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**Editorial****The Epilogue**

National Integrated Medical Association was founded on 13th April 1948. Since then there was slow but steady rise in Integrated Medical Colleges in various parts of our nation. This year 2023, our association has celebrated the 75<sup>th</sup> Anniversary, The Amrut Mahotsava of our association. We are highly obliged to our those senior most founder members who have spent their youthful charming years in formation of



such a huge organization. It was really a big task to build a team from the practitioners from East, West, North and South states of this huge nation, many miles away from each other, having minimum facilities of communication, but still having eagerness, guts, ambitions to built their own organisation. The strong aim was to create a space, value, usefulness and to show the importance of practioners practicing in every nook and corner of our nation.

We salute them and express our high regards. I Personally feel very proud as I got the opportunity to work with some of them during their struggle period. Their memories give us the recollection of their energetic efforts, constructive work, their co-ordination co-operation, and communication within themselves. A small shoot of integration was planted in Dehli in 1948 and within 75 years it has spread its branches all over the nation. In every small village or a big city, one will find or practitioners providing his help to every needed person.

NIMA Amrut Mahotsava Epilogue Programme was organized on 28/5/2023 at Varanasi. Many highly respected stalwarts of NIMA were felicitated and honored for their dedication in the development of our association. Memories of those who are not now within us were also recollected as their association with NIMA was very valuable.

In this programme, statewide new teams were formed. The work done and the dedication of all of them were appreciated and so all were honored. We congratulate the Presidents Secretaries, Treasureres along with other office bearers of all those NIMA branches and wish them prosperity and success in their personal status and their dedication, towards our association NIMA. We feel proud for them as they all are our future pillars. All of them were felicitated for their work and dedication.

A new team of NIMA Central Council was formed for year 2023-2025. The following are the new office - bearers for central council.

Dr. Ashutosh Kulkarni - President

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

Dr. U. S. Pandey - Secretary General  
Dr. Shantilal Sharma - Treasurer  
New Vice - Presidents  
Dr. Pravin Dangore  
Dr. Parvinder Bajaj  
Dr. Sudhakar Mohite  
New Joint Secretaries  
1) Dr. Anil Patil  
2) Dr. Vijay Ghatole,  
3) Dr. Shriram Kalyankar,  
4) Dr. Dipak Patil

Our best wishes to all these stalwarts who will be the best future leaders for NIMA India family.

This Year two great - personalities of NIMA are getting retired after dedicatedly working for our association for a very long time. Both of them have built up various families for the Association.

One of them is Dr. Vinayak Tembhurnikar, Dr. Tembhurnikar first worked for NIMA Solapur, Dist. Branch, then Maharashtra state and then NIMA C.C. His long term dedication, first as a secretary and then President NIMA for many years shows his attachment and affinity towards NIMA. His guidance and untired availability to east-west and south-north branches during handling any dispute (if any) was always fruitful. His way of maintaining personal relations with all the branches made him easy to work fruitfully for many years. Because of his dedicated fruitful service for such a long time, Dr. Tembhurnikar was declared and felicitated as the best President of NIMA C.C. Dr. Tembhurnikar's reply speech was very touching to the audience.

The second V.I.P. is Dr. Mrs. Sadhana Kulkarni. In early days of NIMA, all the members (gents and ladies) were working together in all the projects including family planning etc. But specially for gynocentric problems, NIMA started Women's Forum in year 2006 with the hard work of Dr. Tembhurnikar, Dr. Ashotosh Kulkarni and

Dr. Mrs. Sadhana Kulkarni along with many other seniors and juniors. Because of the great interest and absorption in this project, within few years Dr. Mrs. Sadhana Kulkarni was elected as a President of women's forum. Under her guidance, Women's Forum Project developed very fast. Today there are about 132 branches of women's forum all over the nation which includes 8 state level branches and about 124 District level branches. Because of the filing service and valuable guidance to our new lady doctors, this wing developed very fast. Madam was felicitated in this programme for her untired guidance. After the retirement of Dr. Mrs. Kumud Nagral and her colleagues, Dr. Mrs. Sadhana Kulkarni had carried the work responsibility on her shoulders and created a boldness and assurance amongst our women's forum members.

In this farewell programme, a good number of seniors and stalwart members have shown their attendance and pleasantly participated during discussion on many subjects. We congratulate all the Presidents, Secretaries and the other office bearers participating in this mega event. All have nicely shared the celebrations of all the activities suggested by NIMA C. C. during this whole year of our Amrut Mahotsava. We really feel blessed by the extreme co-operation given by our all the branches. Your doing is new learning.

Once again congratulations to all new office bearers and thanks with salute to all the previous office bearer of c. c., states and dist. branches for their love and dedicated help to your colleagues.

Friends, your trust on the association is our greatest award. All the best wishes for your future prosperity.

**JAI HIND, JAI NIMA.**

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## Analysis Of Arsha (Hemorrhoid) Management In Ayurveda

Dr. Amarprakash Dwivedi

### Arsha (Haemorrhoid)

**Definition-**Hemorrhoids can be co-related with Arsha or Gudarsh mentioned in Ayurvedic texts. Further, Arsha is included in Ashta-mahagada category (amongst 8 diseases which are difficult to treat). Arsha is defined as a disease which produces extreme discomfort to the patient resembling one's enemy, leading to painful defecation and pile mass formation.

**Pathogenesis (Samprapti) -** If a non-self possessed person continuously practices un salutary lifestyle and food habits, particularly indulge in strenuous work-exercise, deliberately holding natural urges or consume incompatible meals, which leads to vitiation of Vata dosh and derangement of digestive fire (jattharagni). This vitiated Vata, further vitiates blood and muscle tissue (Rakta, Maansdhatu) and local blood vessels (pradhandhamani), travels downwards, and affect sphincters and surrounding anatomical structures in the anal canal, leading to pile mass formation i.e. hemorrhoids (GudArsha).

**Types (Arshprakar) -** Sushrut has described 6 types of Gudarsha such as - Vataj, Pittaj, Kaphaj, Sannipataj, Raktajand Sahaj (Congenital). Further, as per clinical manifestation, Arshais classified into Shushkarsha (Dry or non bleeding hemorrhoids) and Raktarsha (Bleeding hemorrhoids).

**Ayurvedic Management of Arsha-** Sushruta has advocated fourfold therapy for Arsha.

**Bheshaja/Aushadhichikitsa (Medicinal treatment):** Bheshajachikitsais advocated when symptoms are mild & less

complicated with onset less than 1 year & with less vitiated Doshas. The basic conservative Ayurvedic management is primarily aimed at Agni Deepan-Pachan(improving digestion), VataAnuloman (pacifying bowel movements), Raktashodhan (blood purifier) - stambhanChikitsa (Hemostatic medicines) and Mal- SarakChikitsa (Laxatives).

The line of treatment can be prescribed as below-

### Internal Medicines for Dry Piles - (Shushka Arsha)

- 1) Kankayan Guti+ Triphala Guggulu+ Arogyavardhini vati- Each 2 Tab. 3 times a day with lukewarm water after meals.
- 2) Abhayarishtha- 4 tablespoon with equal amount of water 2 times after meals.
- 3) Amrutballatak Awleha- 1 tablespoon each morning with luke warm water.
- 4) GandharvaHaritaki Churna- 1 tablespoon at bed time with warm water.

### Local application in Dry Piles - (Shushka Arsha)

Arshoghn Lep- (Topical Application to promote fibrosis and delay the protrusion) Such as Snuhi Latex+Haridra, Haridra+Pippali+Gomutra, Nimbadi Malhar etc.

Apply Sarjarasamalhar or Shatadhautghruta locally (anal canal) Fumigate with Guggulu, Vacha, Dhoopa, Ajmoda etc. (SthanikDhupan)

Apply Chukra, Kashisadi , Pippalyadi Tail, Nimb Tail and advice Seitz bath.

### Internal medicines for Bleeding Piles- (Rakta Arsha)

- 1) Pravalpishti+ Kamaduha ras+

Bolbaddha ras- 2 Tab. 3 times a day with water before meals (given when Pitta dosha is aggravated leading to bleeding piles ).

2) Kutajarishtha+ Ashokarishta- 30ml each with equal amount of water, twice after meals (if Piles due to IBS).

3) Nagkeshar +Lodhra Churna- 500mg each with butter & warm water 3 times a day.

4) If severe weakness due to bleeding - Mauktik Bhasma 50 mg + Nagkeshar churna 500 mg + Tapyadiloha vati 2-tab BD -with Lohasav 40ml mixed with equal quantity of water twice a day (as hemostatic and to improve haemoglobin due to blood loss).

**Kshar karma** - Kshar karma i.e. application of 'Pratisaraneeya Kshar' (alkaline-caustic paste) on the pile pedicle is mentioned in Sushrutsamhita. This is indicated in Grade II / III non- bleeding internal haemorrhoids where pedicle is Mridu (soft), Prasrut (Extensive), Avagaadh (Deep seated-internal?) & Uchhrita (Projecting).

The Kshar paste is applied to the dilated pile pedicles with the help of probe under the guidance of specially designed 'Arsho Darshan Yantra' resembling slit-proctoscope.

After application the pile pedicle is washed with Dhanyaamla (sour gruel which neutralises the chemical reaction) and followed by local application of Yashtimadu Ghrita. It is hypothesized that, Kshar karma causes protein coagulation and necrosis of the tissues which slough out the pile mass. Some Ayurvedic surgeons prepare a distinct Kshar sutra which is mild in nature (Coated only with Snuhilatex + Haridra powder, without use of Kshar) and having fewer coatings as well, for the ligation of pile pedicle. Moreover, this Kshar sutra is different than conventional Apamarg Kshar sutra used in Bhagandar (fistula-in ano) management.

**Agnikarma** - This is indicated when pile pedicle is Karkash (Rough), Sthir (Firm), Prithu (Thick) & Katthin (Hard- fibrosed). Though, there are only anecdotal reports available on role and use of conventional Agnikarma in Arsha chikitsa, however, we can definitely co-relate this with IRC, Electro-coagulation and advanced Laser Techniques used for Grade II & III hemorrhoid ablation, in which various heat sources are used to perform thermal/ heat burn. Similarly, Excision of external sentinel tags with the help of thermal cauterization seen in chronic fissure can also be considered as Agnikarma chikitsa.

**Shalya karma** - Shalya karma i.e. excision of piles is indicated when pile mass is of Tanu Mool (Narrow-Base), Uchhrita (Projecting/Prolapsed) & Kledyukta (Discharging/Bleeding) resembling III grade & IV prolapsed hemorrhoids.

Shalyakarma or Arsha-Chhedan karma is very much similar to conventional surgical haemorrhoidectomy, in which firstly, each pile pedicle is ligated/transfixed separately with the help of thread followed by excision of pile mass (prolapsed anal cushion). The procedure leaves discomfort and pain at operative site due to a raw wound left after excision, which heals in due course of time. In spite of all the advancement in the field of surgery, conventional hemorrhoidectomy is believed to be the gold standard of hemorrhoid treatment, due to safe, cost effective and less recurrence rate.

**Dr. Amarprakash Dwivedi**

Professor & Head- Dept of Shalya Tantra,  
School of Ayurveda, D Y Patil University,  
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## Exploring the Significance of Ginger in Ayurveda

Dr. Prajakta Arun Patel <sup>1</sup>, Dr. Shilpa Amol Koranne <sup>2</sup>

Zingiber officinale, also known as ginger, is a well-known and highly prized medicinal herb that plays a significant role in Ayurveda, the traditional Indian medical system. Ginger has been valued for generations as a useful herb that contributes to both culinary and medicinal practices because of its distinctive perfume, sour flavour, and medicinal qualities. This essay will examine ginger's extensive history, wide range of uses, and major place in Ayurveda, illuminating its value as a potent herbal remedy.

Ginger has been used for thousands of years, with roots in ancient India and China. The Charaka Samhita and the Sushruta Samhita, two Ayurvedic literature, identify ginger as a significant herb utilised in a variety of formulations. It is regarded as one of the most ancient and well-researched medicinal plants in Ayurveda. The excellent therapeutic benefits of ginger were known to the ancient physicians, who used it in a variety of medicinal formulations.

Ginger possesses a remarkable range of therapeutic properties that make it a valuable herb in Ayurvedic medicine. It is known for its carminative, digestive, anti-inflammatory, analgesic, expectorant, and immune-boosting properties. These properties are attributed to the presence of bioactive compounds such as gingerols, shogaols, and zingerone. Ginger acts as a powerful digestive stimulant, promoting healthy digestion and alleviating various digestive disorders like indigestion, flatulence, and nausea. Additionally, it exhibits anti-inflammatory effects, making it useful in managing inflammatory conditions like arthritis and joint pain.

**Latin Name :** Zinziberofficinale Family: Zinziberaceae

**Sanskrit Synonyms :**

**Mahoushadhi** - It means the herb that enhances vitality.

**Shunthi** - It deals with common doshas.

**Vishwabhesaj** - It means the universal medicine for almost all diseases.

**Properties:** It is triptighna (relieves satisfaction), ashonghna (relieves pain), deepaniya (enhances digestion), shulaprashamana (relieves colic), trishnanigrahana (relieves thirst), pippalyadi, trikatu (good).

**Appearance:** It is a perennial plant with a pungent aroma, yellowish color, and a combination of smooth and rough textures. It is found mainly in hot regions, especially in Kerala, Andhra Pradesh, Gujarat, Himachal Pradesh, and Maharashtra.

Various Methods to make Shunthi from Ardarak (ginger):

1. Simple Method: Dry the tender skin of ginger in the sun and remove it.

2. Moderate Method: Cook the ginger and add lime water during the cooking process.

3. Good Method: Remove the tender skin of ginger and soak it in lime water, then dry it in the sun.

4. Best Method: Give sulfur smoke to the ginger obtained from the good method.

5. Milk Saunth: Remove the tender skin of ginger, cook it in milk, and then dry it in the sun.

Types: 1) Jamaican, 2) Indian-Kochi, Kaligat, Kolkata, 3) African, 4) Japanese, 5) Chinese

**Chemical Composition :**

**Ardarak:** Protein 2.3, Fat 0.9, Fiber 2.4, Carbohydrates 12.3, Minerals 1.2, Iron 2.6

**Shunthi:** Protein 15.4, Fiber 7.2, Starch 5.3, Volatile oil 1.2

**Rasa :** Pungent, Vipaka: Sweet, Potency: Hot, Qualities: Light, Unctuous (Shunthi), Dry, Sharp, Heavy (Ardarak)

**Actions of Shunthi:**

**Dosha Karma (Effect on Doshas):** It balances Kapha with its pungent taste and hot potency; it balances Vata with its hot potency and sweet post-digestive taste.

**Dhatu Karma (Effect on Tissues):** It acts as a digestive stimulant. It improves the function of the digestive fire, benefiting the entire body's metabolism. It improves tissue nourishment by reducing excessive moisture and neutralizing toxins. It especially has a digestive effect on the plasma, flesh, and fat tissues.

**Mala Karma (Effect on Waste Products):** Shunthi reduces the liquid component of stool and helps in the absorption of the feces in cases of diarrhea.

External and Internal Uses of Shunthi:

**External:** Lepa for Vata-Kapha type of headache, rheumatism, arthritis, joint swelling, abdominal distension.

**Internal:** Shunthi should be used with caution in :

Shunthi should be used with caution in patients with Pitta constitution, during the summer and autumn seasons, in infants, elderly individuals, pregnant women, patients with urinary disorders, and patients with bleeding disorders such as Rakta Pitta.

1. Agnimandya (Indigestion) - Saindhava + Ardraka Swarasa

2. Aamavata (Rheumatoid arthritis) - Eranda Sneha; Shunthi, Guduchi Kwatha along with it.

3. Aruchi (Anorexia) - Shunthi Churna + warm water

4. Trishna (Thirst) - Shunthi Siddha Jal

5. Vata-Kapha Jwara (Fever with Vata and Kapha imbalance) - Shunthi + Mustak + Parpat + Kutki

6. Chardi (Vomiting) - Trikatu + Saindhava

7. Krimi (Intestinal worms) - Shunthi + Vidanga

8. Shwasa, Kas (Asthma, Cough) - Shunthi + Pippali + Gud

9. Pratishtyaya (Common cold) - Shunthi + Tulsi + Maricha

10. Atisara (Diarrhea) - Shunthi + Jirak + Bal bilva

11. Udashoola (Colicky pain) - Shunthi + Ajmoda

12. Prasavottar Durbalata (Postpartum weakness) - Saubhagyashunthi Pak

13. Sandhishool (joint pain) - Shunthi + Gokshura decoction.

14. Shotha (edema) - Shunthi + Purana gud.

15. Vrishanavat (erectile dysfunction) - Shunthi + Ghrita with warm water.

16. Vrushya (aphrodisiac) - Shunthi churna + Dugdha .

17. Hridashool (heartache) - Shunthi decoction + Hingu .

18. Sheetapitta (urticaria) - Ardrak swaras + Purana gud .

19. Kamala (jaundice) - Trikatu churna + Saindhava + Nimbu swaras.

20. Ajeerna (indigestion) - Trikatu + Ghrita

21. Sthaulya (obesity) - Trikatu churna with honey

Dosage: Swarasa - 3 to 5 ml, Churna - 0.5 to 1 gram, Kwatha - 20 to 40 ml.

In recent years, scientific studies have increasingly focused on investigating the medicinal properties of ginger and



validating its traditional uses. Research has confirmed the anti-inflammatory, antioxidant, antimicrobial, and anti-cancer activities of ginger. These scientific findings not only support the traditional knowledge of Ayurveda but also open new avenues for further exploration of ginger's therapeutic potential.

Ginger occupies a prominent place in Ayurveda due to its versatile applications and numerous health benefits. As a key component of various Ayurvedic formulations, ginger has proven its efficacy in managing numerous ailments and promoting overall well-being. The ancient wisdom of Ayurveda recognizes the unique healing potential of ginger, and modern scientific research continues to

unravel its therapeutic properties. As we embrace the holistic approach to healthcare, ginger's significance in Ayurveda remains undeniable, serving as a testament to the profound wisdom and timeless relevance of this ancient.

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## Message From Managing Editor

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## A Review Study Of Ashaya W.S.R. To Gharbashaya (uterus)

Dr. Reena Nagar

**Abstract:-** Ayurveda is an ancient science of life. Principles of Ayurveda are eternal. Every concept has its own importance. It should be understood with the help of references in different samhitas. While doing such study, one should refer the particular Samhita only, from which we got the reference to be studied. Meaning of same word may differ in each samhita. There are many conflicted concepts or terminologies which should be clarified for better understanding of samhitas. One of these is the concept of ASHAYA described in Sushrut Samhita. In this study, attempt is made to explore the concept of Ashaya in Sushrut Samhita and interpret it anatomically. This article will help to explain the exact meaning of Ashaya with special reference to gharbashaya and uterus according to Ayurveda and modern.

**Keywords :** Ashaya, Sankhya Sharir, Gharbashaya, Uterus.

**Introduction :-** In India traditional Ayurveda carries its own concepts of anatomy called Sharir Rachana. Sushrut Samhita is best in Sharir Sthan. In Sharir sthana of Sushrut Samhita, seven Ashayas are described in the body<sup>1</sup>. It is need to explore the concept of Ashaya for better understanding. Tridoshas are very much important entities for the normal functioning of the body. They are considered as primary and most essential factors in situation of human organism. A deranged condition of these three fundamental humors may bring about its dissolution or death<sup>2</sup>, while on their continuance in a normal state depends the vitality of organism. So, firstly Ashaya related to Tridosha is mentioned in

Sushrut Samhita. Even though tridoshas are important; they are unable to work separately<sup>3</sup>. They circulate along with Blood in the body<sup>4</sup>. Sushrut Samhita has given equal importance to Blood. Three humors in combination with a fourth (Blood), determine the origin, preservation and dissolution of organism and permeate it with their respective properties till the moment of death. So after the Tridosha, Ashaya for Blood is mentioned. Anna rasa nourishes Dhatus. During process of digestion, Ahara undergoes two stages, Amavastha i.e. partially digested food, and Pakwa Awastha i.e. Digested food. So, next Ashaya given for Ama Anna (Amashya) and Pakwa Anna (Pakwashaya). After Pachana, Sara and Kitta Vibhajan takes place. Sara is absorbed for nourishment while Kitta again differentiate into Purisha and Mutra. Purisha remains in Pakwashaya i.e. Large intestine. It is the remains of pakwa anna. So Ashaya for purisha is not mentioned separately, but Mutra is stored in different site, so next Ashaya is mentioned for Mutra. According to different Acharyas of Ayurveda one extra Ashaya is considered in women body that is Gharbhaashaya it also called Asthmaashaya.

### Aims And Objective -

1. To explore concept of Ashayas and Gharbashaya as defined in various text, Internet and various journals.

2. To study on Gharbashaya ( Uterus) from Ayurveda and modern point of view.

### Material And Methods -

For the material classical texts of

Ayurveda viz. Sushurta Smahita, Sharangadhara Smaita, Astanga Hridaya are used to clear the concept of Ashayas

### Literature Review

In Sharir sthana of Sushrut Samhita, seven Ashayas are described in the body; they are Vaataashaya, Pittaashaya, Shleshmaashaya, Raktaashaya, Aamaashaya, Pakwaashaya, Mootraashaya and Gharbhaashaya<sup>5</sup>. It is need to explore the concept of Ashaya for better understanding. Tridoshas are very much important entities for the normal functioning of the body. They are considered as primary and most essential factors in situation of human organism. Ashayas are defined as space or place meant for occupancy. They are occupied by the essential ingredients needed for body functioning (Example, Rakta or blood

in Raktashaya or Liver and spleen) and also by waste materials which needed to be avoided (Example, Mutra or urine in Mutrashaya i.e. urinary bladder). Acharya Sushurta define Aashaya -Aashaya abhayaasa yogena karoti aashaya sambhavam, by the virtue of repeatedly staying at a place, the Vayu creates Ashayas. Ashaya means not a single organ but it the site in the body where seven entities, Vata, Pitta, Kapha, Blood, Partially digested food, fully digested food and Store of Urine are predominantly present, so as to maintain normal functioning in the body. Tridoshas are functional entities which are carried with Blood all over the body. Their presence in the Ashaya is very important ;Without their contribution ,not a single process can start. These sites can be considered as the prime functional areas in the body.

S.N.	Aashayas	According to Ayurveda	According to Modern
1.	Vaataashaya	Place or space for Vayu	Vatashaya can be considered as nervous system.
2.	Pittaashaya	Place or space for Pitta	Pittashaya can be considered as all digestive glands, gall bladder and endocrine glands in the body
3.	Shleshmashaya	Place or space for Kapha .	Kaphashaya can be considered as serous and mucous glands in the body, synovial cavities, chambers of Eye, Lacrimal gland, ventricles, pleural and pericardial, peritoneal cavities.
4.	Raktashaya	Place or space for Rakta	Raktashaya can be considered as Liver and Spleen in foetal life, Only liver after birth.

5.	Aamashaya	Place or space for Ama	Amashya can be considered as Stomach and duodenum.
6.	Pakwashaya	Place or space for digested food.	Pakwashaya can be considered as jejunum, ileum and Large intestine where fully digested food is stored. Necessary nutrients and vitamins are also absorbed.
7.	Mutrashaya.	Place or space for urine.	Mutrashaya can be considered as urinary bladder where continuous storage of urine take place.
8.	Gharbhashaya	Place or space for Gharbha or foetus.	Gharbhashaya can be considered as Uterus where the full development of foetus takes place.

### Function Of Aashayas -

1.)Vatashaya If we observed the functions of Vata, it is as similar as nervous system in modern science. Our nervous system, coordinates and controls every function in the body through vital nerve messages and is responsible for all healing, repair and regeneration in your body; and according to Ayurveda Vata is the one of the main Dosha of basic three Doshas which regulates and controls the other two Doshas and as well as our body's nervous system which is the basic and most important system which regulates the other systems of body same as Vata; So we can consider nervous system as Vatashaya<sup>6</sup>.

2.)Pittashaya: If we observed the function of Pitta, it is mainly related to Pachana which includes the digestion, transformation. Pitta prepares material to be absorbed or metabolized at macro or micro levels. This function is seen in

chemical activities like digestion and assimilation. So, we can consider all digestive glands present in alimentary canal, gall bladder and endocrine glands as Pittashaya<sup>7</sup>.

3.)Kaphashaya: Properties of Kapha is given as, oily, liquid, whitish in colour. If we observed the functions of Kapha, it is mainly related to various secretions in the body either watery or mucous. From properties and function of Kapha, we can compare with : 1) The serous and mucous secretions produced by serous and mucous glands in the body. 2) synovial fluid in synovial cavity is the main cause for free movement of joints in the body. Its function and properties can be compared with Kapha dosha. 3) aqueous and vitreous humour in chambers of Eye 4) Secretion of Lacrimal gland 5) CSF in ventricles is important for nutrition of nervous system, as a shock absorber for CNS. These functions are similar to Kapha dosha. So, we

can consider serous and mucous glands, synovial cavities, chambers of Eye, Lacrimal gland, ventricles in brain, as adhishtana of Kapha<sup>8</sup>.

4.) Raktashaya: Yakrut and Pleeha are given as adhishtan of Rakta . As per modern science, Blood is stored in Liver. In foetal life it is also stored in Spleen. After birth, this function of spleen is seen only in animals. So, Liver and Spleen can be considered as site of Rakta<sup>9</sup>.

5.) Amashaya: Site where Undigested food is present during process of pachana. It is seen in Amashaya and Grahani. According to modern science, digestion is completed in duodenum. So, Amashaya and grahani i.e. stomach and duodenum respectively can be considered as site of partially digested food.

6.) Pakwashaya: Site where digested food is present during process of pachana. It is seen in Antra. According to modern science, digested food is propelled in jejunum from duodenum. So, part of Small intestine except duodenum and whole large intestine can be considered as site of fully digested food.

7.) Mutrashaya: According to Sushruta, Basti is the site of Mutra. From the shape and function of Basti, it can be compared with Urinary bladder which continuously stores urine .So, Urinary bladder can be considered as adhishtan of Mutra<sup>10</sup>.

### Discussion

Garbhashaya: Site in the body which provide space for Garbha. According to Sushruta, Garbhashaya is adhishtan of Garbha. From the description of Garbhashaya, we can compare it with Uterus. where normally Foetus remains till full gestational period, So, Uterus can be considered as site of Garbha.

### Location of Garbhashaya

According to Ayurveda Women

possess one extra eighth ashaya as garbhasaya, which is situated in third avarta of yoni, behind the urinary bladder in between pittasaya and pakwasaya; or in between uipula kundela of srotas (multiple coil of intestine), covered with jarayu<sup>11</sup>. It resembles mouth of rohita fish. Dalhana says that it is hollow inside just like mouth of rohita fish; the vasti ( urinary bladder) is behind the bhaga (vulva) and uterus is above this .Vagbhata has enumerated dimbha amongst the structures of kostha, Arunadatta says that it is made from essence of rakta and mamsa and is derived from intestines. According to Vagbhata, the location of Gharbhashaya is in between Pittashaya and Pakwashaya<sup>12</sup>. Sharangadhara commentary also tells us that, the Gharbhashaya is located in the surroundings of pakwashaya. Anatomically, the coils of large intestine are in proximity of uterus. Sushurta and Vagbhata also said that uterus is located behind urinary ladder. Uterus resembles shape of Rohita matsya mukha or mouth of Rohit fish. Dalhana , commentator of Sushurta Samhita explains meaning of rohita matsaya mukha as 'the structure or organ having narrow opening like that of mouth of rohit fish and includes a wider hollow space within<sup>13</sup>. This simile of uterus with mouth of rohit fish might have been given probably due to two reasons; Similarity in shape- both fish and uterus are roughly triangular in shape and also hollow within. Mouth of fish is flat below and slightly convex above. Similarly anterior wall of uterus is slightly falt, while its posterior wall is slightly convex above. Similarly anterior wall of uterus is slightly falt, while its posterior wall is slightly convex. Lips of fish are fleshy and hanging, teeth are not just behind the lips, rather situated slightly behind these giving appearance of a rounded soft structure, which resembles

cervix of uterus<sup>14</sup>. Opening of cervix continues inwards as cervical canal which continues with a wider space of the uterine cavity. In the context of situation of uterus the word pittasaya should not be considered as gallbladder, rather it should be taken as small intestine, the seat of pittadhara kala pakwashaya refers to the place of digested food i.e. large bowel. The uterus is above sigmoid colon, behind the urinary bladder and multiple coils of small bowel rest upon uterus, it is covered with peritoneum and is an intraabdominal structure, which has been mentioned by Kasyapa and Dalhana.

**According to modern:-** Uterus also called womb, an inverted pear-shaped muscular organ of the female reproductive system, located between the bladder and the rectum. Also, as an organ of the female reproductive system it is responsible for the development of the embryo and fetus during pregnancy. It functions to nourish and house a fertilized egg until the fetus, or offspring, is ready to be delivered. The uterus has four major regions the fundus is the broad curved upper area in which the fallopian tubes connect to the uterus; the body the main part of the uterus, starts directly below the level of the fallopian tubes and continues downward until the uterine walls and cavity begin to narrow, the isthmus is the lower, narrow neck region; and the lowest section, the cervix extends downward from the isthmus until it opens into the vagina. The uterus of a female child is small until puberty, when it rapidly grows to its adult size and shape. After menopause, when the female is no longer capable of having children, the uterus becomes smaller, more fibrous and paler. Some afflictions that may affect the uterus include infections.

Changes of uterus with Age- At birth, the uterus lies in the false pelvis; the cervix

is much longer than the body<sup>15</sup>. In childhood, the proportion is maintained but reduced to 2:1. At puberty, the body is growing faster under the action of ovarian steroids (estrogens) and the proportion is reversed to 1:2 and following childbirth, it becomes even 1:3. After menopause the uterus atrophies; the overall length is reduced; the walls become thinner, less muscular but more fibrous. position of the uterus; The normal position of the uterus is anteversion and anteflexion. Anteversion relates the long axis of the cervix to the long axis of vagina which is about 90°. Anteflexion relates the long axis of the body to the long axis of the cervix and is about 120°<sup>16</sup>. In about 15-20%, normally the uterus remains in retroverted position. In erect posture, the internal os lies on the upper border of the symphysis pubis and the external os lies at the level of ischial spines.

**Embryology Of Uterus :-** The uterus develops from the paramesonephric (Müllerian) ducts, which are the primordial fetal structures of the female reproductive tract. More specifically, the uterovaginal primordium is formed by the fusion of the caudal, vertical parts of the paramesonephric ducts. This primordium will give rise to the lower part of the uterus that will slowly enlarge during development, ultimately resulting in the fundus and body of the uterus in the adult female. One can begin to see clear signs of the uterine body at a gestational age of 9 weeks. The endometrium and the muscular wall of the uterus develop from the mesenchyme of the genital coelom. Uterus is developed by the fusion of the intermediate horizontal and the adjoining vertical part of the Müllerian ducts, which begins at 7-8 weeks (22 mm CR length) and completes by 12th week. Cervix is developed from the fused lower

vertical parts of the two paramesonephric ducts. The cervix is differentiated from the corpus by 10th week. The intervening septum disappears during the 5th month of intrauterine life. The lining epithelium and the glands of the uterus and cervix are developed from the coelomic epithelium. Myometrium and endometrial stroma are developed from the mesoderm of the paramesonephric ducts.

**Functions Of Uterus** - The uterus plays an important role in human reproduction. The uterus functions by nurturing the fertilized ovum, which passes through the fallopian tube. The ovum then implants into the endometrium, where it receives nourishment from blood vessels, which exclusively developed for this purpose. As the embryo grows and matures, the uterus expands to accommodate the developing fetus. During normal labour the uterus contracts as the cervix dilates, and this results in the delivery of the infant. Furthermore it helps pushing out the baby during birth through muscle contraction.

**Clinical Importance Of Uterus** - Prolapse of the uterus - The great importance of the tone of the levatores ani muscles in supporting the uterus has already been emphasized. The importance of the transverse cervical, pubocervical, and sacrocervical ligaments in positioning the cervix within the pelvic cavity has been considered. Damage to these structures during child birth or general poor body muscular tone may result in downward displacement of the uterus called uterine prolapse. It most commonly reveals itself after menopause, when the visceral pelvic fascia tends to atrophy along with the pelvic organs. In advanced cases, the cervix descends the length of the vagina and may protrude through the orifice. Because of the

attachment of the cervix to the vaginal vault, it follows that prolapse of the uterus is always accompanied by some prolapse of the vagina.

**Agensis Of The Uterus:-** Rarely the uterus will be absent as the result of a failure of the paramesonephric ducts to develop.

**Infantile Uterus:-** Some adults may have an infantile uterus, a condition in which the uterus is much smaller than normal and resembles that present before puberty. Amenorrhea is present, but the vagina and ovaries may be normal.

**Bicornate Uterus:-** Incomplete fusion of the embryonic paramesonephric ducts from which the uterus is formed results in a variety of congenital anomalies, ranging from formation of a unicornate uterus (receiving a uterine duct only from the right or left) to duplication in the form of a bicornate uterus (doubled uterine cavities), or a completely doubled uterus (uterus didelphys).

**Conclusion** - Ashaya means not a single organ but it is the site in the body where seven essential entities should be predominantly present. Garbhashya or Uterus is the engine which play the important role of female reproductive system. Garbhashaya can be considered as Uterus where the full development of foetus takes place. The incidences and prevalence of uterine disorders nowadays clearly point out the contribution of erratic life style and wrong food choices along with severe stress in modern day life. So Garbhashaya is the most of the importance in female reproductive life.

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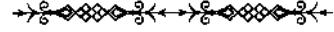
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## Vitiligo

Dr. Dhiraj G. Isokar

**Introduction** - Vitiligo is an acquired depigmenting disorder of the skin, in which pigment cells (melanocytes) are lost. It is presented with well-defined milky-white patches of skin. Vitiligo may be cosmetically very disabling, particularly in people with dark skin.

Vitiligo affects 0.5-1% of the population. It is more common in India, with the incidence up to 8.8% of the population. In 50% of sufferers, pigment loss begins before the age of 20, and in about 80% it begins before the age of 30 years. In 20%, other family members also have vitiligo. Males and females are equally affected. Moreover, vitiligo patients face a greater risk of developing autoimmune diseases such as diabetes, thyroid disease (in 20% of patients over 20 years with vitiligo, pernicious anemia (B12 deficiency), Addison disease, systemic lupus erythematosus, rheumatoid arthritis, psoriasis, and alopecia (hair loss).

**Causes** - Vitiligo is due to loss or destruction of melanocytes, which are the cells that produce melanin. Melanin determines the color of skin, hair, and eyes. If melanocytes cannot form melanin or if their number decreases, skin color becomes progressively lighter. The exact cause of vitiligo is unknown. However, there are three theories on the cause of vitiligo:

- The pigment cells are injured by abnormally functioning nerve cells.

- There may be an autoimmune reaction against the pigment cells.

- Autotoxic theory - the pigment cells self-destruct.

### Clinical Features

Vitiligo can affect any part of the body. Complete loss of pigment can affect a single patch of skin or it may affect multiple patches. Small patches or macules are sometimes described as confetti-like.

- Common sites are exposed areas (face, neck, eyelids, nostrils, finger tips and toes), body folds (armpits, groin), nipples, navel, lips and genitalia.

- Vitiligo also favors sites of injury (cuts, scrapes, thermal burns and sunburn) (Koebner phenomenon).

- New-onset vitiligo also sometimes follows emotional stress.

- Vitiligo may occasionally start as multiple halo naevi.

- Loss of color may also affect the hair on the scalp, eyebrows, eyelashes and body.

White hair is called 'leukotrichia' or 'poliosis.

- The retina at the back of the eye may also be affected. However, the color of the iris does not change.

**Classification**

Classification	Subtype	Characteristics
Nonsegmental vitiligo	<ul style="list-style-type: none"> <li>● Focal</li> <li>● Mucosal</li> <li>● Acrofacial</li> <li>● Generalised</li> <li>● Universal</li> </ul>	<ul style="list-style-type: none"> <li>● Tends to be bilateral and symmetrical in distribution.</li> <li>● Stable or unstable</li> </ul>
Segmental vitiligo	<ul style="list-style-type: none"> <li>● Focal</li> <li>● Segmental vitiligo</li> <li>● Mucosal</li> <li>● Unisegmental, bi- or multisegmental</li> </ul>	<ul style="list-style-type: none"> <li>● Single white patch in 90%</li> <li>● Border often irregular</li> <li>● Young people Stable after first year</li> <li>● Cutaneous mosaicism (Blaschko, dermatomal, phylloid, checkerboard patterns)</li> </ul>
Mixed vitiligo	Nonsegmental combined with segmental vitiligo	Rare
Unclassified vitiligo	<ul style="list-style-type: none"> <li>● Focal at onset</li> <li>● Multifocal</li> <li>● asymmetrical non-segmental</li> <li>● Unifocal mucosal</li> </ul>	This category is meant to allow, after a sufficient observation time (and if necessary investigations), to make a definitive classification



**Diagnosis**

Vitiligo is usually a clinical diagnosis, based on its characteristic appearance, and no specific tests are required to make the diagnosis.

Tools that can aid in diagnosis include:

**Wood's lamp**

- Enhances white patches, making it easier to see less conspicuous lesions.

- Especially helpful in light-skinned people, patches with partial loss of pigment, or to monitor response to therapy.

- The UVA is absorbed by collagen fibres in the dermis, and fluoresces back as bright white in absence of epidermal melanin (which normally absorbs UVA).

**Dermoscopy**

- Characteristically shows a white glow, with some clues that can help in differentiating between stable and active disease.

**Skin biopsy**

- Occasionally recommended, particularly in early or inflammatory vitiligo, when a lymphocytic infiltration may be observed.

- Where melanocytes are typically absent in the epidermis of established vitiligo patches,

some argue that total loss of melanocytes never occurs, indicating potential functionality restoration with treatment.

### Blood tests

● To assess other potential autoimmune diseases or polyglandular syndromes may be arranged, especially if combined with a positive family history

● Examples include thyroid function tests, ANA, and B12 levels.

### Treatment

There is no cure for vitiligo and treatment is often unsatisfactory. The aim is to stop progression of the disease (stabilisation), and to achieve satisfactory re-pigmentation.

Treatment is most successful on the face and trunk; whereas hands, feet, and areas with white hair respond poorly. Compared to long-standing patches, new ones are more likely to respond to medical therapy.

Type of Vitiligo	Level	Management
Segmental vitiligo or limited non-segmental vitiligo (<2-3% of body surface)	First - line	Avoid triggering factors, local therapies (corticosteroids, calcineurin inhibitors)
	Second - line	Localised NB-UVB therapy, especially Excimer monochromatic lamp or laser
	Third - line	Consider surgical techniques if repigmentation cosmetically unsatisfactory on visible areas
Non-segmental vitiligo	First - line	<ul style="list-style-type: none"> <li>● Avoid triggering/aggravating factors.</li> <li>● Stabilisation with NB-UVB therapy, at least 3 months. Optimal duration at least 9 months if response.</li> <li>● Combination with systemic/topical therapies, including reinforcement with localised UVB therapy. decapeptide</li> </ul>
	Second - line	Systemic steroids (e.g. 3-4 month minipulse therapy) or immunosuppressants if rapidly progressing disease or absence of stabilization under NB-UVB
	Third - line	Graft in nonresponding areas especially with high cosmetic impact. However, Koebner phenomenon limits the persistence of grafts. Relative contraindication in areas such as dorsum of hands
	Fourth - line	Depigmentation techniques (hydroquinone monobenzyl ether or 4-methoxyphenol alone or associated with O switch ruby laser) in nonresponding widespread (>50%) or highly visible recalcitrant facial/hands vitiligo

Compiled by  
Dr. Dhiraj G. Isokar, B.A.M.S.



## Articles by Dr. O. P. Kapoor

### Can Endoscopy Protect Against Colorectal Cancer? An RCT

Wendy Atkin and colleagues report the UK randomised trial of once-only flexible sigmoidoscopy screening (in which polyps are removed at sigmoidoscopy), and provide strong evidence about how well endoscopy works in the left colon.

Sigmoidoscopy was not perfectly protective, even in the left colon.

Disturbing questions have been raised by recent evidence about endoscopic screening in the right colon. A case-control study of colonoscopy reported substantial

reduction in mortality from colorectal cancer on the left but almost none on the right; other non-randomised data similarly suggest little benefit on the right. What reasons might explain this right-left difference? Is it technical, such as failure studied, poor preparation of the screenee, poor inspection, or hard-to-find flat lesions? Those problems could be addressed by improved examination. Or is the reason biological, if right-sided colorectal cancer grows rapidly or does not pass through a detectable-polyp phase?

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### Symptom of Tongue Biting

As soon as the patient complains of the symptom of repeated 'tongue biting', he is advised to see a dentist I have seen dozens of patients, who come to me after they have seen more than one dentist, who cannot find any cause in the oral cavity. Sure enough the biting pattern of the jaw has not changed at this age! I have also never seen this symptom being described

under iatrogenic medicine. Also I have seen a number of patients, who remit after few months or years without any treatment. All I advise the patient is to eat and chew the food slowly, carefully avoiding 'hard' food. I personally think that this symptom should be described under the neurological heading of 'movement disorder' like hiccups and idiopathic cramps.

---

### TB Lymphnodes in the neck

So common is the condition of glands in the neck, that most of the doctors are satisfied with the diagnosis after doing sonography of the neck and FNAC or FNAB of the lymphnodes.

In my clinic, we have been doing a routine chest X-ray and sonography of the abdomen in every such patient. So often, I am surprised to see incidental finding of mediastinal lymphnodes or rarely, a

pulmonary tuberculosis. At other times I found patients having lymphnodes in the mesentery.

Is it that the tuberculosis has changed its presentation and become disseminated

in many patients or were we missing such patients in the past because the above investigations were not done routinely?

Finally, is there any importance of

finding additional TB focus?

The lymphnodes in the mediastinum could cause a dry cough which is diagnosed as an allergic cough, but it is possible that these lymphnodes can get adherent to the oesophagus at some stage.

May be, the above patients need

steroids to be added to their treatment profile.

Patients with mesenteric lymphnodes may have abdominal complaints and develop complications of intestinal obstruction (which could also be due to a stricture.)

---

## Encourage your patients for liver transplant

In my practice, I see many patients of end stage liver disease. Most of them are being admitted in the hospital again and again either for intractable ascites or a GI bleed or for other complications.

I have seen these patients spending lacs of rupees for hospitalisation. Their family doctors either discourage or do not encourage liver transplant.

Today, in many cities like Chennai, Hyderabad, Bangalore or Gurgaon, the

survival of liver transplant patients, after five years, is more than 70%.

Now in Mumbai, Global Hospital has started liver transplant surgery. In next five years, liver transplant will become as common as kidney transplant.

It is high time that the GPs realise that spending money one time for transplant (instead of for hospitalisation again and again), gives better chances of survival than going to hospital again and again.

---

## Medicine - More "Art" than "Science"

There are many people who swear by relief from Homoeopathy, Ayurved, Naturopathy, Acupuncture or any other alternative medicine. Unfortunately, Allopathic practitioners argue with them that it is rubbish and non-scientific and therefore the patient must use Allopathic pills.

It is a good principle if such people are not told to change to Allopathic medicines. These patients are happy because they believe in "that" type of medicine. Remember, that 'belief' and "faith" work more than what is in the pill. This is how the chronic complaints (and not acute medical illnesses and emergencies) are relieved.

I will go a step further and state that, "Don't the Allopathic doctors have "beliefs" by which they "swear" and not change their attitude while practising "lifetime".

They all claim good results. The examples are (1) use of various antibiotics, probiotics, anti depressants and even back surgery and many more.

There are certain beliefs created by the previous generation of doctors which are carried on by the new generation.

Finally, there are many religious and cultural "norms". Do not interfere with them and bore the patient with Allopathic theories.

I have seen many patients who remain only on "water" for weeks and have been working a normal day's work. At the end of weeks, their blood chemistry e.g. sugar is absolutely normal. Others have gone on pilgrimage against medical advice at a very late age and come back healthy without complaints after doing heavy physical exertion. So just like doctors "beliefs" - let your patients live with their beliefs - do not force your beliefs unless it is an acute illness or an emergency.

**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.



## Association News

## NIMA-Maharashtra

## NIMA Akola



निमा वुमन्स फोरम, अकोला द्वारा 20.5.23 को मातृ दिवस मनाया गया।

अकोला वुमन्स फोरम द्वारा मातृ दिवस, पी एन सी मदर्स को प्रोटीन पावडर देकर मनाया गया. उनका स्वास्थ्य अच्छा रहे जिससे बालको का पोषण भी अच्छी तरह हो सके इसी उद्देश को ध्यान में रख कर एन सी माताओ को पौष्टिक आहार और प्रोटीन पावडर लेने को कहा।

इस कार्यक्रम में डॉक्टर साधना कुलकर्णी मॅडम की प्रमुख उपस्थिति थी. उसी तरह डॉक्टर अंजली राजे मॅडम, डॉक्टर मधु अग्रवाल, सचिव डॉक्टर वर्षा बडगुजर, कोषाध्यक्ष डॉक्टर सीमा वाकचवरे आदी डॉक्टर्स उपस्थित थे.

पी एन सी वार्ड में उपस्थित छोटे छोटे बालको सहित माताओ को देखकर और उनको प्रोटीन पावडर देकर वुमन्स फोरम के सभी डॉक्टर्स को बहुत प्रसन्नता हुई. और उन माता की खुशी तो देखते ही बनती थी।

इस तरह अकोला के लेडी हार्डिंग हॉस्पिटल में यादगार मातृ दिन मनाया गया।

## NIMA Akola



दिनांक 9.6.23 शूक्रवार को पर्यावरण दिन के उपलक्ष में जाजूनगर के विश्व कल्याणी ब्रह्मकुमारी भवन के ओपन स्पेस में अकोला निमा वुमन्स फोरम के डॉक्टर्स द्वारा वृक्षा-रोपण कार्यक्रम का आयोजन किया गया . विविध औषधी व वनस्पती का वृक्षारोपण किया गया. जिसमें आम, निम, करंज, वड, उंबर, पिपल आदी लगाये. पर्यावरण संरक्षण में निमा वुमन्स फोरम को अपना योगदान देकर असीम आनंद की प्राप्ति हुई। इस कार्यक्रम के लिए मुख्य रूप से डॉक्टर दिनेश राठी, वुमन्स फोरम अध्यक्ष डॉक्टर कविता राठी, सचिव डॉ वर्षा बडगुजर, कोषाध्यक्ष डॉक्टर सीमा वाकचवरे, डॉक्टर अलका कंटे, डॉक्टर माधुरी सोनी, डॉक्टर शालिनीताई बडगुजर व ब्रह्मकुमारी की दीदीया व भाईजी उपस्थित थे।

## NIMA-Nagpur





## NIMA-Nagpur



NIMA Women's Forum Nagpur, organised event

MAAULI 2023, on the occasion of Mother's Day on 25th May 2023.

Various competitions were organised like Singing, Poetry and shared thoughts on mother.

Many members participated enthusiastically.

Total members present were 40.

Fun games were also arranged for all.

The judges for this competition were Mrs VrindaTai Thakre and Dr Ashwini Upadhyay.

After competition cake cutting was done. Kids were also present with their mothers and performed for them.

Director of the event was Dr. Ashwini Upadhyay.

Dr. Rupali Dangore delivered welcome speech and Dr Sheetal Yende hosted the competition. Everybody enjoyed the program.

Program was followed by snacks & high tea. Dr.Archana Jumle and many others participated.

On Occasion of 'World No Tobacco Day', RST Cancer Institute in association with NIMA Nagpur branch and NIMA Women's Forum, organised an 'Awareness Rally' on 31st May. Program organised by

- Dr Rupali Pravin Dangore, President,
- Dr Sheetal Mohan Yende, Secretary,
- Dr Archana Pandey Jumle, Treasurer and other members.

## NIMA-Bhandara



'Our Planet, Our Responsibility'  
Bhandara NIMA Women's Forum Organized World Environment Day, along with former President Dr. Priyanka



Nakade and our President Dr. Kanchan Sakure.

We had done plantation at Korambhi, situated in Bhandara. We had conducted some Yoga session too. Our Secretary Dr. Aastha Madankar and our Tressurer Dr. Payal Akare had active participation. Total 13 members of NWF were present. In addition to this event , our other members had done plantation at their society, work place too.



### NIMA-Buldhana



Women's Forum Buldana and Kshitij Foundation Buldana jointly organized lecture on "Menstrual cycle Health and Hygiene "Resource person was women's Forum President Buldana's Dr. Madhavi Jaware. This was held on International menstrual day ie. 28 May 2023. She explained importance of nutritious diet and Hygiene during menstrual period.

### NIMA-Sangli



World Environment Day - 5 June 2023  
NIMA Women's Forum Sangli .

Theme: Solutions to plastic pollution.,  
Tree plantation & Tree growing.

World Environment Day is the biggest international day for the environment. Lead by the United Nations Environment Programme (UNEP), and held annually since 1973, it has grown to be the largest global platform for environmental outreach. It is celebrated by millions of people across the world.

The theme will focus on solutions to plastic pollution under the campaign #BeatPlasticPollution.

It is a reminder that people's actions on plastic pollution matters. The steps governments and businesses are taking to tackle plastic pollution are the consequence of this action.

Join millions around the world to #BeatPlasticPollution.

We celebrated environmental day by Pujan of 100 years old Banyan tree, and planted some Neem, Ashok, Banyan saplings. Program was organised and attended by

President-Dr.Seema Kininge, Secretary - Dr.Sujata Patil, Treasurer -Dr.Mohsina Tamboli,

Dr.Pranoti Pise, Dr. Nasim Mujawar, Dr.Vaishali Salunkhe and many other NIMA Women's Forum members.

## NIMA - Nashik



NIMA Women's Forum, Nashik held a lecture and a free health checkup camp in the Samnere village near Mundegaon on the occasion of Menstrual Hygiene Day. Dr. Manisha Jejurkar emphasised on the subject of menstrual hygiene and the need of good dietary habits. Dr. Dipti Badhe elaborated on the myths about the menstrual cycle. The significance of timely screenings and investigations for cancer prevention was discussed by Dr. Pratibha Wagh. In all 50 girls and women benefitted from the camp.

We are grateful to Dr. Sandhya Pardeshi & Dr. Ajay Pardeshi for making all arrangements of the camp at Samnere Village.

We appreciate the participation of all Women's Forum members - Dr. Anagha Chavan, Dr. Madhuri Varungase, Dr. Girisha Deore, Dr. Monika Paprikar, Dr. Sunita Deshmukh, Dr. Ashwini Pawar, and Dr. Rekha Aher, and Dr. Sandhya Pardeshi - for sparing their precious time for the health checkup camp.

## NIMA - Nashik



Women's Forum Nashik conducted a fitness awareness camp on June 7, 2023. As we all know, women's fitness is the most important for women's empowerment.

Dr. Aruna Pordy, fitness trainer, and her team guided everyone about the importance of workouts, a balanced diet, and lifestyle modifications for fitness.

Dr. Pratibha Wagh, joint secretary of the State Women's Forum, had taken initiative for this camp.

Special thanks to Dr. Nilesh Kumbhare sir, for coordination.

## NIMA-Kalyan



Art of Mothering is to teach the Art of living to our little ones.

This task becomes extremely

challenging when the mother has to nurture a SPECIAL CHILD. A child with Autism, LD or SLD etc.

Taking into consideration the need of such Mothers.

NIMA WF KALYAN had arranged ONLINE CME on 31st May 2023

In association with Mr.Arafat Jalgaokar (Clinical psychologist and psychotherapist) & also Founder of Swawlamban Special Education Therapy Centre.

Topic of the talk was

ADHD in minds of today's parents.'

This talk was an eye opener for the mothers and also equally helpful to enhance the practising skills of our members. He very well explained to identify whether the child is actually 'Hyperactive' or just 'Impulsive'. Organised by President - Dr. Swati Kale, Secretary - Dr. Rohini Walunjkar, Treasurer - Dr. Monika Patil.

An awareness to public by walkthrough in extension areas with banners and slogans along with medicinal herbs plantation done at college garden campus.

Principal, teaching staff of AMV college & students, NIMA & Women's forum office bearers participated with great enthusiasm.

## NIMA-Gadag-Karnataka



Environmental day 05/06/23 celebrations by NIMA Gadag team associated with anganvadi children at Papanasi , Gadag (karnataka) by planting trees in the surroundings.

## NIMA-Dharwad-Karnataka



On the occasion of Environmental day, 05/06/23 NIMA Dharwad district & WF, Karnataka in association with Ayurveda Mahavidhyalaya, Heggeri, Hubli organised a project work competition 'how to keep Green & friendly Environment' to students, & then prize distribution done.

## NIMA-Nakodar-Punjab



NIMA Women's Forum Nakodar in association with corona remedies organised a CME on role of "Plankonta Injection in Pelvic Inflammatory disease".

**NIMA- Delhi**

Free Medical check up camp was held for residents of juggi cluster at Vikas Puri by DR ML GUPTA, under the banner of NIMA Delhi Branch , NIMA Women's Forum and Saumaya Foundation, on 4.6.23 in which 40 Persons were examined and were given,

free Calcium tablets, Multivitamin capsule and Anthelmintic tablets were given. Camp was a big success under Dr M L Gupta President NIMA Delhi.

**NIMA-Azamgarh-Uttar Pradesh**

विश्व पर्यावरण दिवस के अवसर पर नीमा आजमगढ़ द्वारा वृहद वृक्षारोपण अभियान चलाया गया।

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## National Integrated Medical Association MUTUAL BENEFIT SCHEME 2022-23

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**Convener's Report For The Year 2019 - 20 To 2022-23**

It is my great pleasure to present the report of NIMA-M.B.S. For 2019-2020 to 2022-2023. How can I present this report before paying the homage to our members who had passed away in this last 4 years. may their Soull Rest in Peace. I am presenting the report after paying my gratitude's to all of you & the executive committee members of MBS for providing me the opportunity to work as a convener of the scheme.

I am very glad to inform you that from 1st April 2019 to 31st March 2023. **495** New members have joined the scheme. Out of these 344 are from Maharashtra, 48 from Uttar-Pradesh, 16 from Bihar, 09 from Hariyana, 15 from Delhi, 41 from Punjab, 03 from Gujrat , 2 from Karanataka , 16 from MP & 1 from other. Now the Total MBS membership is **2832**.

sorry to inform you that during 2019-23 we have lost **97 members**. We have conveyed the heartfelt condolences & Their nominees were paid the Fraternity Benefit. Total Deceased (Exp.) Member 296. up to 31 March 2023.

Total fraternity benefit amount paid to the nominees of 97 members in till 31st March 2023 is **Rs. 76,91,200/-**

We have paid ADHOC payment to **25 members** in the year 2019-23

Total ADHOC Payment amount paid to till 31st March 2023 is **Rs. 2,50,000/-**

We have paid Benefit under 9(1) for permanent Disability to Dr. Aravind Shah, Dhule MBS no. 220/1990-91 initially **Rs. 18000/-** up to 31st March 2021.

This year 855 members have completed their 20 year up to which they were supposed to contribute towards the fraternity. This are supposed to pay now only Rs. 200/- as annual fees. We appeal them to pay Life-Time payment i.e. Rs. 4000/- so that they can't become defaulters in future.

**The total amount paid in year 2019-23 is Rs. 76,91,200/- + Rs. 2,50,000/- + Rs. 18000/- = Rs. 79,59,200/- up to 31st March 2023.**

**Till today total 507 members are DIS (Dis-continued) from the scheme.**

As a convener I am thankful to all the members of the scheme for showing faith in the scheme. I am also thankful to all the office bearers and respected seniors.

Date : 28/05/2023

Samaspur, Chunar, (UP)

Dr. Kiran Deshpande  
Convener NIMA-M.B.S.