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**Editorial****Call for Relief & Rescue**

As usual 1<sup>st</sup> July was celebrated as Doctors' Day all over India by our NIMA branches. Various programmes like medical check up camps, physical fitness programmes, etc. were organised.



This is the birthday of late Dr. Bidhan Chandra Roy, well known physician from Kolkata, born on 1st July, 1882. Born and brought up from Patna (Bihar) he completed his medical education from Kolkata. Because of his esteemed work in medical and political fields in Kolkata, he became the 2nd Chief Minister of West Bengal. Because of his dedicated work and achievement in both the fields, versatile well ordered administration and philanthropic nature he became the most popular Chief Minister. In his memory, 1st July, is observed as Doctors' Day. Coincidentally Dr. Roy died in year 1962 on 1st day of July.

This summer season is very hot all over the nation. In June 2022 issue of our journal in my editorial, I have mentioned in detail about the effects of 'Global Warming'. Unfortunately we are facing these effects now also. The Global mean temperature has increased by 1.8°C to 4.0°C. The effects of this we are facing now. After the hot season, there is a sudden climate change. There is rise in ocean water levels (Govt. had warned many times for high tides) scarcity and/or contamination of fresh water supply, degradation of agriculture products etc. The heavy rain shower at various places esp. North India has completely disrupted the life style and life line of many families. No shelter, no food, no water to drink, no medicines in emergency etc.

**Can we prevent this?**

The rainy season is already started. In villages and in small cities, the current - situation has become disturbing. People will get succumbed to many viral diseases, water born diseases etc. In North India there are many cases of heavy land sliding - many houses have collapsed. Life is completely disrupted.

We, as the soldiers of our association, as usual, have to come forward and share our help to our people at least in our

Please note that our Journal being National it is printed in English & Hindi Only.

respective areas as possible. For the big problems like land sliding, houses disrupting etc. Govt. will definitely provide help. But we have our NIMA branches all over the nation. Previously in such critical emergencies, our various branch colleagues became the frontline soldiers to provide food supply, grain, clothes, medicines etc. by organizing emergency camps at various needy places. Our guidance is needed regarding proper use of clean water in raining calamity and limited use of water where there is shortage and scarcity of good water supply. we can collect clothes for the needy families. The sick and elderly persons are more vulnerable for their decreased ability to face

such calamities. This will affect more to the poorer segment of society.

Friends, while doing all these, providing the help to the needy, my elderly request to you all is to take care of your own health and of your family.

One may say'- Me alone? No. We all should work together unitedly for our brothers and sisters who are in emergency need.

I wish you all glory and good success.

**JAI HIND, JAI NIMA.**

**Dr. D. G. Kadam**

Ex-National President, NIMA CC

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□□□

## Message From Managing Editor

Dear NIMA family,  
Greetings.

This NIMA Journal is meant to have various medical related informative articles, these should be of **maximum 2 to 4 (A4 size) pages**, which are read all over India by many medical students and doctors. Please send articles in **word document format** for ease of printing.

Please send your articles to us **latest by the 10<sup>th</sup> of each month.**

The articles have to be emailed on the Journal email address as mentioned (**journalofnima@gmail.com**). Please do not send your articles on whatsapp or hand over, handwritten ones.

We need advertisements to cover certain journal costs. Advertisers have the advantage of their advertisements, products to be seen by a large number of doctors and medical related people across India, thereby beneficial to both.

**Please send more advertisements to us.**

I also invite various India wide articles about their association news regarding their

activities, events, along with clear photos; where possible.

Lastly, I request you all NIMA members to spread the word about our illustrious NIMA, a national organisation and enroll many more members to join our huge family.

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Regards,

**Dr. Sumant Pandya**

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## Clinical study on effect of Lakshadi Guggul in Colle's fracture fixed with K-wire

Dr. Sandeep Meshram<sup>1</sup>, Dr. Srinivas Turlapati<sup>2</sup>

**Abstract** - Trauma is a major problem all over the world and one of the leading causes of death. Fracture is a linear deformation or discontinuity of bone produced by forces exceeding modular elasticity. Ayurvedic texts have illustrated fracture as being the loss in the continuity of the bone due to pressure. Colles' fracture is most common type of fracture of distal end radius, which can be compared with kandabhagna said by sushruta. K-wire fixation is the modern technique to immobilize the fracture internally.

**Materials and Methods.** A randomized comparative clinical study was conducted which is divided into 2 groups with 30 patients in each group, group A with K-wire fixation and Group B K-wire fixation along with Tab. Lakshadi guggulu 500mg 2 tab. twice daily. pain, swelling, tenderness, serum calcium levels, callus formation along with X-ray were used for assessment of core symptoms before and after treatment. **Results** Group B showed significant improvement in pain, swelling, tenderness, and, callus formation. **Conclusion.** K-wire fixation along with oral administration of lakshadiguggulu is having significant effect both clinically and statistically on Colles' fracture. Further extensive study is needed with a larger sample size to establish more authentically the present study result.

**Key Words:** Colles' fracture, K-wire, Callus formation, Kandabhagna, POP, Lakshadi guggulu.

**Introduction** - Trauma is a major

problem worldwide and of the leading causes of death due to the widespread industrialization and vehicle, incidences of accidents involving fracture and soft tissue injury are higher.[1]. Fracture is a linear deformation or discontinuity of bone produced by forces exceeding modular elasticity.[2]. Even Ayurvedic texts have illustrated fracture as being the loss in the continuity of the bone due to pressure.[3]. Fractures commonly result following accidents. However, the incidence of the long bones being fractured is higher and thus, demands special attention. A fracture is also often associated with pathological changes, bleeding, soft tissue injury and damage to the neurovascular structure.[4].

The management of long fracture runs through the basic principle of fracture management i.e reduction, immobilization and rehabilitation. The entire management is supported by antibiotics, NSAID, corticosteroids and calcium salts. Besides the management often fails and leads to complications such as Avascular necrosis, osteoarthritis, malunion etc.[4].

The father of surgery 'Acharya sushruta' also has quoted the treatment of fracture as anchana[5], peedana[5], sankshepana and bandhana[5], which is yet practiced by modern orthopaedic surgeons. A number of compound drugs are mentioned in Ayurvedic classics in the context of fracture management to

promote union. Colles' fracture is most common type of fracture of distal end of radius. It can be compared with Kandabhagna said by sushruta. K-wire fixation is the modern technique to immobilize the fracture internally.

### **AIM and OBJECTIVES:**

1.To study the efficacy of lakshadiguggulu on Colles' fracture internally fixed with K-wire.

2.To study the literary review on Colles' fracture and lakshadi guggulu.

3.To observe the process of bone healing with internal fixation with special emphasis on period of healing.

### **Materials and Methods**

#### **SELECTION OF CASES:**

Total 60 patients were selected from OPD/IPD of Yashwanth Dharmartha Rugnalaya/hospital of Yashwanth Ayurvedic college, kodoli, Kolhapur, Maharashtra as per the prepared case proforma. Both the sex were included in the study. Diagnosis is done by X-ray. The study is an open Randomized comparative study.

#### **Inclusion criteria:**

1. Patients diagnosed with Colles' fracture without any neuromuscular injury and needing internal fixation.

2. Male and Female irrespective of caste and religion

3. closed Colles' fracture.

#### **Exclusion criteria:**

1. Open Colles' fracture.

2. With neuromuscular injury.

3. patients with osteoporosis, osteomalacia.

### **Plan of study:**

### **Drug Administration and Management;**

For both the groups A and B Initially classical reduction was done by closed method under short General Anaesthesia if necessary. After reduction immobilization was done by K-wire fixation internally along with posterior slab using POP. For Group B additionally Tab. Lakshadi guggulu 500mg 2 TAB. Twice daily was given.

Duration of K-wire fixation-21 days.

*Lakshadi guggulu:30 days.*

#### **Investigations done:**

X-Ray, Serum alkaline phosphatase, serum calcium, Routine CBC.

#### **Parameters of Assessment:**

##### **Subjective criteria**

Pain, swelling, tenderness, callus formation.

Pain, swelling and tenderness were assessed by giving gradation.

G-O-Absent

G-1-Mild

G-2-Moderate

G-3-Severe

##### **Objective criteria**

#### **CALLUS FORMATION:**

G-O-callus formation

G-1-bridging

G-2-obliteration

G-3-no callus formation.

#### **Demographic Distribution:**

Mean age is 31 to 50 years with maximum being male patients.

#### **OBSERVATION & RESULTS:**

1. INCIDENCE OF AGE

**OBSERVATION & RESULTS:****1. INCIDENCE OF AGE**

SR.NO	AGE	GROUP		TOTAL	%
		A	B		
1	10-20	3	4	7	11.6
2	21-30	6	8	14	23.3
3	31-40	10	9	19	31.6
4	41-50	10	8	18	30
5	51-60	1	1	2	2.4
N = TOTAL NO. OF PATIENTS % = PERCENTAGE					

**2. INCIDENCE OF SEX**

SR.NO	SEX	GROUP		TOTAL	%
		A	B		
1	MALE	18	19	37	61.7
2	FEMALE	12	11	23	38.3
N = TOTAL NO. OF PATIENTS % = PERCENTAGE					

**3. INCIDENCE OF PAIN**

SR.NO	PAIN	GROUP		TOTAL	%
		A	B		
1	ABSENT	0	0	0	0.0
2	MILD	0	0	0	0.0
3	MODERATE	4	9	13	21.7
4	SEVERE	9	12	21	35.0
5	UNBEARABLE	17	9	26	43.3
N = TOTAL NO. OF PATIENTS % = PERCENTAGE					

**4. INCIDENCE OF VISIBLE DEFORMITY**

SR.NO	VISIBLE DEFORMITY	GROUP				TOTAL	%
		A	%	B	%		
1	VISIBLE	9	15.0	8	13.3	17	28.3
2	PALPABLE	13	21.7	12	20.0	25	41.7
3	NO DEFORM	8	13.3	10	16.7	18	30.0
N = TOTAL NO. OF PATIENTS % = PERCENTAGE							

**5. INCIDENCE OF TENDERNESS OVER BONE**

SR.NO	TENDERNESS OVER BONE	GROUP				TOTAL	%
		A	%	B	%		
1	SEVERE	15	25.0	9	15.0	24	40.0
2	MODERATE	13	21.7	13	21.7	26	43.3
3	MILD	2	3.3	8	13.3	10	16.7
4	ABSENT	0	0.0	0	0.0	0	0.0
N = TOTAL NO. OF PATIENTS % = PERCENTAGE							

**EFFECT OF THERAPY****1. PAIN**

GROUP	MEAN VALUE B.T	MEAN VALUE A.T	REDUCTION IN MEAN VALUE	S.D	SE	D.F	CALCULATED T VALUE	TABLE VALUE	P VALUE	RESULT
GROUP A	2.4	0.3	2.1	0.71	0.130	29	15.53	2.76	0.01	H.S
GROUP B	2.3	0.16	2.14	0.66	0.12	29	18.18	2.76	0.01	H.S

**2. SWELLING**

GROUP	MEAN VALUE B.T	MEAN VALUE A.T	REDUCTION IN MEAN VALUE	S.D	SE	D.F	CALCULATED T VALUE	TABLE VALUE	P VALUE	RESULT
GROUP A	2.9	0.66	2.24	0.72	0.131	29	16.79	2.76	0.01	H.S
GROUP B	3.4	0.40	3	0.94	0.171	29	17.15	2.76	0.01	H.S

**3.TENDERNESS**

GROUP	MEAN VALUE B.T	MEAN VALUE A.T	REDUCTION IN MEAN VALUE	S.D	S.E	DF	CALCULATED T VALUE	TABLE VALUE	P VALUE	RESULT
GROUP A	2.5	0.36	2.14	0.88	0.162	29	13.16	2.76	0.01	HS
GROUP B	2.5	0.66	2.20	0.69	0.124	29	17.98	2.76	0.01	HS

**4.LOSS OF FUNCTION**

GROUP	MEAN VALUE B.T	MEAN VALUE A.T	REDUCTION IN MEAN VALUE	S.D	S.E	DF	CALCULATED T VALUE	TABLE VALUE	P VALUE	RESULT
GROUP A	1.8	0.2	1.6	0.789	0.145	29	11.72	2.76	0.01	HS
GROUP B	1.6	0.06	1.54	0.629	0.115	29	12.69	2.76	0.01	HS

**5.CALLUS FORMATION**

GROUP	MEAN VALUE B.T	MEAN VALUE A.T	REDUCTION IN MEAN VALUE	S.D	S.E	DF	CALCULATED T VALUE	TABLE VALUE	P VALUE	RESULT
GROUP A	2	0.16	1.86	0.719	0.131	29	15.26	2.76	0.01	HS
GROUP B	2	0.06	1.94	0.447	0.081	29	24.69	2.76	0.01	HS



**Discussion-** Out of 60 patients, the observation showed that a maximum number of patients fall in the age group 31-50. Gender, occupation, dietary habits were not having any significant role in the case of Colles' fracture. Maximum number of patients (40%) had unbearable pain. In 41.7% of patients visible deformity was observed. The deformity being seen or being absent depends upon the severity of the trauma and the displacement of the fractures segments. The functioning of the wrist was impaired in 35% of patients. Improper alignment in between the bone fragments, along with the swelling being present around the wrist does lead to alterations in the functioning of the wrist joint. Clinically and percentage wise Group B ie; K-wire fixation along with internal use

of tab. Lakshadi guggulu 500 mg two tabs. Twice daily proved effective in the parameters of pain, swelling, tenderness after 45 days, loss of function after 45 days, callus formation after 45 days, than group A ie; only K-wire fixation.

The main ingredient of Lakshadi Guggul is a Guggul. The gugul tree grows wild in deserts and the resin is useful. Laksha is a resin of *Ficus religiosa*. It helps in binding of the broken and empty bones, fills them with calcium. Thus helping in deposition of calcium. Arjuna is another ingredient which is rich in natural calcium, astringent in nature, helps to heal wounded parts quickly.. Laksha has properties like Bhagna sandhana (Bone healing), Vranaropaka (Wound healing), Rakta Stambhaka (Hemostasis). Experimental and histological study also showed that Laksha enhance the bone healing.[6]

Nagbala is another herb for increasing strength and stamina. This is excellent for pain. Guggulu has Shothahara (anti-inflammatory) as well as Bhagna Sandhanakara (fracture healing) properties due to its anti-inflammatory effect.[7,8,9,10]



Ashwagandha constitutes the properties of Balya, Rasayana, Vedanasthapana anti-inflammatory, antioxidant, rejuvenating & immunomodulator.[11]

Nagabala is having Madhura, Kashaya Rasa, Guru, Snigdha and Pichchhila Guna, Shheta Veerya and Madhura Vipaka and Rasayana[12] properties.

Arjuna having Raktastambhaka, Sandhaniya, Vranaropaka, Raktaprasadana properties. It is useful in fractures, inflammations, . [13]

Asthishrinkhala has Sandhaniya, Dipana, Pachana, krimighna, RaktaStambhaka, Rakta Shodhaka karma so it is very useful in Asthibhanga, Abhighataja sotha and Raktasrava.[14] analgesic [15] anti-inflammatory[16] antipyretic, anti-microbial[17] activities. It contains natural steroids and vitamin so it is very useful for early bone healing. So it can be said that Laksha Guggulu has combined effects on bone healing .

**Conclusion**- Clinically group B with K-wire fixation and internally lakshadiguggulu showed efficacy in all the assessment parameters in comparison with Group A. The mean time taken for relief of symptoms is more in Group A than in Group B.

Statistically both the groups have shown highly significant result.

K-wire gives better stability on fracture site helps to avoid further complications which usually occurs in simple POP casting.

Lakshadi guggulu probably accelerates the process of callus formation which is the major advantage to reduce the local symptoms such as pain, tenderness, swelling etc.

Bigger sample size with one more group of K-wire Fixation along with calcium supplement or placebo may be helpful to come out with a better conclusion.

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# The Art of Mindful Eating : Nourishing Your Body, Soul, and Ayurvedic Wisdom

Dr. Vaidehi Singh

**Introduction** - In our fast-paced and busy lives, we often find ourselves rushing through meals, mindlessly devouring food without paying attention to what we're eating or how it makes us feel. This disconnected approach to eating not only deprives us of the true pleasure of food but also affects our overall well-being. Enter mindful eating, a practice that encourages us to slow down, savour each bite, and cultivate a deeper connection with the nourishment we provide our bodies. In this blog, we'll explore the concept of mindful eating, its numerous benefits, and how Ayurveda's wisdom can enhance our mindful eating experience.

## What is Mindful Eating?

Mindful eating is a practice rooted in the principles of mindfulness, a state of active, non-judgmental attention to the present moment. It involves bringing awareness to the entire eating experience, including the smells, tastes, textures, and even the thoughts and emotions associated with food. By engaging our senses and tuning into our bodies, we can make conscious choices about what we eat and how we eat it.

## Key Principles of Mindful Eating

**1. Present-Moment Awareness:** Mindful eating invites us to be fully present during meals. Rather than eating on autopilot or multitasking, we focus our attention on the act of eating itself. We engage our senses, noticing the colors, aromas, and flavors of the food in front of us.

**2. Non-judgmental Observation:** Mindful eating encourages us to observe our thoughts and emotions without

judgement. We become aware of any cravings, triggers, or associations we have with certain foods and acknowledge them without attaching guilt or shame. This non-judgmental approach allows us to develop a healthier relationship with food.

**3. Eating with Intention:** Mindful eating emphasizes the importance of eating with purpose and intention. We consider the nutritional value of our food choices, as well as how they align with our individual needs and goals. This practice helps us make conscious decisions and develop a deeper understanding of our body's hunger and satiety signals.

## Benefits of Mindful Eating

**1. Enhanced Enjoyment:** Mindful eating allows us to fully savor the flavors and textures of our meals, leading to a heightened sense of pleasure and satisfaction. By slowing down and paying attention, we can discover new nuances in our food and cultivate a deeper appreciation for the culinary experience.

**2. Improved Digestion:** When we eat mindfully, we give our bodies ample time to chew and properly break down food. This aids digestion and nutrient absorption, reducing the likelihood of digestive discomfort such as bloating, indigestion, and reflux.

**3. Healthy Weight Management:** Mindful eating promotes a healthy weight by helping us develop a more balanced and intuitive relationship with food. By listening to our body's hunger and fullness cues, we can avoid overeating and make more conscious choices about portion sizes and food quality.

4. Emotional Well-being: Mindful eating encourages us to explore the emotional aspects of our relationship with food. By paying attention to our feelings and thoughts while eating, we can identify emotional triggers, unhealthy eating patterns, and negative associations. This awareness allows us to address underlying emotional needs and cultivate a healthier mindset.

### **Ayurvedic Insights for Mindful Eating**

1. Eat According to Your Dosha: Ayurveda recognizes three doshas-Vata, Pitta, and Kapha-which represent different mind-body types. Mindful eating in Ayurveda involves choosing foods that balance your dosha. Understanding your dosha can help you select appropriate foods and flavors that promote overall well-being.

2. Eat Seasonally and Locally: Ayurveda emphasises the importance of consuming foods that are in season and locally sourced. Seasonal foods are fresher, more nourishing, and naturally support our bodies' needs during specific times of the year. Mindfully selecting seasonal and local produce fosters a deeper connection with nature and promotes sustainability.

3. Mindful Food Preparation: Ayurveda emphasises the significance of preparing and cooking food mindfully. Engage in the process of cooking with focus and intention, using fresh ingredients, and adding spices and herbs to enhance flavour and digestion. This mindful approach extends the benefits of mindful eating to the food preparation stage.

4. Eat in a Calm and Peaceful Environment: Ayurveda emphasises the impact of the environment on our digestion. Create a calm and peaceful atmosphere while eating by eliminating distractions, sitting in a comfortable posture, and

cultivating a positive ambiance. This allows you to fully engage your senses and appreciate the nourishment you receive from your food.

5. Optimal Food Combinations: Ayurveda emphasises the compatibility of different food items to support optimal digestion and nutrient absorption. Mindful eating involves considering food combinations that complement each other, such as consuming grains with legumes or incorporating a variety of tastes (sweet, sour, salty, bitter, pungent, and astringent) in each meal. This promotes balanced nutrition and supports the body's natural processes.

**Conclusion-** Mindful eating is a transformative practice that reconnects us with the nourishment we provide our bodies. By incorporating Ayurvedic wisdom into our mindful eating journey, we deepen our connection with food, promote balance within our body, and cultivate a harmonious relationship with the nourishment we provide ourselves. Through present-moment awareness, non-judgmental observation, and intentional eating, we can nourish not only our bodies but also our souls, fostering overall well-being and a healthier relationship with food. Embrace the art of mindful eating, and embark on a transformative journey toward a more conscious and nourished life.

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BAMS

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## A case study : Mukha - Paka

Dr. Radhika A Khatawate

A female patient, 27 yrs of age presented with complaint of painful ulcers on tongue and painful boils on lips since a weeks time. Same complaint on and off.

Investigation done: CBC, Sr. B12 and LFT

Pt found to be deficient of B12 , other reports were normal.

Description: Mukha paka / Stomatitis is a common problem which we come across in general practice.

Dosha and Dhatus involved : Pitta and Vata, Rasa and Rakta

Nidana: Rooksha, amla, tikta, katu and kashaya mitya ahara sevana

Purvaroop & Roopa : Daha, paka, shoola, pidika, and aruchi

Treatment: Nidana Parivarjana , pitta and vata shamaka, bahya lepa, kavala and gandoosha.



In this patient treatment given as follows :-

1. Kavala gandoosha with Triphala Quatha thrice daily

2. Application of Mougel containing Triphala+ Khadira+Tankan bhasma before and after having food

3. General tonic Virgozest lehya 1 sp daily once with milk early morning.

4.. Diet advised : Bland semi solid diet/liquids like buttermilk ,Madhura dravyas, fruit juices.

Avoid all sorts of Katu, tikta, ushna , rooksha dravyas

Conclusion/Result : Patients had complete relief from pain and also ulcers subsided totally in 5 days of

treatment.

**Dr. Radhika A Khatawate**

BAMS, FCGO, PGDHA, CMT

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## मन का स्वरूप-आयुर्वेद दृष्टिकोण

डॉ. जय प्रकाश गुप्त

वैज्ञानिक प्रगति के उस काल में जब मानव शरीर को Mechanical Ventilators के माध्यम से कुछ समय तक मृत्यु के ग्रास से बचाया जा सकता है, मनुष्य की कोशिका के भीतर DNA की जांच से उसके Biological Parents की सम्भावना की पुष्टि की जा सकती है, MRI- CAT Scanning आदि जांच प्रणालियां मानव शरीर के अवयवों की सूक्ष्म जानकारियां उपलब्ध कराने में सक्षम हैं, विश्व में व्याधियों व रोगग्रस्त मनुष्यों की संख्या में निरन्तर वृद्धि चिन्ता का विषय है। शारीरिक रोगों में जहां AIDS, Cancer दीर्घ काल से चुनौती बने स्वास्थ्य वैज्ञानिकों के समक्ष खड़े हैं, Drug Resistant Microbial Infectious Diseases ने शारीरिक स्वास्थ्य विषयक जटिलता को और गम्भीर बनाया है।

नई Drugs, Technological Advancements, Surgical Innovation से चिकित्सा विज्ञान निश्चित ही चमत्कृत है। दुःखों (कष्टों) से निवृत्ति आदिकाल से मनुष्य की दृढ़ इच्छा रही है तथा वह इसके लिए प्रयत्नशील भी रहा है, अतः इस प्रयास में नित नूतन आविष्कारों- परिष्कारों का होते रहना स्वभाविक ही है।

पश्चिम ने मानव शरीर को केवल मात्र Biological Entity मान कर एक मशीन की भांति उस पर शोध करने का प्रयास किया, किन्तु इतने मात्र से दुःखों की निवृत्ति में बाधा उपस्थित रहने से पश्चिम के मानस ने डेम्प नामक एक संज्ञा को मानव शरीर में डाला तथा इसके विशेष अध्ययन (ज्ञान-विज्ञान) को नाम दिया Psychology। यह अचम्भित करने वाला तथ्य है कि पश्चिम का विज्ञान जिसे दम्भ है अपनी विद्वत्तापूर्ण शोध का, अभी तक Psychology के माध्यम से Psyche को ही प्रमाणिकता से स्पष्ट नहीं कर पाया है। मूल रूप में Soul से प्रारम्भ कर Mind- Cognition- Behavior में भटकती Psychology अभी तक एक स्पष्ट स्वरूप ग्रहण करने में सर्वथा असफल रही है- यह कहा जा सकता है। तो भी निःसन्देह इस आयातित Psychology व Psychiatry को ही हम पूर्ण सत्य मान एक आज्ञाकारी शिष्य की भांति अनुपालन कर रहे हैं।

हां भारतीय भाषाओं में इन विषयों के लिए मनोविज्ञान व मनोचिकित्सा नाम देकर हमने इन्हें अक्षरशः स्वीकार कर लिया है। यह एक विडम्बना ही है कि Psychology में मन सम्बन्धी विचार की सर्वथा अनुपस्थिति होते हुए भी भारतीय आधुनिक मनीषा ने मनोविज्ञान व मनोचिकित्सा जैसे शब्दों को स्वीकार्यता प्रदान की। प्रश्न यह है कि जब पश्चिमी Psychology- Psychiatry Psyche को मन मानने को तैयार नहीं हैं तो हम Psychology अथवा Psychiatry को मनोविज्ञान अथवा मनोचिकित्सा क्यों कहें? मन शब्द पूर्णतया भारतीय विचार से प्रेरित है, अतः मन सम्बन्धी भारतीय विचार के बिना भारत में मनोविज्ञान अथवा मनोचिकित्सा की बात करना निरर्थक है। मन को जाने बिना मनोविकारों अथवा मनोरोगों का निदान सर्वथा अनपेक्षित होगा। अतः Psyche के भारतीय दृष्टिकोण का अन्वेषण करने की कामना से किया जा रहा संगोष्ठी रूपी यह प्रयास वन्दनीय है।

आधुनिक चिकित्सा शास्त्र का धवल पक्ष है- विषय के सूक्ष्मातिसूक्ष्म अध्ययनपूर्वक- परीक्षणपूर्वक ज्ञान पर आधारित निष्कर्ष। मानव शरीर का Anatomical अध्ययन सम्पूर्ण आधुनिक चिकित्सा शास्त्र का आधार रहा है। किन्तु मानव शरीर रचना- क्रिया (Human Anatomy- Physiology) में कहीं पर भी Psychology- या Psychiatry की Psyche परिभाषित- उल्लिखित प्रतीत नहीं होती है। Neurology में जहां Brain, Spinal Cord, Nerves, Sympathetic-Parasympathetic Nervous Systems आदि का विस्तृत वर्णन प्राप्त होता है, उसमें डेम्प कहां समाविष्ट हो सकती है, स्पष्ट नहीं है। इसी प्रकार Angiology में जहां Arterial और Venous तथा Lymphatic channels का समावेश है वहां भी Psyche अथवा श्गह आलोकित नहीं होता तथा न ही Splanchnology के अन्तर्गत आने वाले Thoracic और Abdominal Organs की व्याख्या में Psyche अथवा Mind दिखाई देता है। Human Anatomy की अन्य शाखाओं Osteology, Myology, Syndesmology आदि में तो हो ही नहीं सकता। Embryology में भी जहां Foetal Development का विस्तृत व्योरेवार विवरण

उपलब्ध है, Psyche नामक किसी अवयव की अनन्तदृष्टि की बात का Modern Human Anatomical Studies में सर्वथा अभाव है। अतः आधुनिकों का Psyche के विषय में व्यामोह स्वतः स्पष्ट है।

वहीं दूसरी ओर भारतीय दर्शन परम्परा मन, चित्त, बुद्धि, अहंकार, अन्तःकरण आदि शब्दों से जिन विषयों को रेखांकित करती है वे सभी रचना अथवा कार्यों की दृष्टि दे विस्तारपूर्वक वर्णित हैं।

आयुर्वेद क्योंकि भारतीय परिवेश में उद्भासित भारतीय विचार दृष्टि का अनुगमन करता है तथा आयुर्वेद का विषय मानव शरीर होने से व आयु (जीवन) के सम्बन्ध में पूर्णता से अध्ययन ही आयुर्वेद का विषय होने से यह नितान्त स्वाभाविक है कि मन सम्बन्धी अवधारणा स्पष्ट उल्लेख इसमें हो। आयुर्वेद के आचार्यों द्वारा आयुर्वेद के प्रयोजन के सम्बन्ध में स्पष्टता से कहा है- 'स्वस्थस्य स्वास्थ्यरक्षणं आतुरस्य विकारं प्रशमनं च' इसी प्रयोजन की प्राप्ति के लिए आयुर्वेद चतुर्विध पुरुषार्थ, चार आश्रमों व धर्मशास्त्रों में वर्णित मनुष्य के संस्कारों के साथ स्वास्थ्य रक्षण के उपायों दिनचर्या ऋतुचर्या आदि उपायों व रोग होने की दशा में चिकित्सा द्वारा पुनः आरोग्य प्राप्त कराते हुए शतायु को प्राप्त कराता है।

आयुर्वेद के मन सम्बन्धी विचार का स्पष्टीकरण आयुर्वेद की रोग वर्गीकरण की शैली से ही हो जाता है- 'रोग चार प्रकार के हैं- आगन्तुक, शारीरिक, मानसिक व स्वाभाविक'। अर्थात् मानसिक रोग शारीरिक रोगों से भिन्न ही नहीं वरन् इनकी अपनी एक श्रेणी है, यह आयुर्वेद के आचार्यों को स्पष्ट है। इसी प्रकार आयुर्वेद ने जहां त्रिदोष सिद्धान्त के माध्यम से समस्त शारीरिक रोगों का मूल में 3 ही दोष 'वात, पित्त, कफ माने हैं वहीं मानसिक रोगों में रज व तम को मानसिक रोगों की उत्पत्ति में हेतु माना है।

आयुर्वेद में मन् का महत्व स्पष्ट होने के पश्चात् हम विचार करते हैं, मन के स्वरूप के विषय में। यहां यह भी स्पष्ट कर देना आवश्यक है कि जिस प्रकार आधुनिक विज्ञान विषय को प्रमाणिकता से प्रस्तुत करने में विश्वास रखता है, भारतीय दर्शन भी पदार्थ के अन्तर्गत प्रमाण की आवश्यकता की अनिवार्यता पर विशेष बल देता है। प्रत्यक्ष, अनुमान, उपमान, आप्तोपदेश आदि संज्ञा से प्रमाणों के प्रकारों के साथ तर्क, मीमांसा आदि के आधार पर भारतीय

दर्शन सभी विषयों को प्रमाणिकता से प्रस्तुत करने की पद्धति का अनुसरण करता है।

मन की उत्पत्ति- मन को शरीर का एक अविभाज्य अंग स्वीकार करते हुए आयुर्वेद के आचार्यों ने मन की गर्भ में उत्पत्ति पांचवें मास में बताई है 'पंचमे मनः प्रतिबुद्धतरं भवति' अष्टांग संग्रह के अनुसार पंचम मास में रक्त व मांस धातु का निर्माण भी अधिक होता है, परिणामतः गर्भ में गतिशीलता बढ़ जाती है- 'मांसशोणितोपंचमश्च'। गर्भशरीर (Embryology) में शरीर की उत्पत्ति व वृद्धि के अन्तर्गत मन की उत्पत्ति को स्पष्ट करना आचार्यों की मन संबंधी अवधारणा को स्पष्ट करता है।

भारतीय दर्शन ने प्रकृति को त्रिगुणात्मक (सत्व- रज- तम) माना है। इन तीनों गुणों की साम्यावस्था के विघटन से महत् तत्व की उत्पत्ति होती है तथा महत् से अहंकार। सुश्रुत संहिता के अनुसार इसी वैकारिक (सात्विक) अहंकार से तेजस (राजस) अहंकार की सहायता से मन उत्पन्न होता है, अतः मन को अभौतिक कहा गया है।<sup>1</sup>

चरक संहिता की व्याख्या के अनुसार अव्यक्त से बुद्धि व बुद्धि से अहंकार उत्पन्न होता है। काश्यप संहिता की व्याख्या भी चरक का ही अनुसरण करती है।

मन के पर्याय- चित्त तथा सत्व मन के पर्याय कहे गए हैं। सत्वसंज्ञक मन अतीन्द्रिय है, इसे कुछ लोग चेतः कहते हैं।<sup>2</sup> किन्तु भेल संहिता में मन एवं चित्त को पृथक् बताते हुए बुद्धि अथवा चित्त को कर्ता व मन को इन्द्रियव्यापारों का नियन्ता कहा गया है। उन्माद की सम्प्राप्ति का वर्णन करते हुए ग्रन्थकार ने कहा है कि इस रोग में दोषयुक्त मन के कारण चित्त की विकृति होती है। पहले मन फिर चित्त के दूषित होने से उन्माद रोग में बुद्धिनाश होता है।<sup>3</sup>

गुणानुसार मन के अनेक नामों का वर्णन मिलता है, यथा मनन करने से **मन**, निर्णय पर पहुंचने से **बुद्धि**, जब अहं भाव जगता है तब **अहंकार**, जब बिना कारण एक विषय से दूसरे विषय की ओर चिन्तन करता है तो चित्त, जब वह अपने भीतर किसी कमी का अनुभव करते हुए उसकी पूर्ति के लिए किसी विषय की ओर दौड़ता है तो **कर्म**, जब विचलित होकर किसी विशेष विषय की ओर ध्यान लगाता है तो कल्पना, जब किसी पूर्वानुभूत विषय का ध्यान करता है तब **स्मृति**, जब अन्य

कर्मों को भूल कर किसी विशेष विषय की कामना करता है तो **वासना**, ज्ञान हो जाने के बाद इसके अस्तित्व का लोप होने पर इसे **अविद्या** कहते हैं, क्योंकि आत्मविनाश के लिए ही इसकी स्फुरणा होती है और इसकी विद्यमानता परमतत्व को तिरोहित करती है अतः इसे **मल** कहते हैं, यह परमतत्व अर्थात् ब्रह्म को अपनी स्थिति से आवृत करता है अतः इसे **माया** कहते हैं, संसार के सभी अनुभव तथा ज्ञान के प्रति यह कारण है अतः **प्रकृति** कहा जाता है, इसे **जीव** भी कहते हैं क्योंकि यह जीता है और चैतन्य है। यह **पर्युष्टक** कहलाता है क्योंकि मन बुद्धि अहंकार तथा पंचेन्द्रियों इन आठों से बना सूक्ष्मशरीर है, यह बिना किसी प्रभाव के दूर दूर गमन करता है अतः इसे **अतिवाहक शरीर** कहते हैं, यह अपने श्रवण- दर्शन- स्पर्शनादि कर्मों से आत्मा को प्रसन्न रखता है इसलिये **इन्द्रिय** कहा जाता है। कोई कोई इसे **ब्रह्म, विराट, सनातन, नारायण**, या **ईश** भी कहते हैं।

योगवासिष्ठ के अनुसार मन की संख्या की कोई सीमा नहीं है।<sup>4</sup>

मन का अस्तित्व- 'आत्मा को श्रोत्रादि इन्द्रियों और शब्दादि विषयों से सम्बन्ध होते हुए भी कभी किसी विषय का ज्ञान हिता है और कभी नहीं भी होता। यह ज्ञान का होना ता ना होना किसी कारणान्तर को सूचित करते हैं। यही कारणान्तर मन है'<sup>5</sup>

काश्यप भी इसी भाव का समर्थन करते हैं। महाभारत में भी इस विषय को इसी प्रकार कहा गया है।

मन के गुण- चरक ने एकत्व तथा अणुत्व नाम से मन के दो गुणों का वर्णन किया है। अणु होने के कारण मन एक ही समय में समस्त इन्द्रियों में संचार नहीं कर सकता, अतः यह आत्मा के सदृश सर्वदेहात्मक नहीं है। यद्यपि एक समय में शब्द, स्पर्श रूप, रस, गन्ध के ग्रहण का आभास होता है जो कि मन के एक होने की स्थिति में सम्भव नहीं है, किन्तु उसकी चपलता- चंचलता के कारण यह आभास होता है, वास्तव में एक समय में केवल एक ही विषय का ज्ञान होता है। आचार्यों ने इसका स्पष्टीकरण इस प्रकार दिया है कि जैसे 100 कमलपत्रों का एक सुई से वेधन करते हुए सभी 100 पत्रों का एक साथ वेध प्रतीत होता है, किन्तु यह क्रमशः होता है। इसी प्रकार मन भी

क्रमशः भिन्न भिन्न ज्ञानेन्द्रियों के सम्पर्क से एक ही समय में कई विषयों के ज्ञान का आभास देता है।

मन के विषय व कर्म- आयुर्वेद मतानुसार आत्मा चेतन व मन अचेतन है किन्तु आत्मा क्रियाहीन व मन क्रियाशील है। तो भी मन का कोई भी व्यापार आत्मा के बिना सम्भव नहीं है।<sup>6</sup>

चरक संहिता ने मन के 5 विषय गिनाए हैं- चिन्ता, गुणागुण का विचार, ध्यान, संकल्प तथा मन के द्वारा अन्य ज्ञेय सुखदुःखादि ये सब मन के विषय हैं।<sup>7</sup>

मन को इन्द्रियाभिग्रह कहा गया है क्योंकि मन ही समस्त इन्द्रियव्यापारों का नियन्ता है। मन के चंचलत्व के कारण मनोनिग्रह अत्यन्त कठिन है किन्तु अभ्यास व वैराग्य से मन को नियन्त्रित किया जा सकता है, ऐसा आचार्यों का निश्चित मत है।

मन का स्थान- **हृदय** चरक, सुश्रुत व वाग्भट्ट मन के शरीर के स्थान के विषय में एकमत हैं व मन का निश्चित स्थान हृदय घोषित करते हैं। आयुर्वेद के आचार्यों द्वारा हृदय को ही आत्मा का स्थान भी माना है तथा मन को आत्मा से विलग नहीं किया जा सकता, अतः मन का स्थान भी हृदय ही है। चरक संहिता में हृदय में 10 नाड़ियों के उल्लेख में प्राण अपान मन बुद्धि चेतन के साथ 5 सूक्ष्मतत्ववाहिनी नाड़ियों का वर्णन है। चरक के टीकाकार चक्रपाणि व सुश्रुत संहिता के टीकाकार डल्हण आत्मासहित मन का स्थान हृदय ही घोषित करते हैं। मर्मों का वर्णन करते हुए सुश्रुत संहिता में हृदय को सत्व रज व तम का स्थान बताया है जिसकी स्थिति को स्तनों के मध्य बताया गया है।<sup>8</sup> तैत्तिरीयोपनिषद के अनुसार पुरुष (आत्मा) मन के साथ हृदय में निवास करती है। मुण्डकोपनिषद में भी ऐसा ही उल्लेख है।

केवल भेल संहिता में उन्माद रोग के वर्णन में उन्मादजनित मूर्च्छा में मन व चित्त की विकृति के उल्लेख से मन एवं चित्त पृथक प्रतीत होते हैं। भेल ने मन का स्थान शिर व तालु के मध्य में बताया है तथा मन को समस्त इन्द्रियव्यापारों का नियन्ता कहा है। इसी मत का समर्थन आचार्य शंकर ने भी किया है तथा मन की स्थिति को भ्रूमध्य बताया है। महाभारतकार भी एक स्थान पर मन क? स्थिति भ्रूमध्य ही मनते हैं। किन्तु भेल ने भी चित्त का स्थान हृदय को ही बताया है। चरक



संहिता में अपस्मार व मदात्यय रोगों के उल्लेख में हृदय में दोषों का प्रकोप बताया गया है।

आयुर्वेद के आचार्यों ने हृदय का उल्लेख स्पष्टता से किया है कि यह रक्तमांसमय हृदय बड़ी रक्तवाहिनियों का उद्गमस्थल है, यह स्तनों के मध्य वक्ष में स्थित है, जिसके नीचे वाम व दक्षिण में फ्रीहा व यकृत स्थित हैं।

वैदिक साहित्य में यद्यपि अथर्ववेद के एक मन्त्र में शिर (मस्तिष्क) में वायु द्वारा शरीर के नियन्त्रण की बात कही गई है, तथापि उपनिषदों में हृदय के महत्व को स्वीकार करते हुए आयुर्वेद की दृष्टि का ही समर्थन किया गया है। श्रीमद्भगवद्गीता व स्मृतियां भी आयुर्वेद दृष्टिकोण का ही समर्थन करती हैं।

योग व तन्त्र में वर्णित षट्चक्रों, इडा, पिंगला, सुषुम्ना नाड़ियों के साथ जोड़ते हुए आयुर्वेद के कतिपय आधुनिक विद्वानों ने मन की स्थिति मस्तिष्क में निर्धारित करने का प्रयास किया है, किन्तु तन्त्र में वर्णित नाड़ी व्याख्या का शास्त्रीय आयुर्वेद का कोई भी ग्रन्थ समर्थन नहीं करता है, अतः इसे स्वीकार करना कठिन है। कहीं कहीं हृदय व मस्तिष्क में भ्रम की उत्पत्ति दृष्टिगोचर होती है, किन्तु यह स्मरण रखना चाहिये कि आयुर्वेद के आचार्य हृदय व मस्तिष्क के पृथक् अस्तित्व के विषय में स्पष्ट थे। चरक शिर को ज्ञानेन्द्रियों के अधिष्ठान व प्राणवह स्रोतों का आधार मानते हैं तथा हृदय में मन बुद्धि व चेतना का स्थान मानते हैं।

आधुनिक शोधकर्ताओं का भी यह मत है कि Psychological Behavior को Neurological processes से समझ पाना सम्भव नहीं है। अतः Cerebrospinal Apparatus की perception और reaction को psychological functions के साथ नहीं जोड़ा जाना चाहिये। पाश्चात्य वैज्ञानिकों में जर्मनी के Barun ने अपने लेखों Herzpsyche in Inhen wirkungen and einader (1930) व Herz and Augst (1932) में अपने Philosophical and clinical experiments के माध्यम से यह स्थापित किया है कि हृदय का Mental Life के साथ घनिष्ठ सम्बन्ध है। अपनी कृति Herz and Augst के पृष्ठ 38 पर वह लिखते हैं- 'Heart is a specific sense organ of Anxiety comparable to eyes

as the sense organs of sight. Anxiety is an inner tactile sensation bound up with a special apparatus located in the cardiac tissue which is well supplied with sensory nerve endings maintaining that all anxiety shows at least an irritability in the specific cardiac organ.'

एक अन्य Psychologist Eichen Berger (1929) ने अपनी शोध के माध्यम से यह सिद्ध किया कि Anxiety की वृद्धि के साथ ही Cardiac decompensation प्रारम्भ हो जाती है।

Prof. W. Hanss Munion ने आश्चर्यचकित करते हुए अपने Experiments- observations के आधार पर Heart Attacks के सामान्यतया मान्य (Thrombosis and Embolism of Coronary Arteries के) सिद्धान्त को चुनौती दे दी, जब उन्होंने पाया कि अनेकों Heart Attack के रोगियों में तथा यहां तक कि अति गम्भीर रोगियों में Coronary Arteries में कोई भी clots नहीं पाए गए।

ऐसे अनेकों अनुभवों के आधार पर यद्यपि पश्चिमी मानस भारतीय विचार से सहमति की ओर बढ़ता प्रतीत होता है, किन्तु अभी इन मान्यताओं के स्थापित होने में समय लग सकता है। यह भी आवश्यक नहीं कि समस्त भारतीय सिद्धान्त आधुनिकता की कसौटी पर खरे उतर सकें, तो भी अपने ज्ञान पर निष्ठापूर्वक परिश्रम से उसे वैज्ञानिक कसौटी पर प्रामाणिक करने की नितान्त आवश्यकता है।

1. सुश्रुत संहिता सूत्रस्थान. 1/4
2. चरक संहिता सूत्रस्थान. 8/4
3. भेल संहिता चिकित्सास्थान. 8/10-11
4. एवं जीवात्रितो भावा भवभावनयोर्हिताः।  
ब्रह्माणं कल्पिताकाराल्लक्षशोप्यथ कोटिशः?
5. चरक संहिता शारीरस्थान 1/18-19
6. चरक संहिता शारीरस्थान 1/75-76
7. चिन्त्यं विचार्यमूह्यं च ध्येयं संकल्प्यमेव च।  
यत्किंचित्मनसो ज्ञेयं तत्सर्वं ह्यर्थसंज्ञकम्॥

**डॉ. जय प्रकाश गुप्त**

अमृतकलश चिकित्सालय, दुकान संख्या.20-21, हाउसिंग बोर्ड कॉलोनी, अम्बाला छावनी।

Former Joint Secretary NIMA CC.



## Dr. O. P. Kapoor

### **Aspirin - an old drug, yet Allopathy can claim it to be one of the best :- Cost Effectiveness/Yield /Medical Economics**

Low dose Aspirin is extremely useful to prevent arterial thrombosis as in coronary arteries. Recently, it has been shown that Aspirin can also prevent venous thrombosis (though not as good as anti-coagulants). Thus the GPs can start using this drug for dual prevention of arterial and venous thrombosis. Aspirin, therefore has broken the records of usefulness in treating these patients without spending much money. So far, nobody had ever dreamt that Aspirin can cure any disease. It has now been shown convincingly that it prevents cancer of the colon. Once this cancer is diagnosed, Aspirin should be used permanently, irrespective of the surgery. Not only that, the GPs can start prescribing this drug to patients of advanced cancer of the colon with metastasis. Even these patients will live longer than those who have not received Aspirin. What a miraculous drug allopathy has produced when the cost of the drug is only few paise, where as the cost of other drugs used for cancer is exorbitant.

And finally, if you see a patient having a platelet count of 10 to 20 lacs or more (thrombocytopenia), with no final diagnosis made, before he gets coronary thrombosis, haemiplegia or a gangrene due to platelet thrombosis of the vessels, if you give one tablet of baby Aspirin, it can paralyse these platelets and avoid their clumping (leading to thrombosis !!)

### **Fed up of the Diagnosis of Hypothyroidism in Private Practise**

Thyroid tablets have gained a bad reputation. Many fat patients continue to take this drug and are upset that their weight does not reduce. Many others are taking this tablet for fatigue, weakness, tiredness, cramps, etc, and grumble that they are not improving. The fact is that the general practitioners have put them on Thyroid tablets after seeing TSH reading of even 5.5. In fact, in USA, there are endocrinologists, who will call even a level of 4 as abnormal.

I have included routine TSH test in my clinic. So far thousands of patients, who have come to me for any complaints, elevated TSH is extremely common. Unless there is a family history of Thyroid disease or specific symptoms of hypo-thyroidism or a low Free T4 or presence of very high levels of anti Thyroid antibodies, I only watch these patients/ results at every subsequent visit.

The fact is (I am not quoting only my statistics), 10% of the general population will have elevated TSH levels, when examined routinely. 80% of them

correct themselves within 2 years, without any treatment. I have seen and confirmed this.

### **Sjogren's Syndrome:- Symptoms and Signs**

Sjogren's syndrome is often present in patients of Rheumatoid arthritis, connective tissue disorders or Thyroiditis. Off and on, we also see this syndrome in normal patients, more common in females and after the age of 60.

Basically, these patients complain of dryness of the eyes and mouth. Very often, they do not complain of eye symptoms but complain of only dryness of the mouth and they need to carry a bottle of water to sip constantly. Very few of them may have bilateral parotid enlargement. The diagnosis is confirmed mainly by the blood tests-e.g.

1. Positive Rheumatoid Factor,
2. Positive anti Nuclear antibodies
3. ENA (other antibodies like SSA, etc.)
4. High Gamma Globulins and
5. High ESR.

If there is no evidence of connective tissue disease, treat by giving them sugar-free gums or candies frequently, during the day. Avoid drugs as it is a life-long problem.

Finally the doctors must keep in mind that such patients have higher incidence of Lymphoma than the normal population. Thus, moment an enlarged lymph node is spotted, think of Lymphoma and not tuberculosis.

Fortunately, none of my patients of Sjogren's syndrome have developed lymphoma and are living normal lives.

### **Beware of Occasional Vertigo Patients**

Every doctor will see a vertigo patient daily. For many of them, it is a first and the only attack of vestibular Neuritis or Acute Labyrinthitis.

There are others, who come again and again for vertigo. Most of them have Benign Paroxysmal Positional Vertigo

(BPPV) or Vestibular Migraine. However, there are bad organic causes which should not be missed.

The following symptoms, when present in a patient of vertigo, should alert you to carry out the investigations.

1. Unilateral deafness
2. Appearance of new headache
3. Any neurological symptoms like abnormal speech, difficulty in walking or weakness of a limb.

**Dr. O. P. Kapoor**

Ex. Hon. Physician, Jaslok Hospital and  
Bombay Hospital, Mumbai, Ex. Hon. Prof. of  
Medicine, Grant Medical College and J.J. Hospital.



## Perils of Ignorance

Dr. Nitin Rajan Kochar

This is in response to learned and respected Dr. Abha Nagral's article to appear in Journal of Clinical and Experimental Hepatology but before that, published in Times of India on 13<sup>th</sup> November 2022, Mumbai edition; alleging that, Giloy, one of the traditionally used common herbs, as the cause of liver injury, based on her small self observational- non reviewed study. At the end, Author had herself concluded that, knowing these hepatotoxic side effects, Giloy to be used under observation only. With due respect to her and her painstaking studies, I would put my objection to call Giloy as Hepato- toxic herb based on following facts.

Fact 1: Wrong, Misleading Title: "Herb-induced liver injury (HILI) - A guide to approach. Lessons from the *Tinospora cordifolia* (Giloy) case series story of the Article":

First and foremost important point, which Author had mentioned that, the patients, consuming *Tinospora Cordifolia*, were on unsupervised and on self medication. Author had forgotten the fact that, during Pandemic, out of fear, people were on Poly-Pathy" (they were taking Herbal medicines, home remedies, taking Homeopathy medicine called Arsenica, Allopathic drugs like HCQ, Ivermectin, Doxycyclin etc. to prevent from getting infected). And there is no proof, which can validate that, these six patients had never taken such remedies. Further, any unsupervised therapy for any drug, may it be Allopathic, Ayurvedic, Homoeopathic or Unani is hazardous, is a common sense, why need a research for the same and give Giloy or any herb or medicine a bad name? Dr. Nagral should have then included & compared the various allopathic or Homeopathic drugs taken as self

medication during the Covid Pandemic in her research before concluding that Giloy has caused Liver injury.

Fact 3: Incomplete analysis: Secondly, in her said article, author herself accepts that, due to various limitations, she has not done any assessment / analysis of consumed product for the contamination by metal/s via soil, water or pesticide, method of preparation, vessel used for boiling the herb or preservatives used etc. Where in it is a well established fact that non purified metals from any of the sources, could be the first cause of Liver or renal damage, rather than any herb itself. So this title and article in itself does not provide any learning lessons on *Tinospora cordifolia*.

Fact 4: Outcome of other larger studies on TC: In following number of non Pharma driven clinical studies, conducted by modern stalwarts, Clinical pharmacologists and senior practioners, and where patient base was at least 10 , 20 & 30 fold more that what Dr. Abha Nagral had presented, the outcome is clearly evident to say that, *Tinospora cordifolia* is "Hepato-protective" and douses the cytokine storm during Covid - 19 and also in auto- immune disease like RA. So Dr. Abha Madam's data of just 6 patients is totally contradicted with the outcome of the large studies. And learning lessons or guidelines for the clinical practices are always based on the outcome of larger studies, isn't it?

1) In one of the Gastroenterology Journals, in 2008 an article was published Proving efficacy of *Tinospora* and Curcumin as proven "Hepatoprotective" herbs during AKT (Prevention of hepatotoxicity due to anti tuberculosis treatment : A novel integrative approach World J Gastroenterology 2008 August 14; 14(30): 4753-4762). The said study was

screened on almost 500 patients, as against the 6 patients study conducted by Respected Dr. Abha Nagral.

2) In 1999, Dr. Rege and Dr. Dahanukar and Dr. Thatte from KEM Hospital and Seth GS Medical College, Published an article in Journal of Phytotherapy research, proving "Adaptogenic efficacy" of six Herbs, Giloy is one of them. Adaptogenic is a unique a property of the herb which means, the herb possessing this property, works as a "immune booster" and "Immune regulator" too. Thereby it can be used in Infectious diseases to improve the phagocytic functions of the macrophages and also increases the cytotoxic effects of the other immune cells, thereby helping body to clear the infection fast. But moment the infecting or toxic agents or cancerous cells are washed out, Adaptogenic herb like Giloy will control activated Cytotoxic immune cells by signaling certain interleukins like IL10, IL19, IL35 etc.

3) Another study, involving Well known Rheumatologists, Ayurveda Scholars and Director of Interdisciplinary school of Health sciences, published in Journal of Clinical rheumatology, 2012 Feb: 31(2) , 259- 69, "Comparable efficacy of standardized Ayurveda formulation and hydroxychloroquine sulfate (HCQS) in the treatment of rheumatoid arthritis (RA): a randomized investigator-blind controlled study" has mentioned efficacy of *Tinospora Cordifolia* and *Ginger & Semicarpus indica* in Rheumatoid arthritis (RA). The study was conducted on 121 patients. We all know that RA is an auto-immune disease with increased cytotoxic markers, the conclusion in author's words are "This preliminary drug trial controlled for HCQS demonstrated a standardized Ayurvedic polyherb drug to be effective and safe in controlling active RA. A better-designed study with a longer evaluation period is recommended."

4) Another Such article, "*Tinospora cordifolia* inhibits autoimmune arthritis by regulating key immune mediators of inflammation and bone damage" published in the international journal of Immunopathology and pharmacology, 2015 Dec; 28(4):521-31. Has affirmatively concluded that the anti-inflammatory effect of TCE was mediated via reduction of the pro-inflammatory cytokines such as: IL-1?, TNF-?, IL-6, and IL-17; the frequency of IL-17-producing T cells; and the production of chemokines such as RANTES.

5) The latest research article published in the J of Chemistry and Biodiversity Sept 2022, The Efficacy of Traditional Medicinal Plants in Modulating the Main Protease of SARS-CoV-2 and Cytokine Storm concludes that, "*T. cordifolia* could bind to SARS-CoV-2 proteins and prevented the virus attachment and replication in human host cells. Besides it also displayed anti-cytokine storm potential. Based on the above finding, it is pertinent to suggest *T. cordifolia* with immuno-modulatory activities as a likely candidate to prevent oxidative damage and increase immune homeostasis response in Covid-19 patients. The phytochemicals from *T. cordifolia* which exhibited drug-like effect is considered safe for human consumption." The author has also emphatically mentioned that *Tinospora cordifolia* and other studied herbs reduce cytokine storm by attenuating Pro-inflammatory cytokines like IL2, 6, 8, 10, IL 1beta & TNF Alfa.

So it is evident that *Tinospora* has "Immune-Homeostatic" properties and As per Ayurveda, it is possible due to its property of balancing Tridosh (namely Vata, Pitta & Kafa) Hence those 6 patients who suffered Acute Liver Injury, in Dr. Abha Nagral's study group, cause may be different than the Giloy. Further, though unsupervised, it is definitely unacceptable that, the dose of 2 to 4 tweaks of Giloy,

boiled in water and consumed, will cause such Auto- immune cytokine storm to injure Liver, as stated by Dr. Abha Nagral in her trial. Further, apart from the regular use of Giloy by the generations of Ayurveda doctors in India and worldwide, in none of the above mentioned and many other such non Pharma driven clinical trials had noted such serious ADRs of Giloy.

Fact 5: No involvement of Ayush Doctor: As per our mandate, in line with WHO's strategy for 2014-2023, one should not underestimate the potential of TM & Each member state should involve traditional practioners and harness the potential of traditional medicine of that country and should incorporate TM of proven efficacy and safety with the conventional medicines, ensuing better global health ( Dr. Margaret Chan-Director general- WHO) .So, if any study on the herb is being done, it is necessary to inform Ayush department and involve Ayush

doctor. But author has either forgotten this fact or connived it for the reasons, best known to her.

Based on these facts, me as an Ayurveda doctor, I object to the publication of the article. Further, It is absolutely unethical, misleading if such self concluded article, ignorant of many facts, are published without any scientific discussion to print and social media, causing harm and defamation of the particular pathy.

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Ayurveda Investigator on clinical trial on efficacy  
and safety Curcumin on Sarcoma,  
TATA Cancer Hospital. (2005-06)

Hon. Consultant , University Of Mumbai

Hon. Ayu consultant Smt. KGMP Ayurveda Hospital

Practising Ayurveda consultant (28 years),

Goregaon, Mumbai



## Guduchi

**Guduchi** is rightly called 'Amritavalli' which literally translates into a creeper with heavenly nectar'.

Other names :- Tinospora cordifolia, Jivanti , Jivantika, Amrita, Gulvel, Giloy etc.

Since ancient times, the use of Guduchi has been widely mentioned in several Ayurvedic scriptures and textbooks like Charaka Samhita , Susruta Samhita, Raj Nighantu, Bhava Prakasha Nighantu, etc.

Ayurvedic Properties Of Guduchi :-

**Rasa** - Kashaya , Katu, Tikta

**Virya** - Ushna .

**Prabhav** - Rasayan, Vishaghna .

**Guna** - Laghu and Snigdha.

**Vipaka** - Madhura Vipaka .

**Karma** - Tridosha shamak

Guduchi and its compositions are used for the following :- Rasayana , Jwarahara, Sangrahi, Dipana , Amahara, Vayasthapana , Pramehaghna , Kushtaghna , Balya, Medhya , Kasahara, Hridya , Krimighna, Chakshushya , Arshoghna, Vata raktahara, Kamala , Pandu , Trishnahara, Chardighna , Shwasahara , Hridroga

**Guduchi is a medicinal herb / creeper and like any other medicine one has to use Guduchi and / or medicinal compositions made from Guduchi under medical supervision.**

Ref:- <https://cdn.ayush.gov.in>

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Association News

NIMA-Maharashtra

NIMA-Amravati



A yoga camp was organized by National Integrated Medical Association, Amravati on 21/06/2023, on the occasion of International Yoga Day.

The NIMA members present celebrated the International Day of Yoga by performing Yoga Pranayama as per the protocol after first praying to Dhanwantari. NIMA State Branch Vice President Dr. Deepak Pochchi demonstrated Yoga Pranayama. NIMA Central Committee Joint Secretary Dr. Vijay Ghatole, NIMA State Branch Joint Secretary Dr. Swapnil Ghatol, NIMA Amravati President Dr. Amol Thavali, Dr. Vijay Khandare, Secretary NIMA Amravati branch, Treasurer Dr. Sagar Sambe, Women's Forum President Dr. Priya Chaudhary, Senior Members, Majority of members participated in the event. The program was implemented under the guidance of senior member of the branch Dr. Sunil Lande.

NIMA-Akola



YOGA session was held from the 19.6.23 to 21.6.23 at RT Ayurvedic college, Akola.

Women's Forum conducted YOGA Session for 3 days. Yoga teacher was Dr Swati Deshmukh .

Program was organised by Women's Forum President Dr. Kavita Rathi , Secretary Dr. Varsha Badgujar, Treasurer Dr. Seema Wakchaware and Dr Jyoti Kokate , Dr Megha Malpande , Dr Maya Karale , Dr.Manisha Nanoti, Dr. Anuja Deshmukh, Dr. Vaishali Tale, Dr. Sangmitra Kankal, Dr. Vijayshri Gulhane, Guests for the occasion were Dr Maya Thakate.

Total attended were 20-25 members.

NIMA-Akola





Nima Women's forum, Akola Maharashtra. Organised Doctor's Day Celebration and talk on heart disease in pregnancy and Vaginal hygiene on 9/7/2023. Program started with Dhanwantari poojan and lighting of lamp by honorable NWF president Dr Kavita Rathi. Guest Dr. Manisha Deokate and Speaker Dr. Bineet Sinha and Dr. Tulika Sinha. Dr. Bineet Sinha, Cardiologist gave descriptive lecture on Heart disease in pregnancy. Dr Tulika Sinha, Gynaecologist gave talk on Vaginal Hygiene.

This event was successful with collective efforts of President Dr Kavita Rathi, Secretary -Dr. Varsha Badgujar, Treasurer -Dr. Seema Wakchavare, Dr. Sunita Niwane, Dr. Maya Thakare, Dr. Maya karale, Dr. Vaishali Tale, Dr. Chayya Deshmukh, Dr. Anjali Raje, Dr. Manisha Hamirani and 65 other WF members

## NIMA -Ahilyanagar



Women's Forum of Ahilyanagar (old Ahmadnagar) had organised a session on PCOD and “कळी उमळताना” on menarche conducted by Dr Anshu Mule. Around 200 students attended the informative session. Dr. Ratna Ballal, Dr. Kalpana Kadam, Dr. Gadekar had made the arrangements.

## NIMA -Nashik

Doctor's Day Celebration.

Nature of the programme: Workshop and Interactive session on 'Sahaj Nadi Pariksha' on July 1, 2023.

NIMA Women's Forum Nashik, in association with NIMA and the Ayurved Forum, conducted a workshop on 'Sahaj Nadi Pariksha'. Nadi Guru Acharya Vaidya Sanjay Chhajed ji explained briefly about Nadi Pariksha and answered the questions related to the topic. He also demonstrated Practical aspects of the Nadi Pariksha app developed by him. The names of guests on the occasion were

Dr. Tushar Suryawanshi,  
Dr Pratibha Wagh

Total 50 members total  
(25 Women's Forum members)

## NIMA -Nashik



Doctor's Day Celebration and Diamond Awareness Programme was conducted on July 6, 2023.

NIMA Women's Forum, Nashik conducted a Diamond Awareness Programme wherein the owner of Kanchanpushpa Gems explained in detail the points to keep in mind while choosing the good quality diamonds, care to be taken while purchasing, important aspects to be mentioned in the bill of diamond jewellery, etc. Later, Doctor's Day was celebrated with the felicitation of the Women's Forum members. Everyone enjoyed the photo shoot wearing diamond jewellery. Furthermore, 3 lucky winners received prizes for answering a questionnaire relating diamonds correctly.

Names of Guests and Invitees: NWF State Joint Secretary: Dr. Pratibha Wagh Madam.

Owner of Kanchanpushp Gems and Jewellery.

Persons attended: 25 Women's Forum members.

## NIMA - Amravati



Planting of 500 herbal plants:- Tree plantation on the occasion of Environment Day, Doctors Day on behalf of the NIMA, Amravati was done. 500 saplings of Ayurvedic medicine were planted, on the occasion of Environment Day, "one tree in each member's name, on 2<sup>nd</sup> July this year. A unique environmental supplement program was implemented on behalf of NIMA Amravati that is, tree plantation will be done every year as per the total number of members in the organization, "One tree per member" will continue. Plantations were carried out at various locations.

The citizens welcomed the program and expressed the desire that other organizations should organize similar environmental complementary programs.

All the office bearers and members of Ayurveda Forum worked hard for the success of this program.

NIMA State Branch Vice President Dr. Deepak Pochchi, State Branch Joint Secretary Dr. Swapnil Ghatol, Dr. Rajesh Utane, Dr. Anil Bazaar, Dr. Dheeraj Isokar attended the event. NIMA Amravati President Dr. Amol Thawali, Secretary Dr. Vijay Khandare, Treasurer Dr. Sagar Sambe, Women's Forum President Dr. Priya Chaudhary, Secretary Dr. Prema Chaudhary, Treasurer Dr. Priya Singh Khandare, Dr. Vaishali Thavali and President of Ayurveda Forum Dr. Sagar Ardak, Secretary Dr. Ankur Dalke were present. NIMA members Dr. Nandkishore Lohana, Dr. Vijay Ajmire, Dr. Vinod Metre, Dr. Vinod Rode, Dr. Amit Gulhane, Dr. Sunil Lande, Dr. Rajendra Bhamkar, Dr. Rajkumar Langde, Dr. Amar Borkhe, Dr. Paris were present. Also employees of Shivtekdi Conservation Committee

And Mr. Aleem and Shree Jayagiri Maharaj, Mr. Gawande, Mr. Pankaj Deshmukh, Mr. Sanjay Deshmukh, Mr. Suhas, Mr. Bhattad Kaka, Mr. Raut provided valuable help.



## NIMA -Akluj



CME on Approach with chest pain on 4/7/2023. Program started with Dhanwanta-ristavan and lighting of lamp by honorable NIMA Women's President Dr.Anjali Kadam and Speaker Dr. Shirke.

1: On occasion of doctors day CME was arranged by Nima Women's Forum Akluj, Dr.Sachin Shirke Cardiologist gave descriptive lecture on basic approach on chest pain. All general practioner doctors were invited for this CME. 2: All participant doctors were felicitated with mango plant on occasion of doctors day. 3: Children of our faculty with mile stone achievement in NEET UG were felicitated with mango plant.

This event was successful with collective efforts of Dr.Anjali Kadam, Dr.Vidya Ekature, Dr.Shubhada Pote, Dr.Rupali Parade, Dr.Kavita Patil, Dr.Urmila Patil, Dr.Archana Gawali.

## NIMA-Karnataka

### NIMA-Gadag



A free medical health check up camp was done on 25/06/23 by Team NIMA Gadag in association with Rajasthan Aushadhaalaya at NRA Health centre, Gadag, Karnataka

## NIMA-Bangaluru

On 25/06/23, the most awaited program of Amrit Mahotsav Sports Award ceremony of NIMA B'luru Division was concluded with giving away the awards to all the above mentioned Winners and Runners for both Badminton and Carroms sports conducted on 27/11/22 at Suprad Badminton court and on 29/01/23 at GAUCGA premises . Participation certificates given to all participants. Sports day memorable event. Award ceremony venue was sponsored , and both sports day and award ceremony was organised by NIMA B'luru district. It was well organised and memorable moment for all the delegates present for the occasion. Later CME sponsored by Manipal Hospital in association with NIMA B'luru district.

## NIMA-Gadag



Speakers Dr. Mallikarjun Kalshetty, Dr. Hemant Kumar and Dr. Mohammed Shahid Ali delivered talk on their respective topics was very detailed, informative and interactive.

All NIMA Gadag members participated in yoga awareness walkathon conducted on 20/6/2024 on eve of 9th international yoga day celebration by District Ayush Department.

## NIMA-Bangaluru



NIMAKarnataka state has received most of the awards during the Amrit mahotsav valedictory function of NIMA CC. Got recognition and appreciation for the maximum number of medical camps done by Karnataka state. A proud moment for all the dear members of NIMA Karnataka. Dr. Radhika AKhatawate, Incharge General Secretary, NIMA KSB

## NIMA-Bellary



On 14/06/23 on Neurology on topic 'Everything that shakes is not shakes palsy' by Dr. Siddharth Joshi, organized by NIMA Bellary District branch, Karnataka in association with Taranath Ayurvedic Medical college and hospital. Various types of Parkinson's disease and it's clinical Diagnosis was discussed by the speaker. Good number of PG scholars, doctors gathered for the program. Dr. Madhava Diggavi, President NIMA Bellary, Dr. Naganagouda, Dr Virupaksha Vastrad, Dr. Farida Begum, WF NIMA Bellary were present on the occasion

## NIMA-Kodugu



On 18/06/23 , on subject 'Rasoushadhi in clinical practice' speaker Dr. Rohini D Bharadwaj BAMS, MD organised by NIMA Kodugu and WF , Karnataka.

## NIMA-Mutual Benefit Scheme

In the first managing committee meeting of NIMA-Mutual Benefit Scheme, held at Buldana(M.S.) on Sunday 9th July 2023, the following new office bearers are elected unanimously

**Chairman : Dr.Manojkumar Sangle,**  
9822924128

**Convener : Dr.Devendra Bacchav,**  
9422760940 /9130060940

**Treasurer : Dr.Girish Daga.**  
9822569698 /8275322556

Other Managing committee members are as follows  
Immediate

**Past Chairman : Dr.Shantilal Sharma**  
9423075628 /7588388827

**Members : Dr.Kiran Deshpande,**  
9422240115 / 7058842591

**Dr.Rajeev Ashoka,**  
9953332162

**Dr.Swati Sangle.**  
9921198194

**Ex.officio Members :**

**Dr.Ashutosh Kulkarni,**President NIMA-CC.  
9422860289

**Dr.U.S.Pandey,**Secretary General NIMA-CC  
9415228720

**Dr.Shantilal Sharma,**Treasurer NIMA-CC.  
9423075628

Congratulations !! to all the newly unanimously elected office bearers.

**NIMA CENTRAL COUNCIL**

(Office bearers for the year 2023 -2025,  
including Nominated post)

**NATIONAL PRESIDENT**

DR.ASHUTOSH KULKARNI

**I.P.P.**

Dr.V. D.Tembhumikar.

**SECRETARY GENERAL**

DR.U.S.Pandey.

**TREASURER**

DR.Shantilal Sharma

**SR.VICE PRESIDENT**

Dr.Parvinder Bajaj (Punjab)

**NOMINATED V.P.**

Dr Gajanan Padghan (MS)

**VICE PRESIDENT**

Dr..S P.Mohite(MS)

Dr. Pravin Dangore(MS)

Dr. S.M.Kaushish(Har)

**JT.SECRETARY**

Dr. Anil Patil

Dr. Shriram Kalyankar

Dr. Vijay Ghatole

Dr. Dipak Patil

**NOMINATED JT.SECRETARY**

Dr.Dinesh Rathi

**ASST.SECRETARY**

(Nominated)

Dr. Rajesh Tiwari ( UP)

Dr. Mukesh Dhablaniya (UK)

Dr. Anil Nagrath (Pb)

Dr. Alok Kumar Mishra ( Bihar)

**ORGANIZAR**

Dr.Shailesh Nikam

**CHIEF SPOKE PERSON**

Dr. Vedparkash Sharma( Delhi)

**SPOKE PERSON**

Dr. Vishal Bhanot (Pb)

Dr. Pawan Sonwane (MS)

**Jt. TREASURER**

Dr. Sanjay Joshi (MS.)

**CO-ORDINATOR**

Dr.Sanjay.Londhe(MS.)

Dr. S.N. Pandey (UP)

**JT. CO ORDINATOR**

Dr. Mazahar Alam (Bihar)

Dr.Pratap Somvanshi (MS)

**WEB CONVENOR**

Dr.Manish Joshi(MS.)

J.B.NAIKE LEGAL CELL

**CHAIRMAN**

Dr. Nitin Kothale

**CONVENOR**

Dr.Rajendra Khatavkar

**ELECTION COMMISSION CHAIRMAN**

Dr Ravindra Bothra

**NOMINATED**

**E.C.MEMBERS**

**KARNATAKA**

Dr. Bhusnurmath

**CHANDIGHAR**

Dr. Minu Gandhi

**M.P.**

Dr.Anil Shrivastava

**DELHI**

Dr. Sukhbir Singh.

**CHATTISGHAR**

Dr. Manohar Laheja

**HIMACHAL**

Dr.Virendra Kaul

**JHARKHAND**

Dr. A.K.Prasad

**TAMILNADU**

Dr. Kamal Hasan

**UTTARAKHAND**

Dr.Gagandip Joshi

**West Bengal**

Dr. S.B.Tewari

**GUJRAT**

Dr.Mohit Thakral

**TELANGANA**

Dr.Anilkumar Patil

**RAJASTHAN**

Dr.Vinod Agrawal

**DADRA NAGAR HAVELI**

Dr.PremSing Patil

**ZONAL SECRETARY'S**

**EAST ZONE**

Dr.Anil Vishwaakarma (Bihar)

**WEST ZONE**

Dr. S.L.Gaikwad

**(MS)**

**NORTH ZONE** - Dr. Vishwajeet Phogat.(Haryana)

**CENTRAL ZONE** - Dr.K.D Singh (UP)

**STUDENT FORUM CONVENOR** - Dr. Shriram Ragad.

**WOMEN'S FORUM**

**I.P.P.** - Dr.Sadhana Kulkarni

**PRESIDENT** - Dr. Vaishali Padghan (MS)

**SR.VICE PRESIDENT** - Dr.Premlata(Bihar)

**VICE PRESIDENT** - Dr. Veena Gumbhar(Punjab)

**SECRETARY** - Dr. Mrunmayi Masodkar (MS)

**TREASURER** - Dr Rashmi Sharma (Haryana)

**CO ORDINATOR** - Dr. Kalpana Singh(UP).

**JT.SECRETARY** - Dr. Kasturi(KA), Dr. Niloo Mishra (UP)

**E.C.MEMBERS**

Dr. Shabeena javed (Bihar)

Dr Chetna ( KA)

Dr Vandana Pathak (UP)

Dr Sangeeta Pahuja ( Delhi)

Dr kiran Soni (Haryana)

Dr Neha Reja (MP)

Dr Sunita Nagrath (Punjab)

Dr Rajashri Shirpurkar (MS)

Dr Anoop Dhablaniya ( UK)

Dr Hetal Patel (GJ)

Congratulations to all. Best wishes for your tenure.

List of Nominated members of various committee's will be declared within short period.

