Arthritis) या आमवात का मुख्य कारण शरीर में वायु-दोष की अधिकता होना माना जाता है। कभी-कभी कफ दोष भी वायु दोष के साथ मिलकर विकृति पैदा करता है। संधिवात में शरीर में वायु दोष के बढ़ने के कई कारण हैं जैसे-अतिरूक्ष तथा शीतल वस्तुओं का सेवन करना आजकल फ्रिज में रखी वस्तुओं का सेवन अधिक होने लगा है। पार्टियों में ठंडा-गर्म खाना, शीत ऋतु में भी आईसक्रीम का सेवन करना, मात्रा में अल्प व लघु भोजन करना, अति मैथुन, अति जागरण, वेगों को धारण करना, अधिक व्यायाम करना, अधिक तैरना, मिथ्या आहार-विहार आदि कारणों से वायु दोष प्रकुपित होता है।

उपरोक्त कारणों से प्रकुपित वायु जब संधियों में आश्रित होती है, तो संधियों में शोथ (Swelling) हो जाता है, अंगों के प्रसारण तथा आकुञ्चन की प्रवृत्ति में पीड़ा होती है। रोगी की तीव्र अवस्था में तो संधि का प्रसारण-आकुञ्चन नहीं हो पाता। अभिप्राय यह है कि प्रकुपित वायु चलित संधियों में अपना प्रभाव ज्यादा डालती है, तथा स्थिर संधियों में प्रभाव कम होता है।

ज्वर, थकावट होती है। कब्ज होती है। रोगी के चलने-फिरने में तकलीफ होती है। सुबह शरीर में जकड़न होती है। आदि लक्षण संधिवात में देखने को मिलते हैं।

**आधुनिक (ऐलोपैथी) मतानुसार संधिवात (Arthritis) के कारण :-** किसी विशेष कारण को ऐलोपैथी चिकित्सा प्रणाली में संधिवात (Arthritis) का कारण नहीं माना, फिर भी कुछ कारणों का वर्णन अवश्य मिला है जैसे:-

1. जोड़ों में चोट लगना
2. शारीरिक श्रम ना करना (Lack of Physical Activity)
3. वजन का बढ़ना (Excessive weight)
4. अनुवांशिक (Genetic Factor)
5. संक्रमण (Infection) जैसे वायरस (Virus) बैक्टीरिया (Bacteria) तथा (Fungi)
6. तनाव व चिन्ता (Stress and tension)
7. शरीर में कुछ एन्जाइम का संतुलन बिगड़ना
8. वातावरण
9. खाना, पानी, हवा

ऐलोपैथी के मतानुसार उपरोक्त कारणों से संधिवात (Arthritis) की जीर्ण अवस्था जैसे सहमेटायड अर्थराइटिस (Rheumatoid Arthritis) व ओस्टीओ अर्थराइटिस (Osteoarthritis) में निम्न लक्षण मिलते हैं।

1. उपरोक्त दोनों अवस्थाओं में संधि में उपस्थित कार्टिलेज टूट जाती है जिससे संधि (Joint) का कार्य करना कठिन हो जाता है।
2. संधि में उपस्थित सायनोवियल (Synovial Membrane) मांसपेशी, Blood Vessels, मांसपेशी के तन्तु आदि में सूजन (Inflammation) आ जाती है।

3. संधि की कार्यक्षमता कम हो जाती है। (Loss of joint movement)
4. संधि की मांशपेशियों की शक्ति का कम होना (Decreased muscle strength)
5. लम्बे समय तक व्यायाम की कमी होने से सन्धि का काम करना कम हो जाता है (Decreased Mobility)

### संधिवात (Arthritis) की चिकित्सा :

1. बचाव
2. चिकित्सा
  - A) बाह्य चिकित्सा
  - B) आभ्यान्तर चिकित्सा
  - C) शल्य चिकित्सा

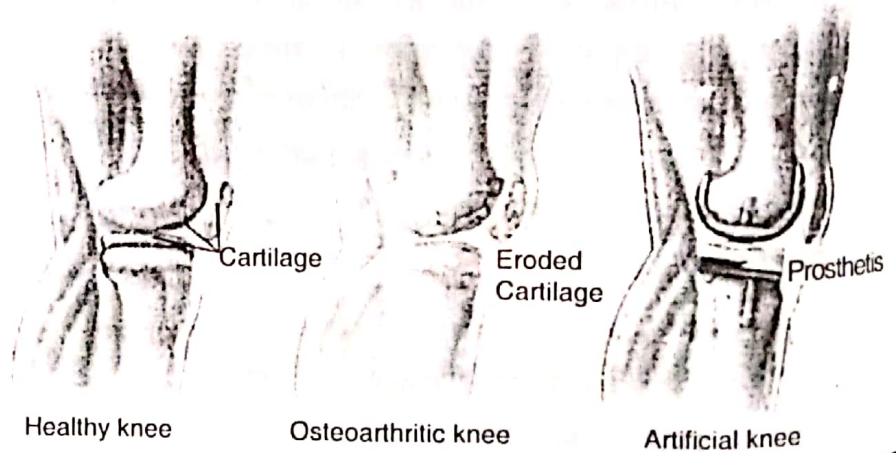
1. बचाव :- रोगी को चाहिए रोग को न बढ़ने दे। उसके लिए अपथ्य आहार-विहार न करे तथा वायु को प्रकुपित करने वाले कारणों से बचे। प्रयाप्त भोजन, निद्रा, व्यायाम आदि करे।

2. चिकित्सा:- A) बाह्य चिकित्सा :- आयुर्वेद में सन्धि वात में बाह्य चिकित्सा में प्रयोग करने के लिए अनेकों तेलों का वर्णन है। तेलों से अभ्यंग (मालिश) की जाती है मुख्य तेल जैसे-महानारायण

B) आभ्यान्तर चिकित्सा :- आयुर्वेद में आभ्यान्तर चिकित्सा का बहुत विस्तृत वर्णन है। फिर भी चिकित्सा को रोगी की आयु, प्रकृति व रोगी की गम्भीरता को देखते हुए चिकित्सा करनी चाहिए। जैसे तो गूगल योग का प्रयोग मुख्य रूप से संधिवात में किया जाता है। तथा अन्य आवश्यक सहयोगी औषधियों का भी प्रयोग करते हैं जैसे-चन्द्रप्रभावटी, वृद्धवात चिन्तामणी रस, प्रवालीपिप्पी, संधिवात की जीर्ण अवस्था में रसराज रस का प्रयोग किया जाता है।

C) शल्य चिकित्सा :- एलोपैथी के अनुसार जब ओस्टीयोअर्थराइटिस (Osteoarthritis) या रैह्यूमेटोयड अर्थराइटिस (Rheumatoid Arthritis) में संधि (Joint) ज्यादा खराब हो जाता है तो चिकित्सक शल्य चिकित्सा करने की आवश्यकता बताते हैं। इस शल्य क्रिया को Joint replacement (Arthroplasty) कहते हैं। इस शल्यक्रिया में संधि के खराब हिस्से को निकाल कर Joint (संधि) को दुबारा बनाते हैं। इसके लिए प्लास्टिक या मेटल का प्रयोग किया जाता है। जैसा कि निम्न चित्र में दर्शाया गया है।

*Knee replacement can restore function. The artificial joint has metal alloy caps for your thigh bone and shinbone and high-density plastic to replace eroded cartilage within the joint and on your kneecap.*



तेल, महाविषगर्भ तेल, नारायण तेल, निर्गुण्डी तेल आदि का प्रयोग कर सकते हैं। एरण्ड तेल का विशेष प्रभाव देखने को मिलता है।

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# Cardiac Ailments and its Prevention

The heart is a four chambered muscular organ that pumps blood continuously through the circulatory system to all parts of the body.

The heart is divided into two sides. Each side has a chamber called Atrium/Auricle where blood collects and a chamber called Ventricle that pumps blood out of the heart.

Heart beats about 10,00,000 times in one day and 35 million times a year.

Since time immemorial heart diseases have claimed the lives of the people all over the world. According to the American Heart Association, heart disease is the single leading cause of death all over the world. Heart diseases in India, kill more patients than AIDS, Tuberculosis and all cancers put together.

The most common heart disease in India are coronary heart disease (CAD), also known as vascular disease.

Coronary heart disease affect the arteries that supply blood to the heart. While vascular disease affects the four valves that control the blood flow to and from the heart. About 25-30 years ago, vascular heart disease was more prevalent in India, but now restricted to the lower economics status of society.

India has the largest number of cardiac Patients in the world. It is very essential Cardio Vascular disease is a condition that occurs when one of the three things happen.

- i) The flow of blood through the heart and to the rest of body is Impeded.
  - ii) the flow of blood to the heart itself is Impeded.
  - iii) Some things goes wrong with pace maker.
- Cardio Vascular disease puts the brain, the lungs the kidney, other vital organs and tissues in jeopardy.

## Risk Factors :

Although it is not known why exactly a person develops heart disease. Researchers and Unani Pathy have identified a number of factors that put our heart at risk. These are

- i) Smoking
- ii) High Blood Cholesterol
- iii) Family History of Cardiac disease i.e. may be hereditary.

- iv) High Blood Pressure
- v) Obesity
- vi) Lack of exercise
- vii) Gender
- viii) Diabetes
- ix) Excessive Consumption of Alcohol

## Common Cardiac Problem :

- i) Coronary Artery Disease :- Angina
- ii) Heart Attack
- iii) Sudden death
- iv) Stroke
- v) Hypertension
- vi) Cholestraemia
- vii) Rheumatic Heart disease
- viii) Congenital Heart Disease

## How to prevent heart attack :

- i) Change in food & life Style
- ii) Stop Smoking
- iii) Exercise regularly
- iv) Reduce Fatty Food - Give up fried food, animal meat, egg yolk and fatty foods.
- v) Treat and control disease like Diabetes and high Blood pressure through Unani Pathy (Indian system of Unani Medicine) of today
- vi) Wind down tension
- vii) Control Blood Cholesterol
- viii) If any close relative have heart disease, take strict precaution
- ix) Opt for a high fibre diet with plenty of vegetable

## Do You Know This :

- i) Your bad cholesterol should be between 130 and 200.
- ii) Good cholesterol should be in range of 40 to 70.
- iii) Passive Smoking is as bad as active Smoking
- iv) More and more young Asian are developing heart disease.
- v) Soya and fish oil are less harmful
- vi) Exercise regularly



**Keep your heart healthy through :**

- i) Exercise for at least 30 min per day
- ii) Avoid a high healthy diet
- iii) Ensure regular intake of almonds (6 to 8 per day)
- iv) Maintain Ideal Body weight
- v) Abstain from tobacco use
- vi) Avoid anger, anxiety, hostility and nervous depression
- vii) Maintain Blood Pressure (Systolic Blood Pressure at around 100mmHg at least 130 mmHg)
- viii) Keep Your Fasting Blood Sugar < 100 mgs
- ix) Keep your bad cholesterol (LDL) around 100 mgs/dl.
- x) Keep your Triglyeeride around 100 mgs/dl at least < 150 mgs

A Consistent effort to modify one's life style is the only way to contain the growing epidemic of heart attack and its complications.

**Checking the health of heart :**

The cardinal symptoms of heart disease are Palpitation, Dyspnoea (Breathlessness), chest Pain and Fatigue. The routine investigation will also record

- **Haemoglobin level**
- **Blood Sugar Level** - If high, it can be controlled through diet modification & exercise.
- **Blood Cholesterol** - When picked up at a early stage, high levels may be controlled by avoiding meats & Dairy Products, Exercising regularly.
- **Uric Acid Level** - If higher, it can be managed by omitting red meat, wine and red beans from the diet. High Blood Uric Acid is harmful for the joints, Kidney and arteries.
- **Abnormal Lung Function** - It would indicate a need to quit smoking to prevent irreversible lung damage.
- **A Chest X-ray** - Can detect a cyst or a lesion, specially in smokers
- **E.C.G.** - Abnormal resting E.C.G. makes us look into some heart disorder and if none is found, a repeat E.C.G. after three months.
- **Tread Milltest (TMT)** - When E.C.G. at rest is normal an exercise test is advised. A person with abnormal TMT may have to under go other investigations like echo, Cordiography, stress thallium and coronary angiography to know for the state of coronary artries.
- **Electro Cardiography** - It is useful to detect silent heart value abnormalities or heart muscular-disease and coronary artery disease.

- **Stress Thallium** - It is advised to detect impaired blood flow to the heart muscle when the TMT result is normal in a person who is otherwise symptoms free.
- **Angiography** - Angiography involves introducing fine catheters into the heart coronary artrey to measure pressure and a film of the heart by injecting radio opaque material.

**Unani drugs in cardiac ailments that heals :**

Being diagnosed with heart disease need not always mean a life time of Angiography, Angioplasty or by pass surgery. A daily Riyazat (Exercise) and active life style can be a recipe for further progression and in some cases, reversal of the disease. This reduces risk factor for cardio vascular disease.

If consumed in the recommended quantity every day, these herbs can help fight the disease.

- i) **Chana (Bengal Grain)** : 50 gm Per Day decreases bad cholesterol and triglycerides, no significant change in good cholesterol lowers Heart attack by 24 percent
- ii) **Soya (Dill seed)** : 50 gm per day lowers bad cholesterol, cuts heart attack and stroke risk by 45 percent
- iii) **Suboos-e-Isabghol (Phyllium husk)** : 15 gm per day lowers cholesterol, trilyeerides and blood sugar level, cut heart risk down by 30 percent, blood sugar level goes down in type II diabetes.
- iv) **Seer (Lahsun, Garlic)** : 3-4 cloves reduces plaque formation in the arteries and lower heart threatening homocysteneine levels in the blood reduce heart attack risk by 30 percent
- v) **Hulba (Methi-frenugreek seed)** : 25 gm per day anti Inflammatory action prevent narrowing of arteries, lowers cholesterol, blood pressure and blood sugar levels. cut back heart strike risk by 45 percent, also lower blood sugar in type II diabetes
- vi) **Amla (Two a day)** : Rich in Vitamin-C, a power full antioxidant that boots immunity, lowers risk of both heart attack and stroke by 24 percent.
- vii) **Gul-e-Gaozuban, Abresham, Daroonaj, Aqrabi, Heel Khurd, Bisfayej, Luk Maghsool and Tukhm-e-Qurtum** are also very effective in cardiac ailments

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# HOMOEOPATHIC CURE FOR VITILIGO (LEUCODERMA)

Commonly known as Phulveri or Vitiligo or Leucoderma is fast increasing now a days. Unfortunately the exact cause of this malady is not yet completely known to the medical world. There is a very deep misconception which is prevailing about the vitiligo that is if a person drinks milk after eating fish, he gets this vitiligo patches is just a myth and there is not an iota of truth or scientific support to this belief. The sight of white patch on the body is enough to scare a person that it might not be the same vitiligo patch, incidentally all white patches are not Vitiligo patches, it could be due to some other reasons also.

Vitiligo is an acquired depigmentary condition in which areas of skin loose their pigment and become white. There are no other changes but the white patches which appears anywhere and grow in size until much of the body is affected most common in India and Egypt. Vitiligo is a disease of cosmetic value where patients normally do not get any pain etc. but at the same time it causes a deep complex in the patients. Homoeopathy has an edge over other systems of medicines as far as Skin diseases are concerned and has a very good curative rate. Cases of Leucoderma take long time to respond but definitely the success rate is around 75-80%. While treating Leucoderma also, the patient is treated on his constitution and peculiarities of symptoms as it is the basic principle of Homoeopathy i.e. Individualisation. So there can not be a patent medicine for vitiligo or far that matter for any other disease also in homoeopathy. Caution must be taken that the advertised drugs may not be as effective in each and every case and the people should get themselves treated from the qualified Homoeopathic doctors only. Cases of young girls suffering from Leucoderma who try to commit suicide because not getting any relief from various medication is not very uncommon. Homoeopathy not only treats their leucoderma but

the attitude towards the problem and life also gets changed for their pleasant surprise

**ETIOLOGICALLY :-** Though the exact cause is unknown. Still following are the factors considered to be responsible are:-

1. Diet :- Poor in proteins and cupro minerals
2. Gastro intestinal disorders
3. Run down state of health
4. Psychogenic stresses
5. Occasionally endocrine disorders sply. The Thyroidism

Histological studies of vitiliginous areas have shown deficiency or loss of dopa and tyrosine positive melanocytes (cells responsible for the skin colour)

## CLINICAL FEATURES :

1. It is characterised by completely depigmented macules, patches and sheets.
2. Patches are of different shapes and sizes, the borders are hyperpigmented.
3. No structural change occurs.
4. Patches enlarge slowly and may affect the whole body but this involvement is very seldom complete.
5. Common sites of vitiligo affected are Face, Dorsum of Hands, Waist and Legs. Hair may or may not become depigmented in the vitiliginous areas.

## DIFFERENTIAL DIAGNOSIS OR CONDITIONS LOOKALIKE OF VITILIGO :

1. **Albinism :-** It is congenital, present at birth. Distribution is complete or partial. There are no Hyperpigmentary border. Hair and eyes



may be affected. Hereditary in origin cause is stationary.

2. **Nevus Depigmentosus** :- It is congenital, present at birth. Distribution is unilateral. Does not increase in size or change shape. It is not hereditary in origin and there are no Hyperpigmentary border.
3. **Leprosy** :- It can occur at any age and may affect any areas. Course is progressive. Hyperpigmentary border are inflammatory and it occurs in patches which have no sensation, nerves are thickened.
4. **Pityriasis versicolor** :- It can occur at any age mostly affect upper trunk and neck course is progressive. There are no Hyperpigmentary borders. In patches there is furfuraceous scaling. On microscopic examination fungus is seen.

#### PROGNOSIS

It has improved considerably in recent years because the etiological factors are better understood. According to the reports available it is found that progress of disease could be controlled in about 90-95% of cases and could be cured in about 60-75% of cases. Patches which could not be cured medically but could be controlled were treated with therapeutic tattooing and by thin skin grafts. Homoeopathy has a major role in the treatment and cure of this disease. As many a patients have already been cured with homoeopathy.

The cases which have failed to respond have usually shown the following features

1. Poor nutritional state or digestion.
2. The presence of vitiligo on resistant sites like the hands and the feet, the front of wrists, the elbows, the waist and the eyelids.
3. Achromotrichetic hair in vitiliginous areas
4. Age above 40
5. Irregular Treatment, as the treatment of this problem takes long time to show the effect and cure most of the time patients loose patience

and stop the treatment or switch over to some other therapy while getting carried away by the gimmickry advertisements of "Get rid of the ugly White Patches" which unfortunately turns out to be mere ads and the patients loose a good amount of money without being treated properly.



#### TREATMENT

1. A control of the etiological factors. The patient's nutritional state must be improved as far as possible. This is of particular importance when the vitiligo is active and progressively increasing.
2. In the diet cheese, butter, milk, apples, figs germinating grams and bael fruit are added with benefit.
3. Patients are advised to expose themselves to sunlight in the morning.
4. In certain cases application of Baubchi oil or Psoralea Cor has helped in bringing the normal colour of the affected patches.

Commonly used medicines are :- Ars Sulf Flav, Ars Alb, Nat. Mur, Phos., Lyco, Ferr. Ph, Psorinum, Tubercullinum etc.

There is another fallacy prevailing among the people is that patients suffering from vitiligo should shun away from any thing which is white needs correction as there is no relevance in this. Preferably patients suffering from vitiligo should take precautions of taking excess of sour things.

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## अष्ठीला ( पौरुष ग्रन्थि वृद्धि )

चरक के त्रिमर्मीय अध्याय के अंतर्गत वस्ति मर्म के रोगों में अष्ठीला ( पौरुष ग्रन्थि वृद्धि ) की गणना की गई है।

### निरुक्ति एवं व्युत्पत्ति

पौरुष ग्रन्थि वृद्धि एवं पौरुष शोथ दोनों ही एकार्थक हैं तथा पौरुष ग्रन्थि की शोथ या वृद्धि को सूचित करते हैं। यद्यपि पौरुष ग्रन्थि वृद्धि या पौरुष ग्रन्थि या शोथ के नाम का संहिताओं में उल्लेख नहीं मिलता तथापि पौरुष, ग्रन्थि, वृद्धि एवं शोथ ये चारों शब्द संहिताओं में अनेकशः प्रयुक्त हुए हैं किन्तु इन शब्दों की पृथक पृथक अवस्था कभी भी कहीं भी उस अर्थ का बोध नहीं कराती जो अर्थ-पौरुष ग्रन्थि वृद्धि तथा पौरुषग्रन्थि शोथ इन दोनों शब्दों से होता है। अस्तु इन तीनों शब्दों की निरुक्ति एवं व्युत्पत्तिज्ञान अपरिहार्य, एवं प्रासंगिक है।

### अष्ठीला

रोग विशेष के रूप में अष्ठीला को आचार्य चरक, सुश्रुत तथा वाग्भट्ट तीनों ने स्वीकार किया है। अन्य ग्रन्थों में भी अष्ठीला शब्द का वर्णन अनेक रोगों के लक्षण के रूप में मिलता है।

नाभि के नीचे तदाकार ग्रन्थिभूत रोग को अष्ठीला कहते हैं, जो चल या अचल, अधः प्रदेश में ग्रन्थि के आकार का रोग विशेष जो उर्ध्व भाग में फैली हुई और नत होती है, उस ग्रन्थि से वातादि का अवरोध होता है। इस ग्रन्थि विशेष को ही अष्ठीला कहते हैं।

### अष्ठीला या पौरुष ग्रन्थि ( Prostate gland )

यह सौत्रिक तन्तुओं, पेशीसूत्रों तथा ग्रन्थि-कोशिकाओं से निर्मित अखरोट के आकार की रचना है जो मूत्रप्रसेक के प्रथम भाग के चारों ओर स्थित रहती है अर्थात् इस ग्रन्थि में से होकर मूत्रप्रसेक गुजरता है। सामान्यतः इसका भार लगभग 8-10 ग्राम होता है। इस ग्रन्थि का स्राव, मूत्रप्रसेक में पहुँचता रहता है। यह स्राव जलीय, श्वेतवर्ण तथा क्षारीय होता है। शुक्र की विशिष्ट गंध, अष्ठीलाजन्य स्राव के कारण होती है।

### वाताष्ठीला एवं प्रत्यष्ठीला

आचार्य सुश्रुत एवं माधवकर ने वाताष्ठीला तथा प्रत्यष्ठीला

का वर्णन वातव्याधियों के अन्तर्गत किया या है। इनके लक्षण निम्नलिखित हैं -

### वाताष्ठीला

1. यह नाभि के अधः प्रदेश में उत्पन्न होती है।
2. यह पत्थर के समान होती है तथा ऊपर आयताकार एवं उभरी हुई चल अथवा अचल होती है।
3. इसके द्वारा मार्ग अवरोध होकर मूत्र, पुरीष एवं अधोवात का अवरोध होता है।

### प्रत्यष्ठीला

1. यह उदर में तिरछी उठी रहती है।
2. उदर में इसके द्वारा तीव्र पीड़ा उत्पन्न होकर वात, मल, मूत्र का अवरोध होता है।

### अष्ठीला रोग की सम्प्राप्ति

अपान वायु प्रकोपक आहार विहार से निम्नलिखित दोष-दूष्य सम्मूर्च्छना की संभावना रहती है -

दोष	- वात प्रधान, पित्त एवं कफ (पुरीष)
दूष्य	- रस, रक्त, मांस, मूत्र व पुरीष
अग्नि	- मंद
स्रोतस्	- मूत्रवह, पुरीषवह व शुक्रवह स्रोतोदुष्टि
स्रोतोदुष्टि प्रकार	- संग, विमार्गगमन
उद्भव स्थान	- मूत्राशय, पक्वाशय
प्रत्यात्म लक्षण	- मूत्रमार्ग में पाषाणवत् ग्रन्थि
	एवम् तज्जन्य मूत्रकृच्छ्रज्ञापक लक्षण
साध्यासाध्यता	- कृच्छ्र साध्य

### अष्ठीला के लक्षण

1. मूत्रमार्गावरोध
2. विण्मार्गावरोध
3. वस्तिआध्मान
4. तीव्र वेदना
5. चल ग्रन्थि
6. उन्नत ग्रन्थि
7. घन ग्रन्थि

8. अचल ग्रंथि
9. वात संग
10. मूत्र संग
11. मल संग
12. गुदा में आध्मान
13. बस्ति ग्रह

#### पथ्य

रोगी को स्नेहन, स्नेहपान, विरेचन, बस्ति, स्वेदन, अवगाहन, उत्तरबस्ति आदि क्रिया करते हुए पुराने लाल चावल, जांगल पशु-पक्षी का मांस, मदिरा, तक्र, दूध, उड़ददाल के यूस, पुराने कूप्माण्ड के फल का शाक, परवल, अदरक, तालफल की गुठली की गिरी, हरीतकी, नारियल का कच्चाफल, सुपारी, खर्जूर, नारियल तथा ताल वृक्षों के ऊपरी भाग का सेवन करना, रोगी के लिए लाभदायक होता है।

#### अपथ्य

देशकाल सात्म्य के विरुद्ध भोजन, अतिव्यायाम, अधिक घूमना, रूक्ष, विदाही और विष्टम्भकारक पदार्थों का सेवन करना, मैथुन करना, अधारणीय वेगों का धारण करना, करीर फल और वमन करना ये सब अष्टीला रोगी के लिए वर्जित है।

#### P.S.A. (Prostate-Specific Antigen)

Two biochemical markers, prostatic acid phosphatase-specific antigen (PSA), have been used in the diagnose and management of prostate cancer. Both are produced by normal as well as neoplastic prostatic epithelium. PSA has largely supplanted prostatic acid phosphatase in the management of prostate cancer. 80% with histologically documented cancer have serum PSA levels greater than 4.0 ng/ml. Furthermore, 20 to 40% of patients with organ-confined prostate cancer have a PSA value of 4.0ng/ml or less.

#### अरिष्टक

कुल - सैपिण्डेसी ( Sapinadaceae)  
 नाम-लैटिन-सैपिण्डस ट्राइफोलिएट (Sapindus Trifoliatius)  
 संस्कृत-अरिष्टक (Aristhak)  
 हिन्दी-रीठा (Ritha) अंग्रेजी-सोप नट (Soap Nut)  
 स्वरूप-इसका वृक्ष 15-30 फुट ऊँचा अनेक शाखा-प्रशाखायुक्त पत्रदण्ड 5-12 इंच लम्बा, पत्रक 1-4 इंच चौड़े

दो-तीन जोड़े तथा पुष्प श्वेतवर्ण होते हैं। फल गोलाकार गुच्छों में लगते हैं, पकने पर धूसर, श्यामवर्ण हो जाते हैं। बीज-रक्तवर्ण कृष्णाभ होते हैं। पुष्प-शरदऋतु में आते हैं तथा फल बसन्त में पकते हैं।

जाति - रीठा छोटा और बड़ा दो प्रकार का होता है। ऊपर बड़े रीठा का वर्णन किया गया है। छोटे रीठे का लैटिन नाम सैपिण्डस मुकोरोसी (Sapindus Mukorossi) है।

उत्पत्ति स्थान - यह जंगलों में विशेषकर दक्षिण भारत तथा छोटानागपुर, पश्चिमोत्तर भारत, पंजाब, आसाम आदि में पाया जाता है।

रासायनिक संगठन - इसके फल में 11.5% सैपोनिन, 10% शर्करा होती है। बीजों में 30% तेल होता है।

गुण - लघु, स्निग्ध, तीक्ष्ण

रस - तिक्त, कटु।

विपाक - कटु

वीर्य - उष्ण

प्रभाव - वमन

कर्म - त्रिदोषघ्न, शोधन, शमन, शोथहर, वेदनास्थापन, मादक, वामक, रेचक, कृमिघ्न, रक्तशोधक, कफनिःसारक, गर्भाशयसंकोचक, लेखन, कुष्ठघ्न एवम् विषघ्न है।

दोष प्रयोग - यह त्रिदोषजन्य विकारों में प्रयुक्त होता है। विशेषतः कफ और वात विकारों में देते हैं।

बाह्य प्रयोग - शोथवेदनायुक्त विकारों में इसका लेप करते हैं। विस्फोट, गंडमाला, आदि रोगों में तथा सर्प बिच्छू आदि सविष प्राणियों के दंश पर लेप करते हैं। इसके विलयन या चूर्ण का नस्य अर्धावदभेदक, मूर्च्छा, अपतंत्रक में देते हैं। इसके पत्र तथा त्वचा का उपनाह सन्धिवात, आमवात, पक्षाघात में देते हैं। दाह में इसके फेन का लेप करते हैं।

आभ्यन्तर प्रयोग

पाचन संस्थान - यह उदरविकारों तथा कृमिरोग में प्रयुक्त होता है।

रक्तवहसंस्थान - रक्तविकारों में दिया जाता है।

श्वसनसंस्थान - कास, श्वास में उपयोगी है।

प्रजननसंस्थान - रजोरोध तथा कष्टप्रसव में इसकी वर्ति बनाकर योनि में रखते हैं।



त्वचासंस्थान - कुष्ठ में इसका प्रयोग करते हैं।

सात्मीकरण - विषों में विशेषतः अहिफेन विष में इसका प्रयोग होता है।

प्रयोज्य अंग - फल।

मात्रा - वमनार्थ- 3-6 माशे, रेचनार्थ- 4-8 माशे, अन्य कर्मों के लिए 5-10 रत्ती।

### भस्म निर्माण विधि

अरिष्टक का भस्म बनाने के लिए सर्वप्रथम शुद्ध, साफ एवं पके हुए फल का छिलका आवश्यकतानुसार प्रमाण में लेकर लोहे की कढ़ाही में जलाते हैं। उसमें सबसे प्रमुख बात यह है कि नीचे से आग लगाने पर कढ़ाही में रीठों जलता नहीं है। अतः कढ़ाही के नीचे से आग लगाने के बाद जब कढ़ाही में अरिष्टक पिघलकर तैलीय हो जाता है तो ऊपर से भी आग की चिंगारी लगा दी जाती है। जिससे पूरा अरिष्टक एक साथ जलने लगता है। अरिष्टक को जलाते समय यह ध्यान रखना चाहिए कि अरिष्टक पूरी तरह से जलकर राख न हो जाए। अरिष्टक के फल को ठण्डाकर बारीक पीसकर चूर्ण बना लें। इस चूर्ण की 500 मिली ग्राम की मात्रा को कैप्सूल में भरकर चिकित्सा हेतु प्रयोग में लिया गया है।

### सारांश एवं निष्कर्ष

प्रस्तुत अध्ययन 50 रोगियों को 90 दिनों तक अरिष्टक का एक-एक कैप्सूल प्रातः सांय खाली पेट जल से देकर किया गया। 45-45 दिन के अंतरालों में दो बार निरीक्षण एवं परीक्षण किया गया। जिससे यह ज्ञात होता है कि -

1. पौरुषग्रन्थिवृद्धि रोग केवल पुरुषों में होता है। विधुर की तुलना में विवाहित पुरुषों में रोग की अधिक सम्भावना है।
2. अरिष्टक भस्म के 90 दिन के प्रयोग से 94% आतुरों में मलसंग, 96% आतुरों में तीव्र वेदना लक्षण का उपशमन हो गया।
3. अरिष्टक भस्म के 90 दिन के प्रयोग से मूत्रमार्गावरोध, विट् मार्गावरोध, वातसंग बस्ति आध्मान, बस्तिग्रह एवं गुदआध्मान लक्षणों का 94% आतुरों में उपशमन हो गया।
4. अरिष्टक भस्म के 90 दिन के प्रयोग से अष्ठीला रोग के सामान्य उपस्थित 78% लक्षणों में से मात्र 19%

लक्षण ही शेष पाया गया तथा 59% आतुरों में उपशमन हो गया।

5. अरिष्टक भस्म का पौरुष ग्रन्थि शोथ अथवा अष्ठीला पर सकारात्मक प्रभाव होता है।
6. अरिष्टक भस्म अष्ठीला व्याधि लक्षणों पर उपशमनात्मक परिणाम प्रदर्शित करता है। 45 वें दिन तक प्रयोग की अपेक्षा 90 दिन के प्रयोग के परिणामों का प्रतिशत अधिक है तथा दोनों अवधियों में प्राप्त परिणाम सांख्यिकीय दृष्टि से अतिसार्थक है।
7. अरिष्टक भस्म अष्ठीला व्याधि लक्षण के रूप में पौरुष ग्रन्थि वृद्धि या उसके भार का ह्रस करता है। जो शोथ शमन या वृद्धि के लेखन के कारण होता है। अष्ठीला से पीड़ित आतुरों में मूत्रोत्सर्ग के पश्चात् मूत्राशय में अवशिष्ट मूत्र मात्रा में अरिष्टक भस्म प्रयोग से कमी आती है।
8. अरिष्टक भस्म, अष्ठीला व्याधि में एक सस्ती, सरलता से निर्माण योग्य तथा प्रभावी औषधि है जिसका दीर्घकालिक प्रयोग अपेक्षित है।

### परामर्श

पौरुषग्रन्थिवृद्धि (अष्ठीला) पर अरिष्टक भस्म के प्रभाव का चिकित्सात्मक अध्ययन 90 दिन तक किया गया। इस अध्ययन के दौरान यह पाया गया कि औषध प्रयोग से एक दो दिन में रोगी को लाभ होने लगता है और रोगी अपने कष्ट से छुटकारा पा लेता है। 90 दिन औषध लेने के बाद रोगी पूर्णतः स्वस्थ अनुभव करता है। कुछ रोगियों में ऐसा पाया गया कि कुछ समय पश्चात् पुनः लक्षण उपस्थित होने लगे, ऐसी अवस्था में मैं रोगियों को यही परामर्श देता हूँ कि स्वस्थ होने के बाद भी वह अरिष्टक भस्म की सीमित मात्रा (एक कैप्सूल प्रतिदिन) प्रातः लेते रहें, जिससे रोग पुनः उत्पन्न न हो सके। इस अध्ययन में ऐसा पाया गया कि जो रोगी यह औषध ले रहे थे उन्हें अर्श, रक्तार्श, भगन्दर, नेत्रभिष्यन्द, गर्भाशय अर्बुद, डिम्बग्रन्थि अर्बुद, धमनीकाठिन्य, हृदय रोग एवं श्वास-कास में लाभ हुआ।

डॉ. डी. एम. त्रिपाठी

बी.एस.सी.ए., बी.ए.एम.एम., एम.डी., पी.एच.डी.  
(सी.एम.ओ.-एन.डी.एम.सी)



# CALCIUM FOR HUMAN BODY

There are many mineral salts which are necessary for human body for all body processes. They are usually required in small quantity. Calcium is an important constituent of the animal and human body containing about 2 p.c. of calcium by weight. It is present to a considerable amount in all soft tissues and the blood and is essential to most forms of living matter and for the activity of certain ferments.

Thus the milk will not curdle nor the blood will coagulate, in the absence of calcium. Calcium is present almost entirely in the plasma and the normal level is 9 to 11.5 mg per 100 gm. Serum Calcium is present in two distinctly different forms:

(1) Indiffusible Calcium which is chemically bound with plasma proteins particularly serum albumin. About half the total serum Calcium is in the indiffusible form. It is physiologically inactive and the amount varies with the concentration of plasma proteins.

(2) Diffusible Calcium which is present as undissociated phosphate, Carbonate salts and ionic Calcium. The ionic calcium is from 3 to 4 mg. percent and is physiologically active. After all serum Calcium level is kept constant and is maintained by :-

- (a) Amount and availability of Calcium in food.
- (b) Body stores
- (c) Reaction of the tissues.
- (d) Vitamin D
- (e) Parathyroid hormone.

On the other hand serum Calcium level depends on -

- (a) The amount absorbed from the intestine.
- (b) Plasma protein concentration and its composition.
- (c) Plasma inorganic phosphate level and
- (d) Paratharmone level.

Serum Calcium level is lowered if there is any defective absorption from intestine. eg. rickets, steatorrhoea or when the calcium intake is very

low, as during later months of pregnancy. It is also lowered in hypoparathyroidism and in some cases of renal failure.

Serum Calcium may be raised in hyperparathyroidism, after intake of large amount of vitamin D, and in some diseases associated with increased amount of abnormal plasma proteins. Calcium is present in both animal and vegetables foods although vegetable foods are much richer in Calcium than the foods of animal origin. Milk and yolk of eggs are specially rich in Calcium in a readily assimilable form.

The normal calcium requirement of an adult is about 0.5 to 1 g. daily. During the growing period, pregnancy and period of lactation the demand is greater.

It is absorbed with difficulty and it has been estimated that only 50 p.c. of Calcium of the food is absorbed. Therefore 1 g. of Ca must be taken daily with food to supply the adequate requirements. One litre of fresh cow's milk contains 1 g. of Calcium. Calcium is probably utilised to the extent of 20 to 30 p.c. though it may be much higher in young infants.

The researches state university of New York, established that calcium is essential nutrients for teeth, Gums.

The researches of Tainesi that calcium mixed with food supplement, lowers the calories as well as weight and fat. It means that it produces slim and active body. It protects the body from diseases. It also protects the body from hypertension and carcinoma of the stomach. In females it is essential for menstrual cycle. It causes the disease of calcium deficiency like osteoporosis, Calcium is essential constituent for health in human body.

**Dr. SYED MOHD. AAQIL RIZVI**

Faculty of Medicine  
Dept of Anatomy and Physiology  
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# ACNE

**ACNE:** is a skin disorder which is the result of hormonal imbalance and some substances like the sebaceous glands and hair follicles. Acne is also known by different names such as zits or pimples

Acne is a group of skin rashes that have different causes.

## TYPES OF ACNE :-

- ❖ Acne vulgaris - most commonly experienced around puberty, typically of the face and shoulders/chest.
- ❖ Cystic acne, a severe form of acne wherein small cysts form.
- ❖ Acne rosacea - a red rash predominantly on the face.
- ❖ Acne keloidalis nuchae (Pseudofolliculitis nuchae) - a rash caused by shaving.
- ❖ Acne conglobata (Hidradenitis suppurativa) - chronic abscesses or boils of sweat glands and hair follicles; in the underarms, groin and buttocks, and under the breasts in women.
- ❖ Acne cosmetica - acne caused by cosmetics.
- ❖ Acne fulminans - an extreme form of acne conglobata.
- ❖ Acne medicamentosa - acne caused by starting or stopping a medicine.
- ❖ Baby acne - a rash seen on the cheeks, chin, and forehead of infants.
- ❖ Chloracne - an acne rash caused by exposure to chlorinated hydrocarbons such as dioxins or PCBs.

**Acne Vulgaris** is an inflammatory disease of the skin, caused by changes in the pilo-sebaceous units (skin structures consisting of a hair follicle and its associated sebaceous gland). Acne lesions

are commonly referred to as pimples, spots, or "zits".

Acne develops because of impairments of the functioning of skin glands (dermis and epidermis), notably blocked follicles.

Hyperkeratinization and formation of a plug of keratin and sebum (a microcomedo) leads to the enlargement of sebaceous glands, especially during the maturation of skin following puberty. Increase in sebum production occurs with increased androgen. A build up of sebum becomes prone to infection. The immune system attacks the bacteria and filters the pus into segregated pockets that can be from 0.2mm up to 10mm underneath the intact skin surface epidermis. Surface infections are called pimples whereas the deeper ones are called pustules.

Sufferers experience itching and discomfort due to swelling and bacterial overgrowth inside infected glands and adjacent cells, and try to relieve the swelling by squeezing acne with their fingers rather than clinically with a sharp sterilized needle. Damage to underlying layers of flesh destroys the integrity of the dermis and creates a weak zone to be attacked by bacteria, and an immune response resulting in more acne draining into the surrounding sebaceous glands. Bruising can also scar and deform the fine structures of the dermis so that its function is impaired and can create longer term heavens for bacteria.

The fine structure of the dermis is very intricate, with dozens of specialized cells, sweat glands, oil glands, nerves and capillaries. It is subject to malformation, damage, and infection. Some sebaceous glands grow deformed without a drainage channel through the skin. Others swell by up to 20 times their original size. When these



are drained, the walls of the enlarged gland are still intact under the skin and free to accumulate sebum and may or may not become infected. Acne is a highly complicated and variable form of skin infection. It is most common during adolescence, affecting more than 85% of teenagers, but not infrequently also continues into adulthood. For most people, acne diminishes over time and tends to disappear, or at least decrease, after one reaches his or her early twenties. There is, however, no way to predict how long it will take for it to disappear entirely, and some individuals will continue to suffer from acne decades later, into their thirties and forties and even beyond.

**SYMPTOMS :** The most common form of acne is known as "acne vulgaris", meaning "common acne." Many teenagers get this type of acne. Excessive secretion of oils from the sebaceous glands accompanies the plugging of the pores with naturally occurring dead skin cells (corneocytes) blocking hair follicles. The accumulation of these corneocytes in the duct appears to be due to a failure of the normal keratinization process in the skin which usually leads to shedding of skin cells lining the pores. In response to the subsequent significant increase in bacterial population, the skin inflames, producing the visible lesion.

The face and upper neck are the most commonly affected, but the chest, back and shoulders may have acne as well. The upper arms can also have acne, but lesions found there are often keratosis pilaris, not acne. The typical acne lesions are: comedones, papules, pustules, nodules and inflammatory cysts known as cystic acne, one of the more severe forms. These are more inflamed and pus-filled or reddish bumps that can easily lead to scarring or serious infections.

Aside from scarring, its main effects are psychological, such as reduced self-esteem and, according to at least one study, depression or

suicide. Acne usually appears during adolescence, when people already tend to be most socially insecure. Early and aggressive treatment is therefore advocated to lessen the overall impact to individuals.

### **CAUSES OF ACNE**

- ❖ Family history.
- ❖ Hormonal activity, such as menstrual cycles and puberty.
- ❖ Stress, through increased output of hormones from the adrenal (stress) glands.
- ❖ Hyperactive sebaceous glands, secondary to the three hormone sources above.
- ❖ Accumulation of dead skin cells.
- ❖ Bacteria in the pores, to which the body becomes 'allergic'.
- ❖ Skin irritation or scratching of any sort will activate inflammation.
- ❖ Use of anabolic steroids.
- ❖ Any medication containing halogens (iodides, chlorides, bromides), lithium, barbiturates, or androgens.
- ❖ Exposure to high levels of chlorine compounds, particularly chlorinated can cause known as Chloracne.

### **HOMOEOPATHIC TREATMENT APPROACH:**

Homeopathic is a holistic treatment therapy and it treats patient as a whole not only the name of disease, we have to take complete detailed case history of all the patients of Acne, in Female Menstrual history is also very important, and in males puberty and hereditary factors have to be considered along with other characteristic and presenting complaints. Emotional and mental status of patient also play a key role in Homeopathic treatment.



In chronic cases we have look for mismatic background of patient and a deep antipsoric remedy like Sui, Cal. Carb, Lyco etc. play a wonderful role to remove acnae from the root cause and give lasting and permanent relief to patient.

**Diet and hygiene factors** also play a great role to control acne, for e.g. chocolates, coffee, fast food, soft drinks, non vegetarian food, fried, spicy items, hotel and junk food, have been found to aggravate acne problem.

Also excessive users of cosmetics are more prone to this problem. They should be advised to wash the face regularly with fresh tap water and clean the face with original rose water.

**REMEDIES FOR ACNE VULGARIS :** In Homeopathy, remedy and treatment part is individualistic and varies from person to person, depending on his peculiar state of health and individual symptoms. Here are few very commonly used homeopathic remedies helpful in acne cases.

**ANTIMONIUM TARTARICUM :** This remedy may be helpful for acne with large pustules that are tender to touch, with bluish-red marks that remain on the skin after active infection has passed. The person may be irritable, with low resistance to illness.

**CALCAREA CARBONICA :** If a person with frequent pimples and skin eruptions is chilly with clammy hands and feet, easily tired by exertion, and flabby or overweight, this remedy may help improve the skin's resistance to infection. People who need this remedy are often very anxious when overworked, and have cravings for sweets and eggs.

**HEPAR SULPHURIS CALCAREUM :** This remedy may be indicated when the skin is easily infected, slow to heal, and painful eruptions like boils appear. The pimples are very sensitive to

touch and slow to come to a head; eventually, offensive-smelling pus may form. A person who needs Hepar sulph is usually chilly, sensitive to cold in any form, and feel irritable and touchy.

**PULSATILLA :** This remedy can be helpful if acne is worse from eating rich or fatty foods, and aggravated by warmth or heat. It is indicated especially around the time of puberty, or when acne breaks out near menstrual periods. The person often has a fair complexion and is inclined towards soft emotions and moodiness, feeling worse in warm or stuffy rooms and better in fresh air.

**SILICEA (ALSO CALLED SILICA) :** A person with deep-seated acne along with a general low immune resistance, swollen lymph nodes, and a tendency towards fatigue and nervousness may benefit from this remedy. Infected spots are slow to come to a head, and also slow to resolve, so may result in scarring. A person who needs this remedy is generally very chilly, but inclined to sweat at night.

**SULPHUR :** Itching, sore, inflamed eruptions with reddish or dirty-looking skin often indicate a need for Sulphur. Itching may be worse from scratching, and worse from any form of heat- especially bathing or washing. Individuals who need this remedy are often inclined towards convoluted mental notions and tend to give order and neatness a low priority.

**OTHER COMMONLY USED REMEDIES ARE:** Berberis Aquifolium, Ledum pal, Calcarea sulph, Antim Crudum, Carbo vegetabilis, Asterea Rubens, Graphitis, Natrum Muriaticum.

**FOR SCARS OF ACNE :** Sulphur, Thiosinamin, Kali brom, fl-ac, iod.

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# "HONEY"

## "An Overview of the Traditional Wisdom & Modern Science"

Honey has been in use since times immemorial and finds special reference in the texts of Ayurveda be it as a medicine, as a vehicle (anupana), as an ingredient of medicines or as a tonic. The history of the use of honey is parallel to the history of man and in virtually every culture evidence can be found of its use as a food source and as a symbol employed in religious, magic and therapeutic ceremonies.

"Honey is the natural sweet substance produced by honeybees from the nectar of blossoms or from the secretion of living parts of plants or excretions of plant sucking insects on the living parts of plants, which honeybees collect, transform and combine with specific substances of their own, store and leave in the honey comb to ripen and mature". This is the general definition of honey in the Codex Alimentarius (1989).

**Types of honey:-** As per Ayurveda, Eight different types of honey have been described :-

S. No.	Type of honey	Colour	Qualities
1.	<b>Makshika</b>	Like Tailam	Shreshtha, Netraroga Nashak, Laghu
2.	<b>Bhramar</b>	Like Sphatika	Guru, Raktapitta Nashak
3.	<b>Kshaudra</b>	Kapila Varna	Prameha Nashak
4.	<b>Pauktik</b>	Like Tailam	Laghu, Sangrahi, Kapha Nashak
5.	<b>Chhatra</b>	Kapila & Pita Varna	Universally Beneficial
6.	<b>Aardhya</b>	Shvet & Bhura Varna	Netraroga Nashak
7.	<b>Auddalaka</b>	Pita & Kapila Varna	Kushtha Nashak
8.	<b>Daal</b>	Multicoloured	Ruchikarak

As per Modern Science following are the types of honey:-

**BLENDED :-** Most commercially available honey is blended, meaning that it is a mixture of two or more honeys differing in floral source, color, flavor, density or geographic origin.

**Polyfloral:-** Polyfloral honey is derived from the nectar of many types of flowers.

**Monofloral:-** Honey derived from only one type of flowers is called as Monofloral honey. Different monofloral honeys have a distinctive flavor and colour due to differences between their principal nectar sources.

**HONEYDEW HONEY :-** Instead of taking nectar, bees can take honeydew, the sweet secretions of aphids or other plant sap-sucking insects. Bees collecting this resource have to be fed protein supplements, as honeydew lacks the protein-rich pollen accompaniment gathered from flowers.

**COMB HONEY :-** Honey sold still in the original bees' wax comb.

**CERTIFIED ORGANIC HONEY :-** Honey which does not contain any artificially added chemicals and which is collected by the honeybees from the flowers grown naturally i.e. without using any pesticides/insecticides is referred to as Organic honey. But according to the USDA, organic honey is quite rare to find due to the fact that most beekeepers "routinely use sulfa compounds and antibiotics to control bee diseases, carbolic acid to remove honey from the hive and calcium cyanide to kill colonies before extracting the honey, not to mention that conventional honeybees gather nectar from plants that have been sprayed with pesticides."

**RAW HONEY :-** Honey as it exists in the beehive or as obtained by extraction, settling or straining without adding heat above 120 degrees fahrenheit is referred to as Raw honey. Raw honey contains some pollen and may contain small particles of wax.



**CHUNK HONEY** :- Honey packed in widemouth containers consisting of one or more pieces of comb honey surrounded by extracted liquid honey is labelled as Chunk honey.

**STRAINED HONEY or Filtered Honey** :- Honey which has been passed through a mesh material to remove particulate material (pieces of wax, propolis, etc.) without removing pollen is called as Strained honey or filtered honey. It is preferred by the health food trade people and it may be cloudy in appearance due to the included pollen, moreover, it also tends to crystallize more quickly than ultrafiltered honey.

**ULTRAFILTERED HONEY** :- Honey processed by very fine filtration under high pressure to remove all extraneous solids and pollen grains is called as Ultrafiltered honey. The process typically heats honey to 150-170 degrees to more easily pass through the fine filter. Ultrafiltered honey is very clear and has a longer shelf life, because it crystallizes more slowly due to the high temperatures breaking down any sugar seed crystals. But, Ultrafiltration eliminates nutritionally valuable enzymes, such as diastase and invertase.

**HEAT-TREATED HONEY** :- Heat-treatment after extraction reduces the moisture level and destroys yeast cells. Heating liquifies crystals in the honey, too. Heat-exposure does also result in product deterioration, as it increases the level of hydroxy methyl furfural (HMF) and reduces enzyme (e.g. diastase) activity. The heat does also affect sensory qualities and reduces the freshness. Heat processing can darken the natural honey color (browning), too.

**ULTRA SONICATED HONEY** :- Ultrasonication is a non-thermal processing alternative for honey. When honey is exposed to ultrasonication, most of the yeast cells are destroyed. Yeast cells that survive sonication generally lose their ability to grow. This reduces the rate of honey fermentation substantially. Ultrasonication does also eliminate existing crystals and inhibit further crystallization in honey.

**CRYSTALLIZED HONEY** :- Honey in which some of the glucose content has spontaneously

crystallized from solution as the monohydrate is called as Crystallised honey. It is also called as "granulated honey."

**SET HONEY** :- All honey will eventually set or granulate and this process can be reversed by gently warming the honey to remelt it. Some honeys set naturally with large granules and taste a little like granulated sugar in honey. Others set like 'royal icing' - very hard and unspreadable. To overcome this problem beekeepers will mix in a small amount of fine-grained honey before it sets and then gently stir the honey to fix the setting prematurely, before it becomes hard, thereby producing a "soft set" honey.

### PHYSICAL CHARACTERISTICS OF HONEY

**Viscosity** Freshly extracted honey is a viscous liquid. Its viscosity depends on a large variety of substances and therefore varies with its composition and particularly with its water content. Raising the temperature of honey lowers its viscosity.

**Density** Honey has a density of about 1.36 kg/liter (40% denser than water). Honey density, expressed as specific gravity, is greater than water density, but it also depends on the water content of the honey. The high water content (less dense) honey settles above the denser, drier honey.

**Hygroscopicity** The strongly hygroscopic character of honey is important both in processing and for final use. In end products containing honey this tendency to absorb and hold moisture is often a desired effect such as, for example, in pastry and bread. Normal honey with a water content of 18.3 % or less will absorb moisture from the air at a relative humidity of above 60%.

**Surface tension** It is the low surface tension of honey that makes it an excellent humectant in cosmetic products. The surface tension varies with the origin of the honey and is probably due to colloidal substances. Together with high viscosity, it is responsible for the foaming characteristics of honey.

**Thermal properties** The heat absorbing capacity, i.e. specific heat, of the Honey, varies from



0.56 to 0.73 cal/g/°C according to its composition and state of crystallization. The thermal conductivity varies from 118 to 143 x 10<sup>-6</sup> cal/cm<sup>2</sup>/sec/°C.

**Colour** Colour in liquid honey varies from clear and colourless (like water) to dark amber or black. Colour varies with botanical origin, age and storage conditions, but transparency or clarity depends on the amount of suspended particles such as pollen. Once crystallized, honey turns lighter in colour because the glucose crystals are white. Honey colour is frequently given in millimeters on a **Pfund scale** (an optical density reading generally used in international honey trade) or according to the U.S. Department of Agriculture classifications

USDA colour standards	Pfund scale (mm)
- water white	0 to 8
- extra white	> 8 to 17
- white	> 17 to 34
- extra light amber	> 34 to 50
- light amber	> 50 to 85
- amber	> 85 to 114
- darkamber	> 114

**Crystallization** Crystallization is another important characteristic for honey marketing. In temperate climates most honeys crystallize at normal storage temperatures. This is due to the fact that honey is an oversaturated sugar solution, i.e. it contains more sugar than can remain in solution. Many consumers still think that if honey has crystallized it has gone bad or has been adulterated with sugar. The crystallization results from the formation of monohydrate glucose crystals. The lower the water and the higher the glucose content of honey, the faster the crystallization. Temperature is important, since above 25° and below 5°C virtually no crystallization occurs. Around 14°C is the optimum temperature for fast crystallization. The presence of solid particles (e.g. pollen grains) and slow stirring result in quicker crystallization.

#### CHEMICAL COMPOSITION OF HONEY

Honey is a mixture of sugars and other compounds. With respect to carbohydrates, honey

is mainly fructose (about 38.5%) and glucose (about 31.0%). The remaining carbohydrates include maltose, sucrose, and other complex carbohydrates. Honey contains trace amounts of several vitamins and minerals. As with all nutritive sweeteners, honey is mostly sugars and is not a significant source of vitamins or minerals. Honey also contains tiny amounts of several compounds thought to function as antioxidants, including chrysin, pinobanksin, vitamin C, catalase, and pinocembrin. The average composition of honey, is as follows:-

**SUGARS** :- account for 95 to 99% of honey dry matter. The majority of these are the simple sugars fructose and glucose which represent 85-95% of total sugars. Generally, fructose is more abundant than glucose. Small quantities of other sugars are also present, such as disaccharides (sucrose, maltose and isomaltose) and a few trisaccharides and oligosaccharides.

**WATER** :- is quantitatively the second most important component of honey. Its content is critical, since it affects the storage of honey. Only honeys with less than 18% water can be stored with little to no risk of fermentation.

**ORGANIC ACIDS** :- gluconic acid, which is a by-product of enzymatic digestion of glucose, predominates among the list of organic acids. The organic acids are responsible for the acidity of honey and contribute largely to its characteristic taste.

**MINERALS** :- are present in very small quantities, potassium being the most abundant. Dark honeys, are the richest in minerals.

**NITROGENOUS COMPOUNDS AND ENZYMES** :- The enzymes originate from salivary secretions of the worker honeybees. They have an important role in the formation of the honey. The main enzymes in honey are invertase (saccharase) diastase (amylase) and glucose oxidase. Apart from these there is found **hydroxymethylfurfural (HMF)**, a byproduct of fructose decay, formed during storage or during heating. It is virtually absent in newly produced honey, thus, its presence is considered the main



indicator of honey.

**Honey-Nutritional value per 100 g (3.5 oz)**

Energy 300 kcal 1270 kJ

**Carbohydrates** 82.4 g

- Sugars 82.12 g

- Dietary fiber 0.2 g

**Fat** 0 g

**Protein** 0.3 g

**Water** 17.10 g

Riboflavin (Bit. B2)

.038 mg 3%

Niacin (Vit. B3) .121

mg 1%

Pantothenic acid (B5)

.068 mg 1%

Vitamin B6 .024 mg 2%

Folate (Vit. B9) 2 µg 1%

Vitamin C 0.5 mg 1%

Calcium 6 mg 1%

Iron .42 mg 3%

Magnesium 2mg 1%

Phosphorus 4 mg 1%

Potassium 52 mg 1%

Sodium 4 mg 0%

Zinc .22 mg 2%

Shown is for 100 g, roughly 5 tbsp. Percentages are relative to US recommendations for adults.

Source: USDA Nutrient database

**PHYSIOLOGICAL EFFECTS OF HONEY**

As per Ayurveda, MADHU (Honey) is Tridosha nashaka, Hikka-Shvasa-Krimi-Vamana- Moha-Trishna and Visha nashaka.

**NUTRITIONAL BENEFITS :-** Honey is said to facilitate better physical performance and resistance to fatigue, particularly for repeated effort; it also promotes higher mental efficiency. It is therefore used by both the healthy and the sick for any kind of weakness, particularly in the case of digestive or assimilative problems. Improved growth of non-breast fed newborn infants, improved calcium

fixation in bones and curing anaemia and anorexia may all be attributed to some nutritional benefit or stimulation from eating honey.

**BENEFITS TO THE DIGESTIVE APPARATUS :-** Honey is said to improve food assimilation and to be useful for chronic and infective intestinal problems such as constipation, duodenal ulcers and liver disturbances.

**BENEFITS TO THE RESPIRATORY SYSTEM :-** In temperate climates and places with considerable temperature fluctuations, honey is a well known remedy for colds and mouth, throat or bronchial irritations and infections. The benefits, apart from antibacterial effects, are assumed to relate to the soothing and relaxing effect of fructose.

**BENEFITS TO SKIN AND WOUND HEALING:-** Honey is not only used in moisturizing and nourishing cosmetic creams, but also in pharmaceutical preparations applied directly on open wounds, sores, bed sores, ulcers, varicose ulcers and burns. It helps against infections, promotes tissue regeneration, and reduces scarring. If applied immediately, honey reduces blistering of burns and speeds regeneration of new tissue.

**BENEFIT TO EYE DISORDERS :-** Clinical cases or traditional claims that honey reduces and cures eye cataracts, cures conjunctivitis and various afflictions of the cornea if applied directly into the eye.

**MEDICINE-LIKE BENEFIT :-** Frequently, specific benefits of unifloral honeys are reported, based on the traditional assumption that honey made from the nectar of a medicinal plant has the same or similar beneficial activity as the one recognized for the whole plant or some parts of it.

**DIABETES :-** Frequently, claims are voiced that honey is good for diabetics. A study revealed that in healthy individuals, the consumption of honey produced lower blood sugar readings than the consumption of the same quantity of sucrose.

**AYURVEDIC MEDICINE :-** Ayurveda uses honey predominantly as a vehicle for faster absorption of various drugs such as herbal extracts. Secondly, it is also thought to support the treatment of several more specific ailments,



particularly those related to respiratory irritations and infections, mouth sores and eye cataracts. It also serves as a general tonic for newborn infants, the young and the elderly.

**OTHER BENEFITS :-** Honey is said to normalize kidney function reduce fevers and help insomnia. It is also supposed to help recovery from alcohol intoxication and protect the liver; effects also ascribed to fructose syrups. Heart, circulation and liver ailments and convalescent patients in general improved after injection with solutions of 20 and 40% honey in water (Kaul, 1967).

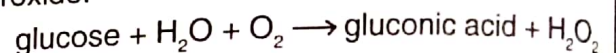
**ENERGY SOURCE:-** As food, honey is mainly composed of the simple sugars fructose and glucose and provides immediately available calories, from which it derives its energy value for healthy and sick people.

**NUTRACEUTICAL EFFECTS :-** According to recent findings, honey may have some significant nutraceutical effects. In addition to its primary carbohydrate content, honey often contains polyphenols, which can act as antioxidants. Antioxidants in honey have even been implicated in reducing the damage done to the colon in colitis. Furthermore, some studies suggest that honey may be effective in increasing the populations of probiotic bacteria in the gut, which may help strengthen the immune system, improve digestion, lower cholesterol and prevent colon cancer.

**TOPICAL APPLICATIONS :-** Topical applications under controlled conditions have shown accelerated wound healing in animals (Bergman et al., 1983, El Banby et al., 1989) and of experimental burn wounds in rats (Burlando, 1978) but also of various types of wounds, including post-operative ones in humans (Cavanagh et al., 1970; Kandil et al., 1987a, b and 1989; Effem, 1988 and Green, 1988). External as well as internal wounds from operations become bacteriologically sterile within a few days and dry out. The simultaneous stimulation of tissue regeneration by honey reduces scarring and healing times. In addition, dressings applied with honey do not stick to the wounds or delicate new skins.

**ANTIBACTERIAL ACTIVITY :-** In normal honey the Antibacterial activity is attributed to it's high sugar concentration and acidity (pH range 3.5 to 5.0). Yet, since diluted honey has also shown

antibacterial activity, the active ingredient was attributed to an elusive substance generically termed "inhibin". Much of this activity was later attributed to **hydrogen peroxide** ( $H_2O_2$ ) an enzymatic by-product during the formation of gluconic acid from glucose. Hydrogen peroxide in honey is activated by dilution. However, unlike medical hydrogen peroxide, commonly 3% by volume, it is present in a concentration of only 1 mmo1/1 in honey. Iron in honey oxidizes the oxygen free radicals released by the hydrogen peroxide.



When used topically (as, for example, a wound dressing), hydrogen peroxide is produced by dilution with body fluids. As a result, hydrogen peroxide is released slowly and acts as an antiseptic.

In addition to glucose oxidase, honey seems to contain other mostly unknown substances with antibacterial effects, among which are polyphenols. However, it has been well demonstrated that most of the antibacterial activities of honey are lost after heating or prolonged exposure to sunlight (Dustmann, 1979).

#### PRECAUTIONS

As per Modern science, due to the natural presence of botulinum endospores in honey, children under one year of age should not be given honey. Also, honey produced from the flowers of rhododendrons, mountain laurels, sheep laurel and azaleas may cause **Honey Intoxication**. Symptoms include dizziness, weakness, excessive perspiration, nausea and vomiting. Less commonly, low blood pressure, shock, heart rhythm irregularities and convulsions may occur, with rare cases resulting in death. Honey Intoxication is more likely when using "natural" unprocessed honey. Toxic honey may also result when bees are in close proximity to tutu bushes (*Coriaria arborea*) and the vine hopper insect (*Scolypopa australis*). Bees gather honeydew produced by the vine hopper insects feeding on the tutu plant. This introduces the poison tutin into honey. Symptoms of tutin poisoning include vomiting, delirium, giddiness, increased excitability, stupor, coma and violent convulsions.





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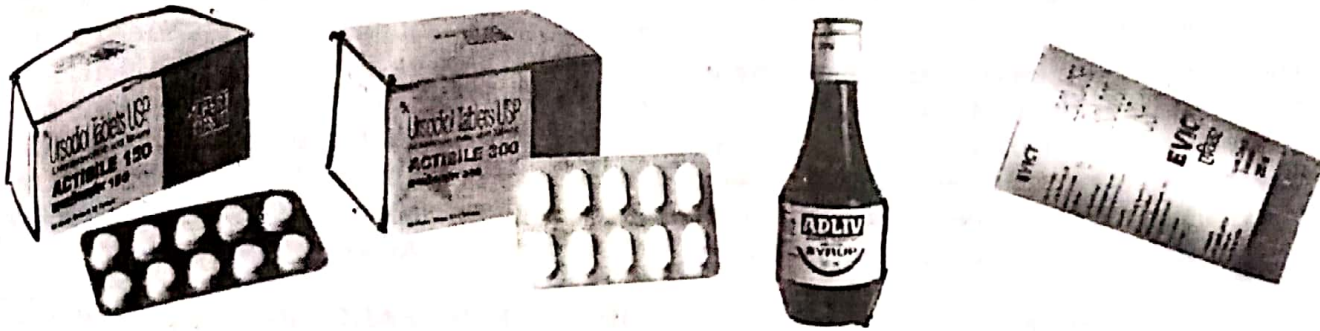


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## Preventive & Promotive Health Care in Unani Pathy

Before we start to talk about preventive and Promotive Health Care in Unani Pathy we recall few words from its history for those who know little about this system of medicine. The Unani Pathy owes, as its name suggest, its origin to Greece. It was the Greek philosopher-Physician Hippocrates (460-377 BC) who freed Medicine from the realm of superstition and magic, and gave it the status of Science. For those who know the history of medicine, the same hippocraes is recognized as the father of modern medicine popularly known as Allopathy. Thus, we can say that Unani Pathy in its present form too may be regarded as the mother of modern medicine.

The theoretical framework of Unani Pathy is based on the teachings of Hippocrates. After Hippocrates a number of other Greek scholars enriched the system considerably. Of them Galen (131-210 AD) stands out as the one who stabilized its foundation on which Arab physicians like Rhazes (850-925 AD) and Avicenna (980-1037 AD) constructed an imposing edifice. Unani Medicine got enriched by imbilbing what was best in the contemporar system of traditional medicine in Egypt, Syria , Iraq Persia, India China and other Middle East and for East countries.

In India, Unani Pathy was introduced by the Arabs, and soon it took firm roots in the soil, when Mongols ravaged persia and Central Asian cities like Shiraz, Tabrez and Geelan, scholars and physicians of Unani Pathy fled to India. The Delhi Sultans, the Khilijis, the Tughlaqs and the Mughal Emperors provided Physicians all possible patronage. During the 13th and 17th century Unani Medicine had its hey-day in India. Among those who made valuable contributions to this system in this period were, to name only a few, Abu Bakr bin Ali Usman kashani, Sadruddin Damshqui Bahawa bin Khwas Khan, Ali Geelani, Akbar Arzani and Mohammad Hashim Alvi Khan.

The scholar and physicians of Unani Pathy who settled in India were not content with the known drugs but they subjected Indian drugs to clinical

trials and as a result of their experimentation added numerous native drugs to their own system, thus further enriching its treasures. The system found immediate favour with the masses and soon spread all over the country and continued to hold an unchallenged sway for a long period even after the downfall of Mughal Empire.

During the British rule, Unani Medicine suffered a setback and its development was hampered due to withdrawal of governmental patronage. But since the system enjoyed faith among the masses it continued to be practised. It was mainly the Sharifi Family in Delhi, the Azizi family in Lucknow and the Nizam of Hyderabad due to whose efforts Unani Medicine survived in the British period. An outstanding championed the cause of the Unani Tibbia College in Delhi are the two living examples of his immense contribution to the multipronged development of the two Indian system of medicine Unani Pathy and Ayurveda.

### ORGIN OF RESEARCH IN UNANIPATHY THE RAUWOLFIA UNDER SCANNER :

The concept of research in Unani Pathy was originally perceived by Masihul Mulk Hakim Ajmal Khan very soon realized the importance of research and his inquisitive nature spotted Dr. Salim-uz-Zaman Siddiqui, who was engaged in research work at the A & U Tibbia College Delhi, who very well under took the task visualized by Masihul Mulk. The discovery by Dr. Siddiqui of medical properties of a plant commonly known as Asrol led to sustained research which established the unique efficacy of this plant, known all over the world Rauwolfia serpentina in neuro-vascular and nervous disorders, e.g. hypertension, insanity, schizophrenia, hysteria insomnia etc.

Preventive and Promotive Healthcare in Unani Pathy is not new. Like the definition of health adopted after a long period of repeated experiences by World Health Organization (WHO) as 'the state of physical, social and mental well being' is and ancient phrase of Unani Pathy that 'prevention is better than cure' that's why Unani Physicians since



long back have been emphasizing on the maintenance of health stating that health is not merely the absence of disease but it needs care to maintain it. They have stipulated by laying the six conditions to keep fit.

**PREVENTION OF DISEASE & PROMOTION OF HEALTH :** Unani pathy recognizes the influence of surroundings and ecological conditions of the state of health of human beings. The system aims at restoring the equilibrium of various elements and faculties of the human body. It has laid down six essential prerequisites for the prevention of diseases and places great emphasis on these on one hand and on the maintenance of proper ecological balance on the other hand, on keeping water, food and air etc. quite free from pollution. These essential factors known as 'Asbab-e-Sitta Zarooriya' are air, food and drinks, bodily movement and repose, psychic movement and repose, sleep and wakefulness, and excretion and retention.

If all these six essential factors are maintained properly the individual can prolong a healthy and happy life free from every disease.

Now the same concept has been commercialized by big health care institutions like Apollo Hospital and they have designed a post graduate course with the name Diploma in Preventive and Promotive Health Care (PPHC) costing to medical practitioners from Rs. 20,000 onwards. They have beautifully prepared this course with 12 books in different subjects of medicine and finally a computer software to provide screening of health to guide a person to special care of the forthcoming health problem. They have shown the importance of preventive and promotive healthcare for individuals and corporate sectors to make the maximum utilization of human resources. Can we not promote our system of medicine with the pace of time. Yes we can but it needs dedication and devotion towards hard work which is lacking unfortunately but not hopelessly. The new staff entering in the colleges of Unani pathy can take this task successfully.

**- DR. M. SHAMOON**

Formerly Dy. Advisor (Unani),  
Ministry of Health & F.W., Govt. of India  
Chief Medical Officer - CGHS,  
Delhi, Govt. of India.

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## How to Kill Cholesterol

The tolerability and efficacy of MEDICINE X, a purely homeopathic formulation was investigated in 50 patients, Indian males and females of different age groups with different religious groups like Hindus, Sikhs, Muslims, Jains for HYPERLIPIDEMIA & HYPERCHOLESTEROLEMIA to measure changes in lipid profile and general health of patients. The study was open, monocentric clinical trial with good clinical practices guidelines for 3 months of drug treatment.

A statically significant improvement in lipid profile and general well being was observed in 70% of cases.

A thorough clinical examination, biochemical and hematological studies of each patient were carried out at the start and the end of the study. There were no reported clinical, biochemical and hematological adverse effects.

Therefore, the study proved that medicine X has therapeutic tolerability and efficacy in the management of HYPERLIPIDEMIA & HYPERCHOLESTEROLEMIA.

This research study of Dr. Naval is accepted by Homoeopathic Medical Association of great Britain as highly beneficial in lowering of bad cholesterol.

Dr. Naval Kumar M.D.(HOM) F.R.C. H.(UK), senior Research Officer, Conducted monocentric clinical trials of medicine X on blood cholesterol found it effective and recommend its use especially for executive class who develop this problem due to bad life style.

### INTRODUCTION

Presence of high level of cholesterol in the blood is called HYPERCHOLESTEROLEMIA. It is not a disease but a metabolic de-arrangement that can be secondary to many forms of disease; most notably it causes cardiovascular disease.

### FACTS

CAD prevalence in india

7-14% in urban population

3-5% in rural population

Mean serum Cholesterol

180-200 mg/dl in urban population

160-170 mg/dl in rural population

Smoking

40% rural population

25-30% in urban population

### CAUSES

Familial - Family history of premature atherosclerosis, xanthoma and xanthelesma. Angina pains in early ages.

Secondary/Polygenic-causes are :

Hypothyroidism

Kidney disease

Diabetes mellitus

Anorexia Nervosa

### RISK FACTORS

Age - Men of 45yr. of age or above

certain medicines : Diuretics, Immunosuppressant, corticosteroids

Family history of premature Coronary Heart Disease

Cigarette Smoking

Disease : e.g. Diabetes, Hyperthyroidism

Hypertension BP of 140/90 mmHg or above, current antihypertensive drug therapy obesity

Gender : In women after menopause

high dietary in take of saturated fats lack of physical activity Alcoholism

### TYPES OF CHOLESTEROL

Total Blood cholesterol

HDL (Good cholesterol)

LDL (Bad cholesterol)

VLDL (Bad cholesterol)

Triglyceride

Total cholesterol : 3.5:1 is optimal

### SYMPTOMS AND SIGNS

Xanthoma (thickening of tendons), Xanthelesma (Yellow patches around eyelids), Arcus Senilis (White discoloration of peripheral cornea)



cholesterol leads to formation of atherosclerotic plaques leading to Angina, MI, Transient ischemic attack (Plaques in carotid arteries breaks and reaches cerebral arteries), Stroke, Peripheral artery disease (leg pain on exertion), atherosclerotic plaques off aorta (chest, abdomen) and Renal arteries and mesentric arteries.

**REVERSAL OF HEART DISEASE/CAD/  
CORONARY BLOCKAGE IS POSSIBLE**

It has been proved 10 yrs. earlier by Dr Dean Ornish of USA, in his book reversal of heart disease is possible.

Tips

1. Leave non vegetarian food.
2. Have regular 30 min walk a day or 3 hrs. in a week which is must
3. Check your weight regularly. Never gets it increases more than 10% standard weight.
4. Stress management, Manage your stress by yoga and meditation, which has been very strongly recommended by Dr. Dean Ornish.
5. If you are a heart patient or find any trouble with heart, high B.P., Pain in your chest, find difficulty in brisk walking, Get yourself checked for Lipid Profile test.

See the ratio mentioned in the

Total Cholesterol/HDL ----- Standard is 150:50 (3:1)  
Triglyceride : make sure your triglyceride within the limit in case it is higher than the prescribed limits reduce your Dairy Foods, Oil, non veg, Butter, Red Meat etc.

After the treatment of homeopathic Medicine keep records of lipid Profile, on the basis every three months then six months then 1 yrs.

Homeopathic management

Most Effective medicine During Trial

1. T. Arjuna
2. Crataegus Oxy.
3. Glycyrrhiza Glabra
4. Calcarea Carb
5. Plumbum met
6. Nux Vomica
7. Cholesterinum
8. Cactus G
9. Alumina

**DR. NAVAL KUMAR**  
M.D.(HOM) F.R.C. H.(UK)  
Chairman Registration  
Council of Homeopathy

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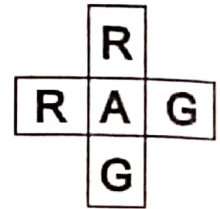
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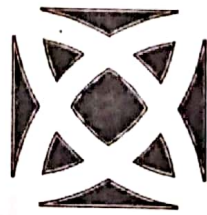
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## मन्दविषविकित्साथ पंचगव्य अमृत

आज सारा विश्व पर्यावरण प्रदूषण के प्रभाव से प्रभावित है। जीवन को बनाये रखने के लिए जितनी भी प्राकृतिक वस्तुयें पदार्थ, जल, वायु, आहार, पृथ्वी, आकाश आदि है सभी किसी न किसी स्तर पर इस तरह से विषाक्त हो चुकी है कि उनके विषाक्त प्रभाव को दूर करने वाले सामान्य व निरापद प्रयोग भी अपना विषैला प्रभाव धीरे-धीरे हमारे जीवन पर डाल रहे हैं। उदाहरण के लिए फसलों को बचाने के लिए कीटनाशकों का प्रयोग, उपज बढ़ाने के लिए रसायनिक खाद, जल को शुद्ध करने के लिए क्लोरीन का प्रयोग करना, यह सभी लाभदायक होते हुए भी दूषी विष की तरह शरीर पर धीरे-धीरे विषैला प्रभाव डालने में सफल हो रहे हैं। भारत के ऋषि मुनि, बाह्य जगत के ही नहीं, आंतरिक जगत, सूक्ष्म जगत, अत्याधिक व आध्यात्मिक जगत के अतुलनीय वैज्ञानिक थे। उन्होंने प्रकृति में उत्पन्न जीवों के कल्याणार्थ प्रकृति को शुद्ध रखने की वैज्ञानिक खोजें, यज्ञ, गौ दुग्ध, गौ कृत, गौ मूत्र, व गोमय, कुशोदक यानि पंचगव्य अमृत साधारण पर आदि प्रभावकारी व कल्याणकारी प्रयोग बताये, ये आज भी सिद्ध है।

प्राचीनकाल से आर्य-जाति गौ को बहुत अधिक मानती आयी है। ऋग्वेद तथा अन्य वेदों में भी गौ के गुणगान के सैकड़ों मंत्र भरे पड़े हैं। गीता में श्रीकृष्ण भगवान ने भी कहा है कि गौओं में कामधेनु मैं हूँ। शास्त्रों में कहा गया है कि धन की देवी लक्ष्मी जी पहले गाय के रूप में आई और उन्ही के गोबर से बितव वृक्ष की उत्पत्ति हुई। भगवान कृष्ण का गोपालन और गोभक्ति जग प्रसिद्ध है। जिसके कारण उनका नाम ही गोपाल पड़ गया। भारत की वातावरणीय परिस्थितियों में यहाँ के संस्कृति से मेल खाता हुआ प्राणी है - गाय। उसकी उपयोगिता के आधार पर ही उसे माता के संबोधन से पुकारा जाता रहा है। इतिहास साक्षी है कि इस देश में गायों का सम्मान एवं पालन पोषण होता रहा, देश आर्थिक, मानसिक एवं आत्मिक दृष्टि से सर्वोच्च शिखर पर रहा। इस देश में दूध और अन्न विकता नहीं था जरूरतमंदों को निःशुल्क दे दिया जाता था। अनेक विदेशी यात्रियों ने अपने संस्मरण में लिखा है कि भारत में पानी माँगने पर दूध

मिलता था। इसलिए कहा जाता है कि इस देश में दूध दही की नदियाँ बहती थी।

गौ का महत्व यहाँ तक समझा जाता था कि उसके शरीर में तैतीस करोड़ देवताओं का निवास है और उसकी उत्पत्ति अमृत, लक्ष्मी आदि चौदह रत्नों के अन्तर्गत मानी गई। यद्यपि ये कथायें एक प्रकार की रूपक हैं, पर उनके भीतर बड़े-बड़े आध्यात्मिक तथा कल्याणकारी तत्व भरे हैं। गौ की उत्पत्ति की पुराणों में कई प्रकार की कथाएँ मिलती हैं। पहली तो यह है कि जब ब्रह्मा जी एक मुख से अमृत पी रहे थे, तो उनके दूसरे मुख से कुछ फँस निकल गया और उसी से आदि गाय सुरभि की उत्पत्ति हुई। दूसरी कथा में बताया गया है कि दक्ष प्रजापति की एक सुरभि नामक लड़की थी। तीसरे स्थाप पर बताया गया है कि सुरभि अर्थात् स्वर्गीय गाय की उत्पत्ति समुद्र मंथन के समय चौदह रत्नों के साथ ही हुई थी। सुरभि से सुनहरे रंग की कपिला गाय उत्पन्न हुई जिसके दूध से क्षीरसागर बना।

कपिल मुनि के शाप से जले हुए साठ हजार पूर्वजों की राख का पता जब राजा रघु नहीं लगा सके, तब वे गुरु वशिष्ठ जी के पास गये। गुरुजी ने दया करके उनकी आखों में नंदिनी गाय का मूत्र आंज दिया, जिससे रघु को दिव्य दृष्टि प्राप्त हो गई और वे पृथ्वी में दबी हुई अपनी पूर्वजों को राख का पता लगाने में सफल हो सके।

गंगा जी को पहले पहल जब मृत्यु लोक में आने को कहा तो वे बहुत दुखी हुई और आना कानी करने लगी। उन्होंने कहा पृथ्वी पर पापी लोग स्नाने आदि करके मुझे अपवित्र किया करेंगे, इसलिए मैं मृत्यु लोक में नहीं जाऊँगी। तब पितामाह ब्रह्मा जी ने समझाया की लोग तुम्हें कितना अपवित्र करें फिर गौ का पैर लगाने से भी तुम पवित्र होती रहोगी। इससे गौ और गंगा के हिंदू धर्म से विशेष संबंध होने पर प्रकाश पड़ता है।

जिस प्रकार वैज्ञानिकों ने सृष्टि के रहस्यों को खोजकर आधुनिक पदार्थ विज्ञान का विकास किया है, उसी प्रकार आध्यात्मिक मनीषियों ने जीवन और सृष्टि दोनों के रहस्यों को खोजकर गोविज्ञान का विकास किया। वस्तुतः गोविज्ञान



सारी दुनिया को भारत की अनुपम देन है। भारतीय मनीषियों ने संपूर्ण गोवंश को मानव के अस्तित्व रक्षण पोषण विकास और संवर्धन के लिए अनिवार्य बना दिया था। गो दूध ने जनसमाज को विशिष्ट शक्ति, बल व कात्विक वृद्धि प्रदान की।

### पंचगव्य

गाय के रोम रोम में देवताओं का निवास है। इसके दान से जीव सहज ही वैतरिणी पार कर जाता है और नरक से छुटकारा पा जाता है। यह अध्यात्मिक तथ्य भले ही सबके गले न उतरे लेकिन चिकित्सा विज्ञान के अनुसार गाय की उपयोगिता सर्वविदित है। पंचगव्य और पंचायत का प्रयोग प्राश्चित विधान व धार्मिक कृत्यों में किया जाता है।

सभी प्रकार के प्रायश्चित्तों में पंचगव्य का सेवन आवश्यक माना गया है। जब मनुष्य को अपने द्वारा किए गए अनैतिक कृत्यों और दुराचारों से स्वयं से घृणा हो जाती है तो वह चंद्रायण, कृच्छ, अतिकृच्छ आदि व्रत तथा भागवत् सप्ताह और गंगास्थान के द्वारा आत्म शुद्धि प्राप्त करता है। सभी प्रायश्चित्त विधानों में अश्वमेध, वाजपेय, राजसूय, आदि यज्ञों में पंचगव्य प्राशन का विधान है। इसके उपरान्त ही यतकृता दीक्षा का पात्र बनता है। मंदिर निर्माण और प्राणप्रतिष्ठा में भी यह आवश्यक है। वेद, पुराण एवं धर्म शास्त्रों में पंचगव्य निर्माण की विधि बड़ी पवित्रता और ध्यान देकर निर्धारित की गई है। इसके बिना न आत्मशुद्धि होती है और न आत्मसंतोष।

पंचगव्य में मुख्य रूप से गोमय रक्ष गोमूत्र, दही, दूध, घी और कुश मिश्रित गंगोदक आवश्यक होता है। कृष्णा वर्ण गाय का गोमूत्र, पूरी काली गाय का गोमय रस, लाल रंग की गाय का दूध, उजली गाय का दीर्घ तथा कपिल वर्ण की गाय का घृत ग्रहण करना उत्तम होता है। यदि सब प्रकार की गायों का मिलना कठिन हो तो कपिला गाय ही उत्तम मानी गई है। आभाव में किसी भी गाय का पंचगव्य प्रयोग करे।

गोमूत्र	-	50 ग्राम
गोमय रस	-	25 ग्राम
दूध	-	350 ग्राम
दही	-	150 ग्राम

घी	-	50 ग्राम
कुशोदक	-	50 ग्राम

उपरोक्त मात्रा में ग्रहण करना चाहिए। दूध ग्रहण करने, संचालन और आलोदन करने एवं पंचगव्य पान करने तथा आहुति आदि के लिए अलग-अलग मंत्र शास्त्रों में बताये गये हैं।

गोमूत्र के अधिष्ठात् देवता	वरुण
गोमय रस के अधिष्ठात् देवता	अग्नि
दूध के अधिष्ठात् देवता	सोम
दही के अधिष्ठात् देवता	वायु
घी के अधिष्ठात् देवता	सूर्य
कुशोदक के अधिष्ठात् देवता	विष्णु

माने गये हैं।

पंचगव्य चांदी सोना अथवा पलास पत्र के दोने में 3 बार ग्रहण करना चाहिए। प्रणव (ॐ) के उच्चारण के साथ सबको एक साथ मिश्रित कर लेना चाहिए। पंचगव्य निम्न मंत्र के साथ ग्रहण करना चाहिए।

यत्त्वगास्थिगतं पापं देहे तिष्ठति मामके ।

प्राशनात् पंचगव्यस्य दहत्वानिश्चिनम् ॥

अर्थात् - त्वचा, मज्जा, मेधा, रक्त और हृदय तक जो मुझ में प्रविष्ट हो गये हैं, वे सब मेरे इस पंचगव्य के प्राशन करने से वैसे ही नष्ट हो जायें जैसे प्रज्ज्वलित अग्नि में सुखी लकड़ी डाली जाने पर भस्म हो जाती है।

पंचगव्य के नियमित सेवन से शरीर में व्याप्त मंद विष का प्रभाव, अंतर्विष संचार, विषैली, औषधियों के सेवन से गिरता हुआ स्वास्थ्य तथा लंबी बीमारी से संचित विषो को प्रभाव निश्चित रूप से नष्ट होता है। और मनुष्य का स्वास्थ्य तो बिलकुल ठीक हो जाता है। थोड़े प्रयास और खर्च में मानव जीवन को सुरक्षित करने वाला यह अद्भुत रसायन गोमाता प्रदान करती है।

वैद्य (डॉ.) कुलदीप सिंह सोहल  
योगमर्तन्दय, आयुर्वेदाचार्य,  
बी.ए.एम.एस., एम.डी. (ए.सी.यू.)



## THE ROLE OF UNANI MEDICINE IN MATERNAL AND CHILD HEALTH - A GLOBAL PROBLEM

In any community mothers and children constitute a priority group in sheer numbers, they comprise approx 70% of the population of the developing countries. In India women or the child bearing age (15 to 45 years) constitute 19% and children under 15 years of age about 40% of the total population. Together they constitute nearly 59% of the total population. Mothers and children not only constitute a large group, but they are also a "Vulnerable" or special risk group. The risk is connected with child bearing in the case of women, growth, development and survival in the case of infants and children.

From commonly accepted indices, it is evident that infant, child and maternal mortality rates are high in many developing countries. The problems affecting the health of mother and child are multifactorial. Despite current efforts the health of mother and child still constitute one of the most serious health problem affecting the community, particularly in the developing countries.

Mother and child must be considered as one unit. It is because (1) during the Antenatal period, the foetus is a part of the mother and during the period the foetus obtains all the building materials and oxygen from the mother's blood. (2) Child health is closely related to maternal health. A healthy mother brings forth a healthy baby, there is less chance of premature birth, still birth or abortion. (3) After birth the child is dependent upon the mother at least upto the age of six months, the child is dependent on the mother for feeding because the exclusive breast feeding upto six months is recommended by W.H.O. and UNICEF. This implies a close relationship of maternal health to child health, maternal and child health to the health of the family and of family health to the general health of the community.

The survey based study the knowledge, attitude and practices of breast feeding was done in some

colonies of South Delhi under the deptt of Tahaffuzi Wa-Samaji Tibb, Jamia Hamdard, New Delhi. The sample size was 200 lactating mothers having children 0-12 months of age, interviewed at family planning centre of Majeedia Hospital, New Delhi-62. As the data showed maximum mothers (38.0%) were in the age group of 21-25 years. 93.5% were house wife, 33% deliveries were home deliveries and 67% were hospital deliveries among them 88% were normal deliveries. 90% mothers puerperium was normal and 34.5% started first bread feeding within 1-4 hrs.

Unani System of medicine is a great and oldest system of medicine on some important principles and it covers almost every aspect of medical field. Literature of Unani System of medicine reveals that there are a large number of drugs used by the great Unani physicians in Doran-e-Hamal (Pregnancy) Doran-e-Zachgi (Pregnancy period) and for murzea (Lactating women).

Many ancient physicians have recommended and guided diet in lactating period. Sheikh Abu Ali Sina (980) A.D. and Syed Ahmed-ul-Hasan Jurjani (1896) have written that production of milk in lactating women depends on quantity and quality of blood in her body. The good blood is formed by balance diet. The diet which is full of all nutrients is required for proper lactation.

In Unani literature various parameters are described for selection of Murzea or Anna, as S.M.S.H. Hamdani (1990) has described the special feature of lactating women i.e. she must be 25-35 years old, built neither thin nor fat, colour of skin fair and shining. She should be well behaved.

Some Galactogue drugs in Unani System of medicine are Magz Pambadana, Chilgoza, Badam sheeren, Todri Surkh, Todri Safed, Badiyan, Zeera Safed and Stawar. Some other medicines like Magz-e-Kaddu Sheerin, Magz Tarbooz, Magz-e-



Kharpaza, Tukhme Gazar, Tukhme Khayareen, Shaqaqul misri are advised for lactating mothers during puerperal period. All these medicines helps in involution of uterus and well involuted uterus is less prone to postpartum haemorrhage.

The lactating women in study area were used some of these Unani medicines as a home remedy. They were not aware about the complications of puerperal period, problems of lactating mother and importance of breast feeding for mothers but they had a little knowledge about the usefulness of these home remedies. As the researcher explained the importance of these medicines and care of mother during puerperium and lactation that was the part of study on the basis of observations of this study we can say that these Unani Medicines are used in the community with faith for the usefulness in maternal and child health care but for promotion of these medicines in lactating mothers teaching

plan can be replicated in a large sample size so can be generalized for a large population.

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## Health Benefits of Nuts and Dry Fruits

By: Dr Deepak Bhanot

Nuts and dry fruits are cholesterol-free and contain healthy, unsaturated fats, which help lower the risk of heart disease. Nuts also provide Magnesium, which helps maintain bone structure and Chromium, which helps to ensure proper insulin function. They contain Zinc for growth and wound healing, and Manganese, which protects against free radicals. All nuts are a good source of vitamin E, an important antioxidant.

### ALMONDS

Almonds are rich source of Vitamin E. They are also rich in monounsaturated fats.

#### Health benefits

- Lowers LDL-cholesterol and reduce risk of heart disease
- Provide protection against diabetes and cardiovascular disease
- Contains Manganese, Copper & Riboflavin which help in energy production

#### Role in treating diseases

Almond decreases postprandial hyperglycemia, hyperinsulinemia, and oxidative damage. Almond milk contributes to its beneficial effect observed in infants having milk intolerance. It recovers sore throat also.

#### Ayurvedic point of view

As per Ayurveda, Almonds are hot in nature, oily, sweet in taste and increases virya. They are pacifiers of vata and pitta and increase kapha.

### CASHEW

Cashew nuts are an excellent source of protein and fiber. Cashew nuts are also a good source of Potassium, B Vitamins and Folate.

#### Health benefits

- Contains heart protective monounsaturated fats
- Contains copper which plays role in antioxidant defenses and energy production
- Help prevent gallstones
- Contains Magnesium that helps regulate nerve and muscle tone

#### Role in treating diseases

Cashew nuts help in recovering colon cancer and heart diseases.

#### Ayurvedic point of view

The fruit is acrid, sweet, hot, digestible, aphrodisiac, anthelmintic, pacifies vata and kapha, ascites, fever, ulcers, leucoderma, skin diseases, dysentery, piles, loss of appetite

### WALNUTS

Walnuts are one of the best plant sources of protein. They are rich in Fiber, Vitamins B, Magnesium, and antioxidants such as Vitamin E.

#### Health benefits

- Excellent source of omega-3 essential fatty acids.
- Helps in cardiovascular protection
- Promotion of better cognitive function
- Helpful in asthma and inflammatory skin diseases such as eczema and psoriasis.

#### Role in treating diseases

Walnuts help in recuperating from diseases like rheumatoid arthritis, tuberculosis and gastrointestinal problems.

#### Ayurvedic point of view

As per Bhavprakash Nighantu, walnuts have properties similar to almonds and pacify vata and pitta and are though hot in nature

### FIGS

Figs contain large amounts of fiber, natural sugars, and minerals. They are an excellent source of calcium, potassium, magnesium, copper, iron, and manganese. Figs are good source of vitamin B6

#### Health benefits

- Well known for their mild laxative effect
- Very good in case of tachycardia, bronchial asthma, cough, and breast ache.
- Have a high content of fiber and are often recommended to nourish and tone the intestines.
- Effective in helping to control blood pressure.

#### Role in treating diseases

Figs help in recovering anemia, constipation and osteoporosis and reduce fever.

**Ayurvedic point of view**

Figs are heavy, sweet, cold by nature, check bleeding, act as a blood purifier and an appetizer.

**PISTACHIO**

Pistachios are rich in Potassium, Phosphorus and Magnesium, and are also a good source of vitamin B6.

**Health benefits**

- Cuts heart disease risk, the high monounsaturated fat content lowers cholesterol levels in the blood. (to be taken in moderation in order to contain calories)
- Contain antioxidants in the form of phytochemicals, which have been associated with a decreased risk for developing chronic diseases, like cancer.

**Role in treating diseases**

Pistachio helps in recovering anorexia, constipation and nausea.

**Ayurvedic point of view**

They are considered sweet, bitter in taste, oily, and hot in property, pacify vata and increase kapha and pitta. They are very nourishing by nature.

**RAISINS**

Raisins are fat free, cholesterol free, and low in sodium.

**Health benefits**

- Rich in antioxidants, thus help keep blood clean and flowing
- Promote good oral health
- Contain Calcium which is known for causing bone health
- Contain fiber which softens and cleans the stomach

**Role in treating diseases**

Raisins help in curing constipation, osteoporosis and macular degeneration.

As with food generally, 'variety is the spice of life'. So, it is better to eat a variety of nuts and thus obtain a wide range of nutrients.

**Ayurvedic point of view**

Raisins are sweet, astringent, heavy, promoter of stools and urine flow, tonic and promoter of body weight. Useful in anemia, excessive thirst, cough, asthma, jaundice, burning sensation, emaciation and alcoholism.

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## Safe Divine Herbal Dhoop...

- Protection from mosquitoes and prevention of diseases

Recently India was reeling under the epidemic of Dengu, Chikungunia, Malaria and Viral fever. There was a hue and cry all over. Despite all the facilities of modern era were available even then it failed miserably to check the spread of the fatal diseases. The Aedes mosquito played its havoc even in the Supreme Medical Institutes of India and consumed a lot of people and left thousands threatened. Only in India thousands of Dengu cases and about 13 lakhs were suffering from Chikungunia .. Dengu's havoc struck National Capital Region while the Chikungunia . targeted several states like Kerala, Maharastra, Gujrat, Karnataka, Tamil Nadu etc. Let us know about the mosquito that is responsible for these killer.

Remarkably it's the Aedes mosquito which spreads these diseases. This mosquito is also known as Asian Tiger Mosquito because it is spotted with tiger strips. It generally breeds in clean and stagnant water around the human dwellings. It sucks only the human blood and not of the animals. The mosquito attacks silently in the morning and evening at the ankle and hands. It bites the infected person and sucks the virus along with the blood and transmits the virus to the other healthy person, through its sting and makes them suffer from Dengu and Chikungunia.

**DENGU FEVER** - The epidemic of Dengu fever was first reported in Asia, Africa and North America. The word Dengu has been derived from Swahili term "Ki Dengo pepo" which means seized by the demon. This fever is caused by anyone or two of the four closely related viruses (DEN- 1, DEN-2, DEN-3, DEN-4) of the genus flavivirus. It is supposed that one viral stain affect a human being only once in life. This mosquito bites the infected person and suck virus from the blood and transmit to another person by its sting. Aedes aegypti and Aedes albopictus species of the Aedes mosquitoes are responsible for spreading Dengu. It is generally seen in urban and rural areas due to filthy atmosphere and rarely in mountain areas. It is not contagious.

**SYMPTOMS** - Sudden onset of fever, severe headache, pain behind eyes which precipitates on moving the Eye ball, unbearable pain in joints and muscles. The severity of pain has given Dengu fever the name "Break bone fever", Nausea, Vomiting, Loss of appetite and skin rashes are its prime symptoms. This fever last for about 10 days but it takes around one month to get rid of it completely. Most Dengu infections result in mild illness but some can progress to Dengu Hemorrhagic fever in which platelet counts decreases remarkably, the blood vessels starts to leak and cause bleeding from nose, mouth, gums, and other parts of the body. Without prompt treatment the blood vessels can collapse causing shock. The condition is known as Dengu Shock Syndrome. This form of disease can cause death. For sever Dengu symptoms including shock and coma, early and emergency treatment with fluids, electrolytes and blood (platelet) transfusion can be life saving. Dengu fever is fatal in about 5% cases mostly among children and adults.

There is no specific treatment or vaccines for classic Dengu fever and like most people will recover completely with in two weeks. To help speedy recovery health care experts recommend

- Getting plenty of bed rest.
- Drinking lots of fluids
- Taking medicines to reduce fever
- To avoid Aspirin
- Consult the nearest health facility / Hospital immediately

**CHIKUNGUNIA** - was first isolated from the blood of a patient with fever in Tanzania in 1953. The term chikungunia has been derived from Makonde term Kungunyala which means to dry up or bend. The fever is caused by an alpha virus of family Togaviridae. It is transmitted through the bite of infected Aedes aegypti mosquito. Aedes albopictus also transmits the disease. Monkey and Human serves as reservoirs of the Virus.



**SYMPTOMS :** Sudden onset of fever, a petechial or maculo-popular rash involving the limbs and trunk and arthritis affecting multiple joints which can be debilitating. The symptoms could also include Headache, conjunctival infection and slight photophobia. The fever typically last for 2-3 days and abruptly comes down. However the other symptoms namely joint pain, intense headache, insomnia and extreme degree of prostration last for a variable period. Silent Chikungunia is infection without illness.

**PREVENTIVE MEASURES :**

1. Dress in protective clothes, wear full sleeves shirts, pants, socks, shoes, because Aedes mosquito generally bites at the ankle and hands.
2. Eliminate places where mosquito lay eggs and breed, primarily artificial containers that hold water. Vessels used to store water should be kept covered. Empty and clean pet's and animal's watering containers and flower vases regularly.
3. Take special precautions during early morning and in the late afternoon before dark because Aedes mosquito usually attacks during day time.
4. Use bed nets to keep mosquito away and screens to make home mosquito proof. Fumigation with malathion and pyrethrum and other techniques including mosquito eradication with insecticides, prevention of mosquito bites and use of drugs to prevent and treat the infection. Introduce guppy fishes in natural reservoirs, mesocyclops, a tiny creature, which breeds on mosquitoes and larva, in water containers.
5. Use herbs for dhoopan to repel the mosquitoes one such herbal dhoop available in market made up of Neem, Heeng, Saindhav, Ginger, Marich, Pippali, Gaj peepal, Guggulu, Loban, Vidang, Mustard, Cardamom, Camphor, Sandal and other herbs have been found quite useful in discouraging mosquitoes and other flying pests. It should be used three times a day i.e. in the morning, before sunset and at night. For maximum benefit at night it is advised to light the stick and close the doors for 5

minutes then open the doors for some time so that mosquitoes run away then close the doors and enjoy mosquito free sleep. It is an ecofriendly natural product with the aim of keeping healthy society. It is quite safe as it does not contain any pernicious, toxic chemicals.

6. As per Honorable Raj Vaidy Sh. Brahaspati Dev Triguna ji puts it that in Dengu Haemorrhagic fever the disturbance of Uvlambak kaph occurs in which it leads to decrease in platelet counts. Use of Vasaka and Turmeric has been found quite useful in such patients because of its Rakta Rodhak, Rakta Stambhak, Rakta Shodhak, Rakta Vardhak, immuno-modulator and anti microbial activities. This formulation is easily available, less expensive, without side effects and has been found quite effective in a lot of patients. It needs immense propagation.
7. Use of Jaya vati, Tribhuvan Mishran, Sanjeevani vati and Vasant Malti Ras is quite beneficial in getting rid of fever and weakness.
8. Use Neem, Tulsi, Giloy, Amla and Ginger to boost immunity and preventing diseases.
9. Patients with Dengu symptoms should place their travel history before their physician without concealing the facts.
10. Protect infected person from exposure to mosquitoes to prevent spread.
11. Complete bed rest is advised.

Based on my personal experience / observation if the above- mentioned remedies are implemented there is every likelihood of restricting the mosquitoes, preventing diseases and protection of environment. Other mosquito repellants available in the market based on synthetic chemicals stands nowhere in comparison to these Herbal Preparations, with no side effects. The chemicals are rather helping in spoiling the healthy climatic atmosphere.

Let us come together to arrive at a definite conclusion to adopt this divine gift to gain health.

- Dr. RAKESH KUMAR JAIN  
Ph.D. (Ayurved)



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1.	SA128	Dr. Ajay Bansal (BAMS)	C-77 (WZ-161), Behind State Bank of India Gali No. 65, Uttam Nagar New Delhi-110059 <b>CLINIC :</b> B-66, Bal Udyan Road, Uttam Nagar, New Delhi-110059	5631341 (R) 5564064 (C)  5564064 (C)
2.	SA129	Dr. Ashok Kumar Garg (BAMS)	BE-216, Street No. 5 Hari Nagar, New Delhi-110064	5405056
3.	SA130	Dr. Ashutosh Gautam (BAMS)	7/232 Jain Mandir Gali Shahdara Delhi-110032 <b>CLINIC :</b> 612 Mohalla maharam Shahdara, Delhi-110032	22389620 (R) 22386704 9810421623
4.	SA131	Dr. (Mrs.) Anjum Naeem (BUMS)	1568, 1st Floor Azeer Ganj Azad Market, Delhi-110006 <b>CLINIC :</b> Ansari Medical Centre 6292, Gali Baitwali, Bara Hind Road, Delhi-110006	23616689 9811649862
5.	SA132	Dr. Ashok Kumar Gupta (BAMS)	32/112, Gali No. 5, Bhikham Singh Colony Vishwas Nagar New Delhi-110032	22302812 9891080178
6.	SA133	Dr. Aman (BHMS)	X/1261 Satsang Marg Rajendra Place <b>CLINIC :</b> Hari Om Mandir	22041626 22024814
7.	SA134	Dr. (Mrs.) Anjali Chaudhary	Ravinder General Hospital Bhadra, Hanumangarh Rajasthan	
8.	SA135	Dr. Azeem A Khan (BUMS)	H-119, Babbar Street, Muradi Road, Balla House, Jamia Nagar New Delhi-110025 <b>CLINIC :</b> H. N. Medical Centre D-63, Mohan Baba Nagar Badarpur Boarder New Delhi-1100444	9891567236 (R) 9312265369  9812265369

**On Completion of 20 Years - AIIMGA**

Sl. No.	Memb. No.	Name	Residence Address	Phone No.
9.	SA136	Dr. Adil Ameer (BUMS)	641, Gali No 9 Zakir Nagar New Delhi-110025	
10.	SA137	Dr. (Mrs.) Anu Hasija	FU-51, Pitampura New Delhi-110034	
11.	SA138	Dr. Anil Pandey (BAMS)	C/o 111, Chandralok Enclave Pitampura Delhi-110034 <b>CLINIC :</b> Kuber Hospital 12, Chandralok Enclave Pitampura, Delhi	27353246 (R)  27352931 (C) 27354408
12.	SB031	Dr. Budh Prakash Gupta	Main Bazar, Mandi Dhanaura Dist.- J.P. Nagar, U.P.-244231 Delhi-110034 <b>CLINIC :</b> Society Mandi Dhanaura (U.P.)	73457
13.	SB032	Dr. Bharat Raman Aggarwal	X/3761, Street No. 8, Shanti Mohalla, Gandhi Nagar	22433408 9891040505 Delhi-110031
14.	SB033	Dr. (Mrs.) Babita Shokeen Rathi (BAMS)	57, Ashok Mohalla, Nagloi, New Delhi-110041 <b>CLINIC :</b> F6/490 Sultanpuri New Delhi-110041	25477831 (R) 25480806 (C)  25480806 (C) 25477831 (R)
15.	SB034	Dr. Binayak Prasad (BAMS)	C/o A 6 Pushpanjali Enclave Pitampura, Delhi-110034	27020174 27020748
16.	SB035	Dr. Bal Ram Singh (BAMS)	6 D.D.A. Janlapali, GTB Enclave, Delhi-110093	9313775671
17.	SB036	Dr. Bhuwresh Goyal (BAMS)	2 Agroha Kunj, Sec. 13 Rohini, New Delhi-110085	27561699 9810624773
18.	SB037	Dr. B. K. Batra	AE-137, Shalimar Bagh Delhi-110088 <b>CLINIC :</b> AD-111A, Shalimar Bagh Delhi-110088	9810166425 27172820  27489579 27480815
19.	SB038	Dr. Brijesh Sharma (BAMS)	HP-12B, DDA Flats, Pitam Pura Delhi - 110085 <b>CLINIC :</b> DA1/330, Sector-6, Rohini Delhi	9873424285
20.	SC012	Dr. Chakarapani Sharma	B-5/7 Lal Quaters Krishna Nagar, Delhi-51	2212260 2244922
21.	SC013	Dr. (Mrs.) Charu Vatsal (DHMS)	C-134, Saraswati Kunj Plot No 25, I.P. Extension Patparganj, Delhi-110071 <b>CLINIC :</b> A-13/10, Pandav Nagar Ganesh Nagar Complex Delhi-110091	22723916  22064360



**On Completion of 20 Years - AIIMGA**

Sl. No.	Memb. No.	Name	Residence Address	Phone No.
22.	SD049	Dr. Divakar Kaushik	Kaushik Clinic, Main Road, Uttam Nagar, New Delhi-110059	
23.	SD050	Dr. (Mrs.) Dimple Sachdeva (BAMS)	54/A Sarojni Park Shastri Nagar, Delhi-110031	9312211242
24.	SD051	Dr. Davender Singh (BAMS)	B-6 Kamal Vihar New Sardar Patel Pub. School Karawal Nagar, Delhi-94	22935920
			<b>CLINIC :</b> Pundir Clinic Chowk Karawal Nagar Delhi-110094	9891623877 22935220
25.	SD052	Dr. Dharmendra Kumar Kaushik (BAMS)	Flat No 53, Type II P. S. Civil Lines, Delhi	9811165406
			<b>CLINIC :</b> Kaushik Clinic, Kaushik Enclave Burari, Delhi	23811264
26.	SD053	Dr. Devendra Mohan Singh (BAMS)	F 20/1 G E Varunder Nagar St No. 4, New Delhi-110058	25624854
			<b>CLINIC :</b> A 295, Pankha Road Colony P. Road, Millan Nagar New Delhi-110059	25639596 9811891576
27.	SD054	Dr. (Mrs.) Deepika Dixit (BAMS)	L-301, Anupam Apartment East Arjun Nagar, Delhi-32	22305069 (R) 22417102 (C)
28.	SD055	Dr. Deepak Makker (BAMS)	14/443A, Chander Niketan Sikka Colony, Sonapat (Haryana)	0130-2234275
			<b>CLINIC :</b> Shop No. 5, Singh Market, Narela Road, Bhorgarh, Delhi	
29.	SD056	Dr. Dhan Singh Chauhan (BAMS)	<b>RESIDENT CUM CLINIC</b> H.No. 4, Lane No. 8, Z-Block Prem Ngr Kashmir Colony, Popravat Road, Najafgarh, Delhi - 43	9818545111
30.	SD057	Dr. Deepak Kumar Jain (BAMS)	C/o. Prabhu Ji Ayurveda, H.No. 1521, Rani Bagh, Shakur Basti, Delhi-110034	9313630685
			<b>CLINIC :</b> Prabhu Ji Ayurveda B-6/86, Sector-8, Rohini, Delhi-110085	
31.	SE001	Dr. Ishtiaq Ahmed (BUMS)	Flat No. 4212, Pock OE, Phase-II Mayur Vihar, Delhi-110091	2474328 2472276
			<b>CLINIC :</b> 4/251, Khichri Pur Delhi-110091 (Shahdhra)	2485452

**On Completion of 20 Years - AIIMGA**

Sl. No.	Memb. No.	Name	Residence Address	Phone No.
32.	SF007	Dr. Firoz Ahmed (BAMS)	Mohalla Bungshan Miranpur Katra Dist.-Shahjhanpur. (U.P.)  <b>CLINIC :</b> Reshma Hospital 107A, Pul Prahladpur, New Delhi	6816882    9891122534
33.	SF008	Dr. Faizan Ahmad Siddiqui (BUMS)	C-111/218 Zakir Nagar New Delhi-110025  <b>CLINIC :</b> Faizi Clinic, Lane No. 22 Behind Ashoka Park Zakir Nagar, New Delhi-110025	9811651315   26989641
34.	SF009	Dr. Faiz Ahmad (BUMS)	D-619, Gali No. 1 (School Wali) Chauhan Banger, New Seelampur Delhi-110053  <b>CLINIC :</b> A-14/7 Nala Road Pulia, Chauhan Banger, New Seelampur	2187232   9891122534
35.	SF010	Dr. Fazley Elahi (BUMS)	7609 Quresh Nagar Navi Vasim, Sadar Bazar New Delhi-110006  <b>CLINIC :</b> Nice Charitable Clinic Near Safique Mamorial School, Chamelian Road, Bara Hindu Rao, Delhi	23545749   23612673 (C) 23545749 (R)
36.	SG017	Dr. Gyanender Sahpathi (BAMS)	1108/19, Faridabad (Haryana)	9891013611
37.	SG018	Dr. G. K. Manchanda (BAMS)	A/24 Chhatter Pur Near Chhatter Pur Extn. (Near Durga Ashram) Mehrauli, New Delhi-110030  <b>CLINIC :</b> A-240 Chhatter Pur Near Chhatter Pur Extn. (Near Durga Ashram) Mehrauli, New Delhi-110030	9811442687 26804010(R)   26800491(C)
38.	SH025	Dr. Hina Kauser	1344 Inayatullah She Balli Maran, Delhi-6  <b>CLINIC :</b> 1164' lamam Street, Delhi-6	2920261   2511853
39.	SH026	Dr. Hamid Hussain (BUMS)	113, Rani Garden Shastri Nagar, Shahdara Delhi-110031  <b>CLINIC :</b> 117, Rani Garden, Shastri Nagar Shahdara, Delhi-110031	2018522



**On Completion of 20 Years - AIIMGA**

Sl. No.	Memb. No.	Name	Residence Address	Phone No.
40.	SH027	Dr. Hitender Vashishtha (BAMS)	424 Salmi Mohalla Nangloi, Delhi-110043 New Delhi-110006 <b>CLINIC :</b> R. P. Memorial Hospital 496 Main Najafgarh Road (Near Krishna Mandir) Nangloi, Delhi-110041	25943486 (R) 25485858 (C)
41.	SH028	Dr. Hari Ram Rohila	Rohila-Nursing Home Sadul Pur, Dist.-Churu Rajasthan	
42.	SH029	Dr. Hari Sharan Shandilya	C/o Vaidya Jugal Kishore Shandilya, Mohalla Rambas 331023, Sadulpur, Churu District Rajasthan	23545749
43.	SH030	Dr. (Mrs.) Harman Preet Kaur (BAMS)	Children Hospital Railway Station Mansa Punjab	9515826609
44.	SH031	Dr. (Mrs.) Hamida Aaqil Rizvi (BUMS)	W/o Dr. S.M. Aaqil Rizvi R/o 9512, Bagh Raoji, Gaushala Marg, Kishan Ganj, New Delhi-110006 <b>CLINIC :</b> Anjum Memorial Charitable Clinic-9509, Bagh Raoji, Gaushala Marg, Delhi-6	23549166 (R) 65792664 (C) 26371999
45.	SH032	Dr. Hari Kishan Sharma (BAMS)	D-132, Uttam Nagar, Street No. 68, (Behind SBI), Delhi-110059 <b>CLINIC :</b> 378, Munirka Mrkt. (Near Hanuman Mandir) Delhi-110067	9818636091 26163110(C)
46.	SI016	Dr. (Mrs.) Indu Sharma (BAMS)	Navjeevan Clinic 37 Main Road, Tekhand Okhla, Phase-I New Delhi-110020 <b>CLINIC :</b> Jeewan Jyoti Hospital T-43 Main Road, Tekhand, Okhala Ph-I Delhi-110020	26811400 26371999
47.	SI017	Dr. Ilyas Ahmed Khan (BUMS)	AB-486 Amar Pur Ram Nagar, Nabi Karim Paharganj, New Delhi-110055	23683438
48.	SI018	Dr. (Mrs.) Indu Sharma (BAMS)	E-102, Pocket-IV Bindapur, Uttam Nagar Near C-1, Janakpuri, New Delhi-110059	25556756 25516756
49.	SI019	Dr. Ishrat Kafeel (BUMS)	1806, Gali Chabuk Sarwar Lal Kaun, Delhi-110006	9899160459 23937911
50.	SI020	Dr. ILam Chan Saini (BAMS)	B-186, Gali No. 6, Dr. Ambedkar Colony Chattarpur (Behind Mandir) New Delhi-110074	26804290

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Sl. No.	Memb. No.	Name	Residence Address	Phone No.
51.	SI021	Dr. Imamuddin Zakai	C-12/175, Yamuna Vihar Delhi <b>CLINIC :</b> Neelam Dawakhana, Sheelam Pur Delhi	32537332  22560108
52.	SJ036	Dr. Julfikar Ali (BUMS)	7641, Near Library Quresh Nagar, Sadar Bazar New Delhi-110006	25943486
53.	SJ037	Dr. Janmjeya Dash (BAMS)	C-2/59 West Enclave Pitampura, New Delhi-34	
54.	SJ038	Dr. Jabbar Ali	7647, Gali Mansh Abdul Rahim Qureshi Nagar, Sadar Bazar New Delhi-110006	
55.	SJ039	Dr. Jitender Kr. Tiwari	B-22, Laxmi Park, Nangloi, Delhi	9891202841
56.	SJ040	Dr. Jagmohan Singh Alig (BAMS)	WZ-643, Gali No. 25 Sant Garh, Tilak Nagar New Delhi-110018 <b>CLINIC :</b> Jai Ayurvedic Clinic 29/2A, Double Story Ashok Nagar, Jail Road, Tilak Nagar, New Delhi	9810275507  9810003022
57.	SJ041	Dr. Joginder Singh Sethi Ayurvedacharya (BAMS)	A/173, Street No.-1, North Ghonda Delhi-110053 <b>CLINIC :</b> 5540, Main Road, Old Seelam Pur, Delhi-110031	9899018300  20291229
58.	SK051	Dr. Khaleeque Ahmad Khan (BUMS)	Sayema Clinic & Lady Care Centre C-49, Rishi Kerdam Marg Chauhan Banger, New Seelam Pur New Delhi-110053	2852609
59.	SK052	Dr. Kamna Sharma (BAMS)	77, Vigyan Vihar Near Yamuna Sport Complex	9810943027
60.	SK053	Dr. Krishan Goyal (BAMS)	26/16 1st Floor West Patel Nagar New Delhi-110018 <b>CLINIC :</b> T 235, Baljeet Nagar New Delhi-110008	9810185549  9818974281
61.	SK054	Dr. (Mrs.) Kiran Bala (BAMS)	70 B Ekta Enclave Rohtak Road, Peera Garhi New Delhi-110087 <b>CLINIC :</b> Ramesh Clinic Karan Vihar, Mithari Road Kirari, Nangloi, Delhi-110041	9810220275 55769974  25182948
62.	SK055	Dr. (Mrs.) Karuna Jaiswal (BAMS)	B-2/3 Sector 18 Rohini, Delhi-110085 <b>CLINIC :</b> B 4/26, Sec 18 Rohini, Delhi-110085	27854759  9818974281



**On Completion of 20 Years - AIIMGA**

Sl. No.	Memb. No.	Name	Residence Address	Phone No.
63.	SK056	Dr. Kiran Kumar (BAMS)	E-151, Krishna Vihar opp Budh Vihar, Delhi	98213313688 25187756
64.	SK057	Dr. Kajal Sarkar (BAMS)	Y-1569, Mangol puri, Delhi	9350041798
65.	SK058	Dr. Karuna Seth (BAMS)	B-2/13, Sec.-11 Rohini, Delhi	27571523
			<b>CLINIC :</b> A-1/95, Sec.-11 Rohini, Delhi	9350967037
66.	SL014	Dr. Lalit Kumar	B-157-158, Sec. I, Pappankala, New Delhi-110045	5081851
67.	SL015	Dr. Lalit Anand (BAMS)	2356, II nd Floor Hudson Line, G.T. B. Nagar Delhi-110009	27444217
			<b>CLINIC :</b> 4852, Roshan Ara Road Near Mata Mandir Delhi-110007	9868043013 23821715
68.	SL016	Dr. Laxmi Kant Sharma (BAMS)	A-87, Shiv Ram Park, Nangloi Delhi-110041	9868554537 25942718
			A-87, Shiv Ram Park, Nangloi Delhi-110041	
69.	SL017	Dr. Lalit Kumar	RZ-51, G-Block, Dharam Pura Colony, Najafgarh, Delhi-43	9868454150
			<b>CILINIC :</b> 10, Old Kakrola Road, Sahaj Ram Mrkt. Najafgarh, Delhi-43	
70.	SM027	Dr. Mahinder (BAMS)	Kochhar Clinic & Lab., Chota Bazar, Ambala City Haryana	
71.	SM045	Dr. Masood Zafar (BUMS)	724, Phatak Dhobiyar Farash Khaana, Delhi-6	2924120
			<b>CLINIC :</b> 731, Phatak Dhobiyar, Farash Khaana, Delhi-6	
72.	SM068	Dr. Mohd. Ashfaq	E-2/17/958, Nehru Vihar Mustfabad, Delhi-94	2857442
			<b>CLINIC :</b> Anas Clinic 336/18, Zafarabad Delhi-53	2189652
73.	SM069	Dr. Malka-E-Aaliya Abdali (BUMS)	Sayema Clinic & Lady Care Centre C-49, Rishi Kardam Marg, Chauhan Banger, New Seelampur Delhi -110053	2852609
74.	SM077	Mohd. Shamshad Khan	303 C/6 Yamuna Vihar Delhi-110018	3981930 9811156294
			<b>CLINIC :</b> Bhim Gali No. 2 III rd Purhta New Usmanpur	2056346

**On Completion of 20 Years - AIIMGA**

Sl. No.	Memb. No.	Name	Residence Address	Phone No.
75.	SM083	Dr. Mannoon Ahmed (BUMS)	D/2/E Ashoka Road Adarsh Nagar Delhi-110033 <b>CLINIC :</b> 620 Kabir Basti Malka Ganj Delhi-110007	23984418  9810571263 23853643
76.	SM085	Dr. Mohd Ismail	E-1, 339, Madan Gir, Dr. Ambedkar Nagar New Delhi-110062	26056479
77.	SM097	Dr. Mohd Julfiqar Ali (BUMS)	7641, Quresh Nagar Sadar Bazar, Delhi-110006 <b>CLINIC :</b> 229, Basti Hazarat Khawaza Mirdard, Jawahar Lal Nehru Marg New Delhi-110002	9810185549  9818974281
78.	SM110	Dr. M. K. Gupta (DHMS)	B-182, Duggol Colony Khanpur, Deovli Road New Delhi-110062 <b>CLINIC :</b> A-33/B, Krishana Park, Khanpur, New Delhi-110062	26084650  26084247
79.	SM111	Dr. Mohd Aarif (BUMS)	J 203, Main Road Sadar Nagar, Delhi-93	9868089963
80.	SM112	Dr. Mahendra Pratap Singh	Dhanvantri Clinic Flat No 1/4, Sect IIA, Vaishali Gaziabad (U.P.)	
81.	SM113	Dr. Mohan Kumar (BAMS)	1-221 Karampura Delhi-110015 <b>CLINIC :</b> H-23 Karampura Delhi-110015	26084650  25448538
82.	SM114	Dr. (Mrs.) Minakshi Sharma	A-31, Ashok Vihar Phase III, Near Lakshmi Bai College, Delhi-110052 <b>CLINIC :</b> M.C.D Service	27220947  9810718596
83.	SM115	Dr. Madan Mohan Luthra (BAMS)	WZ-1408, 1st Floor Rani Bagh, Delhi-110034 <b>CLINIC :</b> 3406-B, Mohindra Park Rani Bagh, Delhi-110034	27022690 9868229924  27025755
84.	SM116	Dr. Mohd. Ibrahim Rao	Rao Clinic & Research Centre Kuchaman City, Nagaur Rajasthan-341504	2857442
85.	SM117	Dr. (Mrs.) Meena Kashyap	C-127/3 St No 5 Bhagya Pura, Delhi-53 <b>CLINIC :</b> A-4 Bhagrath Vihar Mani Kesaw Nagar Road Delhi-94	22565947  22569662 9891101096



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Sl. No.	Memb. No.	Name	Residence Address	Phone No.
86.	SM118	Dr. Manjot Kaur	105, Samaj Kalyan Society Vikaspuri, New Delhi-18	26568454
			<b>CLINIC :</b> 28 B/7/1 Jia Sarai Near IIT New Delhi-16	9818358367
87.	SM119	Dr. Mohd Irshad (BUMS)	B 165, Chand Masjid Gali No. 5, Mandawali Fazalpur, Delhi-92	9312678976
88.	SM120	Dr. Mohd. Uzair	10 B/163, Vasundhara Sahibabad, Ghaziabad (U.P.)	9868547967
			<b>CLINIC :</b> B-58, INA Colony New Delhi-110023	9871058786
89.	SM121	Dr. Mohd. Arif	35, Street No 1, Near Power House, Munga Nagar Karawal Nagar Road, Delhi-94	9868535708
			<b>CLINIC :</b> 764, Sheesh Mehal, Bahadur Garh Road Azad Market, Delhi-110006	9818844148
90.	SM122	Dr. Minakshi (BAMS)	<b>RESIDENT CUM CLINIC</b> 14/269, Dayanand Nagar (Near Little angel School) Bhadur Ghar, Haryana	09896398298 01276232587
91.	SM123	Dr. Mukesh Kumar Aggarwal (BAMS)	<b>RESIDENT CUM CLINIC</b> B-22, Shivram Park Nangloi, Delhi-41	9213133038 28361818
92.	SM124	Dr. Mohd. Sultan (BAMS)	<b>RESIDENT CUM CLINIC</b> G-186, Adhyapak nagar Nangloi, Delhi-41	9213838468 25946871
93.	SM125	Dr. Mohd. Younus (BUMS)	756, Saudagran, Billimaran Chandni Chowk, Delhi-06	9868870129
			<b>CLINIC :</b> Shop No. 2, Masjid, Sangam Park, Rana Pratap Bagh, Delhi-07	27125734(C)
94.	SM126	Dr. (Mrs.) Meena Singh (BAMS)	Sh. Radha madhav Bhawan, Plot No. 67, II Floor Pandav Nagar, Delhi-92	9910487225
			<b>CLINIC :</b> Mharishi Charak Ayurvedic Clinic & Panch Karma Centre A-Block, Gurudwara Building Pandav Nagar, Delhi-92	
95.	SM127	Dr. Mohd. kousar Azam	<b>Resident Cum CLINIC :</b> Asha Clinic, A-19, Shiv Park, School Road, Khan Pur Delhi-62	9810301652
96.	SN047	Dr. Nafees Ahmed	Baari Medical Centre A-1/77 DDA Flat Inderlok, New Delhi-110035	23658649

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Sl. No.	Memb. No.	Name	Residence Address	Phone No.
97.	SM048	Dr. (Mrs.) Neeraj Sharma	Lata Medical Center 10/86, Khichripur, New Delhi-110091	22773778 9811103550
98.	SN049	Dr. Naval Singh	C-II/54, New Ashok Nagar (Near Kali bari Mandir) Delhi-110096  <b>CLINIC :</b> Village-Karkardooma Delhi-92 (Near Primary School)	22717101 9871085607
99.	SN050	Dr. Nasir Ashraf Khan	E-6, Street No. 9 Subhash Vihar, Delhi-53  <b>CLINIC :</b> C-40, Street No. 18 North Ghonda, Delhi-53	9810302204
100.	SN051	Dr. Naveen Sacheva	54/A Sarojini Park Shastri Nagar, Delhi-110031	9312211242
101.	SN052	Dr. Nafees Ahmed	C-31, New Seelampur Delhi-110053	
102.	SN053	Dr. (Mrs.) Nishi Arora	D-43, New Multan Nagar New Delhi-110056  <b>CLINIC :</b> 396, Gurudarwa Road Chand New Delhi-100018	25291602 9811147153  55496767
103.	SN054	Dr. Namita Gupta	D-238, Karampura New Delhi-110015	9213667411
104.	SP048	Dr. Pradeep Kr. Sharma	A-63, Saraswati Vihar Pitampura, Delhi-34	65239595 27188592 (R) 9810149363 (M)
105.	SP049	Dr. (Mrs.) Pooja Goyal	E-38, II nd Floor West Patel Nagar, New Delhi-8  <b>CLINIC :</b> T-235, Baljeet Nagar (Near Lal Mandir) Delhi-8	9810185549
106.	SP050	Dr. Pradeep Kr. Sharma	Ward No. 27, Near Goshala Rambas, Sadulpur-331023 Churu, Rajasthan	
107.	SP051	Dr. (Mrs.) Preeti Gupta	E-72A, Jivan Park Pankha Road, New Delhi-59	9810866518 65343661
108.	SP052	Dr. Pramod Kumar Sharma (BAMS)	C-2, Raju Park, Devli Road, Near Hanuman Mandir. New Delhi-62  <b>CLINIC :</b> L-1, 6/349B, Budh Bazar, Sangam Vihar New Delhi-62	9868513208 26099207
109.	SR116	Dr. Rajesh Kashyap	A-49 Street No. 6 Jagatpuri Extn., New Delhi-93  <b>CLINIC :</b> C/31 Jagat Puri Street No.-5 Delhi-100093	9810816521  55496767



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Sl. No.	Memb. No.	Name	Residence Address	Phone No.
110.	SR117	Dr. Renu Kant Kaushik	RZ 117/17 Street No. 5 East Sagar Pur, New Delhi-46 <b>CLINIC :</b> RZ- C118, Vinodpuri Vijay Enclave, 30 Road, New Delhi-110046	25399037 (R) 35904347  25050106
111.	SR118	Dr. Raman	H. No. 67 Sukh Dev Nagar Panipat <b>CLINIC :</b> Dr. Gupta Nursing Home and Hospital	22805218  22805522
112.	SR119	Dr. Ravinder Chillar	Ravinder General Hospital Bhadra, Dist. Hanuman Garh Rajasthan	22717101 9871085607
113.	SR120	Dr. Ram Niwas Lamba	Village- Lamba ki Dani Post Dhingji, Sadulpur Churu Rajasthan-331023	
114.	SR121	Dr. Rakesh Kumar Jain	Vardhman Clinic B5/30 Sector 7 Rohini Delhi-110085	27055898 (R) 25183552 (C)
115.	SR122	Dr. Kumar Rajesh Chaudhary	12E, Central Place Bangali Market New Delhi-110001 <b>CLINIC :</b> Arogya Shala, D-97 Fateh Nagar Tilak Nagar, Delhi-110018	9868576960 23328844 (R)
116.	SR123	Dr. Rameshwar Partap Singh	Shop No. 73, Gali No. 3 Chaudhary Market Moher Band Street. Opp NTPC Gate No-3, New Delhi-44	29892621 9350062521
117.	SR124	Dr. (Mrs.) Rehana Parveen	A-10/79 D.D.A Flats Inderlok, Delhi-35 Delhi-110096 <b>CLINIC :</b> Parveen Clinic, A-10/79, DDA Flats, Inderlok, Delhi-110035	23658213 (R) 9811460016
118.	SR125	Dr. Rashid Ullah Khan	D-176, IIIrd Floor Abulfozd, Jamia Nagar New Delhi-110025	9810916215
119.	SR126	Dr. Raj Kumar	Raj Clinic Bus Stand Kirari, Nangloi Delhi	9811044096 25477672
120.	SR127	Dr. Rajneesh Chauhan	C-432, Saraswati Vihar Delhi-34 <b>CLINIC :</b> G-6 Pocket, Plot No.-188 Sect.16, Rohini, Delhi	9350557193 27898224

**On Completion of 20 Years - AIIMGA**

Sl. No.	Memb. No.	Name	Residence Address	Phone No.
121.	SR128	Dr. Rajiv Kumar Malhotra	550, D.D.A. Flats Hastal, Uttam Nagar Delhi	9891675156
122.	SR129	Dr. (Mrs.) Rubeena Ali (BUMS)	Sindhi Camp, Bus Stand, Jaipur Rajasthan  <b>CLINIC :</b> Sahara Clinic 31, Bajrang Colony Ganga Pole, Jaipur	
123.	SR130	Dr. Ram Niwas Parasher (BAMS)	S/o Sh. Jai Bhagwan C/o Vedanta Ayurveda, 195, F.F. West End Marg, Lane-1, Saidulajab (Near Garden of Five Senses) N.D-30  <b>CLINIC :</b> 122 A/3, S.F. Gautam Nagar New Delhi (Behind AIIMS)	9811635915 (M)
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125.	SR132	Dr. Mrs. Reeve Rashmi (BASM)	<b>RESIDENT CUM CLINIC :</b> Type-II / 1 South Campus, University of Delhi, Dhaura Kuana New Delhi-110021	9811306482 011-24111473
126.	SS216	Dr. Shabiuddin (BUMS)	B-442, Gali No. 10, North Ghonda Delhi-110053 <b>CLINIC :</b> B-166/67, Gali No. 8, Gautam Vihar New Delhi-53	2264559
127.	SS217	Dr. Shane Aalam Khan (BUMS)	<b>RESIDENT CUM CLINIC :</b> Anwar Medical Centre Main Road, Brij Puri, Delhi-94	
128.	SS218	Dr. Sudharshan Kumar Gupta	185 Bank Enclave Delhi-110092 <b>CLINIC :</b> F-46, West Jawahar Park, Laxmi Park, Delhi-110092	2242863 2426334 (C)
129.	SS219	Dr. Suresh Chander Kaushik (BAMS)	11, Extn. 2-B, Nangloi, Delhi-41  <b>CLINIC :</b> 70, Extn. 2A, A-Block, Talab Road Nangloi, Delhi-41	25478258 9811187808  25473407
130.	SS220	Dr. Shakil Ahamed	<b>RESIDENT CUM CLINIC :</b> R-1/17 Gali No. 20 Braham Puri Delhi-53	2186226
131.	SS221	Dr. Saroj Kumar	A/3956, Ram Nagar Loni Road Shahdra, Delhi-32 <b>CLINIC :</b> Kumar Clinic, Vill Mandoli, Street No.8, Nand Nagari Delhi-93	22110752 9810340210
132.	SS222	Dr. Sunil Kaushik	A-14 Sree Ram Appt. Sec-4 Dwarka <b>CLINIC :</b> Meenawati Shstri Clinic, Main Mubark Pur Road, Prem Nagar II Kirani (Nangloi)	9811023964 25964799



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			<b>CLINIC :</b> Sukant Health Clinic 1261, Janta Flats, GTB Enclave, Delhi-110093	9212141129
134.	SS224	Mrs. (Dr.) Sunita Vashistha (BAMS)	424, Soni Mohalla, Nangloi, Delhi-41	25943486
			<b>CLINIC :</b> R.P. Memorial Hospital 496 Main Najafgarh Road (Near Kishan Mandir) Nangloi, Delhi-41	25485858
135.	SS225	Dr. Sunita Sharma (BAMS)	<b>RESIDENT CUM CLINIC :</b> 1512/13, Govind Puri, Kalkaji	26284718
136.	SS226	Dr. Sham Kr. Sharma (BHMS)	212/1-A, Street No. 4 Padam Nagar Delhi-7	9810257781 23520414
			<b>CLINIC :</b> L-1, Wazir Pur JJ Colony Delhi-52	27417792
137.	SS227	Dr. Sanjay Shukla (BAMS)	D-345, Anand Vihar, Delhi-92	9811033144 22155796 52427144
			<b>CLINIC :</b> Holy Health Clinic 34A, DDA Flats Anand Vihar Delhi-92	22169235
138.	SS228	Dr. SomDutt Sharma (BAMS)	<b>RESIDENT CUM CLINIC :</b> Lata Medical Centre 10/86 Kicharipur, Delhi-91	9811103550 22773778
139.	SS229	Dr. (Mrs.) Shakuntala Singh (GAMS)	RZ-167, Vaishali, Street No. -4 Palam Dabri Road, New Delhi-45	25391584 25391116
			<b>CLINIC :</b> RZ-123-B, Vaishali Street No. 4 Palam Dabri Road, N Delhi-45	
140.	SS230	Dr. (Mrs.) Sarita Chittoda (BAMS)	<b>RESIDENT CUM CLINIC :</b> P-117, Gali No.-8 Shekar Nagar Extn. Delhi-51 (Near Krishan Nagar)	22096197
141.	SS231	Dr. (Mrs.) Sapna Israni (BAMS)	<b>RESIDENT CUM CLINIC :</b> 611/3, Pushp Vihar, New Delhi-14	9810473999
142.	SS232	Dr. Shatender Shaini (BAMS)	C-26, Ashoka Enclave, Pera Ghari Chowk Delhi	20051994 25282096
			<b>CLINIC :</b> R-427-28, Jawala Puri Complex. Paschim Vihar, Delhi-87	25264601
143.	SS233	Dr. Satya Bhama (BAMS)	C/o. Solanki's 243, Pocket-5, Sec-22, Rohini, Delhi	9868081421
			<b>CLINIC :</b> Shivam Clinic C/o. Bhawar Medical Store Barwala Road, Near Inderprastha Shool and Bavana, Begampur-41	25965304
144.	SS234	Dr. Sunil Kumar Kashyap (BAMS)	C-127/3 Street No. 5, Bhajan Pura Delhi - 53	9891101096 22565947
			<b>CLINIC :</b> A-4 Bhagirath Vihar, Main Karawal Nagar Road, Delhi-94	

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146.	SS236	Dr. Shabnam (BUMS)	B1/308 Yamuna Vihar Delhi <b>CLINIC :</b> Family Clinic & Pahology Lab. Main Road Kadar Pur, Delhi-94	
147.	SS237	Dr. Sunil Kr. Bhatia (BAMS)	<u>A-3/119, Sec-16 Rohini Delhi-85</u> <b>CLINIC :</b> <u>F-6/107, Sec-16 Rohini Delhi-85</u>	27299157 27893427
148.	SS238	Dr. Sardar Khan (BUMS)	<b>RESIDENT CUM CLINIC :</b> T-468 St. Pahar Wali Ahta Kinaro, Sadar Bazar Delhi-06	23514027 9313069375
149.	SS239	Dr. Saiyra Khan (BUMS)	<b>RESIDENT CUM CLINIC :</b> T-468 St. Pahar Wali Ahta Kinaro, Sadar Bazar Delhi-06	23514027 9313069375
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151.	SS241	Dr. (Mrs.) Sueheta Aggrwal	<b>RESIDENT CUM CLINIC :</b> 3478/1 Narang Colony Tri Nagar Delhi-110033	27394060
152.	SS242	Dr. S.V. Tripathi (BAMS)	<b>RESIDENT CUM CLINIC :</b> Flat No. 2 Mool Chand Khirali Hspt. Iajpat nagar, New Delhi-24	
153.	SS243	Dr. (Mrs.) Sonia Sharma (BAMS)	Mubbarak Pur Dabbas Nagar Delhi-81 <b>CLINIC :</b> Rama Krishna Clinic Ist Bus Stop Main Road Mubbarak Pur Dabbas Delhi-81	55720261
154.	SS244	Dr. (Mrs.) Sushila Harit (BAMS)	552, Kanung Appt., I.P. Extn., Patpar Ganj Delhi-92 <b>CLINIC :</b> M/o. Ayurvedic Despancry B. Road New Delhi-110001	22532277 55386004 9818678974
155.	SS245	Dr. Satish Joon (BAMS)	<b>RESIDENT CUM CLINIC :</b> Laxmi Ram Memorial Hospital Behind Bus Stop, Jhajjar Haryana	01251-253312
156.	SS246	Dr. Syed Moshin Ali (BUMS)	<b>RESIDENT CUM CLINIC :</b> Star Pharmacy Opp. Sindhi Camp Bus Stand Jaipur, Rajisthan	
157.	SS247	Dr. Suresh Kr. Gulati (DHMS)	H-34/12 Sec-3 Rohini Delhi 85 <b>CLINIC :</b> B-159 Shubhdra Colony Srai Rohilla, Delhi-35	9811367464 27511776 23651402



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			<b>CLINIC :</b> 2689-B, Baljeet Nagar (Near Patel Nagar) N Delhi-110008	
159.	SS249	Dr. Shamim Khan	811, Gali No. 15 Main Road Nehru Nagar New Delhi-8	9213708680
			<b>CLINIC :</b> 2116/2 Gali No. 8 Prem Nagar New Delhi-8	
160.	ST011	Dr. Tarsem Talwar (BAMS)	Jacob Pura, Gurgaon Haryana	327174 (R) 325891 (C)
161.	ST012	Dr. Tara Chand (BAMS)	Flat No 134, Sec. 13 Dwarka New Delhi-110073	9810824158
			<b>CLINIC :</b> F-4/92, Sultan puri Delhi-110041	
162.	ST013	Dr. (Mrs) Tripta Rawat	1/1666 B-1 Govindpuri Extn. Kalkaji New Delhi-110019	26022679
			<b>CLINIC :</b> 1/1666 B-1 Gobind Puri Extn. Kalkaji, New Delhi-110019	
163.	ST014	Dr. Tanju (BAms)	<b>RESIDENT CUM CLINIC :</b> A1B/62A, Paschim Vihar, Delhi-63	9313157592 25255217
164.	SU011	Dr. Upasana Bhanot	56A/13, MIG, D.D.A. Flats Kalkaji, New Delhi-110019	6090865
			<b>CLINIC :</b> Deepak Clinic, 832/7, Govind Puri, Kalkaji Delhi-110019	
165.	SU012	Dr. Upender Singh Panwar	<b>RESIDENT CUM CLINIC :</b> A-31, Shiv Ram Park, Nangloi Delhi-110041	9811699955
166.	SV058	Dr. Vinod Kumar Rana	Guggar Tanda, Palam pur, Dist. Kangra, Himachal Pardesh	01893-31509
			<b>CLINIC :</b> Rana Clinic, Old Bus Stand Palampur, Distt.-Kangra (H.P.)	01893-32669
167.	SV059	Dr. Vinod Kumar Verma	R-5 Pul Prahaladpur Near Badanpura, New Delhi-44	26367480 9810388677
			<b>CLINIC :</b> 26-A, vill Aahi (Aali) Near BTPS Badarpur, Delhi	26943205
168.	SV060	Dr. Virender Kumar	X-254/1A Street No. 7 Brahampuri Opp Shiv Mandir Dehi-110053	2184765
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169.	SV061	Dr. Vikram Chittoda	P-117, Street No. 8 Shankar Nagar Ext. Delhi-51	22096197 9899157466
170.	SV062	Dr. Vikas Chittoda	P-117, Street No. 8 Shankar Nagar Ext. Delhi-51	22096197 9899157466
171.	SV063	Dr. (Mrs.) Vibha Nagpal (BUMS)	GP-46, Pitampura Maurya Enclave New Delhi <b>CLINIC :</b> MCD Dispensary Trinagar, New Delhi	27361646 20540610
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175.	SV067	Dr. Virendra Kumar Singh (BAMS)	C-12, Punjabi Bagh Baljeet Nagar, New Delhi-110008	
176.	SV068 (BAMS)	Dr. Vikas Vashsuta Near See 22 Rohini	265 Vill. & P.O. Begumpur  Delhi-110041 <b>CLINIC :</b> Vikas Health Clinic Main Begumpur Road, Near Sec. 27 Rohini, Delhi-110041	25473526 (R)  25473600
177.	SV069	Dr. Vijay Kr. Kaushik (BAMS)	59, Vasudha Enclave, Pitampura, Delhi-110034	27353874 9312201625
178.	SV070	Dr. Vimal K. Sharma (BAMS)	D-650, Saraswati Vihar Delhi-110034 <b>CLINIC :</b> 2176, RaniBagh, Near Police Chowki, Delhi-110034	27024274 27013835  9818447693
179.	SV071	Dr. Virender Pal Tyagi	E-1/301, Shiv Ram Park, Nangloi, Delhi-110041 <b>CLINIC :</b> E-1/242, Shiv Ram Park, Nangloi, Delhi-110041	9312633135
180.	SW001	Dr. Wasim Ahmed (BUMS)	C-88, DDA Flats Timarpur, Delhi-17	
181.	SW002	Dr. Wali Mohamed Khan (BUMS)	Al. Shifa Medical Centre E-930B, Street No. 16 Nehru Vihar, Mustafabad Delhi-110094	2186786
182.	SY013	Dr. Yograj Sharma	Parashar Hospital, Nahan House Ambala City, Haryana	445503
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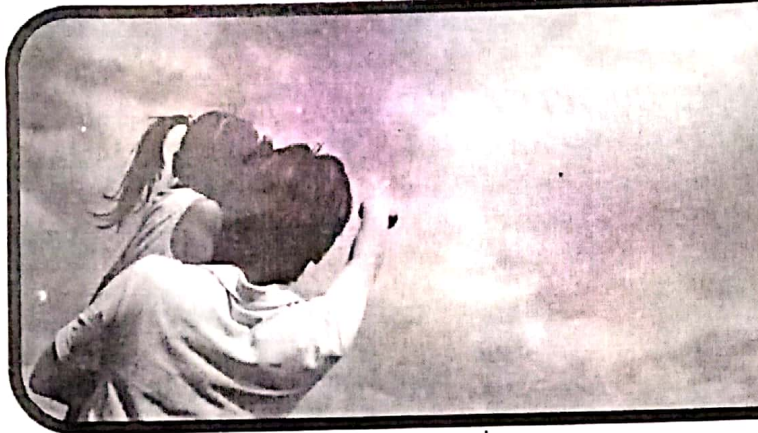
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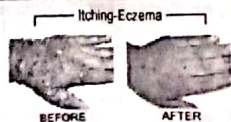
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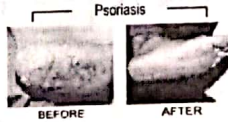
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# ALLERGY

Most of us think of health as "freedom from disease". But apart from being free from any disease, there has to be harmony between the essential function of body, mind and soul. Nature has given the human body the capacity to live in good health, which is accessible to all. With modernization as we are deviating from nature's laws (Principals) and being exposed to various allergens such as industrial wastes, chemicals, Insecticides, the body's defensive mechanism is getting weaker day by day, making the body hypersensitive to acquire various diseases.

(Greek : allos, other + ergon, work = altered reaction) Allergy is an abnormal and individual hypersensitivity to substances that are ordinarily harmless and which result in various types of reactions. For example, the pollen of plants is generally harmless, yet many people are acutely sensitive to its presence in the atmosphere leading to sneezing, hay fever, asthma etc.

There are broadly speaking 2 types of allergies.

- i) Exogenic or External.
- ii) Endogenic or Internal.

**EXOGENIC ALLERGY** is caused by any of the various allergens mentioned earlier. But every allergy is mistaken to be exogenic and a battery of tests like patch test etc. are advised and finally the patient is told to avoid scores of things to which he shows sensitivity, which is quite impossible and impractical. **These allergens are just a tip of the iceberg.** Our highly polluted atmosphere compels us to inhale and ingest chemicals all the time. Allergens are unavoidable. Can we avoid dust, heat or sun? Or the mother's milk, which contains all these chemicals.

The **ENDOGENIC ALLERGY** apparently seems to be exogenic but is primarily endogenic. The tissues of the body get sensitized to various allergens leading to hypersensitivity reaction and this can be passed on to the succeeding generations.

## What is it that causes allergy ?

The agent provoking an allergic reaction is called

an allergen. The list of allergens is exhaustive and can be best described by the dictum that **"Everything under the sun including the sun itself can act as allergen"**. Our Body like a **"Battle field"** with different allergens attacking from various directions leading to various allergic manifestations.

Do we realize that the first thing we do the moment we get up in the morning is ingest chemicals right from childhood i.e. using **TOOTHPASTE** : which has a foaming agent -sodium Lauryl Sulphate which is purely a chemical also used in detergents. Thus we are consuming 2-3% of this chemical everyday right from childhood. It has been said that one man's food is another man's poison. These allergens can cause severe **GASTRO - INTESTINAL REACTION** due to **CHEMICALS** used in the **INSECTICIDES AND PESTICIDES**, which are sprayed indiscriminately on the plants and vegetables.

In fact one would be surprised to know that certain chemical solvents are used to purify the **REFINED (GROUND NUT) OIL** which is considered to be the best cooking medium; lead to constant sensation of irritation in the throat.

Also in our homes we like the chapati cooked directly on the **COOKING GAS** but how many of us realize the amount of carbon we are ingesting in the process.

And not to forget the **PRESERVATIVES** and colors used in the food processing industry especially in chocolates, Ketchups etc.

**COMETICS** : Even certain **COMESTICS**, Which we consider as essentials, cause allergy :

The so-called **NON-GREASY HAIR OILS** contain thinners, Which are petroleum products.

The so-called **ANTI DANDRUFF SHAMPOOS** CONTAIN **SELENIUM SULPHIDE**.

Case studies have shown that these chemicals cause irritation in the scalp, conjunctiva and folds of skin. what is really amazing is that it can even cause fatty degeneration of the liver.

The foam/leather in the shampoo is again due to sodium lauryl sulphate.



Also the SYNTHETIC CREAMS, which are so highly propagated by the media including skin-whitening creams, are nothing but chemicals.

Furthermore, another category of allergens is PLANTS like poison ivy, poison oak that causes severe dermatitis on contact. Even the hair or certain animals like horses, dogs or cats could also cause allergy e.g. Bronchial Asthma. Also pollens from the various plants can cause allergic reactions.

But the most shocking of all this is that even CERTAIN COMMON MEDICATIONS like penicillin, Aspirin etc. can cause fetal allergic manifestations.

**Is Allergy Hereditary?**

The fundamental cause of all allergies is endogenic allergy and it runs in the family tree of the patient. It may remain dominant in the system till the patient's resistance is lowered as in "stressed States" such as pregnancy, post surgical status, in children with growing pains, in old age etc. Or when he comes in contact with the right type of allergen. In childhood it is commonly observed in the form of repeated attacks of cough & cold which gradually disappear as the child reaches adult hood & flares again in form of allergic rhinitis or Asthma or Eczema when body's resistance is low & after coming in contact with proper allergens. Recurrent pain in legs of children, which are known as growing pain, is nothing but is indication for predisposition to arthritis in later age. In female patients also it is seen that after caesarian/normal delivery or hysterectomy they usually develop aches & pains, which usually in old age develop into arthritis. Some of the commonest allergic disease alternate in a patient's life. A patient suffering from eczema in childhood may suffer from bronchial asthma in adulthood. Usually there is a history of hay fever, Urticaria, eczema, asthma, arthritis etc. in the family. Today we can safely say that every person on the street is a walking "Pathological Laboratory" suffering from allergies in one form or the other.

**Various manifestation of Allergy :**

Inherited allergy may manifest itself in any of the four susceptible organ systems described later. Most of symptoms of allergy are elicited in the form

of inflammation and itch. Inflammation - denoted by suffix 'itis'. e.g. arthritis, spondylitis, tonsillitis, pharyngitis etc. is manifested by pain, swelling, redness, and rise in temperature & loss of function of the affected organ.

**Allergy can be compared to a hundred headed monsters, which attacks various systems of the body especially.**

**CLINICAL MANIFESTATION OF ALLERGY**

SKIN	RESPIRATORY	DIGESTIVE
Eczema	Cough & Cold	Stomatitis
Urticaria	Allergic rhinitis	Heart burn
Acne	-/hay fever	Peptic-ulcers
Psoriasis	Sinusitis	Constipation
Alopecia	Tonsillitis	Diarrhoea
Leucoderma	Bronchial	Flatulence
Dandruff	Asthma	
Blephritis	Adenoditis	

**MUSCULOSKELETAL**

ARTICULAR	NON-ARTICULAR
Rheumatoid	Myalgia
-Arthritis	Sciatica
Osteoarthritis	Cramps
Infective	Rheumatic
-arthritis	-Headache (Migraine)
Gout	Intervertebral disc
Ankylosing	-Syndrome
-Spondylosis	Tendonitis fibrositis

**Is there any cure for allergy?**

Exposure to the allergens is like putting "fuel on the fire" keeping the patient away from the suspected allergens helps when the allergen is exogenic, but how a long? Most of the times is not possible to first identify the allergen and secondly to keep away from it permanently.

The other approach is TO INCREASE THE RESISTANCE OF THE BODY so that even through there is constant exposure to these allergens the intensity, frequency on duration of manifestation are markedly reduce to almost negligible.

**Dr. S. P. S. Bakshi**  
D.H.M.S

President - Central Council of Homoeopathy  
Ministry of Health & Family Welfare  
Government of India



# ULCERS

During normal digestion, food moves from the mouth down the oesophagus into the stomach. The stomach produces hydrochloric acid and an enzyme called pepsin to digest the food. From the stomach, food passes into the upper part of the small intestine, called the duodenum, where digestion and nutrient absorption continue.

An ulcer is a sore or lesion that forms in the lining of the stomach or duodenum where acid and pepsin are present. Ulcers in the stomach are called gastric or stomach ulcers. Those in the duodenum are called duodenal ulcers. In general, ulcers in the stomach and duodenum are referred to as peptic ulcers. Ulcers rarely occur in the oesophagus or in the first portion of the duodenum, the duodenal bulb.

**Who has ulcers?** About 20 million Americans develop at least one ulcer during their lifetime. Each year:

Ulcers affect about 4 million people.

More than 40,000 people have surgery because of persistent symptoms or problems from ulcers. About 6,000 people die of ulcer-related complications.

Ulcers can develop at any age, but they are rare among teenagers and even more uncommon in children. Duodenal ulcers occur for the first time usually between the ages of 30 and 50. Stomach ulcers are more likely to develop in people over age 60. Duodenal ulcers occur more frequently in men than women; stomach ulcers develop more often in women than men.

**What causes ulcers?** For almost a century, doctors believed lifestyle factors such as stress and diet caused ulcers. Later, researchers discovered that an imbalance between digestive fluids (hydrochloric acid and pepsin) and the stomach's ability to defend itself against these powerful substances resulted in ulcers. Today, research shows that most ulcers develop as a result of infection with bacteria called *Helicobacter pylori* (H. pylori). While all three of these factors--lifestyle, acid and pepsin, and H. pylori--play a role in ulcer development, H. pylori is now considered the primary cause.

**Lifestyle :** While scientific evidence refutes the old belief that stress and diet cause ulcers, several lifestyle factors continue to be suspected of playing a role. These factors include cigarettes, foods and beverages containing caffeine, alcohol, and physical stress.

**Smoking :** Studies show that cigarette smoking increases one's chances of getting an ulcer. Smoking slows the healing of existing ulcers and also contributes to ulcer recurrence.

**Caffeine :** Coffee, tea, colas, and foods that contain caffeine seem to stimulate acid secretion in the stomach, blood test, breath test, or tissue test. Once an ulcer is diagnosed and treatment begins, the doctor will usually monitor progress.

Doctors treat ulcers with several types of medicines aimed at reducing acid production, including H<sub>2</sub>-blockers, acid pump inhibitors, and mucosal protective drugs. When treating H. pylori, these medications are used in combination with antibiotics.

According to an NIH panel, the most effective treatment for H. pylori is a 2-week, triple therapy of Metronidazole, Tetracycline or Amoxicillin, and Bismuth subsalicylate.

Surgery may be necessary if an ulcer recurs or fails to heal or if complications such as bleeding, perforation, or obstruction develop.

Conclusion although ulcers may cause discomfort, rarely are they life threatening. With an understanding of the causes and proper treatment, most people find relief. Eradication of H. pylori infection is a major medical advance that can permanently cure most peptic ulcer disease.

**Complications of Ulcers?** People with ulcers may experience serious complications if they do not get treatment. The most common problems include bleeding, perforation of the organ walls, and narrowing and obstruction of digestive tract passages.

**Bleeding :** As an ulcer eats into the muscles of the stomach or duodenal wall, blood vessels may also be damaged, which causes bleeding. If the affected blood vessels are small, the blood may slowly seep into the digestive tract. Over a long



period of time, a person may become anemic and feel weak, dizzy, or tired.

If a damaged blood vessel is large, bleeding is dangerous and requires prompt medical attention. Symptoms include feeling weak and dizzy when standing, vomiting blood, or fainting. The stool may become a tarry black color from the blood.

Most bleeding ulcers can be treated endoscopically--the ulcer is located and the blood vessel is cauterized with a heating device or injected with material to stop bleeding. If endoscopic treatment is unsuccessful, surgery may be required.

**Perforation** : Sometimes an ulcer eats a hole in the wall of the stomach or duodenum. Bacteria and partially digested food can spill through the opening into the sterile abdominal cavity (peritoneum). This causes peritonitis, an inflammation of the abdominal cavity and wall. A perforated ulcer that can cause sudden, sharp, severe pain usually requires immediate hospitalization and surgery.

**Narrowing and obstruction** : Ulcers located at the end of the stomach where the duodenum is attached, can cause swelling and scarring, which can narrow or close the intestinal opening. This obstruction can prevent food from leaving the stomach and entering the small intestine. As a result, a person may vomit the contents of the stomach. Endoscopic balloon dilation, a procedure that uses a balloon to force open a narrow passage, may be performed. If the dilation does not relieve the problem, then surgery may be necessary.

When is surgery needed? In most cases, anti-ulcer medicines heal ulcers quickly and effectively. Eradication of *H. pylori* prevents most ulcers from recurring. However, people who do not respond to medication or who develop complications may require surgery. While surgery is usually successful in healing ulcers and preventing their recurrence and future complications, problems can sometimes result. At present, standard open surgery is performed to treat ulcers. In the future, surgeons may use laparoscopic methods. A laparoscope is a long tube-like instrument with a camera that allows the surgeon to operate through small incisions while watching a video monitor. The common types of surgery for ulcers--vagotomy, pyloroplasty, and antrectomy--are described below:

#### **HOW ARE ULCERS TREATED? LIFESTYLE**

**CHANGES** : In the past, doctors, advised people with ulcers to avoid spicy, fatty, or acidic foods. However, a bland diet is now known to be ineffective for treating or avoiding ulcers. No particular diet is helpful for most ulcer patients. People who find that certain foods cause irritation should discuss this problem with their doctor. Smoking has been shown to delay ulcer healing and has been linked to ulcer recurrence ; therefore, persons with ulcers should not smoke.

**Medicines** : Doctors treat stomach and duodenal ulcers with several types of medicines including H<sub>2</sub>-blockers, acid aggravating the pain of an existing ulcer. However, the amount of acid secretion that occurs after drinking decaffeinated coffee is the same as that produced after drinking regular coffee. Thus, the stimulation of stomach acid cannot be attributed solely to caffeine.

**Alcohol** : Research has not found a link between alcohol consumption and peptic ulcers. However, ulcers are more common in people who have cirrhosis of the liver, a disease often linked to heavy alcohol consumption.

**Stress** : Although emotional stress is no longer thought to be a cause of ulcers, people with ulcers often report that emotional stress increases ulcer pain. Physical stress, however, increases the risk of developing ulcers particularly in the stomach. For example, people with injuries such as severe burns and people undergoing major surgery often require rigorous treatment to prevent ulcers and ulcer complications.

**Acid and pepsin** : Researchers believe that the stomach's inability to defend itself against the powerful digestive fluids, acid and pepsin, contributes to ulcer formation. The stomach defends itself from these fluids in several ways. One way is by producing mucus--a lubricant-like coating that shields stomach tissues. Another way is by producing a chemical called bicarbonate. This chemical neutralizes and breaks down digestive fluids into substances less harmful to stomach tissue. Finally, blood circulation to the stomach lining, cell renewal, and cell repair also help protect the stomach.

Nonsteroidal anti-inflammatory drugs (NSAIDs) make the stomach vulnerable to the harmful effects



of acid and pepsin. NSAIDs such as aspirin, ibuprofen, and naproxen sodium are present in many non-prescription medications used to treat fever, headaches, and minor aches and pains. These, as well as prescription NSAIDs used to treat a variety of arthritic conditions, interfere with the stomach's ability to produce mucus and bicarbonate and affect blood flow to the stomach and cell repair. They can all cause the stomach's defense mechanisms to fail, resulting in an increased chance of developing stomach ulcers. In most cases, these ulcers disappear once the person stops taking NSAIDs:

**Helicobacter pylori** : H. pylori is a spiral-shaped bacterium found in the stomach. Research shows that the bacteria (along with acid secretion) damage stomach and duodenal tissue, causing inflammation and ulcers. Scientists believe this damage occurs because of H. pylori's shape and characteristics.

H. pylori survives in the stomach because it produces the enzyme urease. Urease generates substances that neutralize the stomach's acid--enabling the bacteria to survive. Because of their shape and the way they move, the bacteria can penetrate the stomach's protective mucous lining. Here, they can produce substances that weaken the stomach's protective mucus and make the stomach cells more susceptible to the damaging effects of acid and pepsin.

The bacteria can also attach to stomach cells further weakening the stomach's defensive mechanisms and producing local inflammation. For reasons not completely understood, H. pylori can also stimulate the stomach to produce more acid.

Excess stomach acid and other irritating factors can cause inflammation of the upper end of the duodenum, the duodenal bulb. In some people, over long periods of time, this inflammation results in production of stomach-like cells called duodenal gastric metaplasia. H. pylori then attacks these cells causing further tissue damage and inflammation, which may result in an ulcer.

Within weeks of infection with H. pylori, most people develop gastritis--an inflammation of the stomach lining. However, most people will never have symptoms or problems related to the infection. Scientists do not yet know what is different in those people who develop H. pylori-related symptoms or

ulcers. Perhaps, hereditary or environmental factors yet to be discovered cause some individuals to develop problems. Alternatively, symptoms and ulcers may result from infection with more virulent strains of bacteria. These unanswered questions are the subject of intensive scientific research. Studies show that H. pylori infection in the United States varies with age, ethnic group and socioeconomic class. The bacteria are more common in older adults, African Americans, Hispanics, and lower socio-economic groups. The organism appears to spread through the fecal-oral route (when infected stool comes into contact with hands, food or water). Most individuals seem to be infected during childhood, and their infection lasts a lifetime.

What are the symptoms of ulcers? The most common ulcer symptom is a gnawing or burning pain in the abdomen between the breastbone and the navel. The pain often occurs between meals and in the early hours of the morning. It may last from a few minutes to a few hours and may be relieved by eating or by taking antacids.

Less common ulcer symptoms include nausea, vomiting, and loss of appetite and weight. Bleeding from ulcers may occur in the stomach and duodenum. Sometimes people are unaware that they have a bleeding ulcer, because blood loss is slow and blood may not be obvious in the stool. These people may feel tired and weak. If the bleeding is heavy, blood will appear in vomit or stool. Stool containing blood appears tarry or black.

How are ulcers diagnosed? The NIH consensus Panel emphasized the importance of adequately diagnosing ulcer disease and H. pylori before starting treatment. If the person has an NSAID-induced ulcer, treatment is quite different from the treatment for a person with an H. pylori-related ulcer. Also, a person's pain may be the result of non ulcer dyspepsia (persistent pain or discomfort in the upper abdomen including burning, nausea, and bloating), and not at all related to ulcer disease. Currently, doctors have a number of options available for diagnosing ulcers, such as performing endoscopic and x-ray examinations, and for testing for H. pylori.

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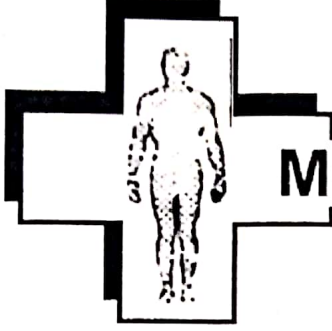
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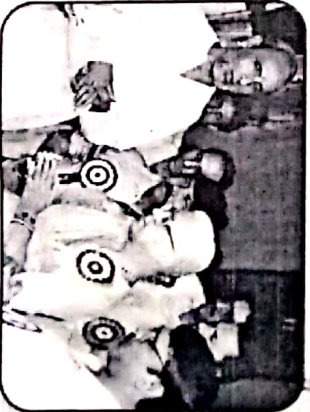


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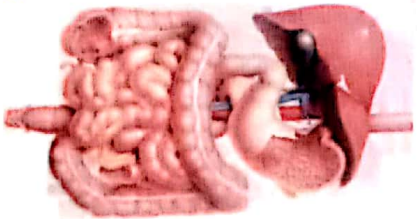
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