

# IMA (AYUS) SOUVENIR 2022

IMA-AYUS Coming Project

## LORD DHANWANTRI BHAWAN



### LORD DHANWANTRI DAY CELEBRATION

on SUNDAY 16<sup>th</sup> OCTOBER 2022 at

HINDI BHAWAN, VISHNU DIGAMBER MARG, NEW DELHI



### INTEGRATED MEDICAL ASSOCIATION (AYUS)

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सरकार द्वारा मान्यता प्राप्त अस्पताल

# जीवन चेरीटेबल अस्पताल

आर-225/226/227/228/229, मंगोलपुरी, दिल्ली-110083

सुविधाएं : 24 घण्टे आपातकालीन चिकित्सा सेवा

सभी विभागों में अत्याधुनिक उपकरणों की प्राप्ति के कारण अत्यंत सफल उपचार

- आधुनिक आप्रेशन थियेटर, सभी प्रकार के दूरबीन वाले आप्रेशन की सुविधा चेरीटेबल रेंट पर
- भर्ती के लिए ए.सी. वार्ड, प्राइवेट ए.सी. कमरे व गरीबों के लिए मुफ्त बिस्तर की सुविधा

**पथरी कोई भी, कहीं भी, कैंसर भी फ्रैक्चर कोई भी, कहीं भी, कैंसा भी**  
आधुनिक तकनीक दूरबीन/सी आर्म द्वारा बिना चीर-फाड़ के इलाज आधे डेट पर

पंडित शिव कुमार वैद्य चेरीटेबल ट्रस्ट द्वारा संचालित

## जीवन चेरीटेबल पोली क्लीनिक

आर-1/11-1/12-1/13-1/14, डी.डी.ए. मार्केट, मंगोलपुरी, दिल्ली-83

<p>• <b>डॉ. शैलेंद्र दुबे</b> एम.बी.बी.एस. ( 3री एम.सी. ) DMC Reg. No. 86490</p> <p>• <b>डॉ. जयकांत दुबे</b> एम.बी.बी.एस. ( आर एम.सी. ) DMC Reg. No. 26850</p>	<p>• <b>डॉ. विवेक वर्मा</b> सभी रोग विशेषज्ञ सोम, बौध्दवार सायं 4.00 बजे</p> <p>• <b>डॉ. अश्विनी शर्मा</b> एम.बी.बी.एस., डी.डी.डी. ( सभी रोग विशेषज्ञ ) सोमवार, शुकुवार 11.00 बजे प्रातः</p> <p>• <b>डॉ. संदीप शर्मा</b> एम.बी.बी.एस., एम.डी. ( खली रोग विशेषज्ञ ) बौध्दवार दोपहर 12.00 बजे</p> <p>• <b>डॉ. कल्पिता जसानी</b> एम.बी.बी.एस., डी.डी.डी. ( सभी रोग विशेषज्ञ ) सोमवार व शुकुवार दोपहर 12.30 बजे</p> <p>• <b>डॉ. जयशंकर</b> एम.बी.बी.एस., एम.एस. ( पथ, कान, गला विशेषज्ञ ) सोमवार, बौध्दवार सायं 6.30 बजे</p>	<p>• <b>डॉ. डी. मंगल</b> एम.बी.बी.एस., डी.डी.डी. ( दृष्टी रोग विशेषज्ञ ) सोम, बुध व शुकुवार प्रातः 8.30 बजे प्रतिदिन सायं 6.30 से 7.30 बजे तक</p> <p>• <b>डॉ. दिनेश अग्रवाल</b> एम.बी.बी.एस., एम.एस. ( जॉइंट्स की विशेषज्ञ ) सोमवार व शुकुवार दोपहर 1.00 बजे</p>
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# आदिदेव भगवान श्री धन्वन्तरि जी की स्तुति

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

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

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

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

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

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

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

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

—वैद्य भरत सिंह “भरत”







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सफेद मूसली, शतावरी, बला आदि घटक द्रव्यों के साथ

## उपयोग

रेस्टोरेटिव व पोषक  
भूख बढ़ाये  
कमजोरी व थकावट मिटाये



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## From the pen of Editorial Board

Dear Readers,

First of all greetings to all of you on behalf of IMA (AYUS) for upcoming festivals, like Dhanvantari Day, Deepawali, Guru Nanak Jayanti, Christmas and New Year day. It's a matter of immense pleasure that our esteemed organization IMA (AYUS) is again going to celebrate mega event of Dhanvantari Day on 16/10/2022. Also getting a new Souvenir published is in your hand which contains many topics of interests for (AYUS) doctors. It is our request to eminent members of AYUS World to share their experiences in the form of articles and suggestions in future for improving the services of IMA (AYUS) so that more people and our members benefit from our organization.

Friends now our traditional systems of medicine (namely Ayurveda, Unani and Sidha) are getting more recognition in the public at large since AYUSH Systems has got dedicated AYUSH MINISTRY which is working for the betterment of our traditional systems of medicine. So we people should also get ready for upcoming golden period with full enthusiasm

We are thankful to our patrons Dr. R.S. Chauhan, Dr. O.P. Vashisth, our president Dr. N.K. Chhavanja ji and all our senior members for all time guidance and showing faith in present editors in preparation of this souvenir. We are also grateful to all advertisers for their generous contribution for making this programme a great success.

### EDITORIAL BOARD



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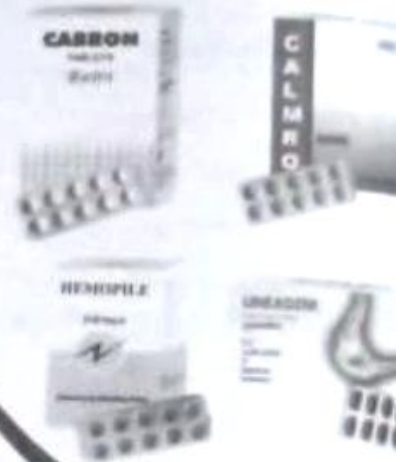




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सर्बानंद सोणोवाल  
SARBANANDA SONOWAL



MESSAGE

It gives me immense pleasure to know that the Integrated Medical Association (Ayus), New Delhi is celebrating "Dhanvantari Day" with 'Bhagwan Dhanvantari Pooja' on auspicious day of 'Dhanteras' on Sunday, October 16, 2022 and also releasing a souvenir on this occasion.

I convey my best wishes for the publication of souvenir and extend my best wishes to this prestigious institution for grand success of the function.

(Sarbananda Sonowal)

New Delhi  
September, 2022

Room No. : 101, Ayush Bhawan, 'B' Block, GPO Complex, IMA, New Delhi-110023  
Tel: 011-24651955, 011-24651935 E-mail : minister-ayush@nic.in  
Room No. : 201, Transport Bhawan, New Delhi-110001, Tel: 011-23717422, 23717424, Fax : 011-23356709





## *Message*

Dear Friends,

As National President of IMA AYUS I here by give my best wishes to each and every one of you on this auspicious occasion of Bhagwan Dhanwantri Day on behalf of whole team of IMA AYUS. I also wish that the coming season of festivities may go very pleasant for all of you.

I am overwhelmed to announce the release of IMA AYUS Souvenir 2022. I would like to thank whole IMA AYUS family for all round success of our esteemed organisation. As all the team of IMA AYUS family is working hard & tirelessly for the welfare, betterment and development of AYUS Doctors.

I am very thankfull to all the team membes for organising this mega event of Lord Dhanwantri Day Celebrations successfully.

Sd/-

**Dr. Naresh Chhavanja**

National President, IMA AYUS





## General Secretary Report



Dr. Raman Khanna

Dear Friends,

First of all, I would like to thank all of you for your faith again for me by purposing me as General Secretary of the association for another term. I will try my best to do all the duties which will be needful for the association and for all the Graduates of ISM as General Secretary honestly. As you know this association works tirelessly for integration and for the betterment of ISM are its graduates from the formation as AllMGA now as IMA (Ayus).

It's my duty to inform you all about association's working of last year. As you are aware that the whole world has faced the pandemic of Covid-19. During that pandemic our Hon'ble Health Minister of that time Dr. Harshvardhan prescribed a protocol for prevention and treatment of asymptomatic / mild cases on Ayurveda and promoted Ashwagandha, Guduchi and Pipli the Ayurvedic medicine which we Indians are using since centuries. Indian Medical Association challenged and questioned that If it is an invention? We object the question arose by Indian Medical Association that Ayurveda is a time tested and scientific system of medicine which is in use for health ages before this modern system of medicine which came into Existence with the progress in the field of science. The base of the modern scientific system of medicine is also this age old pathy. It has been pointed out that how many inventitional trial were done for the medicine used for treatment of Covid-19 like Hydroxy- chloroquine, Methyl - Prednisolone, Remedisivir and Ivermectin etc. When Indian Medical Association arose the question regarding inventitional trial of those Ayurvedic medicine. When they state "as placebo as Ayush" they were informed that Indian System of Medicine is doing commendable work in the field of research through research councils ie - CCRAS, CCRUM, CCH, CCRS and CCRYN.

As you all know that our regulatory body ie Delhi Bhartiya chikitsa Parishad was dissolved in 2015 and is without any elected or selected members now without any registrar since last 10 months. Our graduates are facing lot of problems regarding new registration, renewal of registration and many more other problems which has to be solved by D.B.C.P. Regarding this we have written many letters to the authorities and given physical representation including Hon'ble Health Minister of Delhi, Hon'ble LG of Delhi and Directorate of Ayush Delhi. We demanded that there should be early election of Delhi Bhartiya chikitsa Parishad. Election should be by physical voting as it was during the election of CCIM. The experience of postal voting was not good. Every time when the election were held by postal voting was challenged in the court. Even the last declared election was also cancelled with the interference of Hon'ble Chief Minister of Delhi. So we demanded that the election of Delhi Bhartiya chikitsa Parishad should be held by physical voting as it was in the election of CCIM. All the Graduates of ISM are facing problems in registration. A registrar should be appointed in the D.B.C.P as early as possible.

There was a news in a newspaper regarding the selling of new born baby. The paper published that the Doctor who was engaged in this type of work was a B.A.M.S Doctor. As was the duty of our regulatory body





D.B.C.P to look into this matter whether the Doctor was a B.A.M.S or not. But as there was no officiating personal in D.B.C.P at that time. We wrote a letter to Director of Ayush Govt of NCT of Delhi that he should take the matter under his supervision and see whether the so called Person is a B.A.M.S. If so is he registered with D.B.C.P?

If he is registered with D.B.C.P an action should be taken against him and get his registration suspended till he get clearance from the law of justice.

If he is not a graduate of ISM D.B.C.P should inform it to police and media so that they should not call him a B.A.M.S Doctor.

If he is a B.A.M.S and not registered with D.B.C.P then also D.B.C.P should take action against him.

An advertisement was given by National insurance company in a newspaper for job recruitment putting ISM graduates with the paramedic category. We strongly object this and wrote to Ayush ministry After that NCISM wrote to National insurance company clearing that M.B.B.S / B.A.M.S / B.U.M.S/B.H.M.S are parallel degrees and you cannot put them in the paramedic category. After that the National insurance company took the advertisement back.

On 5th of August 2022 there was an advertisement for the posts of Bus lane marshal by S.D.M office of Patel nagar. In that advertisement they demanded a medical fitness certificate by Govt Hospital / Govt Dispensary / M.B.B.S Doctors. We strongly object it and wrote to NCISM / Principal Health secretary / SDM office Patel nagar that in NCISM act it is clearly defined that Graduates of ISM can issue any type of medical/medical fitness certificate demanded by law. As NCISM act is passed by the parliament refusing to accept the certificate is totally violation of NCISM Act and Parliament of India. A delegation of IMA (Ayus) also met with Sh. Kailash Gehlot Hon'ble Transport Minister of Govt of NCT of Delhi regarding Issuing of medical certificate for Driving licence.

A delegation of IMA (Ayus) also met with Hon'ble Mayor E.D.M.C Sh. Shyam Sunder Aggarwal regarding solid waste disposal charges levied by MCD. He immediately took action.

As comments were demanded by the board of ethics and registration committee of NCISM for its rule and regulation. IMA (Ayus) suggest that in board of ethics and registration regulation 2022 the registered medical practitioner should be empowered to refuse treatment to the patients in case of "abusive, unruly and violent patient or relatives".

A thanks letter was sent to P.M.O for Hon'ble Prime Minister's speech on independence day for mentioning Ayush and Yoga in his speech. We assure that IMA (Ayus) will always be there for any services Regarding Ayush and Yoga whenever Govt of India starts any programme and require any services of the members of IMA (Ayus).

*Good wishes for Deepawali and New Year.*

With Thanks

**Dr. Raman Khanna**  
National General Secretary  
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## AYURGENOMICS : An Integrative approach of Ayurveda and Genomics towards preventive and precision medicine



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Professor, Academy of Scientific & Innovative Research (AcSIR), New Delhi

### Abstract:

Ayurveda talks about both- Prakriti and Satmya for predictive, preventive and promotive approach to health and wellness using a unifying language of dosha. Balance in dosha is the key to health. It aims at restoration of imbalanced dosha in diseased and maintenance in healthy. Prakriti is clinical manifestation of dosha proportions that shape one's basic make up, responsiveness to environment, drugs, and disease susceptibility; and satmya is the diet and life style practice that influences dosha at every level, in dynamic manner. If one can make the right combination of the two, it can provide for balance in health and homeostasis. Dosha being dynamic component, also gets influenced by other factors such as diet, external environment- temperature, humidity, dark-light cycle and seasonal changes. This demands special consideration of diet and lifestyle variations to match the doshic fluctuations and maintain Prakriti levels of dosha in homeostatic balance.

Prakriti - thus forms the basic template on which all other dynamic variations can have influence. Prakriti analysis through clinical features can provide window into one's system's biological functions which are needed to be kept in balance with the appropriate healthcare recommendations. The same if integrated with modern scientific methods can not only help explain the meaning of Dosha (Vata pitta and kapha) in modern scientific language, but also help monitor deviations in dosha observed in disease conditions using the same parameters, highlighting the importance of monitoring dosha balancing therapeutic regimen on them.

Over the past few decades, a steady rise has been observed in the incidence of Non-Communicable diseases (NCDs) like Cardiovascular diseases, metabolic disorder, Cancer, Chronic Respiratory diseases, Neurodegenerative diseases, Diabetes etc., which are the leading causes of mortality in the world.

Modern medicine has made several advancements in detailed study of diseases providing deep insights into symptoms and pathophysiology of diseases. It has also given therapeutic solutions that alleviate these symptoms, in the form of chemicals, surgical procedures and emergency care including antibiotics. This has contributed in prolonging the human lifespan and improving the quality of life in the last 100 years. The complex nature however, of the etiology and pathophysiology of NCDs as well as the heterogenous disease trajectories contribute majorly to their chronicity, onset of related complications and long-term medicine intake and adverse drug outcomes.

This has led to resurgence of emphasis on prevention of diseases, more than ever before. Prevention demands prediction and identification of at risk population or individuals, which further necessitates development of methods and approaches for clinical as well as biomarker based signatures corresponding to disease susceptibility and progression, before the onset of actual disease.





Genomic studies have been carried out for identification of predictive genetic and other molecular markers that might be useful in identifying differently susceptible and responsive individuals for targeted early actionable interventions. Biomarker discoveries in many disease profiles have been validated through research and are in clinical practice.

However, despite these advancements in therapeutics and research, challenge still remains to identify causes of heterogeneity in disease presentation and development, and to develop much needed tailored and personalized system of medical care.

The target of predictive and personalized medicine is to understand the complex genetics of the diseases, identify markers for early detection and identify environmental risk factors for predicting and preventing their progression.

There are, however no modern methods available to stratify inter-individual differences within ethnically matched healthy populations.

Integration of Ayurveda's unifying principle of Trisutra (Hetu - Causes; Linga - Features; Aushadha - interventions for therapeutics and preventive) with modern medicine can enable filling these gaps to enable precision medicine. Ayurveda has a personalised approach for understanding health and diseases and advocates preventive and therapeutic regimes that suits an individual's Prakriti. Prakriti is the basic constitution of an individual with which he/she is born and built and is classified in 7 types – Vata, Pitta, Kapha, Vata-Pitta, Vata-Kapha, Pitta-Kapha & Tridosh. The Prakriti of an individual is genetically predetermined at birth (Shukra-shonita Prakriti), but at the same time it is influenced by prenatal and antenatal environment (Mahabhuta vikara), maternal diet and lifestyle (Maturahara vihara) and the age of the transmitting parents (Kala-Garbhashaya). Amongst the 7 Prakritis, the first three are considered as extremes, exhibiting readily recognizable features, and they are more predisposed to specific diseases. Prakriti assessment has been vividly described in all major texts of Ayurveda, on the basis of anatomical, physiological, metabolic and psychological traits. It enables clinical stratification of healthy as well as diseased individuals into seven doshic prakriti types, and allows assessment of dosha proportions in one's basic constitution. Dosha proportions of prakriti remain invariant throughout lifetime. Vata, Pitta and Kapha- tridosha are however dynamic and fluctuate in response to diet, lifestyle and environment. These when perturbed beyond a limit, can produce diseases based on nature of trigger and organ/ system getting affected. The goal of therapy is to bring them back to prakriti levels. Ayurveda advocates health maintenance regimen for keeping these dosha in dynamically balanced state- this is called as Satmya.

Ayurveda thus explains the concept of 'Satmya' or suitability towards certain foods and prescribes it in the context of desha (geo-climatic conditions), kaala (seasons), vaya (Age) and the Prakriti of an individual. Hence doing a Prakriti screening of healthy and even pregnant women in antenatal period along with assessment of their predictive biomarkers could help in deciding the Satmya. This primary level of prakriti based intervention could significantly contribute towards a healthy progeny.

At CSIR-IGIB, we have been integrating clinical methods of prakriti analysis with and modern scientific methods for identification of genomic and molecular correlates of Prakriti and markers for disease predisposition and response to environment, which is termed as Ayurgenomics. This branch, thus provides a novel molecular framework for integrating genomic studies to Ayurvedic principles of inter-individual variability and accelerating the discovery of markers for predictive, preventive and personalized medicine. Identification of Prakriti using these methods have provided genomic and molecular level differences in Prakriti amongst healthy individuals that are in line with descriptions of Vata, Pitta and Kapha functions in the Ayurveda texts.

Ayurgenomics has made predictive marker discovery through identification of a variation linked to an oxygen sensor gene (EGLN1) that not only differed between Pitta and Kapha prakriti individuals but also conferred differences with respect to high altitude conditions and susceptibility to HAPE. In this, Pitta Prakriti genotype





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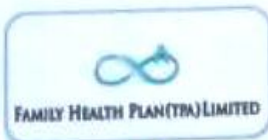
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# GLIMPSIS OF IMA AYUS ACTIVITIES







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# Prevention and management of Cancer with Ayurveda

## Sabharwal Pooja,

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*Ayurveda* is not only narrowed to the diseased but also for the healthy; which makes this science stand out. Recent scenario shows high statistics of lifestyle disorders which includes the deadliest Cancer or *Arbuda*. Based on the National Cancer Registry Programme of the Indian council of Medical Research (ICMR) report, India has approx. 3.9 million cancer cases in 2016 and main reason seen overdue the cause of cancer was Smoking, Diet, Age, Inherited genes. The states such as Uttar Pradesh, Maharashtra, Bihar has 6,74,386, 3,64,997, 3,59,228 cancer cases respectively while in South India, Tamil Nadu has 2,22,748, Karnataka 2,02,156 and Andhra Pradesh has 1,59,696 cases of cancer. WHO marks Cancer as the leading cause of death as 1 out of 6 global death is due to Cancer. But, 30-50% of cases are preventable. This prevention can be achieved by early diagnosis, proper management and above all increasing the immunity to "fight back". Variety of drugs are stated by the ancient classics which serve for inhibition of cancer-activating enzymes, stimulation of DNA, repair mechanism, protective enzyme production and enhancement of immune system; therefore, helping to combat the ill-effects of modern





cancer management. Today, the entire health system is fixated over the complex synergic effects of the constituents of herbs that help in attacking cancer without possessing harm to the normal cellular structure of the human.

Ayurveda describes cancer as inflammatory and non-inflammatory swelling and mentioned either as *Granthi* or *Arbud* (minor neoplasm or major neoplasm). Entire organ system worked by tridoshas (*Vata*, *Pitta*, *kapha*) and it is very important for normal body function. In malignant tumors Tridoshas gets aggravated and loses its mutual coordination that causes tissue damage, resulting critical condition. *Tridoshas* cause excessive metabolic crisis resulting in proliferation causes multiple diseases. On the basis of statistics, leading type of cancers in the race as per mortality rates are- Lung Cancer - 18.4% of all cancer deaths i.e., 1.8 million, Colorectal Cancer- 9.2% of all cancer deaths i.e., 881,000, Stomach Cancer- 8.2% of all cancer deaths i.e. 783,000, Liver Cancer- 8.2% of all cancer deaths i.e. 782,000, Breast Cancer- 6.6% of all cancer deaths i.e. 627,000.

Factors include certain processed chemical foods, stress, environmental pollutants, infections and exposure to ionizing radiation etc. Above factors leads to partly, altering the phenotype of a cell. Scientifically many genes expression alterations are required before cancer develops. Although cancer progression and initiation are predominantly accelerated by acquired genetic alterations, it is very much clear that micro environment related epigenetic changes play vital roles in development of neoplastic development. The main role of *Ayurvedic* medicine and alternative therapy is to find the supreme cause of an illness while the therapeutic approach of *Ayurveda* is divided into four categories as *Rasayana Chikitsa*, (restoration of normal function), 1 (health maintenance), *Roganashani Chikitsa* (disease cure) and *Naishthiki Chikitsa* (spiritual approach). Despite of the current scientific advancements and achievements this deadly disease has not been reduced. *Ayurvedic* approach of Cancer treatment is highly effective to improve quality of life and survival rate. Non-pharmacological therapy (*Daivavyapashraya Chikitsa*) is the form of *Adravayabhuta Chikitsa* which maintains the health and provide the cure of the disease in both ways physically and mentally. *Adravayabhuta Chikitsa* with *Dravyabhuta Chikitsa* is very remarkable treatment procedure to get desired and optimum results in different pathological conditions and for maintaining the health of wellbeing. Various measures of *Adravayabhuta Chikitsa* like Yoga, Mantra, Pranic healing Meditation for improving their sleep, relieving anxiety and quality of life. Practicing quality pranayama improves the chemotherapy-associated symptoms. By minimizing and preventing both long and short-term toxicity from cancer chemotherapy.

To improve the immunity of cancer patient *Ayurvedic* treatment with healthy (ahara-vihara) diet, lifestyle modification and mind-body treatment are beneficial. *Acharya* mentioned herbs along with their qualities which were later researched, showed great impact on immunity of an individual and thereby preventing various diseases. National Cancer Institute (NCI) has screened around 35,000 plant species for potential anticancer activities. Among them, about 3,000 plant species have demonstrated reproducible anticancer activity. These herbs include *Ashwagandha*, *Haridra*, *Rasona*, *Tulsi*, *Aloevera*, *Bakuchi*, *Andraka* etc to name a few.





DRUG	CHEMICAL COMPONENTS	PREPARATIONS
<p>Shunthi (<i>Zingiber officinale</i>)</p>	<p>6-gingerol and 6-shogaol exert anticancer activities against GI cancer Ability to modulate several signaling molecules like NF-<math>\kappa</math>B, STAT3, MAPK, PI3K, ERK1/2, Akt, TNF-<math>\alpha</math>, COX-2, cyclin D1, cdk, MMP-9, survivin, cIAP-1, XIAP, Bcl-2, caspases, and other cell growth regulatory proteins.</p>	<p>Shunthi churna, Vyoshadi Vati, Pushyanug churna, Saubhagya shunthi paka</p>
<p>Ashwagnadha (<i>Withania somnifera</i>)</p>	<p>Triethylene glycol (TEG) Activation of tumor suppressor proteins p53 and pRB by the water extract of Ashwagandha leaves (ASH-WEX) Withanolids- Immunomodulator Withaferin A &amp; withanolide D- Inhibit growth of cancer</p>	<p>Ashwagandharishta, Ashwagandha churna, Balarishta, Kaunchpaka, Arjunarishta</p>
<p>Haridra (<i>Curcuma longa</i>)</p>	<p>Inhibits the growth of cancer by preventing production of harmful eicosanoid such as PGE-2 Curcumin - Inhibits genesis of cancer as well as promotes the regression of cancer by suppressing mutagenic effect of various mutagens including cigarette smoke condensates. Curcumin also decreases levels of urinary mutagens</p>	<p>Haridra khand, Khadirardi vati, Nishakathakadi Kashaya, Nishamalaki Churna</p>





<p>Rasona (<i>Allium sativum</i>) <i>Aloe vera</i></p>	<p>Ajoene - Inhibits mutagenesis Garlic oil prevents prostaglandin dependent cancers by inhibiting lipoxygenase and cyclooxygenase enzymes. Diallyl trisulphide, diallyl disulphide and S - allyl - cysteine - Anticarcinogenic properties Diallyl trisulphide - Prevents metastases in lung carcinoma Aloe - emodin - Activates Macrophages Acemannan- Enhances activity of immune cells against cancer</p>	<p>Lasunadi Vati, Rason ksheerpaka Aloevera juice</p>
<p>Tulsi (<i>Ocimum sanctum</i>)</p>	<p>Eugenol, Rosmarinic acid, Apigenin, Myretenal, Luteolin, <math>\beta</math>-sitosterol, and Carnosic acid prevented chemical-induced skin, liver, oral, and lung carcinoma by increasing the antioxidant activity, altering the gene expressions, inducing apoptosis inhibiting angiogenesis and metastasis</p>	<p>Bilwadi gutika, Tribhuvan kirti rasa, Manasmrita vatakam, Maha jwarankush rasa, Muktadi mahajan, Mukta panchamrit rasa</p>
<p>Amalaki (<i>Emblica officinalis</i>)</p>	<p>Polyphenol or aqueous fractions of <i>Emblica officinalis</i> administered at 60-250 mg/kg helps in prevention of N - nitrosodiethylamine induced hepatocellular carcinoma by - 80-100%</p>	<p>Amalaki churna, Triphla churna, Arvindasava, Dhatri lauha, Phaltrikadi kwatha</p>





Vanyakarkati ( <i>Podophyllum hexandrum</i> )	Podophyllin- Arrests cancerous cells' division Podophyllotoxin - Used in the treatment of Hodgkin's disease, non - Hodgkin's lymphoma, Leukaemia, Bronchogenic carcinoma and carcinoma of ovary & testis	.
Shirish ( <i>Albizia Lebbeck</i> )	flavonol glycosides (quercitrin and isoquercitrin) showed different biological activities such as antitumor flavonol glycosides (quercitrin and isoquercitrin) showed different biological activities such as antitumor Quercitrin, Isoquercitrin- Anti tumor activity	Shirisharishta, Mahashirishagada, Shirishavleha, Shirish lepa, Dashang lepa
Shatavari ( <i>Asparagus racemosa</i> )	Shatavarin	Shatavari churna, Shatavari guda
Guduchi ( <i>Tinospora cordifolia</i> )	Active compounds 11-hydroxymustakone, -methyl - 2 - pyrrolidone, Nformylannonain, cordifolioside A, magnoflorine, tinocordiside and syringin has been reported to have potential immunomodulatory and cytotoxic effects	Giloy satva, Giloyghan vati, Amritarishta, Siva Gutika, Mushalyadi churna
Madhuyashti ( <i>Glycyrriza Glabra</i> )	Glycyrrizin- Anti-tumor	Yastimadhu churna, Yastimadhu phanta
Shallaki ( <i>Boswellia Serrata</i> )	Boswellie acid, the biologically active constituent of boswellia gum resin	Jirakadi Modak, Infamil oil





**Every medical practitioner must concern about while dealing with cancer patients.**

1. Counselling must be done with small intervals.
2. Patient must stick to balanced diet.
3. Avoid complex food items (virudha ahar), preservatives packed food items.
4. Provide guidance for increasing quality of sleep.
5. Must advice mild to moderate Pranayam and Asnas for fast healing.
6. Indulge in good things such as listening music, doing good deeds in order to inculcate positive vibes.
7. Must provide small sessions of massage to release body and mental stress.
8. Common anti cancerous drugs can be used on daily basis.

Drugs like *Ashwagandha*, *Shatavari*, *Tulsi*, *Madhuyashti* etc are easily available to common people and are affordable as well. These drugs can be used in everyday routine as *Shaman Chikitsa* or *Rasayana*, thereby increasing immunity to prevent the onset of heinous diseases like cancer and even protecting the body from harmful effects after occurrence of the disease. "Nature is the biggest healer". The advancements in Cancer management techniques leaves huge imprint on the patients mind and body. These therapies are not only expensive but also harmful up to a certain level including physical and mental being of a person. *Ayurveda* principle of maintenance of healthy and curing the disease is the actual need required in present era.

*With Best Compliment From :*

**Rajasthan Team IMA Ayus, Dr. Vinod Aggarwal, President,**  
**Dr. Devender Kumar Gupta, General Secy., Dr. Ashok Kumar Gupta, Vice President,**  
**Dr. Ashok Kumar Arora, Vice President, Dr. Nishant Munjal, Joint Secy.,**  
**Dr. Hari Shankar Shandliya, Treasurer, Dr. Rajesh Chugh, Member**





# PILONIDAL SINUS

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

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

## Points in favour of it being acquired are:

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

## Since then medical science has toiled to find a cure.

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

## Clinical features:

1. It is characterized by an infected sinus containing dead hair with single or multiple openings. Single opening is always found in midline usually at last piece of coccyx. Multiple openings up to 6 can also be seen.
2. Small tuft of hair projects.
3. Blood stained foul smelling discharge is present.
4. No constitutional symptoms are there even at peak of local symptoms.
5. Abscess formed bursts into a primary midline opening or a secondary opening away from midline.

## Pathogenesis:

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

## Epidemiology:

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





Long sitting hours, hard sitting surfaces, vehicular vibration of seats & tight clothes create negative pressure which facilitates the sinus to suck broken hairs and create nest of hairs. So common was Pilonidal Sinus among JEEP DRIVERS in World War II that it came to be called as JEEP BOTTOM.

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

#### Treatment:

1. Conservative: In early stages conservative treatment like cleaning the track, removing hair and antiseptic wash is enough to cure the disease. Treatment for acute abscess is simple IND with small incision & broad spectrum antibiotics cure the disease. But due to absence of constitutional symptoms the patient comes late and surgery is the only choice for cure.
2. Surgical: This is achieved by excision of sinus without primary closure option 1 or with primary closure option 2. In the first option healing is by secondary intention. It's usually successful but healing time is 4-6 weeks with heavy dose of antibiotics & NSAIDS. Due to long recovery time patients loose on job & day to day normalcy. In the second option there are various procedures described for primary closure like Bascom's, Karyadaki's, advancement flaps, etc. But the failure rate is as high as 50%.
3. Advanced treatment: **Micro Endoscopic Cryo Surgery** has answered the limitation of conventional treatment. First we have to determine the extent of the disease. We inject dye into the sinus & visualise the complete track of the sinus. With help of micro endoscope from the primary opening we clean the track till the last. As there is no incision recovery is fast, no heavy dose of antibiotics, and NSAIDS is required. The patient can attend to his professional duties and personal life from the same day. The miracle combination of skill & technique has been bringing big smile to the millions of ailing patients who have suffered recurrence and failures.

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

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

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## औषधि, विधान एवं भारतीय चिकित्सा पद्धति : एक पृष्ठ भूमि

संकलनकर्ता - डॉ. रामफल पाँचाल

बी.ए.एम.एस (दिल्ली)

चेयरमैन-लोगल कमेटी, आई.एम.ए. (आयुस)

हमारा देश संविधान एवं कानून से चलता है। इसी प्रकार हर व्यक्ति चाहे वो वकील हो या डॉक्टर हो उसे अपनी व्यावहारिक गतिविधियों को चलाने के लिए उसके कुछ अधिकार हैं और उसके लिए कुछ कानून हैं। जो व्यावसायिक अधिकार एवं उनके बारे में क्या कानून हैं? हम भारतीय चिकित्सा पद्धति के डॉक्टरों के लिए भी भारत सरकार एवं संविधान में कुछ कानून हैं। जिसकी हमें जानकारी होना आवश्यक है। मैं आई.एम.ए. (आयुस) की लीगल कमेटी का चेयरमैन होने के नाते इन महत्वपूर्ण कानूनों की जानकारी आप सभी से साझा कर रहा हूँ। मुझसे इस लेख में कोई त्रुटि रह जाए तो मैं क्षमा प्रार्थी हूँ।

हमारे भारत वर्ष में चिकित्सा व्यवसाय के लिए कुछ कानून समय-समय पर आते रहे, और उनमें परिवर्तन भी होते रहे, मैं अपने अनुभव के आधार पर यह विषय आपके सामने प्रस्तुत कर रहा हूँ।

- सन् 1916 :- सन् 1916 में Indian Medical Degree Act आया, जिसमें Western Medical Science जिसमें Allopathic Medicine, Obstetrics and Surgery थे लेकिन Ayurvedic, Unani और Homeopathy को इससे बाहर रखा गया। इस Act में कुछ दण्ड देने का भी प्रावधान रखा गया जो Section (4) एवं (5) में था।
- सन् 1933 :- इस साल भारत सरकार ने IMC act का प्रावधान किया तथा पहली Medical Council of India बनाई गई इसी Act को बाद में Indian Medical Act 1956 में Repeal किया गया।
- सन् 1940 :- इसमें Drugs and Cosmetics Act को भारत सरकार ने Introduce किया जिसमें Drugs & Cosmetics को Import, Manufacture, Distribution और Sale करने के बारे में बताया गया। इसी Act में पहली बार आयुर्वेद, यूनानी एवं सिद्धा को Section 33 में परिभाषित किया गया। तथा इसी Act में केन्द्रीय सरकार को Rules बनाने का अधिकार दिया गया।
- सन् 1945 :- भारत सरकार द्वारा Drugs & Cosmetics Act में Section 33 के तहत Rule frame किए गये।
- सन् 1949 :- भारत सरकार द्वारा Pharmacy Act बनाया गया तथा Pharmacy को Practice का प्रावधान किया गया तथा Pharmacy Council of India बनाई गयी।
- सन् 1948 :- ईस्ट पंजाब आयुर्वेदिक एवं यूनानी प्रैक्टिशनर एक्ट 1949 संघ शासित प्रदेश दिल्ली में लाया गया जिसमें आयुर्वेद एवं यूनानी के चिकित्सकों के अधिकारों का वर्णन किया। जो इस एक्ट में रजिस्ट्रड थे तथा उन्हें Modern Medicine use करने का अधिकार दिया गया। जो उनके Teaching और Training के आधार पर किया हुआ था।
- सन् 1956 :- भारत सरकार द्वारा Indian Medical Act के तहत Medical Council of India (MCI) बनाई गयी तथा पूरे भारत में एक Medical Register परिभाषित किया गया तथा सभी राज्यों को अपना State Medical Register बनाने का अधिकार दिया गया। जिसमें राज्यों में Practitioner of Medicine के Practitioner को नाम दर्ज कराने का प्रावधान किया गया।





- सन् 1959 :- राज्य सभा, भारत सरकार द्वारा Pharmacy Act में Amendment किया गया तथा Medical Practitioner को Section (2) (F) में परिभाषित किया गया। जिसके अनुसार बताया गया कि जो Indian Medical Degree Act और Medical Council of India 1956 के Schedules में जो डिग्रियाँ हैं और Modern Scientific Medicine की Practice करते हैं तथा राज्य के Medical Register में नाम दर्ज है उनको Modern Scientific Medicine Use करने का अधिकार है तथा Drugs & Cosmetics Rule 1945 में भी Amendment किया गया Rule 2 (ee) में Registered Medical Practitioner को परिभाषित किया गया।
- सन् 1960 :- Rule 2 (ee) (iii) में बताया गया कि जो व्यक्ति Medical Register में Registered है और वह Register होम्योपैथिक रजिस्टर से अलग है तथा (i) और (ii) में नहीं आते हैं लेकिन राज्य सरकार के सामान्य या विशेष अधिकार से Modern Scientific Medicine use करने का अधिकार मिलता है। माननीय उच्चतम न्यायालय, भारत सरकार ने डॉक्टर मुख्तियार चन्द V/s पंजाब सरकार में इसे वैध और हकीम के लिए बताया गया है।
- सन् 1961 :- दिल्ली प्रशासन ने एक नोटिफिकेशन से ये परिभाषित किया कि जो व्यक्ति (a) जिन्होंने पाँच वर्षीय डिग्री कोर्स दिल्ली आयुर्वेद एवं यूनानी चिकित्सा प्रणाली बोर्ड से किया है (b) जिन्होंने चार वर्षीय डिप्लोमा इन इन्टिग्रेटेड मेडिसीन में दिल्ली आयुर्वेद एवं यूनानी चिकित्सा प्रणाली बोर्ड से (c) जिन्होंने कन्डेन्सड कोर्स पास किया है (d) जिन्हें 15 वर्ष का व्यवसायीक चिकित्सा कार्य का अनुभव है (e) जिन्होंने डिप्लोमा भैषगाचार्य धन्वन्तरी (Diploma in Indian Medicine & Surgery) or Kamil-tibbo Jarshan किया है। ये व्यक्ति Modern Scientific System of Medicine, Drugs Act 1940 के तहत करते हैं।
- सन् 1964 :- Indian Medicine Council Act 1956 में Amendment किया तथा Section 15 में (1) व (2) में प्रावधान किया गया कि जो State Medical Register में अपना नाम दर्ज नहीं करवाया है और Medical Practice करता है। उसे Section 15 (3) के तहत 15 (2) (b) के तहत दण्ड का अधिकार होगा।
- सन् 1970 :- सन् 1970 से पहले पूरे भारत में आयुर्वेद, यूनानी, तिब्ब, सिद्धा आदि भारतीय चिकित्सा पद्धतियों के चिकित्सकों के लिए अलग-अलग राज्यों में अपने अलग-अलग Act थे। कोई एक Central Act नहीं था। भारतीय चिकित्सा पद्धति के चिकित्सक अपने-अपने राज्यों में Registered थे। जैसे दिल्ली में 1949 एक्ट, हरियाण में 1963 एक्ट का प्रावधान था। भारत सरकार द्वारा IMCC Act 1970 लाया गया तथा इसके तहत CCIM का गठन किया गया जिसमें Indian Medicine की परिभाषा को परिभाषित करते हुए बताया गया कि भारतीय चिकित्सा, अष्टांग आयुर्वेद, सिद्धा या यूनानी तिब्ब जो Supplemented या नहीं है Modern Advances के द्वारा लिखे Central Council of Indian Medicine ने समय-समय पर Notification के द्वारा declare करती रहेगी। इसी Act में राज्य सभा द्वारा एक संशोधन करते हुए बताया कि Right of Practitioners के अधिकार में 17 (3) (b) को भी जोड़ा गया यह Section Integrated Practitioners के अधिकारों को Protect करता है तथा Modern Medicine Prescribe करने का अधिकार देता है। यह Section अब NCISM Act में 34 (3) (b) Section बन गया है।
- 19.03.1976 :- दिल्ली स्वास्थ्य निदेशालय, दिल्ली प्रशासन द्वारा Clarified किया गया कि ये 7 Qualifications (B.A.M.S.-G.S.A.M., D.A.S.F., Mdhawarni (Bomb.), G.S.A.M. (AVV), M.F.A.M. & B.I.M.S. Recognised by Delhi Board of A & U System of Medicine, Can Prescribe Modern Medicine.





- 16-10-1996 :- Central Council of Indian Medicine by its letter Further Clarified the rights of the Medicine practitioners under the IMCC Act 1970.
- 11-03-1997 :- D.M.A. ने एक Writ Petition (c) No. 2728 of 1996 Delhi High Court में डाली जिसमें High Court ने अपने Order में कहा कि जिसके पास कोई डिप्लोमा, डिग्री या सर्टिफिकेट नहीं है CCIM का या M.C.I. का वे लोग Quacks की श्रेणी में आते हैं। क्योंकि Homeopathic Doctors के लिए already Supreme Court of India, Poonam Verma V/s Ashvani Patel 1996 को Order कर चुका था।
- 11-02-1997 :- दिल्ली सरकार द्वारा दिल्ली मेडिकल काउन्सिल का गठन किया गया जो कि MBBS Doctors के लिए बनाई गई इससे पहले दिल्ली में MBBS Doctors के लिए कोई State Medical Council एवं कोई State Medical Register दिल्ली में नहीं था।  
इस Act में Section 27 जोड़ा गया तथा बताया गया कि Doctor के पास Dental की डिग्री, Veterinary Graduates & B.A.M.S./B.I.M.S. की डिग्री है। उन Doctors पर इस Section के दण्ड प्रावधान लागू नहीं होंगे।
- 31-12-1997 :- निर्देशालय, हरियाणा स्वास्थ्य सेवा, चण्डीगढ़ द्वारा एक Notification के द्वारा Modern Medicine के Prescription केवल M.C.I. के द्वारा निर्देशित डिग्री धारी, Dental Surgeon, Veterinary Graduates, Qualified Graduates of Ayurveda Like GAMS/BAMS के द्वारा Prescribed ही Chemist दवाई देंगे।
- 08-10-1998 :- उच्चतम न्यायलय द्वारा मुख्त्यार चन्द एवं अन्य v/s पंजाब सरकार एवं अन्य 1998 (7) SSC 579 के मामले में साफ-साफ Clarify कर दिया था कि राज्य सरकारों द्वारा जो Notification जारी है तथा जिन राज्य सरकारों ने Indian Medicine के Practitioners को Modern Medicine का अधिकार दिया हुआ है तथा 2(ee) (iii) केवल वैद्य और हकीमों के लिए है।
- 04-03-1999 :- दिल्ली सरकार द्वारा दिल्ली भारतीय चिकित्सा परिषद का गठन (1998) किया गया जोकि दिल्ली में आयुर्वेदिक एवं यूनानी चिकित्सा प्रणाली बोर्ड, दिल्ली प्रशासन 1949 के स्थान पर बनाई गई। इसमें भारतीय चिकित्सा की परिभाषा परिभाषित करते हुए बताया कि Which meant Conjoint, Concurrent Study, Training & Practice of Ayurveda/Siddha/Unani Tibb & Modern Scientific System of Medicine & its branches including surgery & obstetrics.
- मार्च 2000 :- दिल्ली भारतीय चिकित्सा परिषद् के Rule frame किये गये एवं Rule 5(1), 5(2)(I) तथा 10(2) जोड़ा गया। इसमें बताया गया कि Integrated Medicine Practitioners को ये अधिकार दिये गये कि उन्हें Indian Medicine के साथ-साथ Modern Scientific System of Medicine भी Prescribe करने का अधिकार है।
- 14-02-2003 :- Supreme Court of India में (2003) 9 SSC 269 Case में Subhasis Bakshi & Ors v/s W.B. Medical Case में Dr. Mukhtiar Chand Case पर Discussion में बताया गया कि डिप्लोमा धारी भी State Medical Register में Registered होने के अधिकारी है।





- 19-05-2004 :- CCIM के Notification ने ये Clarify किया कि Institutionally Qualified Graduates of Ayurveda, Siddha & Unani Tibb are eligible to practice respective system with Modern Scientific Medicine including Surgery & Gynecology, Obstetrics, Anaesthesiology, ENT, Ophthalmology etc. based on training & teaching.
- 09-03-2005 :- दिल्ली हाईकोर्ट में जो Writ Petition (c) No. 2728 of 1996 Pending थी उस पर Order किया गया कि जो पहले 11-3-1997 को Order Pass किया गया है वह दोनों पक्षों को मान्य है तथा पहला Order ही मान्य होगा।
- 24-08-2005 :- भारत सरकार में स्वास्थ्य मंत्री ने एक प्रश्न का जबाब देते हुए बताया कि B.A.M.S. एवं Integrated Medicine graduates को Modern System of Medicine की Practice करने का अधिकार पूरे देश में है। जो Drugs & Cosmetic Act 1940 के तहत दिया गया है। जिसे कोई भी राज्य सरकार अपने State Law से Confirm करती है।
- 05-08-2009 :- दिल्ली भारतीय चिकित्सा परिषद ने अपने पत्र में Clarify किया कि किसी Practitioner का नाम परिषद के रजिस्टर में दर्ज है उसे भारतीय चिकित्सा पद्धति के साथ Integrated Medicine Prescribe करने का अधिकार दिल्ली राज्य क्षेत्र में है।
- 25-10-2010 :- Delhi Medical Association ने दिल्ली हाई कोर्ट में Writ Petition 2728 of 1996 के Order को Challenge करते हुए एक Writ Petition 7865 of 2010 को डाली गई।  
इस Case में All India Indian Medicine Graduates Association (AIIMGA) (Regd.) ने Intervene किया तथा इस केस में दिल्ली भारतीय चिकित्सा परिषद को भी Respondent बनाया हुआ था। लेकिन दिल्ली सरकार की कुछ कमियों के कारण एवं दिल्ली भारतीय चिकित्सा परिषद के कारण इस Case में हमें जीत हासिल नहीं हुई। जबकि इस केस में written arguments भी दाखिल किए गये थे।
- 08-04-2016 :- माननीय दिल्ली हाई कोर्ट ने Writ Petition 7865 of 2010 का निपटान करते हुए जो अधिकार दिल्ली भारतीय चिकित्सा परिषद ने, हमें दिये हुए है उनको Disregarding करते हुए और Mukhtiar Chand Case को दरकिनार करते हुए, इन सब मुद्दों को निरस्त करते हुए फैसला D.M.A. के हक में दिया।
- 03-05-2016 :- All India Indian Medicine Graduates Association (AIIMGA) ने दिल्ली हाई कोर्ट के Order के लिए Review Petition 2260 / 2016 दाखिल की लेकिन उसे भी Dismiss किया गया।
- 18-07-2016 :- AIIMGA जो वर्तमान समय में IMA (Ayus) के नाम से जानते हैं द्वारा Supreme Court of India में एक Special Leave Petition दिल्ली हाई कोर्ट के Order के खिलाफ दाखिल की गई जिसमें अभी Complete Order आना बाकी है, इस SLP को AIIMGA v/s DMA के नाम से जाना जाता है।
- 01-10-2018 :- Supreme Court of India में हमारी SLP को सुनते हुए Order, Leave Granted किया गया कि जो लोग Integrated Systems of Medicine में Practice करते हैं एवं जिनके पास Degree/Diploma है उनके खिलाफ कोई Action ना किया जाए। अब यह केस Final Order के लिए कभी भी Listed हो सकता है।
- सन् 2020 :- भारत सरकार के नीति आयोग द्वारा एक बिल Draft किया गया जो बिल National Commission for





Indian System of Medicine (NCISM) के नाम से जाना जाएगा एवं यह पूर्ववत् CCIM के स्थान पर होगा। इस बिल में कुछ Sections में कुछ खामियाँ थीं इस लिए इस Bill को राज्यसभा की Standing Committee को स्थानांतरित किया गया तथा उस Committee के Chairman राज्यसभा सदस्य श्री राम गोपाल यादव जी हैं। इस बिल में IMA AYUS ने अपना Representation दिया तथा कुछ मूलभूत कामियों को दूर कराने में सफल हुआ जैसे Board of Ayurveda एक Separate Board होगा। उसे ज्यादा Representation मिलेगा। IMCC Act 1970 में जो अधिकार Integration के Section-17 (3)(b) में थे वो अधिकार NCISM में भी 34 (3)(b) के तहत बरकरार होंगे। NCISM Bill में IMA (AYUS) ने Section-27 के तहत जो Board of Ethics & Registration में State Medical Council का प्रारूप तैयार होगा उसमें भी अपने Suggestion सरकार को भेजे हैं।

2020

:- इसी वर्ष भारतीय चिकित्सा केन्द्रीय परिषद् (CCIM) ने स्नातकोत्तर में संशोधन अधिनियम 2020 आयुर्वेद के शल्य और शालाक्य विषयों में 39 सामान्य सर्जरी प्रक्रियाओं को पोस्ट ग्रेजुएट डॉक्टरों को प्रशिक्षित करने के लिए अधिकृत किया।

2022

:- मद्रास हाई कोर्ट ने 2018 में राज्य मेडिकल परिषद् में रजिस्टर्ड डॉक्टर के खिलाफ अपराधिक कार्यवाही को रद्द करते हुए माना कि रजिस्टर्ड आयुष डॉक्टर अपने सम्बन्धित सिस्टम के साथ प्रशिक्षित होने पर 'एलोपैथी मेडिसिन' की प्रैक्टिस करने के पात्र हैं। इस कोर्ट ने CCIM की धारा 17 (3) (b) का हवाला दिया गया तथा डॉ. मुख्तार चन्द v/s पंजाब सरकार का Supreme Court का हवाला देते हुए यह निर्णय दिया।

दोस्तो इन सबके चलते हुए अब इसी वर्ष 2022 में एसोसिएशन ऑफ मेडिकल कसल्टेंट्स मुम्बई ने फिर से तूल देते हुए Supreme Court of India में एक याचिका दाखिल करते हुए राष्ट्रीय आयोग भारतीय चिकित्सा पद्धति 2022 की धारा (34) एवं राष्ट्रीय होम्योपैथिक आयोग की धारा (34) के साथ-2 भारतीय चिकित्सा केन्द्रीय परिषद् ( स्नातकोत्तर ) की धारा 10 (9) 2020 के संशोधन को चुनौती दी है।

अब Supreme Court को देखना है कि भारतीय कार्यपालिका के काम में न्यायपालिका क्या निर्णय देता है।

★ ★ ★

**TEAM IMA AYUS के द्वारा सभी सहयोगी चिकित्सक,  
दवाई कम्पनियों के प्रतिनिधि एवं अधिकारियों का  
Souvenir एवं Dhawantri Day Celebration  
में सहयोग के लिए हार्दिक धन्यवाद।**





## हस्त किटिभ या छाल रोग [Palm Psoriasis] का निदान व उपचार

आयुर्वेदानुसार किटिभ एक कष्टसाध्य त्वचा रोग है। जो शरीर में दूषित पित्त व कफ के रोग प्रतिरोधक क्षमता [Immunity] की कमी से व अनुवांशिक [Genetic] कारणों से हो सकता है। इसमें शरीर या हथेलियों के अन्दर की तरफ [Palmside] में छाले [Plaques] हो जाते हैं। खुजली न होना ही इसे अन्य रोगों [Eczema] व एका कुष्ठ से अलग करता है।

### उपचार :-

1. रोग प्रतिरोधक द्रव्य का प्रयोग करे। यथा गिलोय सत्व या बटी, हल्दी हरण आदि।
2. शोधन विधि :- पित्त व कफ के शमन का उपचार करें। पित्त के लिए - सप्ताह में 2 बार मृदु विरेचन कराएँ। कफ के लिए - सप्ताह में 2 बार वमन कराएँ।
3. स्नेहन व लेपन - निम्बादि तेल सुबह व महामरिच्यादि तेल शाम को लगाएँ प्रति 2 घंटे बाद White petroleum jelly (Vaseline) का प्रयोग कराएँ।
4. महंगे Antioxidant cap. की बजाय प्राकृतिक तेल युक्त बादाम व अखरोट आदि का नियमित सेवन करें।
5. पित्तवर्धक आहार विहार का प्रयोग न करें यथा घूमपान, ज्यादा नमक व मीठा चाय कॉफी शराब आदि।
6. विरुद्ध आहार विहार का सेवन त्याग दें। यथा नमक के साथ दूध, मूली के साथ दूध, रात को खट्टा दही आदि।
7. रक्त शुद्धि के लिए - मंजिष्ठादि काड़ा व चूर्ण, हल्दी, खदिरारिष्ट, कैशोर गुग्गुल, आरोग्यवर्धनी बटी एवं त्रिफला चूर्ण का प्रयोग करें। सभी 6 रसो का आयुर्वेदानुसार प्रयोग करें।

डॉ. जय शंकर शर्मा

President,

Mid Zone - IMA (Ayus)

Shaifesh Sharma



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## HIGHLIGHTS OF NCISM ... MUST KNOWN TO AYUSH DOCTORS !

Ayurveda is a part of Vedas..at many places it has been also considered as fifth Veda. Principles of practising Ayurveda has separate standards for the healing, curing and maintaining of human health since ages . These shouldn't be dragged in topic of discussion in view of experiments and studies of the cases.

These principles of Ayurveda themselves are proven, evidenced and justified according to the theories of science of life. Despite of being regulated of Ayurveda by Indian Medical Act 1970 ,there have been various cases of fake medicines being sold, sitting roadside sellers, calling the ISM DOCTORS as jhola chaap doctors our traditional system had / has been suffering many ups and downfalls.

In order to control all these lacunae Union Cabinet has passed the "NATIONAL COMMISSION FOR INDIAN SYSTEM OF MEDICINES" Bill after the report of standing committee in order to replace the older act and to promote and ensure transparency in AYUSH PRACTICE.

This to be established NCISM shall be composed of 29 members appointed by the Central Government on the basis of recommendations of a search committee constituted by the the Central Government to the regard.

These posts shall have maximum tenure of four yrs and the National Commission shall include ....

The chairperson, The President of Board of Ayurveda, The President of the Board of Unani, Siddha and Sowa - Rigpa, The President of Medical Assessment and Rating Board of ISM., Advisor or Joint Secretary in-charge of Ayurveda, Ministry of AYUSH, three members ( part time ) to be elected by the medical practioners of Ayurveda, and one member each by the respective registered medical practioners of Siddha, Unani and Sowa - Rigpa from amongst themselves from prescribed regional constituencies under the Bill.

Furthermore, Four autonomous boards shall be constituted under the supervision of NCISM and be responsible for establishing standards, curriculum and guidelines for medical institutions and granting recognition at under and post graduates level and for many other related issues.

And finally a NEET for the under graduates and post graduates will be conducted as per guidelines of MBBS and BDS courses. Also there will be an added method of screening, there shall also be held a National Exit test for graduating students in order to obtain the licence for practice .

Assessment and criticism for new Bill.....!!!!

Introduction of NMC and NCISM Bill by NITI AAYOG has made Ayurveda and its graduates in more controversial situation. The IMCC Act of 1970, Drug and Cosmetic Act of 1940, and various state Acts give these graduates rights for medical practice in Ayurvedic and Allopathy system of medicine since their inception in India and respective states. Indian health structures is being run by Deptt. of Health and Deptt. of Ayush Ministries. Medical Council of India a statutory body under IMC act of 1956 register its MBBS Graduates. IMA doctors are against crosspathy exclusively for Ayurveda doctors despite of alarmingly short of medical officers in rural area and a huge gap in doctor - patient ratio. Idea of Bridge Course given Indian Govt. highly opposed and disliked by IMA doctors as well as by Ayurvedic doctors( as already included sufficient knowledge of Modern system ) in Ayus Graduates.

Due to this crisis and disproportion In matter of health concerns in huge population of India NITI AAYOG 2017, has proposed NCISM BILL, 2019 on 27 th of November on which the same a standing committee of Health and Family Welfare (Chairperson Orif. Ram Gopal Yadav) submitted its report .





1. According to above report in view of 56% doctors of Ayurveda, 6.4% of Unani, 1.4% of Siddha and Naturopathy, the members to represent Ayurveda should be increased from three to six and 29 members to 44 members ( including chair person, 20 ex - officio members, 23 part time members ).
2. In view of proposed autonomous Boards as above mentioned here should have Board of Yoga and Naturopathy and Research in Indian System of Medicine, Yoga and Naturopathy.
3. On Appellate jurisdiction, Committee stated that giving the appellate jurisdiction to the Central Govt. does not fit in to the constitutional provision of separation of powers. It recommended constitution of Medical Appellate Tribunal for ISM&H ( chairperson, sitting or retired judge of Supreme Court or Chief Justice of High Court and other four members from ISM&H, special educationist and health administration ) should have jurisdiction over decision taken by NCISM instead of Central Govt.
4. Having no provision for Fee Regulation in act .... the committee recommended for at least 50% of seats in private medical colleges, and deemed to be universities.
5. Committee noted that there should be a provision for ensuring representation of States Medical Councils.
6. Bill also propose National Teacher' Eligibility Test for postgraduates of each discipline although sparing to the appointed teachers before enactment .. even though the non post-graduates teachers should have a provision for a training course , followed by Minimum Qualifying Test to ensure their knowledge base. This was the brief of NCISM Bill , which will take few more months to get established.

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## KSHAR SUTRA : A CLASSICAL REVIEW

### INTRODUCTION:

Kshar karma is one of the most important para surgical procedures. The word Kshara means concentrated or strong salts and alkalis made mainly out of herbs. Sometimes even minerals are used to prepare a kshar.

When applied locally, Kshar is capable of carrying out the function of incision, excision, and scraping, hence the name. Kshar karma is tridosha shamak, it subdues all the three vitiated doshas<sup>1</sup>.

Kshara means strong caustics. Acharya Susrut has said that kshara is the best Anushashtra<sup>2</sup>. Those disease that cannot be cured by any other medicine or in Subjects Where surgery is not possible this para- surgical procedure is the best option. Acharya Sushrut and also Acharya Vagbhata have dedicate one whole chapter in Sutrasthana for kshara<sup>3</sup>.

**Preparation and kshara karma :** Kshara is of two types depending upon its rout of administration<sup>4</sup>—one paniya, for oral administration and the other is pratisaraneeya for local application. Pratisaraneeya Kshara is again classified into mridu, madhyama, and Tikshan depnedng upon its Strength.

### Definition of Kshara :

Acharya Sushruta defines the kshara; the substance possessing Ksharana and Kshanan properties<sup>5</sup>. Explanation of these two words by Dalhana is as under :

Ksharana means one which mobilises and removes the deformed skin, flesh etc. or which removes the vitiated Doshas.

Although as Dalhana mentioned a few authorities considered the reference as Ksharan means Shodhan [ purification]<sup>6</sup>. Probably these two groups of authorities intended to narrate the meanings of Ksharana and Kshapana as about Pratisaraniya and Paniya kshara respectively. Kshanan means which destructs the deformed Skin, Flesh etc.

Acharya Charaka defines kshara as one which scraps the abnormal tissue from the locating viscera and drags it down after dissolving because of its corrosive nature<sup>7</sup>.

day to day life since thousand years back.

### Importance of Kshar :

Kshara means-

- To dislodge



Dr Vijay Dagar

- To melt away
- To kill
- To destroy

They are called Ksharas as they are capable of melting away or destroying the lesion.

### Types of Kshar :

- Pratisaraniya (for external application)
- Paniya (for internal usages)

**Qualities of Kshar:** Acharya Sushrut has mentioned 8 gunas for detecting the best quality of Kshara-They are<sup>7</sup>-

1. should not be more Tikshna
1. should not be more Mridu
2. Shukla
3. Shlaksna
4. Picchila
5. Avishyandi
6. Shiva

### Shighra

Further, he also mentioned about some disqualities of

### Kshara -

#### Those are-

- Atimardava
- Atishaitwa
- Atitiksna
- Atiusna
- Atipicchila
- Atisarpita
- Sandrata
- Apakkata
- Hinadravyata

### INDICATIONS:

#### 1. Pratisaraniya kshar:

The Kshara for external application are used for the treatment of





Pratisaraniya Kshar / Kshar Sutra is used for the following:

- Kustha
- Kitibha
- Kilash
- Dadru
- Bhagandara
- Arbuda
- Arsha
- Dustavrana
- Nadi
- Charmakil
- Tilakalaka
- Nyaccha
- Vyangya
- Masaka
- Vahya vidradhi
- Krimi
- Visa
- Upajihva
- Adhijihva
- Upakusha
- Dantavaldarbha
- Three types of Rohini etc.

#### Paniya Kshar:

The kshar for internal used is used for the following

- Gara
- Abdominal swelling and other disorders
- Dyspepsia
- Indigestion
- Loss of appetite
- Constipation
- Urinary gravel and stone
- Deep seated abscess
- Worms
- Poisons and
- Piles

#### Contraindication of Kshar:

Those who should not be subjected to caustic treatment are as follows

- The weak
- The very young
- The very old
- The timid and those suffering from
- General Anasarca
- Abdominal diseases
- Hemorrhagic diseases

- The pregnant
- Menstruating woman
- Those having hyperpyrexia
- Urinary abnormalities
- The dehydrated
- Who got faint
- The impotent
- The cachetic due to chest lesion
- The thirsty
- Those having downward and upward displacement of the ovaries and uterus.

#### Preparation of kshar sutra:

It is surprising but truth that the pioneer authors of Ayurveda i.e. Acharya Charak, Sushrut & Vagbhatt didn't mention about kshar sutra in their classics though they provided a well and detailed description about Kshar, its properties, preparation, classification and its treatment procedures in various diseases. Still more surprising is the fact that while the effectiveness of the Ksharsutra is renowned in all over the world over the existing surgical method, Acharya Sushruta didn't even mention about Ksharsutra while giving the detailed surgical description of Bhagandar Chikitsa. The description of Ksharsutra that is available in Sushrut Samhita is in the chapter of Nadivran Chikitsa (Su.Chi.17/30-34) that is too in some limited cases where Bhagandara has been enumerated as one of the indications of this therapy (Su.Chi.17/32). But preparation method of Ksharsutra is available in nowhere of this classic. The first and foremost description of Ksharsutra preparation is found in Chakradutta in Arsha chikitsa prakaran on 11<sup>th</sup> century. Here, it was explained thoroughly about the preparative method of Ksharsutra by smearing Haridra churna in Snuhi Ksheera in a repetitive procedure on a tight thread, thus it can able to excise Arsha and Bhagandara (Chakradutta/ Arshachikitsa/ 148). Authors of later period i.e. Bhavamishra, Govind das sen etc also mentioned the same procedure for preparation of Ksharsutra.

#### Materials required

1. Barbour's linen thread No.20.
2. Freshly collected latex of Snuhi.
3. Prepared Apamarga Kshar.
4. Fine powder of Haridra.
5. Ksharsutra cabinet.
6. Ksharsutra hangers.
7. Sterilized Test tube.
8. Gauze piece.
9. Gloves

#### Method of preparation:

Firstly surgical linen thread was spread throughout the





length of Ksharsutra hangers. Each thread on the hanger is then smeared with freshly collected snuhi ksheera with the help of gauze piece after wearing sterilized gloves in both hands. The hanger is then transferred to the ksharsutra cabinet and kept it there to be dry for 24 hrs. It should be noted that the temperature in the cabinet shouldn't be in a high mood which may lead to the distortion of the tensile strength of the thread.. Moderate temperature is enough for drying the thread. The process is repeated for 11 days. On 12<sup>th</sup> day , after smearing of snuhi ksheera the thread is coated with Nimba kshar. The same repeated for next 6 days. On 19<sup>th</sup> day , after smearing snuhi ksheera over the thread ,fine powder of Haridra churma coated over it. The final three coating is done by the same procedure. Every efforts is made to maintain the hygienicity in the whole procedure.

After 21 days and exposure to UV rays, each thread from the hangers is cut out with a range of 1c.m.and sealed it in sterilized test tube. The test tube is broken at the time of use.

#### Probable mode of action:

As per the analytical study, linen thread supports the strength of ligation while the snuhi latex acts as a binding agent, having almost all the apamarga kshara properties intact, which in fact liberates many fold of medicament having surgical actions like incision, excision debridation, scrapping and medical action like hemostatic, antiseptic, healing, etc., which act simultaneously to cure the arsha. According to research work, it is viewed that seven coatings of apamarga kshara on kshara sutra cauterize the tissue of the ligated masses indirectly by its ksharana guna<sup>[10]</sup> (corrosive properties). The action of turmeric powder provides the effect of bactericidal action with healing properties. All these three drugs do not contradict each other in their actions but rather support them by equal and desirable effects. Apamarga kshara sutra has the ability to perform incision with excision slowly by virtue of its control chemical cauterizing action. This has a controlled chemical cauterizing action on living tissue for destruction of the pile mass without producing any other injury if ligated by skilled persons.

The mode of action of kshara sutra starts immediately after contact with the tissue. Kshara invades into the cells of the lesion till the engorged tissue of the mass destruction occurs or up to the removal of the pile masses. During the cutting effect, there may be oozing of blood, which is ceased by the sclerosing effect of the kshara by its coagulating property of protein. Hence, there was no chance of bleeding during cutting of the mass. The chance of infection is least due to

the sustained action of the antiinfectives of kshara. The pressure effect made by the kshara sutra ligation creates mechanical strangulation of the blood vessels and tissue, which in fact causes the local necrosis of pile mass and, ultimately, forces falling out of the pile mass during defecation.

#### Conclusion:

Kshara sutra procedure can be performed at OPD level, takes less time

.It is an ambulatory procedure; no primary and reactionary heamorrhage is caused. It takes less hospitalization time and there is least possibility of recurrence. All pile masses; both primary as well as secondary can be ligated at one sitting. It requires minimal expenditure and can be performed under local anaesthesia. There is no adverse effect during the post-operative period, like anal stenosis/stricture, incontinence, bowel irregularities, etc. Kshara sutra ligation treatment is much more beneficial in comparison with hemorrhoidectomy at maximum point. It requires less duration for completing the treatment. The patient can perform his/her daily routine work from the next day after the surgery. Antibiotic and anti-inflammatory drugs requirement are quite less. In the post-operative period, the patient feels less pain because no anal pack is required. After separation of the mass, the wound heals quickly and smoothly.. It can be concluded that kshara sutra ligation is a standard surgical treatment modality in the arsha (hemorrhoids), which is a low, cost-effective and affordable treatment for all classes of people in the society.

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## आइये जाने क्या है मर्म विज्ञान

परमपिता परमेश्वर ईश्वर को कृपा सभी प्राणियों पर बनी रहती है ईश्वर ने यदि हमें उत्पत्ति दी तो जीवन को जीने के लिए तरीके भी बताए। यह तरीके आयुर्वेद के रूप में आज हमारे सामने हैं, हम जानते हैं कि शरीर में उत्पन्न पौड़ा का ही दूसरा नाम रोग है, तो परमपिता परमेश्वर भगवान "शिव" जिन्हें आदि योगी भी कहा जाता है ने रोगों से मुक्ति सहित स्वास्थ्य संरक्षण के लिए भी समस्त मानव जाति को "मर्म चिकित्सा" विद्या के रूप में एक अत्यंत प्रभावी विधा दी। यह विद्या वैदिक चिकित्सा पद्धति के रूप में आयुर्वेद से भी पुरातन चिकित्सा विधा के रूप में प्रयोग की जाती रही थी। शल्य तंत्र के प्रणेता महर्षि सुश्रुत द्वारा स्वरचित ग्रंथ के शरीर स्थान 'मर्मनिर्देशीय अध्याय' में मर्मों का विस्तृत वर्णन किया गया है। सुश्रुत के अनुसार मर्म वे बिंदु हैं जहां मांस-सिरा-स्नायु-अस्थि संधि इन सभी का सन्निपात होता है। महर्षि सुश्रुत के अनुसार एक शल्य चिकित्सक को मर्म स्थानों की जानकारी का होना अत्यंत आवश्यक है। उन्होंने उद्धृत किया है कि जानकारी के अभाव में इन मर्म स्थानों पर आघात से मृत्यु भी हो सकती है।

महर्षि चरक प्रणीत ग्रंथ चरक संहिता के सिद्धि स्थान में त्रिमर्मीय सिद्धि अध्याय में हृदय, वस्ति एवं सिर को तीन प्रधान मर्म माना गया है। आधुनिक चिकित्सा विज्ञान भी हृदय, मस्तिष्क एवं फुफ्फुस को प्रमुख मर्म स्थान मानता है।

### हृदये मूर्ध्नि वस्ती च नृणारू प्राण प्रतिष्ठिताः।

यानि इन तीनों में प्राणों का निवास होता है। महर्षि सुश्रुत प्रणीत ग्रंथ सुश्रुत संहिता के टीकाकार आचार्य डल्हन ने "मारयन्ति इति मर्माणि" तथा महर्षि वाग्भट्ट प्रणीत ग्रंथ अष्टांग हृदय में मरण कारित्वनमर्मरू निरुक्ति दी है। महर्षि सुश्रुत के अनुसार यंत्र, शस्त्र क्षार एवं अग्नि कर्म करने वाले चिकित्सक को यदि मर्म स्थानों की जानकारी सटीक रूप से ना हो तो वह शल्य तंत्र विज्ञ चिकित्सक अनर्थ कर सकता है, इसलिये भी मर्म ज्ञान की आवश्यकता बताया है।

उपाय चिन्तयन प्राप्तक अपायमपि चिन्त्येत उद्धृत करते हुए स्पष्ट किया है कि मर्माभिगातजन्य अपायों से बचने के लिये इन मर्म स्थानों के बारे में जानना और समझना अत्यंत आवश्यक है।

**सोममारुत तेजांसि रजःसत्वतमांसि च। मर्मसु प्रायशः पुंसां भूतात्मा चावतिष्ठते।।**

**मर्मस्वभिहता तस्मान् जीवति शरीरिणः।**

महर्षि सुश्रुत के अनुसार सोम, वायु, तेज, रजोगुण, सत्वगुण और तमोगुण जीव आत्मा का निवास स्थान मर्म है अतः मर्म स्थानों पर आधारित आघात से मनुष्य जीवित नहीं रहता है

**आइये जानते हैं कितने हैं मर्म बिंदु :**

सप्तोत्तरं मर्मशतं यानि 107 हैं तानि मर्माणि पंचात्मकानि भवन्ति। अर्थात् पांच आत्मा युक्त हैं जिसे शरीर के अर्थ में लिया गया है इसे शरीर के निर्माणकारी 5 तत्वों मांस, सिरा, स्नायु, अस्थि एवं संधि से लिया गया है। अष्टांग हृदय में आचार्य वाग्भट्ट ने उक्त 5 मर्मों के अतिरिक्त धमनी मर्म का भी उल्लेख किया है।

**मांसस्थिरस्नायुधमनीसिरासंधिसमागमः। स्थानमरमेति ते वां सुतरां जीवितं स्थितम्।।**

महर्षि सुश्रुत ने "न खलु मांससिरास्नायुसध्यस्थियतिरेकेणान्यानि मर्माणि भवन्ति यस्मान्नोपलभ्यन्ते" द्वारा यह स्पष्ट किया है कि मांस, सिरा, स्नायु, अस्थि एवं संधि यही 5 भेदों के अनुसार मर्म होते हैं।

महर्षि सुश्रुत महर्षि वाग्भट्ट

11 मांस मर्म 10 मांस मर्म

41 सिरामर्म 37 सिरामर्म

27 स्नायु मर्म 23 स्नायु मर्म





8 अस्थि मर्म । 8 अस्थि मर्म

20 संधि मर्म । 9 धमनी मर्म

\*\*\*\*\*

कुल 107 मर्म बताये गये हैं

आइये अब जानते हैं अंग भेद से मर्मों के भेद :

- प्रत्येक शाखा में 11 यानि  $11 \times 4 = 44$
- पेट और छाती में 12
- पीठ में 14
- गर्दन के ऊपर 37 मर्म स्थित होते हैं।

आइये अब जानते हैं मर्मों पर आघात से होनेवाले परिणामों म अनुसार मर्मों के भेद :

- आघात से फौरन मृत्यु हो तो सदय प्राणहर मर्म : 19
- कुछ समय बाद मृत्यु हो जाय तो कालांतर प्राणहर मर्म : 33
- आघात होने पर विकलांगता हो तो वैकल्यकर मर्म : 44
- आहत स्थान पर शल्य के रहने पर प्राणी जीवित और शल्य को पृथक करने से मृत्यु हो जानेवाले मर्म स्थान विशल्यघ्न : 3
- वेदना करने वाले रुजाकर मर्म 8 बताये गये हैं।
- सदय प्राणहर मर्म उन्हें कहा जाता है जिनपर आघात से मृत्यु 7 दिनों के अंदर हो जाये।
- कालांतर प्राणहर मर्म उन्हें कहा जाता है जिनपर आघात से दो सप्ताह में मृत्यु हो जाय।
- विशल्यघ्न मर्म उन्हें कहते हैं जिनपर शल्य के रहने या स्वयं पक कर निकल जाने तक व्यक्ति जीवित रहता है और शल्य (Foreign body) को निकाल देने से मृत्यु हो जाती है।
- वैकल्यकर मर्म उन मर्म स्थानों को कहा जाता है जिनपर आघात से स्थायी रूप से विकलता यानि विकलांगता आ जाती है।
- रुजाकर मर्म पर आघात से वेदना होती है।

आइये जानते हैं क्यों सदयः प्राणहर मर्मों पर आघात से फौरन मृत्यु हो जाती है ?

सदयः प्राणहर मर्म का स्वभाव आग्नेय माना गया है अर्थात् अग्नि महाभूत की प्रधानता के कारण, इस पर आघात से अग्नि क्षय के कारण तत्काल मृत्यु का होना माना गया है। (जैसा कि आप सभी जानते हैं कि अग्नि हमारे शरीर की प्राकृतिक उष्मा है जिसके क्षरण से मृत्यु होना स्वाभाविक है।

इसी प्रकार कालांतर प्राणहर मर्मों को सौम्य आग्नेय प्रकृति का माना गया है अर्थात् इन मर्म स्थानों में जल और अग्नि दोनों ही महाभूत प्रधान होते हैं जिस कारण इन पर आघात से शरीर के लिये आवश्यक दोनों ही महाभूतों के क्रमशः क्षीण होने के कारण व्यक्ति की कुछ समय बाद मृत्यु हो जाती है। इसी प्रकार वैकल्यकर मर्म स्थानों को सौम्य गुण प्रधान माना गया है सौम्य गुण के शीतल और स्थिर होने के कारण प्राण तो स्थिर रहते हैं परंतु विकलांगता अवश्य उत्पन्न हो जाती है।

रुजाकर मर्म स्थान को अग्नि एवं वायु महाभूत प्रधान माना गया है अतः इन स्थलों पर अभिघात से वेदना उत्पन्न होती है। ये तो हुई मर्म विज्ञान के शास्त्रीय सूक्ष्म परिचय की बात, लेकिन इन मर्म विन्दुओं की सटीक जानकारी लेकर आप स्वास्थ्य संरक्षण सहित रोग निवारण भी कर सकते हैं इसकी जानकारी आपको हैड्स आन ट्रेनिंग के माध्यम से दी जाती है।

डॉ. नवीन चन्द्र जोशी  
एमडी आयुर्वेद  
अंतरराष्ट्रीय मर्म विशेषज्ञ





# वात-व्याधि की सामान्य चिकित्सा



वैद्य तारा चन्द शर्मा  
(एम.डी.) आयुर्वेद

आज के समय में व्यक्ति अपने स्वास्थ्य की तरफ कम ध्यान देता है, व्यायाम, योग एवं आहार-विहार आदि का ध्यान नहीं रखता तथा भोजन भी समय पर नहीं करता। रात्रि का भोजन देर से करना और तुरन्त सो जाना, आज के समय के फास्ट फूड जैसे कि पीज्जा, बरगर, चौमीन, डोसा आदि का ज्यादा सेवन करना व्यक्ति के स्वास्थ्य पर बुरा असर डाल रहे हैं।

समय पर नहीं सोना, ज्यादा काम करना एवं दही, राजमा, छोले, चावल इत्यादि का ज्यादा सेवन करने से जोड़ों में दर्द एवं शूगर इत्यादि बढ़ने का खतरा ज्यादा हो जाता है। इन सब चीजों के कारण वात रोग अत्याधिक हो रहे हैं। जिसके कारण लोगों को कमर दर्द, घुटनों का दर्द और अन्य जोड़ों का दर्द ज्यादा होने लगा है। जिसके कारण लोगों का जीवन जीना दूभर हो गया है।

इनसे बचने के लिए आहार में खट्टे पदार्थ दही, तले पदार्थ एवं गरिष्ठ भोजन (फास्ट फूड, राजमा, छोले, मटर, दही आदि) का सेवन न करें, प्रतिदिन योग करें एवं हल्का व्यायाम करें।

आयुर्वेद मतानुसार वात के 80 रोग हैं जिनमें स्नेहन, स्वेदन, वमन, विरेचन आदि पंचकर्मों का रोगों की अवस्था के अनुसार सुझाव दिया जाता है, मौसम के अनुसार खान-पान का ध्यान रखें एवं टिन्डे, लौकी, तोरई, परवल इत्यादि सुपाच्य सब्जियों का हमेशा सेवन करें। वैद्य की सलाह के अनुसार औषधियों का सेवन करें।

## आयुर्वेदिक चिकित्सा सूत्र :-

वृहत् वात चिन्तामणि रस	}	इनमें से प्रत्येक 1 गोली एक दिन छोड़कर नाश्ते से पहले
रस राज रस		
योगेन्द्र रस		
प्रवाल पंचामृत रस		
महारासनादि क्वाथ	}	2 चम्मच 4 चम्मच पानी के साथ नाश्ते के बाद
दशमूल क्वाथ		
अस्थिपोषक टेबलेट	}	2 चम्मच 4 चम्मच पानी में मिलाकर रात में खाने के बाद रात में खाने से पहले
रुमार्थी गोल्ड कैपसूल		
Rhumatil Oil अथवा Rhumasyil Oil दर्द में मालिश के लिए		
वात रोगी की साधारण आयुर्वेदिक चिकित्सा		
वातकुलान्तक रस	}	प्रत्येक एक-एक गोली नाश्ते के पहले
प्रवाल पंचामृत रस		
सिंहनाद गुग्गुल	}	प्रत्येक एक-एक गोली रात को
वात गजांकुश रस		
महारासनादि क्वाथ	}	2 चम्मच 4 चम्मच पानी के साथ नाश्ते के बाद
दशमूल क्वाथ		
Arthocare Oil दर्द में मालिश के लिए		

- वैद्य मनोज शर्मा





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### ASTHI FITT

CAPSULE

### Rakt Shudhi

CAPSULE

### Uro Shakti

SYRUP

### Yakrit-Health

SYRUP



रखे आपकी अस्थियों को  
संगठित व फिट, “अस्थि फिट”



विविध रक्त विकारों को  
दूर करने की असरदार औषधि



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हमारे यहाँ शराब व अन्य हर प्रकार की समस्या का समाधान आध्यात्मिक व मनोवैज्ञानिक प्रक्रिया जैसे : ध्यान, योग, प्रार्थना, काउंसलिंग व मनोवैज्ञानिक कक्षाओं द्वारा भाषा, व्यवहार सोच, दृष्टिकोण व क्रिया कलापों में परिवर्तन द्वारा किया जाता है।

नोट : IMA -AYUS के चिकित्सकों द्वारा भेजे गये व्यसनियों को शुल्क में विशेष छूट प्रदत्त

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## WOMEN CELL....IMA - AYUS BEGINNING OF NEW ERA!

"Oscholarly women, the way ariver breaks away mightiest of hills and rocks the scholarly women destroys myths and hypes through her intellect alone.

May we bow to women through our polite words and noble actions."RIGVEDA—6.61.2

To empower the new force ...To make the new missions and visions ...To enhance the women health ways and solutions.....There has a new beginning of IMA-AYUS WOMEN CELL announced on 25 th August 2021 at Pragati Maidan New Delhi.

1. In AYURYOG & AROGYA FAIR 25th - 27th Sept. 2021 IMA-AYUS WOMEN CELL took part in introducing its State Women Cell and awareness about women health care plans.
2. On 31st October 2021 A large part of Dhanwantari Day celebration organized by IMA-AYUS WOMEN CELL for the first time after its constitution. This was a huge successful auspicious occasion . Topper students ( final yr. ) of all states ( IMA-AYUS ) were awarded by our patron, founder Dr. R. S. Chauhan sir and chief guests of the day.
3. In the continuation of series Dr. Ruchi Jain with other ISM doctors of IMA-AYUS Rohtak branch organised free health camp on 1st and 2nd November 2021, as National Ayurveda Day ( Dhanwantri Day ) and Full body check-up camp, same on 12 th September 2022. Vaidya Ruchi Jain Rohtak has been continuing the webinars on Ayurveda teachings for the Practitioners.
4. Free health check-up camps with distribution of free Covid-19 medicines were distributed in slum-areas ( juggling-basti ) every required area in all parts of Delhi provided by Ayush Ministry.
5. A CME on infertility conducted and sponsored by Dr.Poonam Maggo IVF &infertility centre organized by West Zone women cell majorly by our Vice President Dr. Veena Verma on 30 th April 2022.It was really a very knowledgeable and informative session attended by more than 50 ISM doctors.
6. Newly formed Women cell Distt. Faridabad Haryana on 11th June 2022, celebrated IMA-AYUS Annual Day on 22 nd June 2022, with our National team, that too was a grand celebration.
7. IMA-AYUS WEST-Zone Team along with women cell celebrated Baisakhi at Gurudwara Singh Sabha with free health check-up and distribution of medicines for needy people.
8. On 8 th May 2022 National Women Cell celebrated International Mothers' Day at Okas Grand Okhala phase -1 organized by National women cell a grand CME on life style diseases, a lecture by Dr. Preeti Bhoslae on Artav doshas Stri roga followed by launch of Lord Dhanwantari charitable Trust for IMA - AYUS bhavan nirmaan hetu. Almost more than 100 doctors joined this auspicious event the same was sponsored by AIIMIL PHARMA.
9. On 5th of June 2022 a multifacility health check- up camp organized by our Delhi state women cell along with Dr. Neetu Gupta State president mainly, along with other doctors at Shri Durga Sachcha Darbar Mandir of Lakshmi Nagar, New Delhi.
10. On 26 th June 2022 again a productive and interactive session on infertility took place ,organized by National women cell IMA-AYUS ,which was sponsored by Dr. Gauri and team of Seeds IVF Centre in South Delhi.
11. The most successful event combined with social welfare activity by distributing government provided medicines for preventive corona pandemic in 3rd wave by IMA-AYUS WOMEN CELL on the occasion of Aazadi ka Amrut Mahotsav. It also included outdoor fun activities like camel riding, singing, dancing and games playing also on 20 th day of August 2022. Almost 20 female doctors provided their free services in medical camp and celebrating as annual day of IMA-AYUS Women cell. It will remain as a life long memorable occasion.
12. West zone IMA-AYUS Women Cell and Dr. Virender Kumar Zingha ( General secretary West Zone Delhi ) on the eve of Ganpati sthapna a Parsaad vitaran ceremony was held in central Market, Mohan Garden, Uttam Nagar, New Delhi on 8th September.

Although women are the primary care takers of family Globally, still evidenced by history of world documentation studies shows that during any change in organization of economy and politics women take the lead in helping new adjustments, facing realities and challenges very efficiently. Beginning of IMA-AYUS Women Cell will be going to create new history.

**DR. INDU SHARMA**  
National President Women Cell  
(IMA - AYUS)





# Bio Medical Waste – A Delhi Clinic Perspective

Govt. of India, Ministry of Environment, forest & climate change published a notification in the Gazette of India, extraordinary, part II, Section 3, sub – section (I) to frame Bio-medical waste (Management and Handling) rules 1998 on 28<sup>th</sup> march, 2016.

In exercise of the power conferred by section 6, 8, & 26 of Environment Protection Act 1986.

*Here duties of Occupier, Authorities, Treatment & Disposal, Segregation, Transport & Storage, Prescribed Authority, Procedure of Authorization, Advisory committee, Monitoring of implementation of the rules in health care facilities, Annual report, Maintenance of records, Accident reporting, Appeal, Liabilities of occupier, Operator of a facilities described.*

## Schedule I Bio medical waste categories

### Yellow

- a. Human Anatomical waste
- b. Animal Anatomical wastes
- c. Soiled wastes
- d. Expired & Discarded Medicine
- e. Chemical wastes
- f. Chemical liquid waste
- g. Discarded linen mattresses, bedding, contaminated with blood or body fluid
- h. Microbiology, Biotechnology & other clinical lab waste

**Cytotoxic, Expired & Discarded Medicines,  
Plaster, Blood Bag,  
Post-Operative Body Parts & Placenta, Blood &  
Body fluids, Contaminated paper & cloth, Cotton  
Wastes & Dressing Materials, Face Mask, Cap,  
Bedding, Microbiology, Biotechnology Lab Waste**

### Red

Contaminated waste (Recyclable)

**Plastic Syringes, I.V sets, Mucus and Suction Sets, Plastic I.V fluid  
Bottles, Gloves, Urine Bags, Feeding Tubes, Catheters, Vacutainer**

### White

Waste sharps including metals,

**Needles /Scalpels /Blade/ Syringe & fixed needles/ Metallic sharps**

### Blue

- 1 glassware
- 2 metallic body implants

**Broken vials, Used medicine vials, Broken Glasses, Used Test tubes, Broken  
Ampoules, Lab Slides, Metallic Body Implants**





Label for Bio hazard & Cytotoxic hazard

Handle with care



BIO HAZARD



CYTOTOXIC

GENERAL WASTE SEGREGATION (IT COMES UNDER SOLID WASTE CATEGORY OF MCD)

Blue bin	Green bin
Paper/ magazines/ stationary Paper cup, plates/ plastic cups & plats Junk mail/ cardboard cartoons Plastic covers & bottles, Tissue paper soiled with food	Vegetables/ Rotten fruits & fruit peels/ Egg shells/ Chicken & fish bones / Tea bags cooked foods & left overs pooja flowers & Garlands fallen leaf

### Health Care Facility Category

Clinic, Bedded Hospital, Dispensary, Non-Generated Bio medical waste, Homeopathy, Mobile Hospital, Siddha, Unani, Veterinary Hospital, Yoga, Animal House, Blood Bank, Dental Hospital, Nursing Home, Pathological Laboratory, Institutions/Schools/Companies etc., with First Aid Facilities, Health Camp, Common Biomedical Waste Treatment Facility, Transporter of bio-medical waste, Research Institute.

### There are two operators of CBWTFs in Delhi

1. **M/S Biotic waste solutions Pvt. Ltd.** 46,551 industrial area, G.T. Karnal road, N.D-110033

**District allotted by DPCC:** North Distt., North West Distt., New Delhi Distt., South and South East Distt.

**Areas Cater:** - South Delhi, Rohini, Azad pur, Mangolpuri

2. **M/s SMS waste grace BMW PVT LTD**, Nilothi Sewage treatment Plant complex of DJB, Nilothi, N.D-110041

**District allotted by DPCC:** South West Distt., West Distt., Central Distt., East, Shahdara and North East Distt.

**Areas Cater:** - Complete East Delhi, Nagloi, Paschim vihar, Uttam Nagar, Dwarka, Karol bag, Pahar Ganj Dariya Ganj, Shastri park, Chandni chowk

### Requirements For Agreement from these two above BMW companies

*Aadhar, Pan card, DBCP registration, Clinic Letter head, Stamp, Cheque, Undertaking*

**Non-Generating BMW {No Agreement from BMW companies required}**

**For those clinics who only do Consultation & no BMW is generated**





*Aadhar, Pan card, DBCP registration, Self-Declaration on Clinic Letter head with Stamp, Undertaking*

### **For Generating Bio Medical Waste**

After agreement from BMW company make PDF of all above documents i.e.,  
**Aadhar, Pan card, DBCP Registration, Agreement & Undertaking**

### **On-line Process of Authorization**

Get your Credit card /debit card ready for payment along with valid phone no, email id

Log on to <https://dpccocmms.nic.in/> for Authorization

After log in Register your health care facility by filling your basic details

then click SEND SMS, OTP will come on your registered phone number, fill it & submit.

Login ID & p/w will be received by SMS.

LOGIN AGAIN with received ID & P/W

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**Fill six synchronized pages** (General details, BMW Generation Details, BMW Management Details, BMW Treatment Equipment's Details, Documents, Fees)

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यह सिद्धांत शरीर में चार मूल तत्व खून ( रक्त ), बलगुम ( कफ ), सफरा ( पीला पित्त ) और सौदा ( काला पित्त ) पर आधारित है।

यूनानी के मूल सिद्धांतों के अनुसार शरीर चार मूल तत्वों अर्थात पृथ्वी, वायु, जल और अग्नि से बना है, जिनके अलग-अलग स्वभाव ( ठंडा, गर्म, गोला, सूखा ) है। चार तत्वों के मिश्रण और परस्पर क्रिया के बाद, नए स्वभाव वाले एक नए यौगिक अस्तित्व में आते हैं यानी गर्म गोला, गर्म सूखा, ठंडा गोला, ठंडा सूखा। शरीर के सरल और जटिल अंगों को चार भावों के माध्यम से पोषण मिलता है। ह्यूमर को ही स्वभाव दिया जाता है, खून गर्म और गोला होता है, कफ ठंडा और गोला होता है, पीला पित्त गर्म और सूखा होता है लेकिन कम से कम काला पित्त ठंडा और सूखा नहीं होता है।

प्रत्येक व्यक्ति का एक अद्वितीय विनोदी संविधान होता है। प्रत्येक व्यक्ति के पास इन चार ह्यूमर का एक अनूठा अनुपात होता है। यह अद्वितीय अनुपात उस व्यक्ति की स्वास्थ्य स्थिति को निर्धारित करता है। जब यह अद्वितीय अनुपात असंतुलित हो जाता है तो रोग उत्पन्न हो जाता है। सही ह्यूमर संतुलन बनाए रखने के लिए आत्म-संरक्षण की शक्ति होती है। चिकित्सक का उद्देश्य केवल इस शक्ति की क्रिया में मदद करना और उसे बढ़ावा देना है। इस प्रणाली में उपयोग की जाने वाली दवा, शरीर को आत्म-संरक्षण की शक्ति को एक इष्टतम स्तर तक पुनः प्राप्त करने में मदद करती है और इस प्रकार ह्यूमर संतुलन को बहाल करती है। यूनानी चिकित्सा पद्धति स्वास्थ्य को बढ़ावा देने, रोग को रोकथाम और प्रबंधन में विश्वास रखती है। यूनानी प्रणाली गठिया, पाचन विकार, ल्यूकोडर्मा, सोरायसिस और त्वचा की समस्याओं जैसे पुराने रोगों में अधिक प्रभावी है, जो एलोपैथिक दवा के इलाज के साथ सहयोगी हैं। यूनानी चिकित्सा न केवल बीमारी का इलाज करती है बल्कि व्यक्ति के सामान्य स्वास्थ्य में भी सुधार करती है।

यूनानी चिकित्सा विज्ञान को भारत में सभी पारम्परिक चिकित्सा पद्धतियों ( आयुर्वेद, यूनानी, योगा सिद्धा और होम्योपैथी ) के साथ समान अधिकार प्राप्त है। इस के लिए भारत सरकार ने आयुष मंत्रालय और आयुष विभाग बना रखा है। और शोध के लिए भी इन पारम्परिक चिकित्सा पद्धतियों में यूनानी चिकित्सा विज्ञान को विशेष स्थान प्राप्त है।

डॉ. डी.आर. सिंह  
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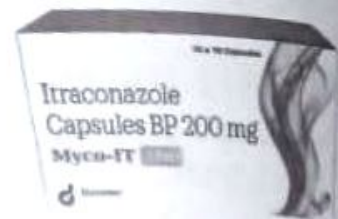
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