



Late Dr. Kurunji Venkatramana Gowda
Founder President

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

प्रज्वलितो ज्ञानमयो प्रदीपः ।

Editorial



Yoga the classical Indian system of healing of both physical and mental blemishes has attained International acceptance due to patronage by our Central Government. The longest day of the year June 21st has been celebrated worldwide as "International Yoga Day" and we too have celebrated it with Yoga workshop and a talk by Yoga scholar.

Patriotism and personality development are the need of hour and our institution gave the students the privilege of participating in NSS special camp so that they can get immense benefit out of it.

As a part of continued social service activity our hospital has organized a special camp on October 2nd as a token of respect to our Father of Nation.

Our meritorious and research minded UG students got prestigious RGUHS Research grant to carry out designated research work. The teaching faculty of our college were resource persons at various seminars and our post graduates too actively participated in various National seminars and brought fame to our institution.

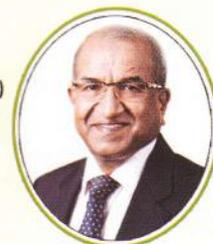
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CLINICAL UNDERSTANDING AND MANAGEMENT OF AN ANUKTHA VYADHI

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Introduction

नास्ति रोगो विना दोषैर्यस्मात्तस्माद्विचक्षणं ।
अनुक्तमपि दोषाणां लिङ्गैर्व्याधिमुपाचरेत् ॥ (सु. सू. ३५)

Acharyas had vision of forthcoming new diseases; hence they explained the concept of understanding the new diseases ie:-Anuktha vyadhi. Anuktha word meaning is unsaid/ unuttered. Anuktha vyadhis are diseases which are neither elaborated nor described in lexicons of Ayurveda. Acharya Sushruta stated that, a disease cannot occur without the involvement of doshas. Hence even if the disease is not specifically mentioned, the clinician should treat the disease by observing the signs and symptoms manifested due to vitiated doshas. Even Charaka acharya explained three tools ie:- Vikara prakruthi, Adhishtana and Samuthana which are useful to understand a new disease.

A CASE STUDY

I. Vikara prakruthi – Assessing Roga Lakshanas

a) Prashna Pareeksha

A 62 year old hard working farmer came for consultation with the complaints of

1. Sankocha – sudden muscle spasms or contractions
2. Saada – fatigue or lassitude
3. Angamarda – crushed feeling of body parts (muscle cramps)
4. Supthi – numbness mainly over hands and foot
5. Sthambha – inability to perform activities
6. Thandra – drowsy
7. Sthaimithya – lethargic activities of body

8. Shaithya – sub normal temperature all over the body since 1½ years. These complaints aggravated during his daily activities and at the end of his work in the field. On questioning he had samagni and madhyama koshta.

b) Darshana pareeksha – Pramana – Madhyama. No other relevant findings.

c) Sparshana pareeksha – Sheetha Parusha Sparsa

By assessing vikara prakruthi, the dosha dushti in this patient can be understood as predominantly vata dushti associated with kapha dushti.

II. Adhishtana : it is the location where the disease get manifested or the dosha dushya sammurchana occurs. In this patient we assessed that the vyadhi ghatakas that makes the sthanasamshraya are

1. Dosha – Vata and Kapha
2. Dushya – Mamsadhatu
3. Srothas – Rasa and Mamsavaha srothas
4. Ashaya or adhishtana – Pakwasaya
5. Rogamarga – Bahya

With this vyadhi ghatakas Kapha avrutha Vata samprapthi occurred in the vyadhi. Kapha makes obstruction in the mamsavaha srothas and normal functions of vata in the mamsa dhatu got hampered. The vitiated vata makes disturbances in the mamsadhatu. Also proper nourishment of Mamsa dhatu in the form of rasa get diminished due to mamsadhatwagni mandhya.

III. Samuthana : It is the causative factors that led to vyadhi and is assessed from the patient's history. Aharaja nidanas like daily use of anupa mamsa, dadhi, rooksha snigdha aharas and occational use of madya. Viharaja nidanas like Athivayama, athyadhwa, srama etc. can be considered as samuthana in this case.

Treatment Principle Adopted

- I. Kapha avaranahara treatment
- II. Vatanulomana treatment
- III. Mamsadhatu prasadana treatment

I st stage 1.Rasonadi kashaya 15ml with 60ml of luke warm water BD before food
2. Lashunaksheera 100 ml night at bed time was given internally for 2 weeks

IInd stage - Internally

1. Ashtavargam kashaya 15ml with 60ml of luke warm water BD before food
2. Gandha taila cap 2 BD after food
3. Laksha guggulu Tab 1 BD after food was given for one week

External procedures,

4. Abhyanga with Dhanwantaram taila followed by ushma sweda for 5days
5. Sarvanga dhara with Mahanarayana taila +dhanwantharam taila & Matra vasthi with Dhanwantaram taila mridu paka for 5 days
6. Ksheera vasthi with Panchathikthaka ksheera kashaya and gugguluthikthaka ghrita was administered.

IIIrd stage - Advise on discharge

1. Mamsarasa prepared with Ashtavarga kashaya choorna and
2. Rasna dashamoola ghrita 5ml for 2 weeks

Discussion

विकारनामाकुशलो न जिहीयात् कदाचन ।
न हि सर्वविकाराणां नामतोस्ति ध्रुवास्थिति ॥ (च. सू.१८)

It is not necessary to know the exact nomenclature of the disease as that is not always possible. But it does not mean that one cannot diagnose such a condition. In this case the patient had a laboratory report with serum Calcium level 6.5mg/dl. A retrospective assessment from his nidanas and lakshanas Avarana and dhatwagnimandhya samprapthi can be postulated and can proceed to appropriate treatment. By avarana hara treatment itself the patient got about 60% of symptomatic relief. By the further treatments he got relieved from the complaints and he could take up his activities in the farm.



A CASE REPORT ON RAKTAJA VATARAKTA

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Asso. Professor, Dept. of Kayachikitsa
KVGAMC, Sullia

PG Scholar: **Dr. Avinash** Final year, Dept of Kayachikitsa.

INTRODUCTION:

Vata being said as most powerful among Tridosha may produce various dreadful disorders when it gets aggravated. When an aggravated Vata Dosha combines with vitiated Rakta Dhatu, it may end up in a seriously disabling condition called Vatarakta. An array of present day conditions ranging from metabolic disorders to connective tissue disorders can be considered under the roof of Vatarakta. Based on their clinical presentations, these conditions can be understood and managed effectively under the lights of Doshic presentation of Vatarakta. Raktaja Vatarakta is one such subtype of Vatarakta with Lakshanas like Shvayathu (swelling), Ruk (pain), Toda (pricking type of pain), Tamra Varnata(coppery discoloration), Chimachimayana(tingling sensation), Kandu(Itching) etc. A case of Avascular necrosis of head of femur having

Do not be like a Jissue paper .Be like a Exam paper that can determine your life

clinical presentations predominantly similar to raktaja vatarakta managed through Ayurvedic treatment with encouraging result is discussed below. **CLINICAL PROFILE:**

Name: Xxx, Age: 24Yrs. Sex: Male, Occupation: Mechanical Engineer, Diet: Mixed, OPD/IPD: 395/2801, Date: 29-03-2019, Address: Vellore, Tamil Nadu.

CASE PRESENTATION AND CLINICAL EXAMINATION:

A 24 year old male patient came with the chief compliants of –
Ruk, Toda, Stabdhatta around the Kati Pradesha (pain and stiffness along the hip region)
Kandu, Chimachimayana, Suptata around Kati Pradesha (itching, tingling sensations and feeling of numbness around the hip region)

Patient had above complaints since last 7 months.

No H/O Diabetes or Hypertension, no H/O early morning stiffness, no H/O shifting type of pain.

General examinations and examinations of CVS, RS, CNS, GIT, UGS revealed no significant abnormalities. Examination of musculoskeletal system revealed pain and tenderness along both the hip joints with restricted range of movements and a positive FABER test in both the lower limbs.

X ray radiographs showed significant degenerative changes in the femoral head of both the hip joints with more changes on the left side.

MRI interpretation read bilateral avascular necrosis of femoral head with no femoral head collapse or arthritic changes demonstrated.

The biochemical investigation reported ESR-40mm in 1st hr, Serum Uric acid = 9.6 mg/dl suggestive of hyper-uricaemia and there was a negative CRP and ASO titre.

The diagnosis was made as Raktaja Vatarakta solely based on presentations like Ruk, Toda, Chimachimayana, Kandu and Anupashaya to Snigdha Rooksha treatment.

TREATMENT SCHEDULE:

- Raktamokshana- 2 sittings of Jalaukavacharana with 1 week spacing between each sitting.
- Virechana with Nimbamrutha Eranda Thaila (25ml) with Ksheera anupana for Koshta Shuddhi.
- Dashamoola kashaya dhara for 14 days.
- Yoga Basti- Panchatikta Ksheera Basti for Nirooha and Mahathiktaka Ghrita for Anuvasana.
- Kokilakshadi Kashaya 2tsp bid after food.
- Bodhivruksha Kashaya with Madhu 20ml bid after food.
- Punarnavadi Guggulu 2 bid after food.
- Shamanaushadhis were administered throughout the course of treatment except during Virechana.

Treatment duration: 24 days IP treatment.

DIET:

Patient was advised to avoid spicy foods (katu, amla rasa pradhana), pickles, protein rich foods like meat, pulses etc

OBSERVATION AND RESULTS:

Chronology of clinical observations:

1. Patient consulted the OPD on 29-03-2019 with following radiograph as shown below (fig1) and uric acid levels measuring 9.6mg/dl(as on 5/4/19).
2. He was subjected to the above said scheduled treatment and kept under regular observation.
3. He got significant relief from the clinical symptoms. Pain and pricking type of sensation was reduced significantly with improved mobility of joints. Other symptoms like Kandu, Chimachimayana also got reduced and general condition of the patient got improved in 24 days of management.
4. Patient was advised to undergo repeat investigations and the report reveals (dated 20-04-2019) serum uric acid level reduced to 8.9 mg/dl.
5. The rapid progression of necrosis of the head of femur had halted and mild improvements in density of bone was seen (fig 2).



Fig 1: Radiograph before treatment



Fig 2: Radiograph after treatment

DISCUSSION:

On taking the history of this case, it had the presentations like Ruk, Toda, Chimachimayana, Kandu which were suggestive of Raktaja Vatarakta and the Lakshanas like Stabdhata Toda Sandhi Asthi Ruk and Paka were indicative of the involvement of Gambheera Dhatu. Hence it was diagnosed and treated as a case of Gambheera Raktaja Vatarakta.

Since Raktamokshana is advocated as a main line of treatment for Vatarakta, Jalaukavacharana was adopted because of the involvement of Rakta Dosha. 2sittings of Jalaukavacharana was done in a gap of 7 days which showed reduction in pricking type of pain and overall pain around the joint reduced significantly.

Virechana is said as one of the main line of treatment for Rakta Pittottara Vatarakta. Bhavapaksha had explained Eranda Thaila for Virechana with Ksheera as Anupana in Vatarakta. So Virechana was done with Nimbamrutadi Eranda Taila with Ksheera as Anupana as it would be more potent with the inclusion of Tikta Dravya Nimba and Amruta.

Seka/Dhara a Swedana Prakara is also mentioned as a line of treatment for Raktapittottara Vatarakta. One of the main presenting complaints that the patient had was Stabdhata. So Dhara was done with Dashamoola Kashaya for 14 days.

Kokilaksha Kashaya is indicated in Vatarakta and with Kokilaksha having Madhura, Guru Guna, Rasayana property was apt for the present condition. Bodhivriksha Kashaya is indicated in Tridoshaja Vatarakta with Bodhivruksha having Kashaya Madhura Rasa and Pittahara property it was chosen for the present condition. Similarly Punarnavadi Guggulu was administered because of its indication in Vatarakta.

CONCLUSION:

From this study it can be concluded that classical line of treatments for Raktaja Vatarakta like Raktamokshana, Thiktaka Basti's along with Shamanaushadhis can effectively manage conditions like AVN of Femoral head. It is beneficial in controlling the signs and symptoms and also had an effect on reducing the blood uric acid levels as well as produce some radiographic changes in short duration of treatment. Long term course of treatment and long term clinical studies with large sample size and comparative / control trial may provide further observations on such conditions of AVN.

"A CLINICAL STUDY TO EVALUATE THE EFFICACY OF JEERAKADI LEPA WITH DASHANGA GUTIKA IN VRISCHIKA DAMSHA"



Dr. ANAGHA V. N.
P.G. Scholar

Dr. U. SANTHOSH NAYAK
Co- Guide

Dr. LEELADHARA D.V
Guide, Dept. of Agada Tantra

Background & objectives: Vrischika or scorpions is said to be the oldest poisonous creature in the earth. The eight legged creature causes more than five thousand deaths worldwide in a year. Ayurveda has explained numerous medicinal preparations in the management of Vrischika Damsha. The main objective of the present study was to evaluate combined effect of Jeerakadi Lepa along with Dashanga Gutika in reducing the five cardinal signs and symptoms due to Scorpion sting viz. Ruk, Toda, Daaha, Sphutana and Syava.

Do not try to be like a water that slips in the hand of people, Be like a water that holds a whole Ship

Methods: A randomized clinical study was conducted in KVG Ayurveda Medical College, Sullia. Total 30 subjects suffering from Scorpion sting satisfying inclusion criteria were selected and included in a single group. Group received Jeerakadi Lepa and Dashanga Gutika for 7 days.

Results: Results were observed on 3rd day and 7th day after completion of the treatment. . Both the drugs when combined showed highly significant results in reducing the cardinal symptoms by paired t test. ($P < 0.001$).

Interpretation & conclusion: Both the drugs when combined were highly significant, on account of percentage of relief obtained, particularly in Vatapittaja predominant Vrischika Damsha.

Keywords: Scorpion, Vrischika, Ruk, Toda, Sphutana, Daaha, Syava, Jeerakadi Lepa, Dashanga Gutika



“A COMPARATIVE PHARMACEUTICO-ANALYTICAL STUDY OF YASHADA BHASMA AND AGNISTHAYI YASHADA BHASMA”

Dr. ANOOJ T. CHAKRAPANI
P G Scholar

Dr. Raghuv eer
Co- Guide

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

BACKGROUND AND OBJECTIVES:

“Yashada [Zinc]” is a metal grouped under Lohavarga as one of the Putiloha. Yashada bhasma is having Tikta rasa, Sheeta veerya and Kapha - Pittahara properties, Chakshushya and it is indicated in Pandu, Prameha, Shwasa.

The Agnithayikarana is a form of bandha mentioned for some of drug sources which has tendency to evaporate on lower temperature. The potency of a drug increases by Agnithayikarana. This process of Agnithayikarana is not properly identified by the present pharmacological field. Hence the preparation of Agnithayi Yasadha bhasma and its comparative Pharmaceutico analytical study with Yasadha bhasma becomes relevant.

OBJECTIVES OF THE STUDY

1. To carry out Shodhana of Yashada.
2. To make Agnithayi Yashada
3. To carry out Marana of both the samples
 - a) Shodhitha Yashada.
 - b) Agnithayi Yashada.
4. Comparative physico-chemical analysis of both the samples of Yashada bhasma

METHODS: The methods followed can be divided like Pharmaceutical study and Analytical study In the pharmaceutical study attempts were made to prepare Yashada Bhasma and Agnithayi Yashada Bhasma from Shoditha Yashada. In Analytical study different parameters mentioned for assessment of Bhasma were carried out.

RESULTS: The Thermogravimetric analysis show a marked difference of above 150 o C between both samples indicating the Agnithayikarana. The Physio-chemical values and instrumental Studies of AAS And XRD suggest a slight superiority to the Agnithayi Yashada bhasma when compared to Yashada Bhasma.

CONCLUSION: Agnithayikarana is enhancing the thermo stability of the material without causing major disruption to chemical structure. Pharmaceutical study revealed that Agnithayi Yashada bhasma prepared was yielded more than Yashada bhasma.

Comparative analytical Study prove that Agnithayi Yashada bhasma have a slight superior characteristics than Yashada bhasma prepared by classical method.



EVALUATION OF THE ROPANA EFFECT OF KARANJADI GHRITA AND DURVADI GHRITA IN DUSTA VRANA A COMPARATIVE STUDY

DR. VEEKSHAN SHETTY K.C.
P.G. Scholar

DR. SAHANA. S.
Co-guide

DR. DEENAPRAKASH BHARADWAJ
Guide, Dept. of Shalyatantra

Background & Objectives

Probably from the first day of birth of the first man on this earth the mankind is suffering from the wound on his body by different causes which is being tried to be treated then and there. Newer and sophisticated methods though being adopted at different stages of growth of civilizations. This problem of WOUND HEALING has remained in the same position showing the awareness for new reaserches in the field further.

Objectives

1. To study about Dusta vrana,
2. To study the ropana effect of Karanjadi ghrita and Durvadi ghrita in Dusta vrana.
3. To asses and compare the result of both the trials.

Methods

40 patients fulfilling all the criteria are selected randomly from OPD, IPD and camps conducted by Department of Shalya Tantra of K.V.G Ayurveda Medical College and Hospital, Ambate Adka ,Sullia, Karnataka and other referrals irrespective of sex, age, religion, occupation, socioeconomic status.

Clinical examination and investigations were conducted for all patients. Patients were divided into two groups having 20 patients each. Group A and Group B had application of karanjadi ghrita pichu and durvadi ghrita pichu for every day for 15 days and every 3rd day follow up for next 15 days observations are assesd and recorded based on subjective and objective criteria after completion of treatment. Instructions of proper pathyaaharavihara were suggested.

Results

In group-A, out of 20 patients 4 patients got Moderate Improvement, 16 patients got Marked Improvement, there is no patients with unchanged results.

In group-B, out of 20 patients, 1 patient got Mild Improvement, 8 patients got Moderate Improvement, 11 patients got Marked Improvement.

Overall result on both the groups regarding signs and symptoms is;

- Vedana- 83.72%
- Srava-93.64%
- Gandha-97.83%
- Akrti-74.84%
- Kandhu-70.83%
- Daha-98.08%
- Varna-58.69%
- Sparsha Asahishnuta-73.23%

Conclusion

Both the groups showed significant results in reducing the signs and symptoms of Dusta vrana. The Group 'A' (Karanjadi ghrita) has undoubtedly shown better treatment results in reducing the signs and symptoms of Dusta vrana than the Group 'B' (Durvadi ghrita).

Key words : Dustavrana, karanjadi ghrita, durvadi ghrita.

HARITA SAMHITA

1st year BAMS (2018-19 Batch)

Harita samhita is one of the classical works of Ayurveda which is written between 6th to 7th century AD. This book is in conversation module and the deliberation is between Maharshi Atreya and Acharya Harita. Acharya Harita has proposed his own new concepts in his texts.

The present text is divided into six parts Prathama stana, Dwitiya stana, Chikitsa stana, Sutra stana, Kalpa stana & Sharira stana. It deals with different dravyas in detail. It also provides information on all branches of Ayurveda in a comprehensive manner. Prathama stana has 23 chapters and there is description of Vaidya, Guru, Shishya, method of study and elaboration about various Vargas. In 9 chapters of Dwitiya sthana explanation about Arishta lakshanas, Nidra, Swapna etc are available. Explanation about various diseases are done in 58 chapters of Tritiya stana. The Chaturtha sthana has 6 chapters and there is mentioning of Mana Paribhasha and panchakarma procedures. In kalpa stana description about few drugs such as Haritaki, Guggulu etc. are done and explanation regarding Shareera can be seen in Shareera stana.

This text can be considered as one of the important texts of Dravyaguna shastra because of its elaborate description on Vargas and specific drugs. It is of immense value for scholars in ayurveda.

KOKILAKSHA

II Year BAMS Students (2017-18 Batch)

Botanical Name : *Asteracantha longifolia* Nees

Family : Acanthaceae

Gana : Shukra Shodaka

Vernacular Names : English - Long Leaved Barleria, Hygrophila

Hindi – Talmakhana, Kamtakalya

Malayalam – Vayal Chulli, Chulli

Bengali – Kuliakhara, Kaatakalia



Paryaya : Kokilaksha, Ikshura, Vajrasthi, Vajrakantaka, Srngali, Kokila, Bhikshu, Dhvanga

Distribution/Habitat : It grows throughout India, throughout Philippines in stagnant streams, fresh water swamps and pond.

Botanical Description : It is stout aquatic perennial herb, growing 1-1.5 meter in height. The stems are sub quadrangular and numerous. The leaves are in verticals of 6 at a node, 2 very large, 10-15 cm in length and 1-2 cm in breadth, bearing 3 straight, sharp yellow spines in each axil. The 3 cm long purple-blue flowers are 2-lipped - the upper lip is 2-lobed and the lower one 3-lobed with lengthwise folds. Flowers open in opposite pairs. The fruits are oblong compressed capsules with 4-8 capsules inside.

Chemical Constituents : In whole plant - Lupeol, Stigmasterol, Isoflavone glycoside, alkaloid.

In Seeds - Asteracanthicine, aminoacids histidine, lysin, phenyl alanine.

In flower - Apigenin, Glucoside.

In roots - Stigmasterol.

Properties and Action : Rasa – Madhura, Tikta

Guna – Guru, Snigda, Picchila

Veerya - Sheeta

Vipaka – Madhura

Karma – Vatahara, Pittahara, Kaphahara, Shukrashodhaka, Shothahara

Therapeutic Uses : Shotha, Kamala, Yakritodara, Mutrakricchra, Anaha, Ashmari, Udara Roga, Amavata, Shukradourbalya, Vatarakta, Vata Vyadhi, Vrushya, Visha

Part Used : Seed, Root, Whole plant

Dosage : Choorna (3-5gm), Kashaya (5-10 ml)

Formulations : Kokilakshadi Kshara, Poustika Choorna, Kokilaksha Kashaya

RASAYANA FOR SWASTHA

III year BAMS Students (2016-2017)

Every individual in this world want to live a healthy long life. Even though being swastha means to be healthy in all dimensions, for the maintenance of this status Rasayana for swastha is recommended. Rasayana chikitsa is explained in Ayurveda for the healing and rejuvenation of living tissues.

Rasayana is one among the eight clinical specialities of Ayurveda. It is not only a drug therapy but a specialized branch practiced with integral approach of rejuvenating recipes, dietary regimen and special health promoting conduct and behaviors.

Historical Aspects

Rasayana is described elaborately in the four Padas of the 1st chapter in cikistha sthana of charaka samhitha. In Susruta samhitha the reference are available in 27-29 Chapter of chikistha sthana and in Astangahrudya of vagbhata from Uttara sthana.

Vyutpathi- Nirukti

Etymologically the term Rasayana comprises of 2 components, vis. Rasa and Ayana.

Rasa- Dhatu and

Ayana- Movement

Which help the Rasa Raktadi Dhatus to reach their destination proper- Shabdha Kalpa Druma

Paribhasha- (Definition of Rasayanasa)

लाभोपायोहिशस्थानाम् रसादीनाम् रसायनम् । (च. चि ११७)

A procedure by which Rasadi sapta dhatu is sanctified in all respect through proper nourishment is known as rasayana.

Types of Rasayana:

A comprehensive classification of rasayana is available in Sushruta samhitha which was further improved by the commentator Dalhana.

A) According to mode of administration

1)Kutipraveshika Rasayana, 2)Vatatapika Rasayana

B) According to objective

1)Kamyā Rasayana, 2)Naimittika Rasayana, 3)Ajasrika Rasayana

C) Special Rasayana drugs and measures

1)Medhya Rasayana, 2)Achara Rasayana

Benefits of Rasayana

Acharya Susruta explains that, the basic objectives of rasayana are,

- Vayasthapana- Preventing the aging of body tissues
- Ayukara-Provide longevity
- Medhakara-Promotion of intelligence, learning and memory
- Balakara-Provide strength
- Rogapaharana-Prevention and cure of diseases by promoting body immune system.

Thus Rasayana drugs by the virtue of their Rasa, guna, veerya, vipaka, and prabhava it promotes digestion, metabolism, maintains homeostasis of Dosha, enriches nourishment and promotes body and mental function. Thus becomes efficient therapy in treating aging.

KOKILAKSHADI KASHAYA

4th Year BAMS (2015-16 Batch)

कोकिलाक्षामृताक्वाथं पिबेत्कोष्णं यथबलम् ।

पथ्यभोजी त्रिसप्तहान्मुच्यते वातशोणितात् ॥

(सहस्रयोगम्)

INGREDIENTS : Kokilaksha (Asteracantha Longifolia) -1 part

Amruta (Tinaspora Cardifolia) - 1part

METHOD OF PREPARATION : Kwatha choorna of above drugs are boiled in 8 part of water and reduce to 1/4th. Drink the Kashaya in Sukhoshna avastha and Pathya ahara should be taken.

INDICATION : Vatashonitha

DURATION : 3 Weeks

DOSE : 1 Pala

RGUHS UG RESEARCH GRANT APPROVED FOR THE FOLLOWING STUDENTS



Basavaraj Biradar

Topic:-"A comparative pharmaceutico – Analytical study of Yashtimadhu Taila and its 3 and 7 Avarthana".



Khadeejath Dilshana

Topic:-"A comparative pharmaceutico – Analytical study of Arjuna Ghritha and Arjuna Ksheerapakottha Ghritha".



Meghana V

Topic:-"A comparative pharmaceutico – Analytical study of Yashtimadhu Ksheerapaka with prathinidhidravya dhataki pushpa ksheerapaka".



Punitraj R.M

Topic:-"A comparative pharmaceutico – Analytical study of Vyoshadi gutika and its modified chewable tablet using sitopala".



Sahana N M

Topic:-"A comparative pharmaceutico – Analytical study of efficacy of Erandamoola kwatha with Eranda kwatha prepared by whole plant extract moola"

STUDENT ACHIEVEMENT



Dr Anjali Nandakumar
PG Scholar
Dept. of Agada Tantra

Awarded Runner-up in scientific article competition conducted on the topic **Preventive Cardiology** as a part of National seminar on preventive cardiology "Hrudayapoorvam Punarnava".

STUDENT ACTIVITIES

"Tattvabodini" a three-day State Level Teaching Training Workshop for PG Scholars held at SDM College of Ayurveda & Hospital, Kuthpady, Udupi.

Participated students:

- **DR. VINAY KUMAR. D.R**
- **DR. GOPIKA V GOKUL**
- **DR. KALLESH KUMAR B HIREMATH**
- **DR. NIRMAL KANAKARAJ**

"Atharva 2019" a two-day National Seminar on the topic "Treatment perspectives in Diabetes Mellitus", organized by House Surgeon's Association at Govt. Ayurveda College, Thiruvananthapuram.

Following PG scholar presented the scientific papers:

- **Dr. Avinash S** - "A case study of Grihadhoomadi Lepa in the management of Diabetic Peripheral Neuropathy" (DPN)
- **Dr. Pooja DG** - "Clinical study of Kathakadi Yoga in Prameha"
- **Dr. Babita Rao** - "Pathyapathya in Prameha"

STAFF ACTIVITIES



Dr. Krishna Prakash M. K
Prof and HOD,
Dept of Kayachikitsa
Delivered a lecture on "Concept of
Avarana" at Taranath Govt.
Ayurveda Medical College Bellary



Dr. Harshitha M
Professor
Dept of RS & BK
Delivered a talk on the topic "Health
in the Palms" at Shree Ramakrishna
Aided Higher Primary School
Baddadka, Sullia on the eve of
Gandhi Jayanthi.

**"WORLD NO TOBACCO DAY" CELEBRATION BY NSS UNIT WITH
ROTARY CLUB SULLIA**



Guest speaker Rtn. Dr. Ramamohan Rao,
Prof. Dental College, Poinachi



Speech by Rotary President Rtn. Dayananda Alva



Prize Winners of Essay Competition on the topic "Tobacco & Lung Health"

"INTERNATIONAL YOGA DAY" CELEBRATION



Keynote address by our Principal, Prof. Dr .N.S. Shettar



Guest Speaker Dr. Ajithesha N.A ,Dept. of Yogic Sciences,
University College, Mangalore



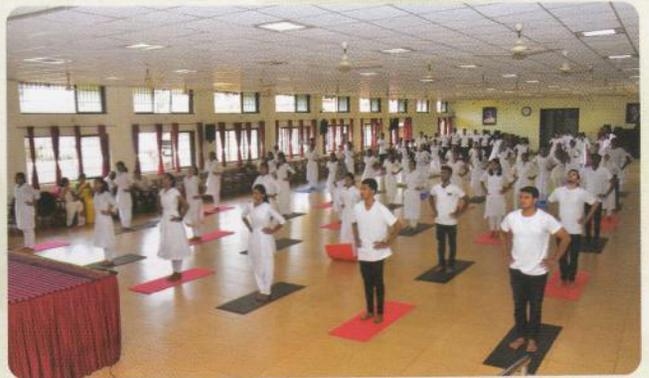
Releasing of previous issue of KVG Ayur News Letter



Gathering by Staff & Students at the Programme



Presidential Speech by Dr.K.V.Chidananda, President AOLE (R) Sullia



Performing different Asanas by our students



Performing different Asanas by our students



NSS SPECIAL CAMP



Inauguration of NSS Special camp at K.V.G. Ayurveda Medical College



Vanamahotsava at our Herbal Garden



Swachhata by NSS Volunteers



Debate on the topic "Whether Modern Technologies needed in Study and Practice Of Ayurveda ?"



Cultural Programme



Preparing food by NSS Volunteer



Health check up at school



Guest Speaker Mr.Sanjeeva Kudpaje on the Topic "Youth And Social Service"



Trekking at Kurunji Gudde

NSS CAMP AT SHRI RAMAKRISHNA AIDED HIGHER PRIMARY SCHOOL, BADDADKA – SULLIA, ON THE EVE OF GANDHI JAYANTHI



Inauguration of NSS & Health Camp



Planting Of Saplings (Vanamahotsava)



Talk on the topic "Health in the Palms" by Dr. Harshitha M. , Professor. Dept of RS & BK.

INDEPENDENCE DAY CELEBRATION



Independence Day Celebration at KVG Ayurveda Medical College Sullia

QUIZ

- Twelve sites of the ojas have been described by.....
a) Bhela b) Harita c) Madhava d) Kashyapa
-should protected after Raktamokshana.
a) Agni b) Vayu c) Rasa d) Dhatu
- Which of the following disease is not the indication for the Lehana in infants
a) Kamala b) Nidranasha c) Alpamootrata d) Karshya
- "Hrid Vyatha" is the symptom found in.....
a) Shukra vega nigraha b) Shukra and Purisha vega nigraha c) Shukra and pipasa vega nigraha d) Kshudha and Pipasa vega nigraha
- Kakolyadi gana of Sushruta is read in Astanga Sangraha as.....
a) Parushakadi gana b) Padmakadi gana c) Guduchyadi gana d) Asanadi gana
- Use of Kumari is first time mentioned in.....
a) Charaka samhita b) Sushruta samhita c) Astanga nighantu d) Siddhasara nighantu
- "Doshavege cha vigate suptavat pratibudhyate" is related to..... acc to Charaka
a) Unmada b) Apasmara c) A and B d) Mada
- "Shasha rudhiropamasthu bindu" feature of....
a) Lagana b) Arjuna c) Shuktika d) Pishtaka
- Snehapana is not indicated in..... acc to Sushruta
a) Ajeerna b) Taruna jwara c) Prasoota stree d) All the above
- Prabhakara vati is indicated in.....
a) Prameha b) Hrud roga c) Yakrit vikara d) Bhagandara

Answer: March 2019

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

Quiz winner: **Dr. Pooja (PG Scholar)**

HOME REMEDIES

Uses of Curry Leaves (*Murraya koenigii* – Kaidarya)

- ◆ Stomatitis- Daily, drinking of water boiled with curry leaves cures mouth ulcer.
- ◆ Morning sickness – Consuming fresh juice of curry leaves with 1 teaspoon of lemon juice and pinch of jaggery cures morning sickness.
- ◆ Wound healing - A paste made by grinding curry leaves can serve as an antiseptic.
- ◆ Allergy – Consuming paste of curry leaves with turmeric for one month cures different allergies.
- ◆ Colicky pain – Decoction of crushed curry leaves cures colicky pain.

Dr. Gopika

II year PG Scholar, Kayachikitsa Dept.

DISCLAIMER:

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- Treatments mentioned here are not to be instituted without proper advice by the registered Ayurvedic practitioners.

Book Post

To,

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