



E - NEWS LETTER

Jay Jalaram Ayu Pariwar



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Patron Message-

I am very glad to know that team JJAMC published monthly magazine for students, faculty and it is very helpful to common people who have belief in Ayurved. In this month our institute will received their 3rd new academic batch. I wish great future to the upcoming students in our institute.

Dr. Vijay Patel, M.D(Hom.)

President Prerna Charitable
Trust

From Editor's Desk –

Vasant Panchmi – Vasant Rutu

Ayurveda is the epitome of life science which has encompassed all aspects of life such as Aahar (diet), Vihar (lifestyle), Dinacharya (daytime routine), Ratricharya (night time routine), Ritucharya (seasonal routine), Sadvritta (code and conduct) and prevention & treatment of many diseases and disorders.

The body which we have received from

the god is a natural gift, precious but also very sensitive. All the things around it, the environment where it lives, the things it touch, the food intake, the things it see & feels and so on, affect it. Similarly, our body also gets affected by various seasons. It is because the body of every person is unique (purushum purusham vikhayam) according to the Ayurveda in terms of their Prakriti & doshas effects.

Being a complete science is a kind of natural helpline for human beings to know about their body type & live accordingly to avoid unnecessary health issues. One can also say it as an art of healthy living as it gives complete knowledge about our body & guides us as to what kind of food we should eat at what time. The type of lifestyle we must follow, the correct timing of taking food & sleep, correct posture of sleeping, things we should avoid to eliminate risk factor associated with our health & behavior both and so on. And all this is required to maintain hormonal balance inside the body. In the present time, we

spend a lot of our hard earned money on medicines & treatments of not just chronic health issues but for very minor problems like indigestion, mental stress, sleeplessness which if not treated properly can be converted into serious problems.

According to *Ayurveda*, the year (Savantsar) is divided into two periods, each containing three seasons: *Uttarayana*, the cold months, which contains the seasons of *shishir*, *Vasant*, and *Grishma*, and *Dakshinayana*, the warm months, which contains the seasons *Varsha*, *Sharad*, and *Hemant*.

How minutely a season affects our body with the change in season, the change is very evident in the environment we live in. We see various changes in bio-life around us, such as flowering in spring and leaf-shedding in autumn in the plants, hibernation of many animals with the coming of winter, and so on. As human being is also part of the same ecology, the body is greatly influenced by external environment. Many of the exogenous and endogenous rhythm have specific phase relationship with each other; which means that they interact and synchronize each other. If body is unable to adopt itself to stressors due to changes in specific traits of seasons, it may lead to *Dosha Vaishamyā*, which in turn may render the body highly susceptible to one or other kinds of disorders.

Ritucharya is prominently discussed in the first few chapters of most of the *Samhitas* of *Ayurveda*. Prevention of disease to maintain health is being the first and foremost aim of the holistic science of *Ayurveda*. In *Tasyashitya* chapter of Charaka Samhita, it is said “*Tasya Shitadiya Ahaarbalam Varnascha*

Vardhate. Tasyartusatmayam Vaditam Chestaharvyapasrayam,” which means ‘the strength and complexion of the person knowing the suitable diet and regimen for every season and practicing accordingly are enhanced.

The approximate time is from mid-March to mid-May Vasant ritu is known as nature’s youth and the king of all seasons. It is the season of new birth, rejuvenation, and new beginnings because trees and plants bloom with flowers and green leaves which makes Earth beautiful & charming.

The climate is warmer so Kapha which accumulated in the Shishir ritu liquifies in this ritu by hot sun rays. It leads to reduce digestive power and increases various diseases like cough, cold, sinusitis, indigestion or digestive system disorders, and other allergic conditions. So that the strength is weak in this ritu. Also, pollens are released in the atmosphere so different allergies are affected health.

वसन्ते निचितः श्लेष्मा दिनकृद्धाभिरीरितः
कायाग्निं बाधते रोगांस्ततः प्रकुरुते बहून् २२

Predominant Rasa and Mahabhuta during this season are Kashaya (astringent), and Prithvi and Vayu, respectively. Strength of the person remains in medium degree, vitiation of Kapha Doshā occurs and Agni remains in Manda state.

This high accumulated Kapha melts and starts running in the body in Vasanta as Mucous through our body .

This liquefied Kapha dosha, if aggravated can douse the digestive Agni. When Agni is weakened, our appetite is poor. We also have a reduced capacity to digest food and poorer

nutrient absorption in the body. This may lead to poor appetite, lack of interest in food, tiredness and fatigue. Therefore, in order to ensure our Agni is not impacted in Vasanta, we need to work on this liquefied Kapha and focus on drying it up.

We enjoy the beauty of nature in Vasant ritu by the following diet, lifestyle and exercise mentioned in Ayurveda.

General regime

- One should take dry, easily digested food having Tikt(bitter), Katu(pungent), & Kashaya(astringent) tests.
- Intake of cereals like wheat, rice & old barley is recommended.
- Ginger, garlic, onion, cumin, coriander, turmeric should use in food as it stimulates the digestive fire.
- Use buttermilk with cumin powder.
- Use honey which reduces cough.
- Different Asanas, Arishtas(Ayurvedic preparations) should be used.
- Drink water mixed with Shunthi(dry ginger), Madhu(honey), or Musta.
- To stimulate the Agni one should eat a pinch of Ginger, saindhav with lemon juice.
- One should do exercise/yogas/pranayam regularly.
- Daily abhyang(body massage)with medicated oil is useful.
- After bath apply lep of chandan,agaru,karpoor keshar etc.
- One should wear light dresses.
- Spend time in garden or enjoy cooled moonrays with breeze

- In Vasant ritu Vaman is the best panchkarma procedure (shodhan chikitsa) for elimination of kapha dosha.
- Also Nasya (administration of medicated oil or ghrith in nostrils), Anjan(collyrium)to the eyes, Kaval or Gandush (gargling) and Udvartan (Dry powder massage) are beneficial in this ritu.

Things to avoid

- Avoid heavy, oily, Amla(sour), Madhur(sweet), cold food.
- Also avoid cold drinks, cold water, ice creams, etc.
- Avoid newly harvested grains.
- Avoid curd and milk products.
- Avoid repeated eating or overeating.
- Avoid day sleep or excess sleep.
- Avoid awakening at night.

Yoga Asanas for the Vasnat

Yoga has an immensely positive effect on the body and practicing it regularly helps to have a balanced body and mind. It benefits the immune system by improving the circulation of different blood cells, thereby enhancing the functions of the lymphatic system. It helps to reduce the level of stress hormones.

Certain yoga postures to be done in this Vasant ritu,

1. Trikonasana
2. Paschimotthanasana
3. Padmasana
4. Pavanamuktasana
5. Matsyendrasana
6. Bhujangasana

7. Ushtrasana
Ritucharya assume even greater importance to us. It helps us take charge of our health and our families health and gives us simple

yet powerful tools to help our body. Following Ritucharya guidelines is the greatest investment you can make in your health.

**By Dr. Dipa Mehta, M.D.(Ayu);
Principal, J.J.A.M.C.**

ARTICLE

From Faculty

Female Genital Mutilation ‘Khatna’

Dr. Sanita Eppalpalli M.D.(Ayu), Associate Professor , Dept. of Kriya Sharir.
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What is female genital mutilation?

FGM is the name given to procedures that involve altering or injuring the female genitalia for non-medical or cultural reasons, and is recognised internationally as a violation of human rights and the health and integrity of girls and women.

WHO classifies four types of FGM:

Type 1 - Partial or total removal of the clitoral glans,

Type 2 - Partial or total removal of the external and visible parts of the clitoris and the inner folds of the vulva,

Type 3 - Infibulation, or narrowing of the vaginal opening through the creation of a covering seal,

Type 4 - Picking, piercing, incising, scraping and cauterising the genital area.

According to the United Nations Population Fund (UNFPA), while the exact origins of the practice remain unclear, it seems to have predated Christianity and Islam. It says that some Egyptian mummies display characteristics of FGM.

Why is Female Genital Mutilation practiced?

In many of the countries where FGM is performed, it is a deeply entrenched social norm rooted in gender inequality where violence against girls and women is socially acceptable.

Depending on the region, there can be various reasons why FGM is performed.

The UNFPA has categorised the reasons into five

categories —

- psycho-sexual reasons (when FGM is carried out as a way to control women’s sexuality, “which is sometimes said to be insatiable if parts of the genitalia, especially the clitoris, are not removed);
- sociological or cultural reasons (when FGM is seen as part of a girl’s initiation into womanhood and an intrinsic part of a community’s cultural heritage);
- hygiene and aesthetic reasons (this may be the reason for those communities that consider the external female genitalia as ugly and dirty);
- religious reasons (the UNFPA maintains that while FGM is not endorsed by Christianity or Islam, “supposed” religious doctrines may be used to justify the practice);
- socio-economic factors (in some communities FGM is a pre-requisite for marriage, especially in those communities where women are dependent on men economically).

Other reasons cited by the WHO include an attempt to ensure women’s premarital virginity since FGM is believed to reduce libido, “and therefore believed to help her resist extramarital sexual acts.” FGM may also be associated with cultural ideals of feminist and modesty.

Why is female genital mutilation a risk for girls and women?

FGM has no health benefits and often leads to long-term physical and psychological consequences. Medical complications can include severe pain, prolonged bleeding, infection, infertility and even death. It can also lead to increased risk of HIV transmission.

Women who have undergone genital mutilation can experience complications during childbirth, including postpartum haemorrhage, stillbirth and early neonatal death. Psychological impacts can range from a girl losing trust in her caregivers to longer-term feelings of anxiety and depression as a woman.

Dr. Meghana Reddy J, a gynaecologist, reported in 2018 that *khatna* can lead to complications in later life, including difficult deliveries and urinary infections. In one case a girl had developed sepsis after having had *khatna* and great effort had been required to revive her.

On 10 December 2016 (Human Rights Day), a group of Dawoodi Bohra women started an online petition calling for FGM to be banned. A similar petition was conducted by the group a year earlier; that petition was submitted to India's Women and Child Development Minister Maneka Gandhi.

How prevalent is female genital mutilation?

While the exact number of girls and women worldwide who have undergone FGM remains unknown, at least 200 million girls and women aged 15–49 from 31 countries have been subjected to the practice.

There has been significant progress made in eliminating the practice in the past 30 years. Young girls in many countries today are at much lower risk of being subjected to FGM than their mothers and grandmothers were in the past.

However, progress is not universal or fast enough. In some countries, the practice remains as common today as it was three decades ago. Over 90 per cent of women and girls in Guinea and Somalia undergo some form of genital mutilation or cutting.

Progress to end FGM needs to be at least 10 times faster if the practice is to be eliminated by 2030.

Female Genital Mutilation in India

FGM is practised by the Dawoodi Bohra, a

sect of Shia Islam with one million members in India. Known as *khatna*, *khafz*, and *khafd* The spiritual leader of the Dawoodi Bohra, Mufaddal Saifuddin, clarified that while "religious books, written over a thousand years ago, specify the requirements for both males and females as acts of religious purity", the Bohras must "respect the law of the land" and refrain from carrying out *Islamic female circumcision* in countries where it is prohibited. Other Bohra sects including the Sulemani Bohras and the Alavi Bohras, as well as some Sunni communities in Kerala, are reported as practising FGM.

In 2018, a bench of then Chief Justice of India Dipak Misra, and Justices AM Khanwilkar and DY Chandrachud referred a petition seeking a ban on FGM among Dawoodi Bohra girls to a five-judge Constitution Bench. This PIL was filed by Delhi-based lawyer Sunita Tiwari, who sought a declaration that the practice amounts to a violation of a woman's right to life and dignity. The Dawoodi Bohra community, on the other hand, maintained that the practice should be allowed since the Constitution grants religious freedom under Article 25.

Support to FGM

The Dawoodi Bohra Women for Religious Freedom (DBWRF) was established in May 2017 by six Bohra women to support their "beliefs, customs, culture and religious rights". It claims to represent the views of nearly 75,000 women who are followers of Mufaddal Saifuddin. The DBWRF states that the form of FGM practiced by the Dawoodi Bohra is a harmless procedure and not mutilation.

How is the practice evolving?

Around 1 in 3 adolescent girls (15-19 years) who have undergone FGM were cut by health personnel.

In many countries, FGM is increasingly carried out by trained health care professionals – in violation of the Hippocratic Oath to "do no harm". Around 1 in 3 adolescent girls (15-19 years) who have undergone FGM were cut by health personnel.

Medicalizing the practice does not make it safer, as it still removes and damages healthy and normal tissue and interferes with the natural functions of girls' and women's bodies.

In some communities, the practice has been

driven underground rather than ended, leading to girls being subjected to cutting at younger ages amidst greater secrecy.

Opposition to the practice is building though. In countries affected by FGM, 7 in 10 girls and women think the practice should end. In the last two decades, the proportion of girls and women in these countries who want the practice to stop has doubled.

What is UNICEF doing to stop female genital mutilation?

Ending FGM requires action at many levels, including by families and communities, protection and care services for girls and women, laws, and political commitment at the local, regional, national and international levels.

UNICEF and the United Nations Population Fund (UNFPA) jointly lead the largest global programme to end FGM. The programme supports zero tolerance laws and policies, while working with health workers to both eliminate female genital mutilation and provide care to women and girls who have undergone the procedure.

To help change social norms, we work with communities to openly discuss the benefits of ending FGM and to build opposition to the practice.

What has been UNICEF's impact?

Since the UNICEF/UNFPA programme was established in 2008, 13 countries have passed national legislation banning FGM. The programme has also provided access to prevention, protection and treatment services. In 2018 alone, nearly 7 million people across 19 countries participated in education, discussions and social mobilization promoting the elimination of FGM.

Every year, February 6 is observed as the International Day of Zero Tolerance for Female Genital Mutilation (FGM). As per the World Health Organization (WHO), globally, **over 200 million girls** alive today have suffered FGM in over 30 countries.

Supreme Court Judgements

In May 2017, a public interest litigation (PIL) case was raised in India's Supreme Court. The case was filed by Sunita Tiwari, a lawyer based in Delhi, and sought a ban on FGM in India. The Supreme Court received the petition

and sought responses from four states and four central government ministries.

An advocate for the petition claimed the practice violated children's rights under Article 14 (Right to Equality) and Article 21 (Right to Life) of the Constitution of India, while an advocate opposing the petition argued that *khafz* is an essential part of the community's religion, and their right to practise the religion is protected under Articles 25 and 26.

The Ministry of Women and Child Development reported in December 2017 that "there is no official data or study which supports the existence of FGM in India." Earlier, in May 2017, Women and Child Development Minister Maneka Gandhi announced that the government will ban FGM if it is not voluntarily stopped.

In April 2018 India's Attorney General K. K. Venugopal asked a bench of the Supreme Court to issue directions regarding the case, saying that FGM was already a crime under existing law. The bench adjourned the case and issued notices to Kerala and Telangana, having earlier notified Maharashtra, Gujarat, Rajasthan and Delhi.

In September 2018 the Supreme Court referred the PIL to a five-judge constitution bench at the request of Venugopal and the counsel for the Dawoodi Bohras. In November 2019, the Supreme Court decided that the issue of FGM be referred to a larger seven-judge bench and that it be examined alongside other women's rights issues. The court said it was a "seminal issue" regarding the power of the court to decide whether a practice is essential to a religion.

The United Nations has declared female genital mutilation a human rights violation but **there is no ban in India.**

Activism

In 1993 UNICEF was only budgeting \$100,000 USD/year for efforts that fight against FGM, which proved insufficient as FGM was affecting more than 100 million girls at the time. Equality Now, an international network of lawyers, activists and supporters that aim to hold governments responsible for ending FGM and other world crisis, launched a "global campaign" calling for increased funding and in response, UNICEF increased its budget to nearly \$91

million in efforts towards ending FGM.

On February 6, 2003, Stella Obasanjo, the First Lady of Nigeria and spokesperson for the Campaign Against Female Genital Mutilation, made the official declaration on "Zero Tolerance to FGM" in Africa during a conference

organized by the *Inter-African Committee on Traditional Practices Affecting the Health of Women and Children (IAC)*. Then the UN Sub-Commission on Human Rights adopted this day as an international awareness day.

Glimpses.....



Jay Jalaram Ayurved Medical College attached with Smt. Damayantiben Ayurved Hospital, Shivpuri. Arranged weekly free health check up camp at Rampura, Moriyo And Vinzol village. Around 150 Patients were treated And also Suvarnprashan Camp organised on Pushyanakshtra in our hospital.