



Late Dr. Kurunji Venkatramana Gowda
Founder President



KVG AYUR NEWS

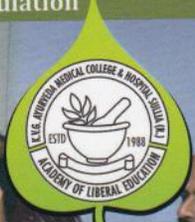
Samskara

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CURRENT ISSUES, CASE STUDY, RE-SEARCH ACTIVITIES,
STUDENTS ARTICLES, COLLEGE ACTIVITIES, QUIZ, HOME REMEDIES

प्रज्वलितो ज्ञानमयो प्रदीपः ।

Editorial



नास्ति रोगो विना दोषैर्यस्मात्तस्माद्विचक्षणः ।
अनुक्तमपि दोषाणां लिङ्गैर्व्याधिमुपाचरेत् ।

Su.Su.35/19

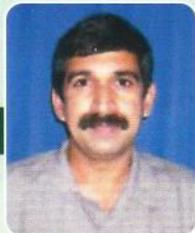
According to Ayurveda, all diseased conditions - old, new or yet to emerge, can be treated by a master key- the Tridosha siddhanta - which is the general line of treatment. It's greatness lies in the fact that it will not change, like the modern theories, with the changing times. Our case study of this issue is an example to know how it can be used in metabolic disorders.

But something else is going to change in our Ayurnews from the next issue - the editorial board. You will find new hands and minds working to beautify this. Thank you all for the co-operation and co-ordination.

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Dr. Rohini D. Bharadwaj

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INTRODUCTION TO SPECTROSCOPY

Ayurvedic medicine is essentially a complex mixture of a number of natural products. Maximum medicinal benefit from the Ayurvedic preparations is achieved when the ingredients (i.e. natural products) of the preparations are present in a particular ratio. However, batch-to-batch compositional variation of ayurvedic preparations affecting their medicinal efficacy is often encountered. Generally, it happens if the method of preparation, conditions under which the preparations are made, and the storage process are not followed strictly according to authentic Ayurveda literature. The complexity in the molecular composition of such preparations limits the application of existing analytical techniques for the analysis of their individual constituents. Thus, unlike pharmaceutical drugs, quality control and classification of Ayurvedic medicines is a difficult task. Spectroscopy is one of the technique which is commonly used for the analysis of formulations which includes herbo-mineral, only herbal, only mineral, only metal, animal originates.

These methods have three major advantages over most chemical methods:

- 1) Spectroscopic methods are easier and faster to do than most chemical tests or reactions.
- 2) Spectroscopic methods provide for more information about molecular structure. Practically all functional groups and structural features can be detected with very small amounts of sample.
- 3) Spectroscopic methods are non-destructive and, if necessary, the entire sample can be recovered.

Principle of Spectroscopy

All organic compounds interact with electromagnetic radiation, that is, they absorb energy. When a molecule absorbs energy, a transformation occurs that may be either temporary or permanent. Lower energy radiation may cause a molecular rotation or a bond vibration. Higher energy radiation may cause the promotion of electrons to higher energy levels or bond cleavage.

Whether the transformation involves molecular rotation, bond vibration, or electronic transition, the molecule absorbs only the wavelength of radiation with exactly the energy necessary for the transition. The absorption of wavelength of radiation is selective for a particular transition which depends on the structure of the molecule. By measuring the absorption spectra of known compounds, we can correlate the wavelength of energy absorbed with characteristic structural features. This information is then used to determine the structure of unknown compounds.

Electromagnetic Radiation:

The basis of these methods is electromagnetic radiation. The most familiar form of electromagnetic radiation is ordinary white light, which can be dispersed by a prism into a spectrum of colours. This visible light represents only a small part of the entire **Electromagnetic Spectrum**, which extends from high energy cosmic rays to low energy radio or radar waves. Electromagnetic radiation can be described as a stream of energetic particles called **Photons** or as a **Wave Motion**.

Spectrophotometer:

The instrument that is used to measure the amount of electromagnetic radiation absorbed by an organic molecule is called **Spectrophotometer** or **Spectrometer**. It consists of a light source of radiation with a prism that can be select the desired wavelengths, which are passed through a sample of the compound being investigated. The radiation that is absorbed by the sample can be detected, analysed and recorded. The recording is called the **Spectrum** of the compound.

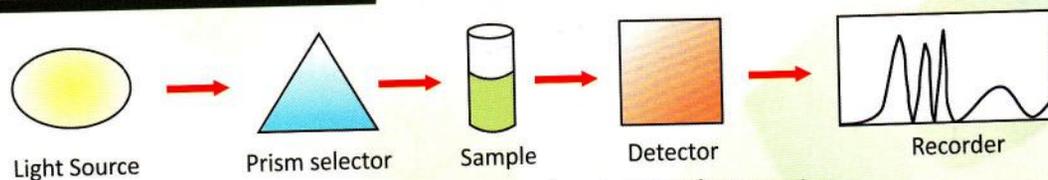


Fig : Basic components of a spectrophotometer

There are four spectroscopic methods which are very widely used in Organic Chemistry. They are:

- i. Ultraviolet-visible (UV-Vis) Spectroscopy
- ii. Infrared (IR) Spectroscopy
- iii. Nuclear magnetic resonance (NMR) Spectroscopy
- iv. Mass Spectroscopy

UV-Vis Spectroscopy:

- Absorption of ultraviolet-visible radiation (200-700 nm) causes electrons within molecules to be promoted from one energy level to a higher electronic energy level.
- If an organic compound does not absorb UV-Vis radiation, it means that the compound does not contain conjugated double bonds.
- If an organic compound absorbs UV-Vis radiation, it means that the compound contains a carbonyl group or conjugated double bonds. For example, conjugated dienes, carbonyl compounds, and aromatic compounds all absorb in the UV-Vis region.

IR Spectroscopy:

- Absorption of infrared radiation causes covalent bonds within the molecule to be promoted from the vibrational energy level to a higher vibrational energy level.
- Stronger bonds require greater energy to vibrate (stretch or bend). Therefore, such bonds absorb infrared radiation of shorter wavelengths.
- Different functional groups absorb infrared radiation at different wavelengths, and their presence or absence in a molecule can be determined by examination of an IR spectrum.
- No two compounds have exactly identical infrared spectra.

NMR Spectroscopy:

- Absorption of radio waves in the presence of a magnetic field causes nuclei within molecules to be promoted from one spin energy to a higher spin energy level.
- The number of signals in the NMR spectrum corresponds to the number of different types of protons in the molecule.
- The position (chemical shift) of each signal gives information about the structural environment of the protons.
- The relative areas (integration) under the signals give the ratio of the numbers of each type of proton in the molecule. If the molecular formula is known, the actual number of each type of proton can be determined.
- The splitting pattern of each signal gives us the number of protons on neighbouring carbons. The number of peaks into which a signal is split is one more than the total number of protons on directly adjacent carbons.

Mass Spectroscopy:

- Mass spectroscopy involves organic molecules being bombarded by a very high-energy electron beam.
- The peak of highest intensity in a mass spectrum is referred to as the base peak.
- Fragmentation processes can produce numerous fragments, from which the structures of organic molecules can be deduced.
- When one electron is removed from a molecule, a molecular ion is produced. The m/e value of the molecular ion peak is the molecular weight of the compound being investigated. The molecular weights obtained by mass spectroscopy are extremely accurate.

By Spectroscopy methods aqueous-based Ayurvedic preparations have been successfully identified. Analysis of such aqueous-based preparations is otherwise difficult with commonly used techniques.



CASE STUDY ON HYPERTHYROIDISM

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M.D. (Ayu)

Treating physician

Attending internee : **Dr. Kastur Bai, Dr. Sudheesh**

Introduction:

Many patients with thyroid dysfunction visit our hospital, and are benefitted by the treatment. Some of them are diagnosed subjects, under modern medicine treatment. They come here with a wish to change over to Ayurvedic drugs. We believe in creating a homeostasis of the body by which the functions are again set right, so that the body does not require drugs. One such case study is given below.

Case Description:

A 31 year old female patient named Sumithra (Name changed) who was on Elthroxin 50 mcg since 1 yr consulted our hospital on 2/7/2013 for the treatment.

Presenting Complaints:

1. Hair fall- since 1 month
2. Swelling in the rt. side of the throat- since 15 days
3. Exhaustion ++ - since 15 days
4. Loss of digestive power- since 15 days
5. Pain and inability to lift left hand- since 15 days
6. Increased frequency of bowels after intake of food and drinks especially in morning time- since 15 days.

History:

Patient's complaints started with pain in the left hand which increased on lifting it, Hair fall and exhaustion 1 year back. She consulted a physician and was treated with analgesics in the beginning with no relief. Then ,was diagnosed as a case of Hyperthyroidism ,and she was put on elthroxin 25 mcg and later the dose was increased to 50mcg. since then her TSH level was said to be normal .

O/E:

- Tongue - Coated brownish.
- Nadi - Pitta, Vata ↑
- Skin - Thin and sensitive.
- Hair - Sparse.
- Thyroid - Moderate enlargement in the lateral margins.

Medication:

Kamadugha rasa 2-0-0 A/F, Chitrakadi Vati 0-2-0 A/F
Entostal 1-1-1 15 min B/F, Triphaladi taila for application on scalp.
Dandronil powder for washing scalp.

Next Consultation After 10 Days:

Observation:

Appetite was improved, complaint regarding motion persisted . Tongue coating was reduced, Nadi-pitta ↑

Medication:

Dosage of elthroxin was reduced to 25mcg from the very next day. Other Medication consisted- chitrakadi Vati 0-1-0A/F, Entostal 2-0-0 B/F. Same medicine was constituted for 10 days .Pt was advised to undergo blood test for TSH levels every month

Consultation After 10 Days:

Observation:

Pt felt better, pain in the left hand was still not relieved completely, it was limited to morning hours. Kapha vrudhi was noticed, tongue was coated on either side and slimy. Complaint regarding motion persisted. Slight cough with sputum was the fresh complaint.

Medication:

Kanchanara guggulu 2-0-0A/F
Laghmalini Vasantha rasa 1-0-1 with honey after breakfast and evening at 6pm
Varunadi Kwath (100ml) + vasakasava (200ml) 3tsp-0-3tsp with water A/F
Medicine continued for 15 days.

Consultation After 15 Days:

Observation:

Pt was feeling better, Enlargement of thyroid gland was reducing

Medication:

Elthroxin was withdrawn completely. Advised to follow same medicine for 3 months.

Consultation After 3months:

Observation:

Pt was feeling better. Hair fall reduced . All other complaints also reduced. No enlargement of thyroid gland.

Medication:

Shatavari Rasayana 1/2tsp-0-1/2 tsp A/F with milk.
Calci 0-2-0 A/F Medicine continued for 1 month.

Consultation After 1months:

Normal level of T.S.H- Maintained,
Pt was feeling healthy, No complaints regarding appetite bowel movements or exhaustion. No enlargement of thyroid gland was noticed.

Thyroid Function Test

Before treatment:

26/12/12: Serum TSH-5.85UIU/ml (normal value-0.35-5.50UIU/ml)
09/3/13: Serum TSH-8.830UIU/ml (normal value-0.35-5.50UIU/ml)
02/07/13: Serum TSH-4.10UIU/ml (normal value-0.35-5.50UIU/ml)

After treatment:

14/08/13: Serum TSH-3.5UIU/ml (normal value-0.35-5.50UIU/ml)
18/09/13: Serum TSH-3.15UIU/ml (normal value-0.35-5.50UIU/ml)
21/10/13: Serum TSH-4.65 UIU/ml (normal value-0.35-5.50UIU/ml)

Conclusion:

The metabolic changes occurring in the body come under the preview of Pitta or Agni. When some organs are not functioning properly, setting right the Agni along with srotoshodhana mode of Chikitsa may help in setting right the imbalance. Above therapy when given with drugs which target the diseased site, may help to achieve the purpose in faster and a simple manner. In the above case the same method has been adopted. Regular clinical assessment along with thyroid function test has been taken as conclusive. The problem has not recurred to this day.

A COMPARATIVE STUDY BETWEEN AGNIKARMA WITH SUCHI & SIRAVYADHA IN THE MANAGEMENT OF VATAKANTAKA



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Background And Objectives

Pain is the symptom that interferes with our day today activities, affecting quality of life. A quick remedy is the need of today's fastest era. Vatakantaka, a well known vatavyadhi, produce pain in ankle and heel hindering daily routine. Walking on uneven surfaces or excessive walking are the reasons behind this according to Acharyas.

Acharya Vangasena had given importance on siravyadhana & agnikarma with suchi in the treatment of vatakantaka. Suchi is mentioned as dahanopakarana by Vagbhata and Vangasena specified its use in Vatakantaka. Siravyadhana is Chikitsardha in Shalya tantra and both Sushrutha & Vangasena stressed it as treatment modality in vatakantaka.

So there is need to study about both procedures and select the cost effective, safe and effective treatment for the disease vatakantaka.

Method

The effects of Agnikarma with suchi & siravyadhana procedures are evaluated clinically in 30 patients, having Vatakantaka, 15 in each group.

Group A treated with agnikarma using suchi in bindu akriti at maximum tenderness point.

Group B treated with Siravyadha at 2 angula above the kshipra marma.

Both procedures carried out for single sittings. The assessment & valuation of the symptoms of the disease ie Pain and Tenderness were done before treatment, after 7 days and after 14 days.

Pictures showing Agnikarma in bindu akriti & siravyadha at 2 angula above kshipra marma.

Result

The agnikarma with suchi showed highly significant result than siravyadhana in the treatment of vatakantaka.

Interpretation And Conclusion

The agnikarma with suchi was highly effective on both the symptoms of vatakantaka.

Key Words

Vatakantaka, vatavyadhi, Agnikarma, siravyadha.



“TO EVALUATE THE IMPORTANCE OF ŚODHANA PRIOR TO ŚAMANA CIKITSĀ IN KAPHĀDHĪKA TAMAKA ŚVĀSA - A COMPARATIVE CLINICAL STUDY”



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Dr. Sanath Kumar D.G.
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Dr. N. S. Shettar
Guide & H.O.D, Dept of Panchakarma

Background And Objectives

Tamaka Śvāsa is a respiratory condition that simulates Bronchial Asthma in most of the aspects like, etiopathogenesis and symptomatology. Men and women are equally affected by this disease. Both Śodhana and Śamana play an important role in management of Tamaka Svāsa. Among the Samśodhanas, Vamana and Virecana both play important role in the management of Tamaka Śvāsa. The Cikitsa sūtra for a patient with kaphadhika Tamaka Śvāsa, is Mridu Vamana and Virecana. The main objectives of the study was to evaluate the role of Śodhana Pūrva Śamana (Agastya Harītaki Avaleha) vs only Śamana (Agastya Harītaki Avaleha).

Method

The study design was a prospective, open label, controlled clinical study. 30 patients of Kaphādhika Tamaka Svāsa were randomly divided into two groups. Patients of Śodhana group were subjected to Vamana and Virechana and later administered Agastya Harītaki Avaleha. Patients of Śamana group were given Agastya Harītaki Avaleha. Assessment and follow up was done on 7th, 14th, 30th and 60th days.

Result

On the basis of the analysis it was found that the Śodhana with Śamana Group performed better than the Śamana Group in both the subjective and objective parameters such as Kāsa, Urah Pārśwa Graha, Pīnasa, Śayāne Svāsa Pīdina and Peak Expiratory flow readings. 73% of the patients of Śodhana with Śamana Group had marked improvement, where as only 7% of patients got marked improvement in Śamana Group.

Discussion And Conclusion

The Śodhana with Śamana Group seems to have more effects on clearing Srotorodha as significant effects on Kāsa, Urah Pārśwa Graha, Pīnasa and Śayāne Svāsa Pīdita were observed. But consistent treatment is required in patients of Kaphādhika Tamaka Svāsa to sustain the results.

Key Words : Tamaka Śvāsa, Vamana, Virecana, Agastya Harītaki Avaleha

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Key Words : Tamaka Śvāsa, Vamana, Virecana, Agastya Harītaki Avaleha

“EVALUATION OF DIFFERENT MARKET SAMPLES OF NAGAKESARA (Mesua ferrea Linn.) BY PHARMOCOGNOSTIC AND ANALYTICAL PARAMETERS.”



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Background

Ayurveda the holistic system of medicine gives a total approach to health, healing and longevity. Primitive man observed and appreciated the great diversity of plants available to him.

Many of commercial manufacturers are producing Ayurvedic formulations by using raw drugs bought from different markets of the country. Some of the drugs are adulterated or substituted. Adulteration in market samples is one of the greatest drawbacks in promotion of herbal products.

Nagakesara (Mesua ferrea Linn.) is one of the most used drug in Ayurveda. Bhavaprakasha has mentioned Chaturjata in which one of the drug is Nagakesara.

Objectives

- To procure the different market samples of Nagakesara flower and genuine sample from natural habitat
- To compare the market samples with genuine sample by Pharmacognostic and Phyto-chemical parameters.

Materials and Methods

- Collection of Nagakesara (Mesua ferrea Linn.) flower from natural habitat and procurement of different market samples of Nagakesara.
- Market samples are collected from the different parts of India such as - Thrissur, Delhi, Kolkatta and Pune for the present study.
- Pharmacognostic study of market and genuine samples
- Physicochemical and phyto-chemical study of Market and Genuine sample was done.
- Estimation of alkaloid percentage of all samples was done.

Result

After the pharmacognostic and analytical study Pune market sample values are very nearer to genuine sample.

LAGHUMALINI VASANTA (Ref.: yogaranakara, 2nd Chapter)

रसकयुगलभागं वल्लिजं भागमेकम् ।
द्वितीयमथ सुखल्वे मर्दयेन्द्रक्षणेन्
भवति घृतविमुक्तो निम्बुनीरेण यावत् ।
ज्वरहरमधुकुल्या मालिनीप्राग्वसन्तः ।

INGREDIENTS : Shuddha Rasaka - 2 parts, Maricha 1 part
Ghrita, Nimbu swarasa Q.S
DOSE : 2 Valla
ANUPANA : Madhu&Maricha , Ksheera
INDICATIONS : All types of Jwara, Raktatisara, Pittaja Vyadhis,
Pradara, Arshas , Garbhini roga.

By 2nd BAMS (Jr.)
2013-2014 Batch

KHARPARA (RASAKA)

P.G. Scholars

Dept. of Rasashastra & Bhaishajya Kalpana

VARGA	: Maharasa
ENGLISH NAME	: Calomine
CHEMICAL NAME	: Zinc Ores
SPECIFIC GRAVITY	: 4.1-4.5
HARDNESS	: 5.0

SYNONYMS:

Rasarnava	Rasajalanidhi	Anandakanda	Rasa sara sanghraha
Gobatta	Rasaka	Kharpari	Rasaka
Rasaka	Kharpara	Rasakam	Tamra ranjaka
Tuttha	Tuttha	Amruthasambhava	Netrarogaari
Dwithiya kitta	Kharpara tuttha		Yashada kaarana
Rasodhbava			
Netrarogaari			
Reethikrit			
Tamra ranjaka			

History :

The references for kharpara can be traced even from oldest of rasa texts. Its sattva is mentioned as 'kharpara sattva' and is used for therapeutic purposes. Later in 14 th century, it was named as 'yasada' or 'jashada' , probably because of Arabic word 'jasta'.The mixture of Kharpara sattva and copper was known as 'riti' during 'Acharya Caraka's period. It is chemically identified as Zinc oxide which is an inorganic compound. It is a white powder that is insoluble in water. It occurs naturally as the mineral zincite but most zinc oxide is produced synthetically. ZnO is the mixture with about 0.5% iron oxide (Fe₂O₃) is called calamine and is used in calamine lotion.

Occurrence :

The ores of rasaka are in Rajasthan, Himachal Pradesh, Sikkim and Kashmir. Outside India its ores are present in Australia, USA, France, Spain and Myanmar.

TYPES:

RASARNAVA (7/28-29)	RASARATNA SAMUCCAYA (2/149-150)	RASATARANGINI (21/183)
1. Mrttikabha (zinc oxide)	1. Dardura (Calamine)	1. Sadala (Dardura)
2. Gudabha (zinc sulphide or zincite)	2. Karavellaka (Smit sonite)	2. Nirdala (Karavellaka)
3. Pasanabha (zinc silicate or carbonate)		

Shodhana:

Acc to Rasa prakasha sudhakara:

- Nirvapa in beejapuraka or kanji or naramuthra or mesha mutra for 7 times.
- Kharpara is kept in nara mutra for 1 month.

Acc to Rasarnava & Ayurved prakasha:

- Cooking in katuka alabu niryasa - it will become yellow colour.

Acc to Rasendra sara sangraha:

- Swedana in Naramutra, Yavamla, Gomutra, Saindhava lavana.
- Mardana in Rakta (Dadima Kamala karaveera) peetha (palasha, kusumbha, suryamukhi) pushpa.

Acc to Rasa Tharangini:

- Subjected to Teevragini for 7 times and kept in nimbu swarasa.

Marana:

Acc to Ayurveda prakasha:

- Mardana is done with Shuddha parada and Kharpara and is heated in valuka yantra.
- Kharpara patra is placed in lavana yantra.

Acc to Rasa tharangini:

- Mardana done with 2 pala of shuddha parada and shuddha kharpara then 3 times puta is given.
- Kharpara churna is done mardana with equal quantity of Harathala churna and subjected to puta for 3 times.

Satvapatana:

Acc to Rasa ratna samuchaya:

- Manashila+Haridra+Triphala+Saindhava+ Bhallataka+ Tankana is taken and done mardhana with kshara+ Amla+1/4th of kharpara. Then it is kept in Vrintaka musha for satva patana.

Acc to Rasendra sambhava:

- Abhaya+Shilajathu+Bhunaaga+Haridra+Grihadhooma+ Tankana along with kharpara is kept in Moola musha for satvapatana.
- Satva of Kharpara is yashada

Properties:

For all prameha, Pittasleshmavinashini (Rasaprakasha sudhakara)
 Netrarogahara (Rasendra sara sanghraha)
 Sarvaprameha hara, Kaphapitta vinashini (Rasendra Chudamani)
 Ranjaka, Ruksha, Vatakaraka, Shleshma nashana, Tridhoshakrit (Rasarnava)
 Laghu, Lekhana, Bhedana, Sheeta, Chakshushya, Kaphapittanut (Ayurveda prakasha)
 Sarvapramehagna, Lohaparada ranjana, Netrarogaghna (Acc to Rasajalanidhi)

Matra:

Acc to Rasatarangini, Rasendra sara sangraha 1/2 ratti-2 ratti

Antidote:

Acc to Rasendrasara sanghraha, Rasasara sambhava - Gomutra for 7 days internally

Yoga: Lakshmi vilasa rasa, Chintamani rasa, Vaidhyana vati, Mahajwarankusa rasa, Vasantamalathi rasa

YOGARATNAKARA III BAMS (Jr.)

Yogaratanakara is one of the treatises that deals with Ayurveda in its entirety but for Shareera and Shalyatantra that too in a very organized and different way. It is one of the most renowned treatise of Indian medicine, which comprises of drugs as well as all the treatment aspects of various diseases.

About The Author

No where authorship of this book has been mentioned in specific. Some scholars opine it to be the work of a Jain Pandita named Narayanashekhar or Nayanashekhara .But cause of confusion according to Prof.P.V.Sharma is that some Nayanashekhara wrote a book in Hindi verse with the same name in the year 1680 .A.D.

Time Period

Vrinda wrote his book entitled "Siddha yoga" popularly known as Vrindamadhava. It was followed successively by Chakradatta (11th century A.D), Gadanigraha (12th century A.D), Sharangadhara (13th century A.D), Bhavaprakasha (16th century A.D) and Yogatarangini (17th century A.D).Yogaratanakara comes last in this chain but before Bhaishajyaratnavali (18th century A.D).

According to P.V.Sharma, Yogaratnakara should date back to late 17th century owing to the references from Lolimbaraja(early 17th century)and Yogatarangini (mid 17th century). There is a manuscript of this book in Anandaashrama, Pune, scribed in 1746 A.D. Prof. P.V.Sharma contends that authorship of this book should be placed at least 50 years prior to it.

Contents

Entire Yogaratnakara comprises of two khandas; poorvakhanda and uttarakhanda which consists of total 72 chapters.

Poorvakhanda deals with basic concepts of Ayurveda which includes padachatushtayas, Ashtavidhapareeksha, Tridosha, Kala, Panchavidha kashayakalpana ,Anupana and also Nidana along with Chikitsa of various diseases like Jwara, Atisara, Grahani, Arshas, Agnimandhya, Kasa etc.

Uttarakhanda elaborately describes nidana and chikitsa of diseases like Shoola, Mootrakrichra, Asmari, Hridroga, Striroga and all Indriyagatharogas.

The last four chapters deals with Rasayana, Vajeekarana, Rasavikrithi and Roganusaraanupana.

Special Features

- 1) Use of "Rasa Karpura" is given in the context of treatment of Upadamsa.
- 2) Description of "Thamakhu" has been given in first chapter.
- 3) Use of "Bhimasena Karpura" in the treatment of ophthalmic diseases is mentioned.
- 4) Diseases like Snayuka (chap.60) and Shitala (chap. 66) have found place in this treatise.



Athira A. Uthraja
First Year BAMS

THE RETROSPECT

Observing the daily routine of the youth and the past, that is we and our grandparents ,we will perceive differences. Mobile, computer, internet, facebook everything colours our lifestyle, but along with their presence something disappeared from our life like healthy food ,good water, fresh air etc. and the medicinal plants which they were using by not even knowing its medicinal values.

Our grandparents used these herbs for garnishing, bathing, brushing and for cooking. paying divine honors' to the herbs in temple and to worship them in houses were also there. We had a legacy of dishes with these herbs but we depreciate it and now no one knows about their recipe. They used to take seasonal food like the special gruel that they prepare during rainy season, which increases our immunity. Now no one have time to collect the ingredients and everyone need only the market items.

Once a traditional"vaidyan"prescribed a medicine ,for its preparation ten year old butter was needed, searching many houses it was contrivanced in a house where a very old grandmother was preparing butter for many years. Each year was dated and separately kept, by changing water of butter for every three days.

Do we have time for all these things?

We only know about the "bread and butter".

The Machiavellian man, made this new world to make our life happy but the reality is that we mansuetude with the "new type" of happiness. If we don't have time to think about our health, there is no meaning for wealth.

We may not have herbal garden in each house but we can have a herbal plant for the future.

Students Achievements



Dr. Poornima P. R, Dr. Shwetha, Dr. Swathi K. S secured first prize in Inter-collegiate shuttle-Badminton Tournament conducted by RGUHS on 19 sep 2014 at P.E.S Indoor Stadium, Mandya and the Team is qualified to participate in Inter-Zonal Shuttle-Badminton Tournament.

K.VG AMC Men's Team-Dr.Lakshmeesha.K.S, Anoop, Irfan, Hafiz and Karthik participated in Inter-collegiate shuttle-Badminton Tournament conducted by RGUHS on 19 sep 2014 at P.E.S Indoor Stadium, Mandya



Dr. Sneha receiving "Ayurjeevaka Award" from our President Dr. Chidananda K.V. which is awarded by Himalaya Drug Company



Dr. Nithyapriya receiving "Ayurvisharada Award" from our President Dr. Chidananda K.V. which is awarded by Himalaya Drug Company



Dr. Varghese Thomas awarded Best paper presentation in General Seminar -2014 conducted by PG studies in K.V.G Ayurveda Medical College, Sullia



Dr. Prasan Shankar awarded 2nd place in General Seminar -2014 conducted by PG studies in K.V.G Ayurveda Medical College, Sullia

P.G Scholars Participated and Presented in National Seminar on " Novel clinical pharmacological approaches in search of new Ayurvedic drugs" in connection with 6th Annual state conference of ADVISE 2014 From 24-26th Aug 2014 at Tripunithura, Ernakulam, Kerala



Dr. Varghese Thomas - Ethino botanical survey of Kumara parvatha ,Pushpagiri Kodagu, Karnataka .



An overview of challenges before Dravyaguna - Dr. Vinitha V. Nair

College Activities



Inauguration of free Health check up camp conducted by Dept of panchakarma on "Back ache" from 7-7-14 to 11-7-14



Inauguration of free Health check up camp conducted by Dept of Shalya Tantra on "Vericose Vein" from 14-7-14 to 18-7-14



Free health check up camp conducted by "Shalakhya Tantra" Department



Reorientation Programme for First Year BAMS



Releasing of previous issue of KVG Ayur news



Gathering at Reorientation Programme



Educational Excursion from Department of R.S & B.K to N.I.A Jaipur



Educational Excursion from Department of R.S & B.K to Gujarat Ayurveda University Jamnagar



Educational Excursion From Department of R.S & B.K TO B.H.U Varanasi

College Activities



NSS Volunteers on Vanamahotsava



Dr. Vaheed Pasha, Manager
Scientific Services representing Himalaya
Drug Company at Award Ceremony



Blood donation camp in
association with our NSS unit
at Rotary club Sullia



Blood donation camp in
association with our NSS unit
at Rotary club Sullia



Independence Day
Celebration



First prize won by Final year (Jr.)
in flower mat competition



Second prize in flower mat
competition by final year BAMS



Third Price in Flowermat Competition
by Second Year BAMS



Onam Celebration in our College



Onam Celebration by
PG Scholars



Flower Mat by PG Scholars
on Onam Celebration

QUIZ

1. **Carcinoma prostate most commonly metastasizes to**
a) Liver
b) Lungs
c) Bones.
d) Inguinal Lymphnodes
e) All the above
2. **Police man of the abdomen is**
a) Diaphragm.
b) Greater omentum
c) Stomach
d) Pancrease.
e) Lesser Omentum.
3. **The most common cause of hyper tension in the new born is**
A) Polycystic kidney
B) Neuroblastoma
C) Coarctation of aorta
D) Pheochromocytoma
E) None of the above.
4. **Treatment of sankha visa is**
A) Panchagavya ghrita
B) Panchatikthaka ghrita
C) Aswasanam
D) Sirisa ghrita
5. **The seat of Crohn's disease is**
A) Large intestine
B) Small intestine
C) Stomach
D) Esophagus
E) All the above
6. **Potassium cyanide acts on to cause lethal effect**
A) Neuro transmitters
B) Neuro modulators
C) Haemoglobin
D) Respiratory center
7. **Primary treatment of vrana shopha is**
A) Vimlapana
B) Pidana
C) Bandana
D) Sechana
8. **A piece of dead bone is known as**
A) Involucrum
B) Sequestrum
C) Cloacase
D) Gangrene
9. **Rule of nine is applicable to**
A) Burns
B) Scalds
C) Fracture
D) Dislocation
10. **Milk protein allergy is seen in**
A) Ulcerative colitis
B) Pancreatitis
C) Appendicitis
D) Peptic ulcer

Quiz key last edition :
1-d, 2-c, 3-c, 4-b, 5-d, 6-c, 7-b, 8-a, 9-d

Quiz Winner :
Dr. K. I. Muhammed Shafi (Internee)

HOME REMEDIES

- Intake of kashaya made out of fried methika will cure dysmenorrhoea.
- Intake of paste made of Tila with Aja ksheera is beneficial in Diarrhoea.
- Intake of Nimburasa in warm water three times a day improves digestion.
- Intake of 2 teaspoons of eranda taila before food will ease the symptoms in constipation.

By **Dr. Sneha K. Narayanan** (Internee)

DISCLAIMER :

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

To,

BOOK POST

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