



Late Dr. Kurunji Venkatramana Gowda
Founder President

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ಲೋಕೇ ಜಯಕಾಮವಾನ್ತು ನಾಶಂ
ಧಾರಾಣೀಶಂ ವಿವಿಧೋಪಯೋಗಂ

ದಿವ್ಯವಿದ್ಯೆ ಪಡೆದ ಶಿಷ್ಯರೂಪ
ವಿಜ್ಞಾನವಿಜ್ಞಾನಿಗಳಾದ
ವಿಜ್ಞಾನವಿಜ್ಞಾನಿಗಳಾದ



CURRENT ISSUES, CASE STUDY, RESEARCH ACTIVITIES,
STUDENTS ARTICLES, COLLEGE ACTIVITIES, QUIZ, HOME REMEDIES

प्रज्वलितो ज्ञानमयो प्रदीपः ।

Editorial



"Azadi Ka Amrit Mahotsav", the 75th Independence Day celebration has been considered to plan and implement various thought provoking, constructive and educational programs related to creating awareness about Ayurveda by our institution.

National level webinar organized by our college were highly appreciated by the Ayurvedic fraternity and scholars and they became grand success.

Our teaching staff were awarded for their contribution in health sector. Meritorious PG scholars of our institution were awarded with ranks from RGUHS.

College curriculum was busy with several co-curricular activities like NSS camps, annual sport meet, mass yoga practice etc.

The current issue also contains case study and other Ayurvedic centric articles, quiz etc.

Harshitha

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SIRAVYADHA

Introduction

Ayurveda is one of the most ancient, widely accepted, practiced and flourished indigenous systems of medicine. Ayurvedic therapy is based on two main principles shodhana and shamana chikitsa. Raktamokshana is one among the shodhana therapies or panchakarma. Among different methods of raktamokshana siravyadha is one of the most commonly practised therapeutic procedure to remove vitiated blood specially to treat sarvadehika dushti of doshajanya vikaras. Siravyadha is one among Astavidha sastrakarma and raktamokshana is one among the shashtiupakrama. Highlighting its importance Acharya said that if all the purificatory procedures cannot be performed due to lack of time raktamokshana serve the purpose. Those who perform raktamokshana regularly will be free from diseases arising from raktadusti, twak vikaras, shopha, granthi. Hence siravyadha is one of the satisfactory answer for many illness.

Classification of raktamokshana

Rakta mokshana is mainly classified as

1. Shastrakruta (done with sharp instruments)
Pracchana and Siravyadhana
2. Anuashastrakruta (done without sharp instruments)
Raktamokshana with jalauka, sringa, alabu and ghati.

In Sushruta Samhita 700 siras are mentioned. Acharya says that sira spread in the body like venules in the leaf, and nourishes the body constantly like a field being nourished by small channels of water. Nabhi is considered as their moola and from there, these spread upwards, downwards and side wards. Among these siras 40 siras are considered as moola sira. They are again divided into 10 each as Vataja, Pittaja, Kaphaja and raktaja respectively. In normalcy they are responsible for normal functioning of the body and when vitiated produces diseases.

Indications and Contraindications of Siravyadha

Vyadhana arha

Siravyadha is indicated in diseases caused due to the vitiation of Rakta, twak roga, granthi, shopha, vatarakta, kusta, slipada, visarpa, vidradhi, siro ruja, upadamsa etc.

Acharya Sushruta says even in those who are contraindicated, when they are affected by poison or in any emergency siravyadha can be done.

Vyadhana anarha

Siravyadha is contraindicated in bala, ruksha, kshatakshina, bheeru, garbhini, kasa, swaasa, shosha, akshepaka, pakshakata etc. Those siras, which are invisible, and which are not raised though indicated for puncturing, should not be punctured.

Avedhya sira

Sushruta mentioned in detailed about avedhya siras first time in Ayurveda . The siras not suitable for venepuncture, are called as Avedhya Sira as any trauma to these structures may lead disability or death. He mentioned 98 Avedhya Siras out of 700 total siras.

Siravyadha Vidhi

Siravyadha should be done on a day which is neither very cold or very hot. The patient who has undergone the process of snehana and swedana, who has taken yayagu, should made to sit or lie down in a position which does not hinder the vital functions. The site of puncture should be cleaned properly. A knot is tied 4 angula above the sight of puncturing, not very tight nor too loose but sufficient to raise the vein .Then the sira should be punctured with a proper instrument.

Vyadhana Kala for Siravyadha

Rakthamoksha is generally indicated in Sharad ritu. As rakta vitiation induced by pitta provocation is seen in this ritu.

1. During Varsha Ritu (rainy season)- should be done on days which are not cloudy;
2. During Grishma Ritu (summer)- at the time which is cool (morning and evening)
3. During Hemanta Ritu (winter) - at mid-day.

Vyadhana Pramana

In muscular areas, puncturing should be of the size of Yava (barley grain), in other areas it should be ½ Yava using a Vrihimukha Sastra.

Siras on the bones should be punctured to the size of ¼ of Yava using Kudarika Shastra.

Samyak Siravyadha Lakshana:

When proper puncturing has been done, blood flows out in a stream, for a period of 1 muhurta and then stops by itself . Just as yellow liquid flows out first from flowers of Kusumbha (when crushed) similarly vitiated blood flows out first when veins are punctured. The intelligent physician, should not allow excess blood to flow even though may allow little quantity of vitiated rakta remaining inside the body.The remaining doshas should be mitigated by conservative line of management.

Srava Pramana

In a strong person with bahu dosha maximum of 1 Prastha 540 ml (13 ½ pala) of blood should be allowed to flow out.

Samyaka viddha lakshana .

Laghava,vedana shanti, vyadhirvegaparikhshaya, manaprasada etc.

Atiyoga Lakshana .

Symptoms of excessive blood flow- aandhya, timira, akshepaka, pakshaghata, trishna, daha, marana.

Dusta vyadha : (complications of improper puncturing)

Acharya Sushruta had mentioned in detail about proper puncturing and the defects which can arise during improper puncturing. There are 20 types of defects relating to improper puncturing called as Dushta – Vyadhana. They are as follows – Durviddha, Atividhha, Kunchita, Pichchita, Kuttita, Aprasruta, Atyudirna, Kunita, Vepita, Anuththita Viddha, Shastra Hata, Tiryaka Viddha, Avyadha, Vidhruta, Dhenuka, Punahpunahviddha and Sira-Snayu-Asthi-Sandhi Marma Viddha.

Site of Siravedha according to disease.

Disease	Site of siravyadha
Paada-daha, paadaharsha, apabahuka, chippa, visarpa,vata shonita, vatakantaka, vicharchika and padadari	2 angula above the kshipra marma with vrihi mukha shastra.
Krostuka shirsha, khanja, pangu.	4 angula above the gulfa sandhi
Apachi	2 angula below the inderbasti marma.
Gridhrasi	4 angula above the janu sandhi.
Bahushosha and apabahuka	Between two shoulders.
Pliha disease	Middle of the medial side of the left arm near the kurpara sandhi or between the kanistika and anamika finger
Yakritodara, kaphodara, kasa ,swasa	Similar as above in right arm.
Parivartika, updamsha, shukadosha, shukradosha	Medra madhya
Pravahika	Within 2 angula around the shroni.
Antarvidradhi, parshva shula	Between kaksha & stana on vaama parshva
Galaganda	Uru-moola sira.
Apasmara	Middle of hanu sandhi
Unmada	Above shankh&keshanta b/w apanga &lalata.
Gandha aghrahana and nasa roga	Nasaagra sira.
Jihwa roga and danta roga	Adhohijwa sira
Karna-shoola-	Siras of above and near the ear.
Tritiyaka jwara	-siras in the middle of trika sandhi .
Chaturthaka jwara	-siras lie below the amsa –sandhi
Timira roga, akshi paka and other akshi roga, siro roga, adhimantha	siras in upanasika, lalada, or in apanka .

Conclusion

Rakta is considered as chaturtha dosha by Acharya Sushruta considering the susceptibility of rakta towards impurity. As all siras carry all doshas hence siravyadha helps in eliminating all the three doshas at a time. Considering its efficacy Sushruta has mentioned siravyadha as Arधा chikilsa.

Siravyadha is a unique drugless treatment modality in Ayurveda. It is indicated in therapeutic as well as in prophylaxis. It helps in relieving the symptoms early and helps in curing the underlying pathology and also reduce the duration of treatment. By the removal of vitiated blood, circulation improves which aids in faster healing.Hence should be practiced in more number of patients with the aim of standardizing and promoting it as one of the better treatment modality.



A CASE STUDY ON SARVANGA VATA

Dr. Lakshmeesha K.S.
Associate Professor
Department of Panchakarma
KVG Ayurveda Medical College, Sullia

Case Report

58 Years old male, resident of sullia patient visited to OPD of Panchakarma presented with the symptoms of loss of strength in the upper and lower limb since 7 days. Also complaints pain and swelling of foot. Onset of presenting complaint is sudden history revealed that patient is known case of hypertension since 10 years, diabetic since 4 years and chronic kidney disorder since 3 and half years and undergoing dialysis thrice a week since 2 years.

Medical history :

Tab Amlong 10 mg : (1-0-0)
Inj Human mixtaid
Tab Shelcal 500mg (1-1-1)
Tab Frucimide ip 40mg (1-0-0)

MRI BRAIN :

Impression: Age related cerebral atrophy with periventricular leukoaraiosis

Chronic small level ischemic changes in bilateral centrum semi ovale, bilateral corona radiata and periventricular white matter.

ON EXAMINATION :

Patient was conscious and well oriented on time, place and person
Muscle strength on 8/8/22
Left upper limb- Grade 1, Right upperlimb grade 1
Left lower limb - Grade 1, Right lowerlimb grade 1
Deviation of face and lips - negative
Ballooning of cheeks - positive
Tone - hypertonic
Bulk- normal
Reflexes - babinski sign - positive
Diagnosis: Sarvanga vata

Treatment given:

Procedure: 1) Nasya with Anutaila for 7 days

2) Mukaabhyanga with Ksheerabala taila for 7days

3) Stanika abhyanga (below knee joint)with Ksheerabala taila for 5days and padaabhyanga for 5 days

Observation:

1. Condition of the patient was improved by 3rd day where muscle strength was increased from grade 1 to grade 2
2. On 11/8/2022 -Co-ordination like hand to hand and hand to nose were improved
 - Patient was able to getup from lying postion with support
 - Patient was able to stand with support and walk with support
3. On 12/8/2022 patient was complaining of pain in foot were advice with padaabhynga and grade was increased to grade 3
4. On 14/8/2022 grade 3 was increased to grade 4
 - Patient was able to walk without support for short distance with rest
5. On 15/8/2022 grade 4 was persistent
 - Patient was able to walk without support for long distance continuously without rest and support
 - Patient was able to getup from lying without any support
 - Patient was adviced for discharge on 16/8/2022

Discussion:

Here patient is having involvement of all four limbs. So it is considered as Sarvanga vata and for that samanya Vatavyadhi chikitsa is considered. i.e, Snehana or Nasya with Anutaila for 7 days as mentioned by our Acharya, "Nāso hi shiraso dwaram" Here in this condition Snehana is done in the form of Nasya. Where nasya cause Vatashamana and helps in removing Avarana. After 7 days of treatment patient had remarkable Improvement. i.e, muscle strength from Grade 1 to Grade 4.



“A CLINICAL STUDY ON EFFECT OF HARITHALADI LEPA IN DADRU KUSTA”

Dr. JEEVAN S.
P G Scholar

Dr. KRISHNA PRAKASH M. K.
Professor
Guide, Dept. of Kayachikitsa

Diseases pertaining to skin makes a great impact on the quality and aesthetic of an individual. In present era prevalence of skin disorders are most commonly seen due to poor sanitation, unhygienic condition, improper skincare, unwholesome food and activities especially Virudhahara (improper combination of different taste at food).

In Ayurveda Kushta is considered as one among Mahagada. Among Kushta, Dadru Kushta is commonly seen in the present days. Acharya Caraka mentioned Dadru under Kshudra Kushta and Acharya Sushruta and Vagbhata mentioned Dadru under Maha Kushta. In classics Sankramika or Aupasargika Nidana's for Kushta is explained. Incidence of Dadru is usually seen because of uncleanliness of body, sharing others clothes etc., hence Dadru can be considered as one of the Sankramika Vyadhi.

On the basis of presenting symptomatology most of the scholars have simulated Dadru with Tinea through modern perspective. Tinea is a group name for highly contagious, segmented mycelia. It comes under superficial fungal infection of the skin. Tinea corporis is a superficial fungal infection of the arms, legs especially on glabrous skin, however it may occur in any part of the body.

According to classics, under Kushta Chikitsa Shamana and Shodhana modalities of treatment are mentioned. Shamana Chikitsa is further classified in to Bhahya and Abhyantara Chikitsa. Lepana Chikitsa is included under Bhahya Shamana Chikitsa.

As for as Shamana yoga's are concerned Rasadravya's are considered to be more potent. Keeping this point in view a Rasayoga for Lepana Chikitsa is selected. Haritaladi Lepa, including Shodita Haratala, Durva, and Saindhava along with Gomutra mentioned as per Rajamartanda, as a modality for Dadru Kushta is selected for the present study. Here is an attempt to know the "Effect of Haritaladi lepa in Dadru Kushta."

OBJECTIVES OF THE STUDY

- 1) To study in detail about Dadru Kushta
- 2) To know the efficacy of Lepa Yoga in following condition of Dadru Kushta that is
 - To know the efficacy with consideration of Dosh's.
 - Chronicity of the disease. (Nava and Purana)
 - Severity (Vyadhi Bala) of the disease.

Materials and Methods: 30 Patients fulfilling the inclusion criteria will be selected. As per classics there is no specific reference related to the duration for chikitsa. But to know the effect in stipulated time specific duration is fixed as 14 days.

Procedure: Preparation of Medicine

Lepa was prepared as mentioned in Ayurvedic classics.

Haritaladi Lepa Ingredients

- Shoditha Haratala • Saindhava Lavana • Durva • Gomutra (Q. S)

Interventions:

Dose: Sufficient according to area involved with ¼ Angula thickness.

Duration of treatment – 14 days

Follow up period – 7 days

Total duration of study – 21 days

Time of administration – Application in morning.

The patient will be assessed clinically on 1st, 7th, 14th day during treatment and follow up on 21st day after treatment.

Results: Overall effect of Haritaladi Lepa in Dadru Kushta is 54.55%. It is statistically significant. Out of 30 patients in this study 05 patients (17%) got mild improvement, 14 patients (46%) got moderate improvement and 11 patients (37%) got marked improvement.

Conclusion: Haritaladi Lepa had remarkable improvements in Kandu (42.85%), Daha (72.79%), Raga (34.22%) Pidaka (54.42%), Number of Mandala (59.47%), Size of Mandala (58.53%), Rooksha (59.57%) Hence it can be concluded that Haritaladi Lepa has significant action in Dadru and it did not have side effects as observed.



"A COMPARATIVE PHARMACEUTICO-ANALYTICAL STUDY OF PINDA SNEHA USING TAILA, GHRITA AND VASA AS SNEHA DRAVYA"

Dr. SANGEETHA K. S.
P G Scholar

Dr. PURUSHOTHAM K. G.
Professor & HOD
Guide, Dept. of RS & BK

Dr. GOPALA KRISHNA NAYAK.
Assistant Professor
Co-Guide, Dept. of RS & BK

Background: Sneha Kalpana is one among those preparations derived from the basic Kalpanas prepared using either Ghrita or Taila. Out of these, Ghrita is considered to be the best because of its unique nature of incorporating the properties of the drugs with which it comes in contact, without leaving its own natural qualities. Taila is the best Sneha for the pacification of Vatarogas and is said to be predominantly used externally. Hence usually Ghrita (Ghee) or Taila (oil) are used as media of extraction where as in rare cases Vasa and Majja are used. The Sneha used in the preparation imbibes the qualities of the drugs used as Kalka Dravya, thereby making the Sneha therapeutically active. References are available for the contents and preparation of Pinda Taila. Studies are also done evaluating the analytical and clinical efficacy of Pinda Taila. But till date no studies have recorded the preparation of Pinda taila in other Sneha Dravya's such as Ghrita or Vasa,

in spite of the therapeutic value which can be incorporated into the raw materials enhancing its absorption into the biological systems. Hence, considering this fact, an attempt has been made to study and explore the value of Ayurvedic concept of Sneha Kalpana in Taila, Ghrita and Vasa, wsr to Pharmaceutical preparation of Pinda Taila by using modern analytical parameters.

Aims and Objectives : Comparative Pharmaceutical Analysis of Pinda Sneha prepared from 3 different types of Sneha's – Taila, Ghrita and Vasa.

Methodology : The present study was carried out in two steps namely; pharmaceutical and analytical. In the pharmaceutical study, as the preparation of Pinda Ghrita and Pinda Vasa are not mentioned in the classics, the ingredients mentioned from Charaka Samhitha was chosen for the study and the general method of Taila preparation as mentioned by Sharangadhara Samhitha was adopted. In the analytical study, all the three prepared samples were subjected to various analytical parameters and chromatography techniques for 0th, 1st, 6th and 12th months and were compared. Organoleptic evaluation of colour, odour and appearance for every 12 months were also carried out for the samples.

Results : In the organoleptic study of the 3 samples for 12 months showed slight rancidity for the Pinda Taila and Pinda Ghrita, whereas Pinda Vasa remained solidified with aromatic pleasant odour and had balm like appearance. In the analytical study conducted for 0th, 1st, 6th and 12th month, there was no much differences observed between the 3 samples.

Keywords: Pinda Taila, Ghrita, Vasa, Analytical study.



“A CLINICAL STUDY TO EVALUATE THE EFFICACY OF VAIRECHANIKA DHOOMA NASYA IN MANYASTAMBHA”

Dr. SUKANYA LAKSHMAN
P G Scholar

Dr. SANATH KUMAR D.G.
Professor & HOD
Guide, Dept. of Panchakarma

Introduction: Manyastambha is a clinical entity marked by Stambha and Ruk in Manyapradesha, in which there is stiffness in the back of the neck and the cervical movements are affected. Manyastambha is manifested by exacerbated Vata Dosha in the Manyapradesha with Avarana of Kapha Dosha. So Vatakaphahara measures like Rooksha Sweda, Vatakaphahara Nasya are used in the treatment of Manyastambha. Vairechanika Dhooma Nasya, which is a type of Vatakaphahara Nasya is indicated in Manyastambha as it relieves the Vatakapha Avarana.

So the present study was planned with following objectives:

1. To evaluate the efficacy of Vairechanika Dhooma Nasya in Manyastambha.
2. To study Dhooma Nasya in detail.
3. To study Manyastambha in detail.

Methods: The study is a pre and post-test clinical trial to assess the efficacy of Vairechanika Dhooma Nasya in Manyastambha. The patients who attended the O.P.D and I.P.D of K.V.G Ayurveda Medical College and Hospital, Sullia, Dakshina Karnataka, having the signs and symptoms of Manyastambha were screened. Thirty patients who fulfilled the diagnostic and inclusion criteria were considered for the study. The detailed profile of the selected patients were prepared as per the detailed proforma designed for the same purpose, which incorporates relevant data like symptomatology, physical signs, as well as assessment criteria and the study was carried out. The assessments of the results were done on the basis of readings of subjective and objective parameters – Ruk, Stambha and Neck Disability Index (NDI) before the treatment, after the treatment

and after follow up. Assessment of Ruk was done by using the VAS scale. Assessment of Stambha was done by Flexion, Extension, Right Lateral Bending, Left Lateral Bending, Right Lateral Rotation and Left Lateral Rotation of cervical spine. The Neck Disability Index (NDI) is also considered to assess the effect of treatment which is a self report questionnaire used to determine how neck pain affects a patient's daily life and to assess the self-rated disability of patients with neck pain.

Dhooma Nasya was performed with Dhooma Varti prepared out of Murdha Virechana Dravya with the help of Dhooma Netra, with a dose of three puffs in each nostril, three times a day for duration of seven days. Dhooma Nasya was assessed by Samyak Yoga, Ayoga and Atiyoga Lakshana during the period of procedure and on day 21.

Results and Discussion: It is observed that all the parameters of the study - Ruk, Stambha and Neck Disability Index (NDI) showed statistical significance with p value <0.001. The highest level of significance was observed in Ruk with t value of 17.5. Among the Samyak Shirovirechana Lakshana, in maximum number of patients Urolaghava and Shirolaghava were observed in between third and seventh day of therapy. In this study it is evident that Vairechanika Dhooma Nasya is effective in Samprapthi Vighatana of the disease Manyastambha.

Conclusion: In this clinical study of thirty patients, the null hypothesis is rejected and the alternative hypothesis ie "there is significant effect of Vairechanika Dhooma Nasya in the management of Manyastambha" is accepted.

Key words: Nasya karma, Manyastambha, Vairechanika Dhooma Nasya.

NASYA KARMA (1ST YEAR BAMS, 2021-22 BATCH)

Nasya is one among the practiced procedure of Panchakarma treatment told in Ayurveda. The procedure by which medicine is administered through the nostrils, in diseases affecting the body region above the neck level is called Nasya karma.

The Nasya which is done as a daily routine, using 2 drops of oil being administered to each nostril is Pratimarsha nasya. This helps in strengthening the sense organs also prevents the entry of biological toxins in air. For treatment aspect it is not only oil, but the extraction from the medicinal plants and also medicated ghee is being used.

Types of Nasya :

1. Virechana Nasya : Medicaments having qualities to expel doshas from head and neck is used.
2. Brahmana Nasya : The medicaments having nourishing qualities to the body is used. It is indicated in case of headache that increases by the day, dryness of nose and mouth, loss of voice.
3. Shamana Nasya : The nasya is given with the intension of pacification of doshas.

Procedure :

- a) The person who has attended the activities like urination, defecation, after brushing the teeth should be massaged with oil to his head and mild fomentation is given.
- b) He should be then made to lie in supine position on a cot in a room devoid of breeze. The parts above his shoulder must be given fomentation once again.
- c) The medicated oil is slightly made warm with hot water should be taken in a tube or a piece of cloth dipped in oil and instilled into each nostril alternately keeping the other one closed.
- d) After instilling his soles, neck, palms, ears etc should be massaged mildly. He should then turn to one side and split out till the entire medicine which comes out.

e) In the same manner he must be administered with 2-3 nasal medications.

Nasya Kala : For Kapha and Pitta doshas time of administration is morning and mid day respectively. A healthy person can undergo nasya in the evening or night. During Sharad and Vasantha nasya should be given in forenoon. In Greeshma it is done in evening. A day with presence of sunlight is preferred for nasya karma in Varsha rutu.

Contraindications :

1. One who has just taken food, water, alcohol and oily foods.
2. One who has already taken or willing to have bath.
3. One who had Rakthamokshana therapy.
4. Immediately after administering with basthi therapy .
5. Woman who has recently delivered.
6. One who are getting natural urges like urination etc.

JEEVANTI (IIND YEAR BAMS, 2020-21 BATCH)

Botanical Name : *Leptadenia reticulata*
 Family : Asclepiadaceae
 Gana :
 Acc. to Charaka -Jivaniya
 Acc. to Sushruta - Kakolyadi



Vernacular name :

- English - Jeevanti
- Kannada - Bugudi huvina gedde
- Malyalam -Atakodiyam
- Hindi - Dori

Synonyms : Shakasrestha, Jivanti, Mangalya, Payasvini, Jivaniya ,Balavardhini

Distribution /Habitat : All over India, especially in Maharashtra, Gujarat and Konkan

Botanical Description :

- Twining Shrub
 - Stem with cork like deeply corked bark ,branches are numerous , younger ones are glabrous
 - Leaves are ovate, acute, glabrous above
 - Flowers are greenish yellow seen in lateral or subaxillary cymes
 - Fruit is follicle ,subwoody, 6 to 9 cm long and tapering towards tip
- Chemical constituents : β -sitosterol , Luteolin , Stigmasterol , Flavonoids , Diosmetin, Hentriacontanol

Properties and action :

- Rasa : Madhura
 - Guna : Laghu , Snigdha
 - Veerya : Sheetha
 - Vipaka : Madhura
 - Karma : Pitta Shamaka , Rasayana , Balya , Grahi , Jwaraghna , Brimhana , Dahaprashamana
- Therapeutic usage : Trisna , Daha , Raktapitta , Grahani , Kasa , Jwara , Dourbalya
- Part Used : Root

Dosage : • Churna – 3 to 6 gm
 • Kwatha- 50 to 100 ml

Formultaion : Jivantiyadi Ghrita, Jeevantiyadi Taila

अणुतैल (Ref: अ.ह.सु. 20/37-36) (IIIRD YEAR BAMS (2019-20 BATCH))

"जीवन्तीजलदेवदारुजलदत्वक्सेव्य गोपी हिमं दार्वीत्वङ्गधुकण्ठला गुरुवरीपुण्ड्राह बिल्वोत्पलम्।

धावन्यौसुरभिस्थिरेकृमिहरंपत्रत्रुटिरेणुका किञ्जल्कं कमलाद्दलांशतगुणोदिव्येऽम्सिकापथेत्॥

तैलाद्रसं दशगुणं परिशोष्य तेन तैलं पचेत् सलिलेन दशौववारान्।

पाके क्षिपेच्च दशमे सममाजदुग्धं नस्यं महागुणमुशन्त्यणुतैलमेतत् ॥"

INGREDIENTS

1. जीवन्ती - 1 Part	10. मधुक - 1 Part	17. स्थिर - 1 Part
2. जल / बलक - 1 Part	11. प्लाव - 1 Part	18. कृमिहर - 1 Part
3. देवदारु - 1 Part	12. अगुरु - 1 Part	19. पत्र - 1 Part
4. जलद - 1 Part	13. वर - 1 Part	20. त्रुटि - 1 Part
5. त्वक् - 1 Part	14. पुण्ड्राह - 1 part	21. रेणुक - 1 Part
6. सेव्य - 1 Part	15. बिल्व - 1 Part	22. कमला - 1 Part
7. सारीवा - 1 Part	16. उत्पल - 1 Part	23. बला - 1 Part
8. हिम - 1 Part	17. धावन्य - 1 Part	24. दिव्यअम्बु - 100 Part
9. दार्वीत्वक् - 1 Part	18. सुरभि - 1 Part	25. तिलतैल - 1/10th Part
		26. अजदुग्ध - equal quantity that of तैल

METHOD of PREPERATION

All द्रव्य are mixed in equal quantity in 100 times of water and it is reduced till 1/10 is remained. Thus decoction is made. कषाय , 1/10 part of तिलतैल are mixed and boiled till only तैल remains Process is repeated for 9 times more. At 10th time तैल and equal quantity of अजदुग्ध is boiled until taila paka lakshanas attained.

DOSAGE: 1/2 pala (24 ml)(2-4 drops).

INDICATIONS: ऊर्ध्वजत्रुगत रोग, पालित, त्वकरौक्ष्य, स्कन्धशुष्कता, ग्रीवशुष्कता

नेत्र प्रकाशिक (IVTH YEAR BAMS (2018-19 BATCH))

"नेत्र प्रकाशिक" is a text book of ophthalmology in ancient indian perspective . This is a book that is fully dedicated to eye diseases and its treatment.

नेत्र प्रकाशिक is expounded by worshipful " हय ग्रीव" compiled by "पूज्यपाद नन्दिकेश्वर"

The whole work is completed in 14 chapters and they are called as patala.

"It is easier to build strong children than to repair broken men."

श्री नन्दिकेश्वर has presented the subject uniquely in respect to anatomy of eye , its nuerological connections , etiopathology, clinical feature, prognosis and the aspects of treatment.

About the Author

The work “नेत्र प्रकाशिक” is presented in the form of dailogue between the student (Shishya sutra)and the teacher (Guru sutra)

The name “पूज्यपाद” appears as ‘student’and lord “हय गीव” appears as teacher .

A colophon at the end of each chapter declares that नन्दिकेश्वर has authorised the book .

“नन्दिकेश्वर विरेचितानां नेत्रप्रकशिकायां....”

Contribution of नेत्र प्रकाशिक:-

- **नेत्र प्रकाशिक:** has accounted highest number (100) of eye diseases.
- It have description about the internal diseases like प्रेमेह, कामला leading to ocular complications .
- As separate chapter devoted to latrogenic diseases of the eye .
- Classification of disease based on presenting symptom.
- Different stages of the eye are depicted with great details.
- Explained the importance of chronicity.
- Separate chapters are provided for tropical medication like अञ्जन.

STAFF ACHIEVEMENT



Dr. Gowri Shankar, Asst. Prof Dept. of Shalakyta Tantra was awarded with “Young Doctor Enthusiastic” Award by JCI Bellare and Riksha Chalaka Malaka Sangha Bellare.



On the occasion of Doctor’s Day celebration Dr. Avinash K.V., Prof. Dept.of Agada Tantra was felicitated by Om Friends Ajjavara, Sullia.



Dr. Raghavendra Prasad, Asst. Prof Dept. of Shalakyta Tantra was awarded with “Anoushadhi Chikitsa Award 2021” by Central Ministry for Chemicals and Fertilizers, New Delhi.



Congratulations

University Rank Holders of Final
Year M.D./ M.S (Ayu.) conducted by
RGUHS in Nov. - 2021



Dr. Savithri A T
7th Rank
Dept. of Agadatantra



Dr. Sunitha V
7th Rank
Dept. of Dravyaguna



Dr. Nivedya Harindran
8th Rank
Dept. of Agadatantra



Dr. Pooja K S
9th Rank
Dept. of Agadatantra



Dr. Archana S Babu
10th Rank
Dept. of Panchakarma



Dr. Vineetha P
11th Rank
Dept. of Agadatantra



Dr. Sruthi O
11th Rank
Dept. of Kayachikitsa



Dr. Roshna Cyriac
11th Rank
Dept. of Kayachikitsa



Dr. Altha R
12th Rank
Dept. of Dravyaguna



Dr. Manasa B. S
13th Rank
Dept. of R.S. & B.K.



Dr. Ramahiran
14th Rank
Dept. of R.S. & B.K.



Dr. Babitha Rao
17th Rank
Dept. of Shalyatantra



Dr. Soumia V R
20th Rank
Dept. of R.S. & B.K.

COLLEGE DEPARTMENT ACTIVITIES

National Level Webinar on Research Methodology & Biostatistics.
Topic: Pharmacovigilance – New Trends in Ayurveda



Guest talk by Dr. Jagadish Mitti, Prof. & HOD Dept. of RS & BK, JSS Ayurveda Medical College, Mysore.

National Level Webinar on Research Methodology & Biostatistics.
Topic : Clinical Research Protocol Writing



Guest talk by Dr. Raghavendra Naik, Research Officer, Central Ayurveda Research Institute CCRAS, Min. of AYUSH, Bangalore.

National Level Webinar on Rasashastra & Bhaishajya Kalpana.
Topic : Glimpses on Fundamental Principles of Bhaishajya Kalpana



Guest talk by Dr. R. S. Hiremath, Prof. & HOD Dept. of RS & BK. Shri B M Kankanwadi Ayurveda Mahavidyalaya, KLE University, Belagavi.

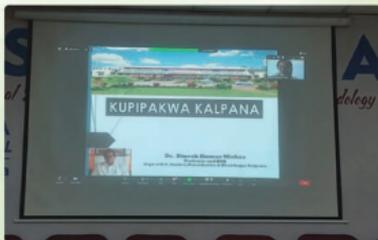
National Level Webinar on Research Methodology & Biostatistics.

Topic : An Overview of Scientific Writing & Publication



Guest talk by Dr. Shiranjini Jaideep, Ayurveda Consultant, Canada.

National Level Webinar on Rasashastra & Bhaishajya Kalpana.
Topic : Review on Kupipakwa Rasayana



Guest talk by Dr. D. K. Mishra, Prof. & HOD Dept. of RS & BK. ALN Rao Memorial Ayurveda Medical College, Koppa.





75th Independence Day celebration



Inaugural ceremony of "Asthra" annual sport meet by our Principal Dr. Leeladhar D.V



Inauguration of World Patient Safety Week



Guest talk on Maternity Safety by Dr. Ashok K, Prof & HOD Dept. of Prasooti Tantra & Stree Roga



Guest talk on New born safety by Dr. Nirmal K, Asst. Prof Dept. of Koumarabhritya



'Brihat Vana Samvardhana' program at Kukke Subrahmanya organized by Seva Bharathi Sullia & Karnataka Forest Department



Guest talk on 'Health & Nutrition' at Jyothi High School Peraje by Dr. Sanath Kumar D.G., Prof. & HOD Dept. of Panchakarma



Inauguration of Covid Care Centre at our hospital by Honorable Minister of Karnataka Sri. S Angara



Onam Celebration in our college



Inauguration of 'Azadi Ka Amrit Mahotsav' free Medical camp



Talk on 'Role of Yoga & Ayush for Nutrition' by Dr. Shwetha Suvarna, Asso. Prof. Dept. of Prasoothi Tantra & Stree Roga on the occasion of Azadi Ka Amrit Mahotsav by NSS unit of college



Special health camp on 'Migrain' conducted by Dept. of Shalakra Tantra



Special health camp on 'Low back ache' by Dept. of Panchakarma



Rashtriya Poshan Abhiyan by our NSS unit at Shree Shakti Bhavan, Sullia



NSS unit of our college in association with RGUHS Bangalore observed "National Constitutional Day" was inaugurated by Dr. S G Kulkarni Prof. & HOD Dept. of Moulika Siddhanta



Founder's Day Celebration - Remembering our Founder President Dr. Kurunji Venkataramana Gowda on his birth anniversary



On the occasion of Makara Sankranti 'Surya Namaskara' done by our college staffs & students

What the superior man seeks is in himself; what the small man seeks is in others.



Health camp at Green View High School Sullia & awareness talk by Dr. Venu N, Prof. Dept. of Shareera Rachana



Health camp at Mahatma Gandhi Malnad School Sullia & awareness talk by Dr. Vijayalaxmi P.B, Prof. Dept. of Dravya Guna



Health camp at Sneha Primary School Sullia & talk by Dr. Avinash S., Asst. Prof. Dept. of Kayachikitsa



Medical camp for Malnourished children at Gram Panchayat Kanakamajalu Sullia





Free health camp at Rotary Higher Primary School Sullia & talk by Dr. Chaitra, Asst. Prof. Dept. of Dravya Guna



Medical camp at Nehru Memorial College Aranthodu & health talk by Dr. Avinash K.V., Prof. Dept. of Agada tantra



Free health camp at Vivekananda Aided Higher Primary School Jalsoor & talk by Dr. Suraksha, Asst. Prof. Dept. of Samhita Siddhanta



Free health camp at Jnanadeepa Primary & High School Elimale & talk by Dr. Lakshmeesha K.S., Asso..Prof. Dept. of Panchakarma



Free health camp at St. Brigid's Higher Primary School Sullia & talk by Dr. Harshitha M., Prof. Dept. of Rasashastra & Bhaishajya Kalpana



QUIZ

- Dasha Vyapat Siddhi chapter is mentioned in
 - Charaka Samhitha
 - Sushruta Samhitha
 - Bhela Samhitha
 - Kashyapa Samhitha
- Anusana basthi vyapad according to Acharya Charaka
 - 6
 - 7
 - 12
 - 10
- Which eye disorder is Yappa?
 - Pothaki
 - Lagana
 - Kacha
 - Nimisha
- Which of the following are the contents of Mugdha Rasa?
 - Kajjali & Khatika
 - Parada & Khatika
 - Gandhaka & Khatika
 - Kajjali & Abraka
- What is Bennet's fracture?
 - Fracture of Pisiform bone
 - Fracture of base of the 1st metacarpal bone
 - Fracture of lower end of Femur bone
 - Fracture of lower end of Ulna bone
- 'Param tikta upachareth' is the treatment advised for----
 - Yonivyadad
 - Vandhyatwa
 - Shweta pradara
 - Asrugdara
- What is the adulterant of Pushkaramoola
 - Hemidesmus indicus
 - Clerodendron serratum
 - Saussurea lappa
 - Plumbago zeylanica
- In Agantu vrana the first treatment should be-----
 - Sheeta
 - Ushna
 - Snigdha
 - Ruksha
- According to Sushruta 'Aadhyavta' is synonym of
 - Medo roga
 - Urustambha
 - Vatarakta
 - Prameha
- 'Snuhi Ksheera Ghritha' is mentioned in ----- chikitsa
 - Urustambha
 - Madatyaya
 - Tamaka shwasa
 - Udara

Answer: June 2021

1.a, 2.d, 3.d, 4.b, 5.c, 6.d, 7.c, 8.a, 9.b, 10.a

Quiz winner: Dr. Divya (Internee)

HOME REMEDIES

Papaya (*Carica papaya* Linn):

- In case of pain caused by Tonsillitis is relieved by applying the paste of Papaya fruit externally to the part effected.
- For the worm infestation, raw Papaya juice along with honey and Castrol oil is taken internally.
- For itching in the skin, the oil prepared by Papaya seeds is applied.
- Paste prepared from Papaya leaves is effectively used as local application in Filariasis.

by: Dr. Adithya Narayana Bhat
(Internee)

DISCLAIMER:

- Editors hold no responsibility for the views of authors.
- Articles published here in are not to be reproduced any where without the consent of the publishers.
- Treatments mentioned here are not to be instituted without proper advice by the registered Ayurvedic practitioners.

To,

Book Post