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All the mails should be sent on journalofnima@gmail.com before 10th of each month, in word document format.

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Editorial

May - the month of many things !

The month of May marks:-

* 1st May - International Labour day

* 1st May - Maharashtra day

* 1st May - Gujarat day

* 3rd May - Press Freedom Day (1993 U N General Assembly)

* 14th May (2nd Sunday) - Mother's day

These , to name few important days of this month.

On behalf of Journal NIMA, Please accept our hearty congratulation of the celebration and observance of 1st May as the International workers Day.

In 1889, the International Congress of Socialist party met in Paris and decided to celebrate the Labour Day's or Worker's Day on May 1 In India, the first Labour's Day was celebrated on May 1, 1923 in Chennai organized by the Labour's Kisan Party of Hindustan and was considered as National Holiday in the country.

It is also celebrated to recognize and praise the excellent work done by employees and other members of the labour class. Many of us are practicing in such areas where labours, farmers are in majority. We are maintaining good relations with them as thier friends philosophers and guides and we are occasionally invited for such occasions. Our attendance and communication with them gives them the pleasure and to us a good image.

Similarly, 1st May is also observed and celebrated as Maharashtra Day in Maharashtra with lots of zeal and enthusiasm. This day commemorates the beginning of Maharashtra's illustrious heritage.

On this day, in 1960, two states were formed. Maharashtra and Gujrat. Both states had a little dispute about Bombay (Mumbai). But it was included in Maharashtra. Bombay being a big industrial city is a capital of Maharashtra and financial capital of the Nation. Many People are residing in such areas which are known as mill areas. This is not only in Mumbai (Bombay), but many other states where cotton and woolen mills are running. Many of us are well established in such areas and are always participating in their such functions.

Once again repartition of few remembrance, about the participation of members in Journal NIMA and Mutual Benefit Scheme of NIMA.

We are expecting good articles from you on various



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

important topics espy. Medical subject, We have many M.D. students and teachers who are good writers. We have our own legal adviser colleagues who can write very good legal topics useful for the upcoming students. Then why are we facing deficit in getting the articles for journal? The articles should be short but informative and educative. Many of our seniors are having personal contacts with offices of pharma companies. Still we are lacking in getting subsipient advertises for the journal. We know that we have to increase the membership for the journal for the same. But that also depends on YOU all.

NIMA, Mutual Benefit Scheme is running smoothly. But some pitfalls are unknowingly occurring. Many of our NIMA M.B.S. members, new and old, send their contribution money to NIMA M.B.S. account in Bank of India, Parel, Mumbai branch. But they do not inform to the Treasurer. NIMA M.B.S. regarding their payment. That creates complication in understanding as to exactly whose payment is that. So it is necessary that those M.B.S. members should post the photo copy of the counter slip of the payment to the treasurer NIMA M.B.S. on Dr. Shantilal G. S. Whats APP number + 91-9423075628

Recently a litigation news has created a chaos. It says - Ayurved Doctors can't do complete surgeries.

So they are not entitled to equal pay as M.B.B.S. doctors. While recognizing the importance of Ayurved doctors and the need to promote alternative systems of medicines, the court said that they do not perform equal work to M.B.B.S. doctors to be entitled to

equal pay. The supreme court has set a Gujrat High Court order that held that Aurved Practitioners are par with M.B.B.S. practitioners in terms of pay benefits.

This news has created an excitement within our Integrated Fraternity. We have to wait as our legal experts have kept communication with our legal advisers. But our history says that in the past in various incidences like bomb blast incidence and others, many of our doctors worked hard and saved lives. So let us wait and watch for a successful result.

Our association has done a lot of work during this Amrut Mahotsava year and slowly but steadily coming to the conclusion.

Let us maintain this energy.

JAI HIND, JAI NIMA.

Dr. D. G. Kadam

Ex-National President, NIMA CC

Mob. 9892194960



Hearty Congratulations



Dr. Satish Shindadkar has been appointed as the Senate member of Maharashtra University Of Health Sciences, Nashik, and had been the past NIMA Secretary of Maharashtra state.

Disclaimer

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Dehydration in Summer (Stay Hydrated & Stay Healthy)

Dr. Sanmati J. Kurundawade

During hot and humid weather, body produces excess sweat to keep it cool, this leads to depletion of water and electrolytes from the body. This coupled with lack of drinking enough water, staying under the sun etc, can add to the risk of dehydration. In severe cases, dehydration and heat stroke can result in shock and even death.

What is Dehydration?

Around 60% of body is made up of water. Dehydration occurs when we use/ lose more fluids than we take in. If we don't replace fluids body starts to dry up or get dehydrated.

It is best to avoid caffeinated, high sugar beverages as they can worsen dehydration.

Causes of Dehydration:

1. Diarrhoea and Vomiting
2. Physical activity/Exercise/ sweating
3. Hot Climate.
4. Fever.
5. Travel

Signs and symptoms of Dehydration:

1. Increased thirst
2. Dry mouth, lips, tongue and skin
3. Decreased urine output.
4. Yellowish urine.
5. Headache and Dizziness.
6. muscle weakness, cramping of limbs.

Hydration and Immunity : Hydration is an important part of keeping our immune system functioning at an optimal level. Our immune system relies on blood stream to transport fluid, nutrients and important communication signals to organs, since blood plasma is about 90% water, optimum hydration is necessary to support this.

Being well hydrated is also important for a well functioning lymphatic system. A well functioning lymphatic system helps to remove toxins, waste, debris, abnormal cells and pathogens from the system, it also helps to transport infection fighting white blood cells throughout the body.

High sugar drinks and Dehydration:

Experts believe that too much sugar can worsen dehydration. When sugar floods our body, body tries to restore balance by drawing water from other cells. As our cells

lose water, they signal the brain that they need more water. Hence even after drinking a high sugar drink, we feel thirsty, so the next time we reach for hydrating drinks check the label for sugar content.

Travel and Dehydration:

Travelling can be a great rejuvenator, but it brings with it the hidden danger of dehydration. There are several reasons why we can get dehydrated while travelling. Not enough rest stops, salty food and sugar drinks, dry air, alcohol different temperature zones, break from routine hydration timings etc.

Dehydration in winter:

With the advent of winter season, our water intake may come down without us even realizing as we may not feel thirsty as frequently as in summer months. It however doesn't mean that our body requires less fluids in winter, our body loses more moisture as the air around us is dry and there is increased fluid loss through urine. Avoid excessive consumption of tea, coffee, make sure to keep yourself well hydrated.

Dehydration in Monsoon:

Dehydration in monsoon can happen to anyone at any age during monsoon people prefer multiple cups of hot beverages like coffee or tea over plain water and hence they do not realize how little water they have consumed. We may not even realize we are dehydrated until we start feeling giddy or have muscle cramps. Even a 2% decrease in water weight can lead to problems like forgetfulness, confusion, and visual disturbances. On an average an adult needs 2-3 liters of water daily to stay well hydrated.

Oral Rehydration Solution:

Drinking water alone won't help you fight dehydration. Oral Rehydration solution is the best choice when it comes to hydration. Oral Rehydration salts (ORS) are a mixture of electrolytes (salts) and carbohydrates (in the form of sugars), which are dissolved in

water. They are used to replace salts and water that the body loses when we have dehydration caused by gastroenteritis, diarrhea, vomiting and weakness unlike other fluids, the proportion of salts and sugar in an ORS matches what the body needs to recover. 245mOsmol/L is the WHO approved osmolarity to manage dehydration.

Best Hydration Practices: (Calculate-Track-Replenish)

Calculate our daily need for water, the rule of thumb is 3.7 liters for men and 2.7 liters for women per day. However we need to adjust this up words if it is summer, if you exercise vigorously, if you are pregnant or breast feeding, if you are ill, if you are urinate frequently when in doubt check with your doctor.

Track your water intake and build a water drinking habit that doesn't rely on thirst as an indicator, find what best works for you ex, water tracking apps.

Replenish electrolytes, hydration is not just about water, but also electrolytes.

Hydration Myths and Facts

Myth: if you are not thirsty, you are probably not hydrated. **Fact:** thirst does not always correlate with hydration. A better way to tell if you are drinking enough fluid is to check the color of your urine. If it is pale in color and clear, you are likely to be well hydrated, if it is dark colored with brown tones, you may be dehydrated.

Myth: high sugar drinks-energy drinks are the best choice to rehydrate. **Fact:** High sugar drinks-energy drinks often contain ingredients that are not so good for our health like high fructose corn syrup(HFCS) and large amount of sugar which can cause dramatic spikes in blood sugar levels and aggravate dehydration. Be sure to read nutrition labels carefully.

Conclusion: the human body is made up largely of water. Staying hydrated each day is crucial for many reasons. when trying to stay hydrated, it is important to follow the right hydration practices, recognize signs and symptoms of dehydration and so on.

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Staying hydrated helps keep away common cold and other illnesses. Being well hydrated also improves sleep quality, cognition and mood.

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Dehydration and Ayurveda:

"sarvasuta tprakopohi saumya dhatu prashoshnaat! SarvaDeha bhramo tkambataapruda daahamohakrut!! (astanga. Hru, Ni.5-43) this sloka explain about dehydration. Ayurveda says the cause of dehydration as excess deprivation of body fluid contents like kapha and water. It is said to be especially caused by lack of intake of food and water.

We get many references in ayurvedic classical texts about Dehydration and its timely remedies under the heading of Trushna chikitsa adhyayas. Acarya Charaka mentioned detailed description about Trushna (Dehydration) in his **chikitsa sthana 22nd chapter** after the management of visararpa, he told Trushna is complication of Visarpa vyadhi.

The word **Trushna** originated from trush dhatu, trush is-Lobha or Akanksha, here **trush is desire to take excess amount of water.**

Trushna can be divided into two types **Swabhavika and Aswabhavika trushna.** Swabhavika is natural thirst irrespective of diseases and its complications and season. Human beings are thirsty and drink water naturally. Where as Aswabhavika trushna can be considered as a disease because even after drinking a lot of water, the thirst has not been satisfied.

Dr. Sanmati.J.Kurundawade MD(Ayu)

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Professor Dept of Kayachikitsa PG studies.

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Laryngeal Squamous Cell Carcinoma Treated with Ayurvedic Rasayana Therapy

Dr. Nikhil Baxi

Introduction - Squamous cell carcinoma of Larynx is the most common (45%) among all the cancers

of the head and neck. Men over 40 years are commonly affected.(1)

The most common treatment options for this cancer are surgery and radiotherapy.

However, concerns have emerged regarding functional outcomes and decreased survival and quality of life even after treatment. Radiotherapy in laryngeal carcinoma is known to be associated with several severe adverse reactions including skin reactions, voice changes, sore mouth, dry mouth, difficulty in swallowing, Trismus, Osteoradionecrosis, lymphadema etc.(2, 3)

In vitro and In-vivo studies in the field of Rasayana concern with treating cancer have shown very encouraging results such as minimization of radiation hazards or adverse effects of chemotherapy.(4,5)

Different Rasayana has been explained in the classics also which are helpful to preserve health and to get rid of diseases. Many experimental studies reported.

Rasayanas efficacy in treating cancer. Rasayanas are known to have immunomodulatory, anti tumourogenesis, anti inflammatory and anti angiogenic properties. (6, 7, 8)

It has action on cell cycle as it inhibits cell proliferation and induce apoptosis. Moreover Ayurveda classics also advocate Rasayana therapy for promoting health, improving quality of life, increasing longevity and also preventing disease and its recurrence.

On this basis,we implemented in the current case, a novel therapy for laryngeal cancer by using anti malignant herbo-mineral Rasayana compounds with adjuvant symptomatic treatment.

Case Presentation:- A 77 years old female approached our Ayurvedic outpatient clinic in Akola India, with one month history of Hoarseness of voice, cough, difficulty in swallowing solid food, sore throat,odynophagia with lump in the neck. Her prior medical history was unremarkable.

Baseline PNS and Neck CT scan dated 11/11/22 demonstrated a Supraglottic heterogeneous mass 2.9*2.1*2.9cm in size. Fine calcification is also seen in the mass lesion. The lesion appears to be arising from the posterior and right lateral wall of hypopharynx and also involving the right right aryepiglottic fold with almost complete obliteration of the right pyriform sinus. The lesion is encroaching upon the lumen causing its narrowing. Cranially the lesion is almost reaching upto free margin of epiglottis. On the right side growth almost reaching to the lamina of thyroid cartilage. Caudally the lesion appears to be extending to involve false vocal cord. Two oval lymph nodes of size 10mm on right submandibular gland Metastaticerciology.

On final Histopathology detected as poorly differentiated squamous cell carcinoma **Sarcomatid Carcinoma** with stage T3N1M1. Oncologist advised him to go for radiation but patient reluctant for it. Considering poor prognosis, written patient consent was taken.

She started Ayurveda treatment to prevent further progression of disease. Based on Ayurvedic principles following Rasayana compounds were prescribed to restore and support the functioning of larynx. It includes **Hirak Rasayana** (Ayurved Rasayani) 1 capsule in morning empty stomach and **Bhallatak Ghruta** (Self made) 1tsp morning and evening with warm milk.

Hirak Bhasma is mainly known for immunomodulatory, anticancer, anti-metastatic, antitubercular, cardioprotective, antianginal, and anti-inflammatory actions.(9) Bhallataka (*Semecarpus Anacardium*) is one of the Rasayana drugs mentioned in Ayurveda. In Vitro effects of *Semecarpus Anacardium* extracts Bhallataka has been evaluated pharmacologically on the isolated tissues and the whole animal. The therapeutic effects of the extract are due to its chemical constituents as phenols, glycosides and lipids mainly. *Semecarpus Anacardium* will act as a potent anticancer drug due to its cytotoxic nature to cells, antioxidant properties and anti-inflammatory effects. The review supports the information on the use of *Semecarpus Anacardium* extracts in different cancer conditions.(10)

Patient started treatment with above medications on 12/01/23. After starting treatment her hoarseness of voice gradually reduced. Within 4 weeks of treatment the patient's voice became clear. After 2 months, difficulty in swallowing solid food and cough problem resolved. Appetite improved and 2 kg weight gain after 2 months. Patient continued Rasayana therapy for last 4 months. Patient tolerated Bhallatak ghruta very well. On 26/04/23, patient vomited 2 times in morning. Small tissue lump came out from vomiting. Unfortunately, it can't send for histopathology. After this incidence, patient can easily take solid food. After 4 months, CT Neck scan repeated (04/05/23), there was significantly reduction in size and extent of tumour as compared to scan dated 11/01/23. By seeing good response of patient, long term treatment was planned with regular follow ups. Patient is exclusively on Ayurvedic Rasayana therapy. She visit the clinic for regular follow up and has not any complaints. Her appetite is also good. She is living good quality of life till her last follow up.

Discussion:- Advanced laryngeal carcinoma often lead to bad prognosis. Patients in this stage of disease are at high

risk of functional disabilities due to total laryngectomy or conservative chemo-4/5 radiotherapy. Even though laryngectomy provides good oncologic control but it is associated with significant functional and psychological sequelae.(1,2) Such complications lead to poor quality of life among patients and survivors. The goals of our treatment were to provide best possible oncologic control with enhancement of laryngeal functions. Rasayana compounds are either purely

herbals or are herbomineral in origin. Ayurveda texts are rich with various herbs and multi-ingredient formulations which act as Rasayana. (5, 6) Main ingredients of **Capsule Hirak Rasayana (Hirak Bhasma 12.5 mg, Rasayana churna Ghana 100 mg)** and Bhallatak Ghruta (Mentioned above) are known to have anti-cancer, action and it has been proved in many clinical studies. Several experimental studies have proved the beneficial effects of Ayurvedic Rasayan therapy in cancer management. These compounds are known to have role in inducing apoptosis, Cyto-protection, cell recovery, anti-tumour activity and vitality of all immune augmentation. Rasayana can also be used to prevent second malignancies.(7,8,9) It can thus be stated that Ayurveda can be helpful in the management of cancer in many ways, as prophylactic, palliative, curative and supportive and helps to improve quality of life. Considering the limitations of a single case study we may need to conduct further randomized control trials to generate high level of evidence for this observation.

Conclusion:- In the present study it is observed that the patient regained her voice, appetite and weight after starting Rasayana. It indicates that Rasayana therapy can be an effective treatment for laryngeal cancer where available options are limited. Hence further clinical trials are needed which can definitely create new dimensions in the field of cancer treatment.

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Assessment of Yakrut Vikar By Means of Modern Laboratorial Investigations

Dr. Shruti Krishna Mapsekar¹, Dr. Gitesh D. Rane²

Abstract - Yakrut or liver is one of the largest organs in the human body. It is the moolasthan of raktavaha sro/as. It performs a variety of functions with the most important of all being dhatu and mala ranjana and prananu-varhdhana. Pitta is derived from yakrut and is also known as mala of rakta-dhatu. Both pitta and rakta have ashraya-ashrayi bhava and hence vitiation of rakta or pitta leads to derangement of functions of yakrut. The clinical presentation of yakrut vikar can be ruled out by darshan, sparshan and prashnapariksha. However, the enzymatic reactions going on in the liver cannot be perceived by clinical examination alone. For that purpose, one needs to assess the liver by means of blood assays specifically designed to gain access to the state of patient's liver. Since sonological examination or liver biopsies cannot be frequented to check the prognosis of disease or progress of treatment, these biochemical tests come handy as to figure out the current state of liver just by using a small amount of blood, urine or feces. This article will illustrate some of the biochemical tests used to evaluate the functioning of liver.

Keywords: biochemical tests, liver, pitta, rakta, yakrut vikar

Aim - To study the importance and indications of laboratorial investigations in assessment of yakrut vikar.

Introduction - Rakta is said to be the precursor of all the koshtangas. According to sushrut samhita, rakta alone or in combination with other elements form the visceral organs of the body. Yakrut is the moolasthan of rakta and vice-versa it is also said to be made from rakta dhatu.[1][2]

Rakta also has ashraya-ashrayi relation with pitta. [3] Hence dushti of pitta leads to rakta dushti.[4] This in turn hampers the normal mechanism of yakrut leading to yakrut vikar.

Liver as described in modern science is an important multifunctional organ. [5] Major functions carried out by the liver consist of synthesis of plasma proteins, detoxification and excretion of potentially toxic exogenous and endogenous substances. It also secretes bile which helps in digestion and absorption. [6]

Proper functioning of yakrut maintains normancy of rakta and vice-versa. Yakrut is known as the seat of ranjaka pitta- that which mainly carries out the function of imparting colour to dhatu and mala. In case of ruddhpath kamala, as the pittavaha sira is blocked by kapha, pitta departs to the extremities and thus fails to reach the koshta.[7] As a result it is unable to impart colour to faeces and it appears like tila paste. Also because of its functions is varnaprasadana, derangement of pitta leads to loss of normal lustre of skin and it appears as bhekavarna means like skin of toad. One of the functions of rakta is formation of mamsa dhatu.[8] Hence in case of udara vyadhi where functioning of yakrut is compromised, karshya is seen as a result of mamsa shosha.[9] Hence from the above examples it is clear that yakrut and rakta have samavayi relation and their functions are interdependent.

The normal functioning of liver can be determined using liver function tests. This is a set of biochemical investigations commonly used as a part of initial clinical workup of all patients suspected with liver

disease.[10] Liver function tests are performed for varied purposes like detection of liver disease, its severity, its type, to check response of the patient to the prescribed treatment and not just assessment of functioning of liver. These tests are performed in combination and the pattern of abnormality is suggestive of the type of liver disease. Since the liver is involved in many cases of systemic illness, abnormal results of individual components of LFTs do not conclude that liver the main site of disease as there may be non-hepatic conditions responsible for the derangement of results.

Classification of Liver Function Tests

The liver function tests can be classified into different subgroups depending on the indications or the specificity of the functions

1. Assessment of Excretory Function

a) Bilirubin in Serum /Urine: plasma contains two types of bilirubin- conjugated (direct) (water soluble) 10% and unconjugated (indirect) (water insoluble) 90%. Normal range of bilirubin is 1mg/dl. Higher percentage of direct bilirubin denotes hepatocellular jaundice, while increase in indirect bilirubin level states hemolysis, Gilbert's syndrome and Crigler-Najjar syndrome.[11]

Presence of bilirubin in urine indicates conjugated hyperbilirubinemia (obstructive/ hepatocellular jaundice). Bilirubin in urine is absent in hemolytic jaundice.

b) Urobilinogen in Urine/Feces: normally about 0.5-4 mg of urobilinogen is excreted in urine in 24 hours. This amount increases in case of hemolytic anemia and haemorrhage in tissues. The reasons for decreased urobilinogen are obstructive jaundice and reduction in intestinal bacterial flora. The intestinal flora converts unconjugated bilirubin to urobilinogen in duodenum.

2. Assessment of Synthetic and Metabolic Function

a) Serum Protein: liver is the only site for synthesis of plasma proteins while gamma globulins are synthesized by plasma cells. Both albumin and globulin together make up the total proteins of which albumin consists about 60%. Total protein level is affected by both albumin and globulin levels. In cirrhosis decrease in amount of albumin is compensated by increased amount of gamma globulin.

Hence estimation of total proteins is of less value in cirrhosis.

b) Serum Albumin: it consists of 60% of total proteins; hence it is an important investigation in liver disorders. Low levels of albumin correlates with the synthetic capacity of hepatocytes in patients with cirrhosis and ascitis. Low albumin levels are also indicative of malnutrition malabsorption syndrome, increased catabolism, malignancy. Non hepatic conditions include thyrotoxicosis, severe burns, nephrotic syndrome, pregnancy and congestive cardiac failure.

c) Serum Albumin/Globulin Ratio: in cirrhosis and chronic hepatitis, while serum albumin levels drop, gamma globulin levels increase due to inflammation. The normal A/G ratio is 1.5. Inflammatory changes in liver lead to reversal of A/G ratio.

d) Prothrombin Time: most of coagulation proteins are synthesized in liver. In hepatocellular diseases synthesis of these factors becomes deficient. In obstructive jaundice, vitamin K cannot be absorbed in intestine due to lack of bile. Also prothrombin time measures three out of four factors and hence it is prolonged in hepatocellular disease and obstructive jaundice. Marked prolongation in prothrombin time in acute fulminant liver failure is an unfavourable prognostic sign.

e) Blood Ammonia Level: the bacterial enzymes present in the intestine act on nitrogen containing foods to produce

ammonia, which is carried to liver by the portal vein. Causes of increased serum ammonia levels are fulminant hepatic failure, cirrhosis, Reye's syndrome, shunting of portal blood to systemic circulation, inherited deficiencies of urea cycle and gastrointestinal haemorrhage.

3. Assessment of Hepatic Injury

a) **Aminotransferases:** serum alanine amino transferase and serum aspartate aminotransferase are generally present in very low levels. If necrosis or death of cells containing these enzymes occurs, they are released in the circulation increasing their concentration in blood. Marked ALT and AST elevations are seen in acute viral hepatitis, toxin induced hepatocellular damage, centrilobular necrosis. Moderate elevations are seen in chronic hepatitis, autoimmune hepatitis.

Levels of these enzymes however decrease in massive liver necrosis hence they become poor prognostic indicator for the disease.[12]

b) **Serum Alkaline Phosphatase:** diseases affecting hepatocyte secretion have elevated levels of ALP. Hepatobiliary causes of increased ALP are bile duct

obstruction, primary biliary cirrhosis, primary sclerosing cholangitis, infiltrative diseases of liver. Other systemic causes include increased osteoblastic activity as in hyperparathyroidism, osteosarcoma, etc. and pregnancy.

c) **Serum γ -Glutamyl Transferase (GGT):** also known as gamma glutamyl transpeptidase, it plays a significant role in helping liver metabolize drugs and other toxins. Relatively high levels of GGT are present in liver, pancreas and kidneys. Marked elevations of GGT are seen in acute alcoholic hepatitis, cholestasis and during recovery from acute hepatitis.

d) **5'-Nucleotidase:** mainly located along the cell membrane, estimation of 5'-NT is helpful in deciding whether ALP is due

to liver disease or due to acute osteoblastic activity in growing children.

4. Clearance of Exogenous Substances by Liver

a) **Bromosulphthalein Excretion Test:** synthetic dyes when introduced in the body are rapidly removed from the blood stream and excreted into the bile. Disappearance of these dyes from circulation is dependent on adequate hepatic circulation, normal hepatocyte function and uninterrupted bile flow. BSP excretion test yields falsely abnormal results if hepatic circulation is impaired. It yet remains useful in diagnosis of Dub in-Johnson syndrome and its differentiation from Rotor syndrome.[13]

Discussion : Yakrut is the moolasthan of Rakta dhatu and in modern it is correlated with liver. In diseases of raktavaha srotas like kamala, vatarakta or like shotha, pandu where rakta dhatu or pakshaghat where upadhatu of rakta that is snayu is involved it is mostly seen that there is derangement of liver function tests. Hence the degree of vitiation of raktadhatu can be assessed by modern means of liver function tests.

Conclusion: Generally liver diseases can be classified as due to hepatocellular injury or cholestatic causes. Liver function tests play an important role in assessment of severity of liver disease. They are not the only way to arrive to the diagnosis, but are the adjuvants to find nearby exact pathology in collaboration with clinical findings. Hence it is important for a physician to correlate the history and physical examination findings and accordingly suggest the tests prescribed for the specific reason.

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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 10th of each month.**

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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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Power of Heart, Lungs and Kidneys of the Patient Important for a GP to know

Dr. O. P. Kapoor

Liver is the only organ where the 'power' of liver is very difficult to assess. In jaundice patients (medical jaundice), the prothrombin time possibly indicates the prognosis of the patient. If it is more than a minute or two, then the patient is unlikely to survive and the relatives should be alerted.

The case of the other three vital organs heart, lungs and kidneys is different. You have to guide the relatives of the patients on how serious the illness is.

As far as the 'heart' is concerned, usually the prognosis of the patient evolves around Ejection Fraction (EF) of the heart, though unexpected sudden death can occur (like an electric shock accident) due to arrhythmias in case of acute coronary syndrome or advanced CCF (congestive cardiac failure). Even after a heart attack, if the EF goes on falling, chances are that the patient is going to die. Vice versa, if the EF increases more than 35 per cent, you can request the ICU staff to transfer the patient out of ICU, so that the expenses of his hospital stay can be reduced to nearly half.

The easiest investigation to find out the EF is 2D Echocardiography. This can vary by 5-10% in the hands of different echo cardiographers. EF is more accurately done by angio-cardiography (nuclear or invasive coronary angiography).

Normally, the ejection fraction is more than 50 per cent and may be up to 60 per cent. EF of less than 35% calls for interventional or surgical by-pass treatment in patients of angina or triple

vessel ischaemic heart disease (though not always). Vice versa if the EF is normal, unless left main or LAD vessels are involved medical treatment is safe. In patients of chronic CCF, EF will guide you towards treatment. Also, it is worth noting that patients having EF of 10 or 20% can live for few years and should not be discouraged by giving a very gloomy prognosis.

Any lung disease, acute or chronic is bad, if the power of lungs goes to less than 80% of SPO₂. This is the only test which should be carried out by the GP with the help of pulse oximeter. Once the GP spends Rs. 6000/- (now a days even Rs. 3000/-) or less for the pulse oximeter, the cost of the test to a GP is almost zero! After this test, you do not have to wait before prescribing in an acute severe asthma patient, or a COPD or ILD patient with such a dangerous low reading. Normally SPO₂ is around 97 to 100%. The moment you record a low reading (i.e. less than 95%), namely in patients having acute severe asthma, advise hospitalisation, as the disease should not be treated outside an ICU. However, patients with a chronic disease like COPD and ILD can be treated even with an SPO₂ of 85% (the relatives should be taken into confidence) provided you have facilities of oxygen concentrator, nebuliser and CPAP machines in your

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 Women's Forum, Central

Dr. Mrunmayi Masodkar

Report of the NIMA Women's Forum Central Secretary Dr. Mrunmyee Masodkar for the year

2019-2023 presented before the 63rd Annual Central Council Meeting on 28th May 2023 at Varanasi.

Respected dignitaries and honourable office bearers, It gives me immense pleasure to submit the **Secretarial report of the Year 19 - 23** work done by various Women's Forum Branches Nationwide.

In the Year **2019- 2020 total 29 WF Disb'ict Branches** are installed in different states they are:

Bihar-3

U.P-6

M.P.-3

Karnataka-1

Panjab-1

Haryana -10

Maharashtra o 5

3 State WF Branches are Installed they are Haryana, Karnataka & Delhi.

On 2nd August 2020 NIMA CC EC Meeting was held in which First team of NIMA Women's

Forum Central Executive Committee was approved by house as follows

President

● Dr. Sadhna Ashutosh Kulkarni (M.S.)

Senior Vice President

● Dr. Vaishali Padghan (M.S.)

Vice President

● Dr. Premlata (Bihar) Secretary

● Dr. Mrunmayi Masodkar (M.S.) Joint

Secretary

● Dr. Rashmi Sharma (Gurugram)

Assistant Secretary

● Dr. Kalpana Singh (Jhansi) Members

● Dr. Anju Phaugat (Panipat)

● Dr. Sarita Sethi (Delhi)

● Dr. Prajwala Raj (Bangalore)

● Dr. Neeloo Mishra (Bareilly)

● Dr. Veena Gumber (Jalandhar)

● Dr. Neha reja (Bhopal)

● Dr. Kashmiraj Rajgor (Ahmedabad)

On 16th August 2020 first Central Women's Forum Executive Committee Meeting was held virtually in which guidelines regarding working pattern were decided.

WF Central head provided a separate link www.nimaindia.org/women-forum open to all in which details of local, district, state women's forum branches are uploaded.

All Women's Forum branches were provided PPTs of preventive measures of Ayurveda for Covid-19. Online CM Es about Ayurvedic line of treatment were arranged.

Feeling Proud as each and every member has given services to society like a warrior in Covid-19 pandemic.

It is a matter of great pride that in the Year 19-23 total 90 new WF Branches were installed under the Dynamic Leadership of our President Dr. Sadhna Kulkarni Mam & our Executive body of WFCC.

In the Year 2021 on the occasion of International Women's Day NIMAWF has created history by installing 18 new district Branches in various States.

On the Occasion of NIMA Day **13 April 2021 total 5 District Branches** are installed in various States

All of our Branches actively participated in mega blood donation campaign SAMVEDANA held by NIMACC on 23rd March 2021

Web EC Meeting of NIMACC WF held on 22nd October 2021 regarding National Webinar for all ISM Graduates on OPD

Level Gynaecology

As per discussion in Ex.meeting, NIMAWF CC organized series of **online National Webinar** for all ISM Graduates on **OPD level Gynecology. The themewas, Menarche ta Menopause** on every Sunday from 14111 November 2021 to 18th January 2022 by renowned Gynaecologist **Dr. Jai Mehta**. This webinar was free and more than 4000 delegates were registered.

On 24 Dec 21 NIMA Ex-meeting was held at Ahmadabad It was decided to celebrate NIMA Amrut Mahotsav. The President WF CC appealed all Office bearers to co-operate for formation of WF branches.

On International Women's Day **8th March 2022 three (Panjab, Bihar I U.P.) State Women's Forum Branches were Installed.**

Menstrual Health and Hygiene awareness week from 28th May to 5th June 2022 was followed by all Branches Nationwid. School girls were taught the science & hygiene about menstrual cycle.

On 13 March 2022 NIMACC meeting was held at Nagpur regarding launching program of "NIMA AMRIT MAHOTSAV" in which **NIMAWomen's Forum Committee** was approved by house as follows.

Chairman - Dr. Vaishali Padghan (M.S.)

Convener - Dr. Premlata (Bihar)

Members - Dr. Veena Gumbhar (Panjab)

Dr. Rashmi Sharma (Haryana) Dr. Kanchan Patel (Delhi)

Also NIMAWomen's Forum CC introduced a theme in Amrit Mahotsav,

निमा ब्रँच जहाँ... विमेन्स फोरम वहा

& worked accordingly

On 27th July 2022 Chandigarh StaleWF Branch was Installed

Feeling Proud that in AMRIT MAHOTSAV total 1428 activities are performed by all District

WF Branches Nationwide

Total Activities performed
 Maharashtra StateWF - **609**
 Haryana StateWF - **314**
 Karnataka State WF- **214**
 Panjab State WF - **97**
 U.P.StateWF- **66**
 Delhi State WF -**13**
 Chandigarh State WF -**12**
 Bihar StateWF- **60**
 M.P.State - **43**

Working Of State Women's Forum Branches In all states WF CC has given a similar plan of activities through out the year, so that there should be a harmony in all branches.

The pattern of activity.....

1. Regarding Association

- Membership drive
- MBS membership
- Journal Subscription
- New branch formation
- Routine meetings.

2. Educational

- CMEs
- Workshops, Hands on trainings
- Conference

3. Medicosocial

- Various camps
- Diagnostic camps
- Awareness camps
- Breastfeeding week
- School health checkup
- Blood donation camp
- Health services to orphanage & old age homes

4 Sports

- Cricket matches
- Football matches
- Marathon
- Cyclothon
- Zumba/ Aerobics

5. Special Days

- NIMA Day
- Ayurveda Day

- Yoga Day
- Environmental Day
- Women's Day
- Children's Day
- Doctor's Day

6- Cultural

● Singing, dancing rangoli, cooking competitions

- Fancy dress competitions
- Celebration of regional festivals
- Trips of Family get togethers

We are very proud to declare that every district/ local WF branch has reported maximum activities as above. Now, some special & noticable activities are mentioned below.

- **Maharashtra State WF Branch**
President - Dr. Swana Jagdale
Secretary - Dr. Rajashri Shirpurkar
Treasurer - Dr. Parwati Rane

Maharashtra State women's Forum branch which has given National leadership to the association. it is the strongest and largest branch of the country having most memberships. This year branch performed record break activities. It is pioneer branch of Women's Forum. It is most active & punctual branch in sending the reports .

This State has **total 57 district branches**. This state is having its own website in which details of all Women's Forum district branches are included.

In the Year 21 - 23 total 12 District Branches were installed They are Thane Paratwada, Sangamner, Wadaonghatanji, Wai, Dehu-road, Malkapur, Lonar, Vita, Akluj, Mangalvedha & Ahmadnagar

This state organized State level few activities like :-

- 1) Webinar on Women's Rights in India
- 2) Menstrual health, hygiene Awareness program was held across Maharashtra in which online training with PowerPoint presentation was given to all

branches. Total 36 lectures were organized by district branches

3) Under proctology topic 23rd June to 27th June 2022 total 3 lectures were organized

- 4) Goa trip
- 5) Beauty contest

6) "NIM Acha Suvarnamayi Itihas" ...an article series written by Dr Sadhana Ashutosh Kulkarni.

- 7) Played Marathi dramas

1) Stri Brunhatya

2) Bhairavi ek ratrichi

3) also Small play in school for mobile addiction.

- 8) Solar light kit distribution for Adiwasi

- **Haryana State WF Branch**
President - Dr. Anju Phaugat
secretary - Dr. Manju Chaudhary
Treasurer - Dr. Anju Garg

Next to Maharashtra it is 2nd State WF Branch including many active district branches & conducted many activities.

Branch has started many new district branches with a good membership growth. State team of this Branch was formed on 11th April 2019.

This State has **total 21 District Branches**

In the Year 21 - 23 total 11 District Branches were installed. They are.... Kurukshetra, Faridabad, Maham, Hansi, Jhajjar, Nareingarh, Sampla, Rewari, Rewari NCR, Sonapat & Mahendergarh

1) Actively participated with Parent Branch in meetings with CMO, DAO & political parties to further cause of Ayurvedic practice and protests against the RTH Bill

2) Distribution of sanitary pads and eatables to the underprivileged,

3) Family get together on occasion of Holi with Dandiya Raas, Tulsi puja, Teej celebration, Baisakhi, Lohri, Garba with Karwa chauth celebration.

● **Punjab State WF Branch**
President - Dr. Veena Gumbhar
secretary - Dr. Anu Rampal
Treasurer - Dr. ShwetaGaba

A dynamic Women's Forum Branch with dynamic people. State team of this branch was installed on 8 March 22 at Dasuya

This state has total 113 District Branches. In the Year 21 - 23 total 112 District Branches were installed They are Ludhiana, Amritsar, Patiala, Firozpur City, sangrur, S.B.S. Nagar, Pathakot, Hoshiarpur, Khanna, Malerkotla & Phagwara

Special activities

- 1) Free Medical Aid to Vridhhashrams,
- 2) Cancer awareness week 1-7 December week followed by free mammography and pap smear test.
- 3) Actively participated in sports meet organised by parent branches

● **Chandigarh State WF Branch**
President - Dr. Geeta Joshi
secretary - Dr. Jalmeen Kaur
Treasurer - Dr. Poonam Gael

The newly emerged branch with many active members. This branch was installed on 27 July 2022

Special activities

- 1) Diabetes reversal program
- 2) Nadi parikshan workshop,
- 3) Blood donation camps in 32 hospitals,
- 5) Recently active participation with Parent Branch in National 3 days Conference "Ayurveda Parv".

● **Delhi State WF Branch**
President - Dr. Sarita Sethi
secretary - Dr. Rashmi Gupta
Treasurer - Dr. Kanchan Patel

Very punctual branch in sending the reports regularly & within time Branch with active members.

State team of this Branch was installed on August 2019

First Zoom Executive Meeting of WF was held on 10th July 22 to guide members &

discussed future planning.

2nd Executive Meeting was held On d Occasion of Foundation Day of WF Delhi dated 8th September 22

Special activities

1) on the occasion of Ayurveda Day "Run for Health of 3 km was organised successfully in which 120 members were participated

2) Environment Day was celebrated by Hawan in Arya Samaj Mandir & plants were distributed

● **Karnataka State WF Branch**
President - Dr. Nahida Tabassum
secretary - Dr. Kasturi Karmudi
Treasurer - Dr. Prajwala Raj

Active Branch having day to day communication with the members and increased good membership also State team of this Branch was formed on 15th October 2019 in the presence of Dr. Ashutosh Kulkarni Sir & Sadhna Kulkarni Mam.

This state has total 9 District Branches. in the Year 21 - 23 Total 8 district branches were installed. They are Ballari, Vijayanagar, Bengaluru, Kodagu, Gadag, Haveri, kolar and Dharwad

Special activities

1) All District Branches actively participated in State Level Convention & BALAGAVI CHALO PROTEST

2) Breast feeding week

● **U.P. State WF Branch**
President - Dr. Kalpana Singh
secretary - Dr. Neeloo Mishra
Treasurer - Dr. Pratima Gupta

One of the most active branch and expanding well State team of this Branch was installed on 8th March 2022

This state has total 13 District Branches. In the Year 21 - 23 total 7 District Branches were installed They are Varanasi, Balrampur, Pilibhit, Muradabad, Agra, Meerut & Noida

Special activities

1) Women Car Rally HEELS on WHEELS taken out by WF members with EK umeed NGO

2) Free Suvarnaprashana Camps

● **Bihar State WF Branch**

President - Dr. Premlata

Secretary - Dr. Rita Varma

Treasurer - Dr. Sangeeta Rajan

Sincere and active Branch First State team of this Branch was installed on 8th March 2022

This State has total 8 District Branches. the Year 21- 23 Patna, Sitamarhi, Motihari- 2 & Siwan these District Branches were installed. Special activities

1) Rashtriya Swasthya Mela

2) Plantation of Ayurvedic herbs

Finally I thank you for giving me an opportunity to work as Secretary Women's forum Central.

At last I appeal every office bearer of NIMA for a co-operation and expansion of WF branches in their area.

चंद लाईने विमेन्स फोरम को समर्पित कर के मेरे दो शब्द को विराम देती खोल दे पंख मेरे कहता है परिदा अभी और उडान बाकी है

जमीन नहीं है मंजील मेरी अभी परा आसमां बाकी है जय निमा जय भारत जय धन्वंतरी

Your's Faithfully

Dr. Mrunmayi Masodkar

Secretary NIMAWomen's Forum Central



Dehydration - Tips

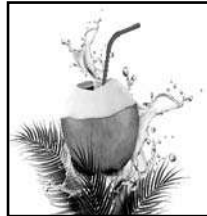
Dr. Asavari Dubhashi



Cucumber water



Buttermilk



Coconut water



Fruits

Does hydra mean water?

Hydra or hydro = Greek for water.

Dehydration is a condition caused by the loss of too much fluid and electrolytes which in turn can affect the proper functioning of the body. Very young kids to the elderly, dehydration can affect everyone. Although it is very common during summers due to the hot weather outside, dehydration can occur at any time. It could be caused due to vomiting, diarrhoea, fever, excessive sweating, and chronic diseases such as diabetes etc.

During the hot summers, dehydration can be avoided by having juicy fruits like watermelon, musk melon, sun melon and other varieties of melons as available, tadgolas, bananas, orange, sweetlime, amla and other fruits.

One can make jeerak and dhanyak (cumin and coriander seeds) water, or add cut pieces of cucumber, mint leaves, to a bottle of water. Vala grass, piece of Chandan wood can also be added to

water which helps to cool the body and hydrate it.

Buttermilk can be an elixir to which one can add a pinch of saindhav lavan and roasted jeerak powder.

Coconut water is also helpful to replenish the fluid loss from the body.

Many people commonly have Nimbu pani to which one can add mint / pudina leaves.

Another seasonal favourite is amm / raw mango panha.

ORS - Homemade Oral Rehydration Solution

You will need, 1/2 teaspoon of salt, 6 teaspoons of sugar and 4 cups of water. Mix all these ingredients until salt and sugar get dissolved completely. Drink the solution multiple times a day. You can consume 3 litres of this solution in a day.

Wear cotton, loose and comfortable clothing. Try and stay indoors. Use an umbrella or a cap if you must step outdoors. Eat easy to digest foods. Do not overeat. Have enough of sleep. □□□

N.I.M.A.-MUTUAL BENEFIT SCHEME

Demand Notice for Fraternity Contribution for 2022 - 23 & Annual Subscription 2023- 24.

After calculating as per the criteria lead down in the Constitution of MBS the Managing Committee of MBS came to conclusion that this year members from MBS No. 856 have to pay Rs.2330/- (as Fraternity Contribution Rs.2130/- + Annual Subscription Rs.200/-)

MBS Members up to MBS No. 855 have to pay Only Rs.200/- as Annual Subscription, as they have completed 20 years in the Scheme.

For Life Time Payment paid Members this Notice is only for information & they don't have to pay any money for Life Time.

The Detailed Information will be given in the Notice which will reach to all MBS Members within Next Two Weeks by post.

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Dr. Shantilal Sharma, Chairman, Tel. 9423075628

Yours Sincerely

Dr.Kiran Deshpande, Convener, N.I.M.A.-M.B.S., Mob.- 09422240115

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National Integrated Medical Association CC
Grand Concluding Ceremony Of
Amrut Mahotsav Year 2022-23
& NIMA ACC Meeting

Respected Sir

Our beloved organization NIMA has completed 75 year's of establishment. We have celebrated NIMA Amrut Mahotsav year 2022-23 all over the country. All the branches of NIMA had organized various programs throughout the year as per the Amrut mahotsav programe given by NIMA CC .

NIMA CC has organised a grand concluding ceremony of NIMA Amrut Mahotsav year 2022-23 on 28th may 2023 at Apex Institute of Ayurvedic Medicine & Hospital Samaspur Chunar Uttar Pradesh at 09 AM under the presence of Chief Guests and NIMA CC members. Dr Vinayak Tembhurnikar President NIMA CC will preside over the meeting & function.

You are cordially invited to grace the occasion with your presence.

Only central council members & special invites Will be allowed in NIMA CC meeting.

Thanking you.

Yours faithfully

Dr. Ashutosh Kulkarni,
Chairman, NIMA Amrut Mahotsav Committee, CC.

DR. Ravindra Bothra,
Secretary, NIMA Amrut Mahotsav Committee, CC.

Dr. U. S. Pandey,
Secretary General, NIMA CC, Project Directors.,

Dr. O. P. Singh
Chairman Function & Meeting Organizing committee

Dr. Rajesh Srivastava
Secretary, Function & Meeting Organizing, Committee

Dr. S. N. Pandey
Organizer
Function & Meeting Organizing

N.I.M.A.-MUTUAL BENEFIT SCHEME

Dt. 27/04/ 2023

Notice of the 26th Annual General Body Meeting - 2023

Dear Member/ Colleague,

The Annual General Body Meeting of the NIMA M.B.S. will be held on Sunday, 28th, May 2023 at Samaspur Chanur (UP) during the 63rd Annual Central Council Meeting of NIMA

Venue : Apex Institute of Ayurvedic Medicine and Hospital, Samaspur, Chunar, Uttar Pradesh

Date : 28/05/2023

Time : 4.00pm

AGENDA

1. Reading the Notice by Convener.
2. Condolence Resolution.
3. To Confirm the Minutes of Last AGB Meeting Held at Soplaur on 13.04. 2019.
4. To pass the Annual Convener Report 2022-23.
5. To pass the Audited Report of Accounts for the year 2021-22 by Treasurer.
6. To appoint Auditor for year 2022-23.
7. Official Resolutions and Resolution Received from members.
8. Election of Four Members of NIMA MBS Managing Committee
**2 Member for 3 years i.e. 2023-24, 2024-25, 2025-26. and
also 2 members for 2 years i.e. 2023 - 24, 2024-25**
9. Any other matter with the Permission of the Chair.
10. Chairman's Address.
11. Vote of thanks by Convener

with warm regards,

Your Sincerely



Dr. Kiran Deshpande
Convener, NIMAMBS

- N. B.:**
1. If the meeting is adjourned for want of quorum it will be held at same place after 30 minutes to transact the same business and quorum will not be required.
 2. No TA will be provided to members for the meeting.
 3. Handwritten application for the Member of Managing committee with separately Mansion for 3 years or 2 years Post.

Application Shall be reach NIMA-MBS's Chairman address on or before 20/05/2023

Address: **Shree Balaji Clinic**, Azad Chowk, Latur - 413512 (MS)

Association News

NIMA-Maharashtra

NIMA Pediatric Society



NIMA Pediatric Society Of India Maharashtra Branch

In India Efforts are underway on the part of the government to make the country TB free by 2025. Under this program, Nutritional Food Kits are being distributed to the needy TB Pediatric age group patients. In the same order on 13/04/23 on the occasion of 76th Foundation Day of NIMA on behalf of NIMA PSI Maharashtra free nutritional food kits were distributed to TB patients. These patients Adopted for next six months for nutritional food supplementation. This noble work of distribution of nutritional kits were done by President of NIMA PSI Maharashtra state Dr. Kaustubh Salunke, President Dhule NIMA Dr. Vilas Patil, Secretary Dr. Hemant Bhadane, Treasure Dr. Shantanu Patil, Dr. Dipak Patil, Dr. Sanjivan Kulkarni, Woman Forum Secretary Dr. Shilpa Korrane and all committee members of Dhule Branch. For this concept NIMA PSI President Dr. Ved Parkash Sharma, Secretary Dr. Amol S Patil, Treasurer Dr. Rahul Dhanwai, NIMA PSI MSB Secretary Dr. Gajanan Cheke, Treasure Dr. Mohan Raut And Municipal Corporations Tuberculosis Officer Dr. J .C. Patil sir Guided well.

NIMA-Dombivali



On 13 April 2023 NIMA Dombivli branch celebrated 75th foundation day of NIMA at Prasad Banquet Hall, Dombivli, in the presence of Newly elected NIMA Maharashtra President Dr. Tushar Suryawanshi, NIMA Maharashtra Vice President Dr. Shailesh Tambe, NIMA Maharashtra Joint Secretary Dr. Swapnil Shirsath, Co Chairman Medicolegal Cell NIMA CC Dr Rajendra Khatavkar and Ex Treasurer NIMA Maharashtra Dr. Bhushan Wani. NIMA Dombivli President Dr. Manisha Moghe welcomed all the dignitaries. It was a FULL HOUSE event. Program started with Ganesh Vandana by Dr. Rajas Redkar and NIMA Dombivli Vice President Dr Madhuri Bairat. Dhanvantari Pujan was done by the guests and Dhanvantari stavan was chanted by Dr. Sugandha Joshi and Dr. Rayan Shah madam. After that Dr. Manjusha Pawar welcomed all the members with sanskrit welcome song.

Senior members of NIMA Dombivli branch Dr Gayatri Kulali and Dr Sanjay Mumbarkar were felicitated by NIMA MSB President Dr Tushar Suryawanshi for rendering services to NIMA Dombivli branch. Then like every year, newly graduated ISM Doctors from KDMC region were felicitated by the guests. Newly joined members in last year in the branch were also welcomed by the guests.

In his speech, NIMA MSB President Dr. Tushar Suryawanshi stressed for strengthening of NIMA and increase in membership drive. Dr Rajendra Khatavkar spoke about the history and updates of activities of NIMA Medicolegal Cell up till now to the members.

NIMA Dombivli Secretary Dr. Kaushik Patel gave the briefing of the branch activities from beginning to till date. The program was anchored by Dr. Madhavi Mahajan. NIMA Dombivli Treasurer Dr. Amol More and Jt Secretary Dr. Shomali Shah introduced the guests. In her Presidential speech Dr. Manisha Moghe insisted for MBS membership and involvement of members in branch activities. Program ended with vote of thanks and Arogyadaan by NIMA Dombivli Vice President Dr. Madhuri Bairat.

NIMA-Nagpur



Nima Women's Forum Nagpur organised a Free BMD Testing Camp on the occasion of Maharashtra Day, on 3 May 2023 at Dr. Sandhya Nagdive.

Many patients were benefited by this camp.

President - Dr. Rupali Dangore,

Secretary - Dr. Sheetal Yende,

Treasurer - Dr. Archana Jumle and team.

NIMA-Nagpur



NIMA foundation day programme, felicitation of NIMA PST, Women's Forum PST, Students Forum & great historical, knowledge, presentation, regarding Chatrapati Shivaji Maharaj by Honourable Dr. Shivratna Shete

NIMA-Madhya Pradesh

NIMA-Chindwada



नीमा के स्थापना दिवस के अवसर पर आज छिंदवाड़ा शहर में नेशनल इंटीग्रेटेड मेडिकल एसोसिएशन छिंदवाड़ा ब्रांच द्वारा दिन भर बहुत धूमधाम से सेलिब्रेट किया गया इस अवसर पर आज नीमा छिंदवाड़ा ब्रांच द्वारा नागपुर रोड स्थित डॉक्टर डॉक्टर सोनारे



के क्लीनिक में निशुल्क स्वास्थ्य परीक्षण कर ब्लड प्रेशर एवं शुगर की जांच की गई इस शिविर में लगभग 115 मरीजों ने अपना निशुल्क परीक्षण कर स्वास्थ्य लाभ लिया तथा इसके साथ ही चंदन नगर छिंदवाड़ा स्थित शिवाजी पब्लिक स्कूल में बच्चों का निशुल्क स्वास्थ्य परीक्षण करें उन्हें उचित चिकित्सकीय परामर्श के साथ-साथ गर्मी के समय में लू से बचाव के तरीके बताए गए इन दोनों ही शिविरों में अध्यक्ष डॉ. गणेश प्रसाद साहू सचिव डॉ. अरविंद राऊत डॉ. कमलेश सोनारे डॉ. मयंक कुमार साहू डॉ. हरीश सतनामी द्वारा निशुल्क स्वास्थ्य परीक्षण कर निशुल्क दवाइयों का वितरण किया गया।

NIMA-Khandwa



13 अप्रैल को अमृत महोत्सव और NIMA day के उपलक्ष्य में खंडवा ब्रांच ने एक निशुल्क स्वास्थ्य camp slum area में आयोजित किया और निशुल्क मेडिसिन दी गई साथ ही एक हेल्थ check up, खंडवा ब्रांच के President Dr. S. F. Ali के क्लिनिक में आयोजित किया इसमें Dr. Virendra L. state divisional secretary खंडवा ब्रांच Dr. S. F. Ali P. secretary डॉ. अब्दुल अजीज treasurer Dr. M Khedekar और Dr. R. S. Patel ने अपनी सेवा दी।

NIMA-Shahpur



नीमा शाहपुर ब्रांच के सदस्य परिवार सहित नीमा दिवस पर आयोजित कार्यक्रम में उपस्थित हुए उसके पश्चात रात्रि भोजन ग्रहण किया।

NIMA-Indore



Celebrating "Amrit Mahotsava" of foundation day 13 April with "National Amrit Mahotsava", NIMA Indore organised awareness in society and distributed a paper on Sunstroke regarding why & how it affect people, symptoms and primary treatment.

NIMA-Gwalior



नीमा सप्ताह के अंतर्गत मंगलम मल्टीस्पेशलिटी आयुर्वेद हॉस्पिटल पर निशुल्क चिकित्सा शिविर का आयोजन किया गया जिस में थायराइड, हिमोग्लोबिन आदि की जांच निशुल्क कराई गई एवं परामर्श भी निशुल्क प्रदान किया गया। कैंप में लगभग 50 से 60 रोगियों द्वारा सेवा का लाभ प्राप्त किया। हॉस्पिटल की संचालक डॉ उमा मंगल द्वारा स्वास्थ्य के प्रति जागरूक रहने के लिए व्याख्यान भी दिया गया। निशुल्क कैंप में जोड़ों की बीमारी से कैसे बचा जाए इस विषय पर व्याख्यान वरिष्ठ वैज्ञानिक एवं चिकित्सक डॉ अनिल मंगल द्वारा दिया गया।

NIMA-Burhanpur



19 मार्च को बुरहानपुर म. प्र में आयोजित इस कार्यक्रम में NIMA बुरहानपुर/शाहपुर के चिकित्सकों द्वारा 140 से अधिक क्षय रोगीयो को गोद लेकर उनके पोषण आहार की जिम्मेदारी ली जा रही है।

NIMA-Uttar Pradesh

NIMA-Varanasi

नीमा शाखा वाराणसी के अमृत महोत्सव कमेटी के उर्जावान अध्यक्ष डॉ. आर. के यादव सर, उर्जावान सचिव डॉ. सलिलेश मालवीय जी एवं संगठन के प्रति समर्पित डॉ. अरूण गुप्ता सर, डॉ. एस. आर. सिंह जी, डॉ. एम. ए. अजहर जी, कार्यवाहक अध्यक्ष डॉ. समीर राठौर सर, कार्यवाहक सचिव डॉ. विनय पाण्डे जी, कार्यवाहक कोषाध्यक्ष डॉ. अनिल कुमार गुप्ता जी एवं उपस्थित समस्त चिकित्सक बन्धुओं और शुभचिंतकों

के साथ ही नीमा शाखा वाराणसी के विमेंस फोरम की प्रेसिडेंट डॉ. डॉली श्रीवास्तव जी, वाईस चेयरपर्सन डॉ. सुमन बरनवाल जी, कन्वीनर डॉ. कुन्ती आनन्द जी, सदस्य डॉ. प्रियंका जायसवाल जी के साथ ही प्रत्यक्ष या अप्रत्यक्ष रूप से नीमा स्थापना दिवस और अमृत महोत्सव वर्ष के समापन समारोह को फलिभूत करने वाले सभी लोगों का हृदय से आभार बधाइयाँ और शुभकामनाओं के साथ ही नीमा शाखा वाराणसी के लिए अच्छे दिनों के लिए भगवान धन्वन्तरि, बाबा विश्वनाथ और माता अन्नपूर्णा से प्रार्थना।

NIMA-Varanasi



अमृत महोत्सव के समापन के दिन 13 अप्रैल को NIMA DAY कार्यक्रम के अंतर्गत नेशनल इंटीग्रेटेड मेडिकल एसोसिएशन नीमा विमेंस फोरम, वाराणसी द्वारा बालिकाओं के लिए स्वास्थ्य शिविर एवं सुरक्षा हेतु जागरूकता पर कार्यक्रम एनीमिया जांच और दवा वितरण का आयोजन किया गया।

इस कार्यक्रम में 40 बालिकाओं की हीमोग्लोबिन की जांच की गई.... स्कूल की बालिकाओं को स्वास्थ्य के प्रति जागरूकता, उचित आहार-विहार और साधारण तथा मासिक धर्म से संबंधित परेशानियों के निराकरण के बारे में बताया गया. साथ ही साथ बालिकाओं में sanitary पैड्स, जरूरी दवाओं तथा गुड़ और चना का वितरण भी किया गया...

इस कार्यक्रम में नीमा महिला फोरम की अध्यक्ष डॉ. डाली श्रीवास्तव, वरिष्ठ सदस्य डॉ. सुमन बरनवाल, डॉ. कुन्ती आनंद, डॉ प्रियंका जायसवाल, नीमा अध्यक्ष डॉ. राठौर, डॉ. आर के यादव, डॉ. अरुण गुप्ता की गरिमामयी उपस्थिति रही। इस कार्यक्रम में जांचकर्ता की स्कूल की प्रिंसिपल श्रीमती दिव्या शर्मा और स्कूल का स्टाफ तथा बच्चों ने बहुत ही सहयोग दिया।

NIMA-Azamgarh



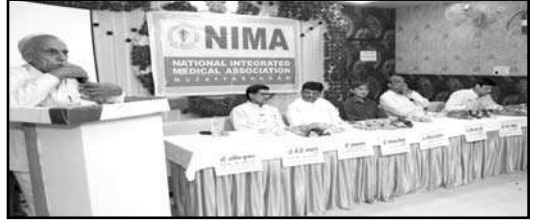
नेशनल इन्टीग्रेटेड मेडिकल एसोसिएशन (नीमा) का स्थापना दिवस अमृत महोत्सव समारोह हर्षोल्लास पूर्वक मनाया गया। कार्यक्रम के मुख्य अतिथि क्षेत्रीय आयुर्वेदिक एवं यूनानी अधिकारी डॉ. अक्षय लाल रहे। सर्वप्रथम मुख्य अतिथि द्वारा भगवान धन्वंतरि के चित्र पर पुष्पांजलि अर्पित करके और दीप प्रज्वलित करके कार्यक्रम की औपचारिक शुरुआत की गई।

इसके बाद डॉ. पी.एन. मिश्रा, पूर्व कोषाध्यक्ष डॉ. ए.के. बरनवाल, डॉ. आर.पी. सिंह, वोमेन्स फोरम की अध्यक्ष डॉ. आरती सिंह ने मुख्य अतिथि को पुष्प गुच्छ देकर स्वागत किया। तत्पश्चात नीमा गान क्वचिद अर्थ क्वचिद मैत्री गाकर कार्यक्रम की शुरुआत हुई। तत्पश्चात डॉ. विभूति मिश्रा ने प्रैक्टिकल एप्रोच ऑफ ब्लड लेटिंग थेरेपी विषय पर विस्तृत व्याख्यान दिया। जिसका उपस्थित चिकित्सकों ने लाभ उठाया।

NIMA-Gorakhpur

आज NIMA सप्ताह के अंतर्गत गोरखपुर हेल्थ होम में NIMA अध्यक्ष डॉ जी एस कल्चुरी के द्वारा BMD कैंप एवम् ब्लड शुगर चेकअप निःशुल्क कैंप आयोजित किया गया, जिसमें 35 व्यक्तियों ने BMD Camp, 29 मरीजों ने Sugar Camp का लाभ लिया। अयोजन के उद्घाटन समारोह में प्रांतीय उपाध्यक्ष डॉ. राजेश मिश्रा, डॉ. एस. के खरे, डॉ. रमेश गुप्ता, जबलपुर शाखा के वरिष्ठ उपाध्यक्ष डॉ. एस. के गुप्ता, सचिव डॉ. कल्याण सिंह ठाकुर उपस्थित रहे। कार्यक्रम की सफलता में पैरामेडिकल स्टाफ का बहुत सहयोग रहा।

NIMA-Muzaffarnagar



NIMA Muzaffarnagar branch celebrated the NIMA Amrit Mahotsava (Platinum Jubilee) with great zeal and enthusiasm. The chief guest on this occasion was Shri Kapil Dev Aggarwal, State Minister (Independent Charge) Govt of Uttar Pradesh and special guests were Dr. Sunil Kumar Joshi, Vice Chancellor, Uttarakhand Ayurveda University and Dr. Veerpal Nirwal, Chairman, District Panchayat, Muzaffarnagar. The chief guest and other guests lit the lamp and Dr. V.D. Bhardwaj recited Dhanwantri Stavan. Dr. Amit Kumar and Dr. Kapil anchored the program.

The guests were felicitated with shawl and bouquet. After that Chairmen of the Organizing Committee Dr. V.D. Bhardwaj told the history of NIMA since its birth 1948 till today and all about the activities done so far. Sunil Joshi, who is an expert of Marma Chikitsa, told about the good results of Marma Chikitsa in different diseases. He also told about the development in Ayurveda being done by the Govt. of Uttarakhand. Dr. Nirwal, who is himself a BAMS graduate appeal the doctors that alongwith the demand of using modern medicine they should not forget to use Ayurveda medicines. Shri Kapil Aggarwal, the chief guest, told what the U.P. Govt is taking steps for the development of Ayurveda. The meeting was sponsored by Vashishtha Hospital. After the inaugural function lecture by Dr. Ashish Vashishtha, who is a surgeon, was delivered and a lecture by Dr. Kamini Krishnatrey was given on pediatric problems. In the last the president Dr. A.K. Bhardwaj thanked all the guests and members.

Mementos were given to all the guests and members. After the meeting the members enjoyed the delicious lunch.

NIMA-Gadag



On occasion of NIMA day Free blood group check up & Blood Donation camp at Papanasi Ayurveda hospital, Gadag (Karnataka) was organised .

NIMA-Karnataka

NIMA-Tumkuru



On occasion of NIMA Day, Free medical check up camp and Ayurvedic treatment given in association with Charakaayurveda Chikitsalaya at Tumkuru.

NIMA-Raichur



On occasion of NIMA Day celebrations, on 13/04/23 in Raichur, Karnataka an awareness and free medical check up camp was organised by NIMA in association with Poornima Ayurveda College, Raichur.

NIMA-Punjab

NIMA-Sangrur



NIMA Women's Forum Sangrur celebrated Baisakhi at Rehbar Institute . Lectures regarding Menstrual Hygiene & role of Millets in various diseases were given.

NIMA-Bhopal



NIMA स्थापना दिवस के अवसर पर अमृत महोत्सव मनाए जाने के अंतर्गत NIMA Bhopal, Raisen Sehore branch द्वारा शाखा अध्यक्ष डॉ. जेके, नीमा व सचिव डॉ. बी. एस. राठौर की उपस्थिति में भोपाल के बरखेड़ा पठानी में निशुल्क बी.एम.डी. टेस्ट और रक्त परीक्षण शिविर का आयोजन किया गया जिसमें निवासियों को निशुल्क परीक्षण कर उपचार किया गया।

NIMA-Jharkhand

NIMA-Dugada, Bokaro



नीमा दिवस पर दुगदा,बोकारो में लगाया गया निःशुल्क मेडिकल चेकअप कैंप