

Why Do We Apply Holy Ash?

Bhasma is the holy ash produced from the Homa, the sacrificial fire, wherein special wood along with ghee and other herbs are offered as a part of pooja. By the time Bhasma is formed, no trace of original matter remains in the ash. Ash obtained from any burnt object is not Bhasma. The ritual involves worshipping the deity by pouring ash as Abhishek and then distributing it as Bhasma, which is then applied on the forehead (usually), upper arms, chest or rubbed all over the body. Some consume a pinch of Bhasma when they receive it. The word Bhasma is derived from “bha” or “bhartsanam” (“to destroy”) and “sma” or “smaranam” (“to remember”). It denotes “that by which our sins are destroyed and the Lord is remembered”. Bhasma is also called Vibhuti, which means glory. Bhasma is associated with Lord Shiva who applies it all over His body.

Spiritually, the Homa is the offering of oblations into the fire with sacred chants and signifies offering or surrender of the ego and egocentric desires into the fire

of knowledge. The resultant ash signifies the purity of the mind. The fire of knowledge burns the oblation and wood signifying ignorance and inertia, respectively. The application of ash implies that one should burn false identification with the body.

Bhasma has medicinal values in Ayurveda. It is supposed to be the strongest of all Ayurveda preparations. According to Ayurveda, a Bhasma is formed when the matter is converted into non-matter by the process of Homa. The non-matter is the spirit or the energy of the matter being processed with strong healing powers. It has the same significance as any ‘potentized’ medicine in Homoeopathy. It absorbs excess moisture from the body and prevents colds and headaches.

When applied with a red spot at the center, the mark symbolizes Shiva-Shakti (the unity of energy and matter that creates the entire seen and unseen universe). The Upanishads say that the famous Mrityunjaya Mantra should be chanted whilst applying ash on the forehead.

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Right Ventricular Diastolic Diameter: A Prognostic Indicator in COPD Patients

Cardiovascular diseases are one of the most frequent comorbid conditions in patients with chronic obstructive pulmonary disease (COPD). Management of COPD therefore should also include evaluation of comorbidities and their appropriate treatment. Echocardiography serves as a useful tool to evaluate the heart in these patients.

COPD patients with right ventricle diastolic diameter >38 mm are more likely to have unfavorable prognosis, according to a study presented at ATS 2023, the international conference of the American Thoracic Society. The study findings were also published in the *American Journal of Respiratory and Critical Care Medicine*.¹

This study enrolled 35 patients with COPD with preserved left ventricular ejection fraction (LVEF), who underwent spirometry and transthoracic echocardiogram (TTE) along with clinical examination as part of the study protocol. The objective of the study was to identify factors on echocardiography that were predictive of adverse outcomes characterized as hospitalization due to any cause, nonfatal cardiac events and mortality. The study duration was for 1 year. During the course of the study, adverse outcomes occurred in 10 patients and were seen as COPD with higher right ventricular diastolic diameter or lower LVEF or lower functional vital capacity. COPD patients with right ventricular diastolic diameter higher than 38 mm presented with an area under the ROC curve of 0.73 denoting a predictive accuracy of 73%. Right ventricle diameter above 38 mm was found to be an independent predictor of adverse outcomes. These findings reiterate the prognostic value of echocardiography in these patients. All COPD patients with stable disease should undergo echocardiographic evaluation to determine prognosis.

Reference

1. Rizzatti FP, et al. Right ventricle diastolic diameter can be used as a predictor of adverse outcomes in COPD patients. *Am J Respir Crit Care Med*. 2023;207:A1147. Available at: https://doi.org/10.1164/ajrccm-conference.2023.207.1_MeetingAbstracts.A1147