



Late Dr. Kurunji Venkatramana Gowda
Founder President



KVG AYUR NEWS

Samskara

July-September 2017

Volume - 7

Issue - 3

Quarterly

Private Circulation



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

प्रज्वलितो ज्ञानमयो प्रदीपः ।

Editorial



Inauguration of K.V.G. Ayurveda Pharma and Research Centre, a GMP certified, fully upgraded pharmacy unit is really a milestone in the development of our institution. Sri Sri Sri Dr. Nirmalanandanatha Mahaswamiji, Adichunchanagiri Mahasamsthana Math has graced the occasion and blessed us with his divine presence and words.

Graduation day has been successfully conducted and our graduates were blessed to receive their awards from none other than his holiness Sri Sri Sri Dr. Nirmalanandanatha Mahaswamiji. This auspicious occasion became more memorable due to the felicitation offered to our President Dr. K.V. Chidananda and other dignitaries for their outstanding achievements.

We are really grateful to Sri Ramanatha Rai, Minister for Forest, Ecology and Environment and Minister in charge Dakshina Kannada for visiting our Pharmacy.

The current issue contains scholarly article on 'Vatakantaka' and a case study on Manyastambha apart from regular columns.

Harshitha

Dr. Harshitha Purushotham

Dr. K. V. Chidananda

MBBS, MS, FICS, FAIS, FRSPH (London)
President, AOLE (R), Sullia
Patron



EDITOR IN CHIEF

Dr. Harshitha Purushotham, MD (Ayu)

ASSOCIATE EDITORS

Dr. Sudeepa, MS (Ayu)
Dr. Santhosh Nayak, MD (Ayu)
Dr. Annapoorna .S, MD (Ayu)

EDITORIAL BOARD MEMBERS

Dr. Udayashankar, MD (Ayu)
Dr. Krishna Prakash, MD (Ayu)
Dr. Rajashekhar N., MD (Ayu) PhD (Ayu)
Dr. Hariprasad Shetty, MS(Ayu)
Dr. Purushotham K.G., B.Sc, MD (Ayu)
Dr. S.G. Kulkarni, MD (Ayu)
Dr. Kavitha.B.M, MD (Ayu)
Dr. Vijayalaxmi. P.B, MD (Ayu)
Dr. Harshavardhana. K, MS (Ayu)
Dr. Sanath kumar. D.G, MD (Ayu)
Dr. Avinash. K.V, MD (Ayu)
Dr. Venugopal Bhat N., B.Sc, MS (Ayu)
Dr. Bhagyesh. K., MD (Ayu)
Dr. Raghuvveer, MD (Ayu), Ph.D.
Dr. Soumya. S.V., MD (Ayu)
Dr. Jayavani, BNYS
Mrs. Shashikala. D., MA (San)
Dr. Lakshmeesha. K.S, MD (Ayu)
Dr. Soumyashree K.M, MD (Ayu)
Dr. Vinaya Shankara Bharadwaj, MD (Ayu)
Dr. Anusree. M, MD (Ayu)
Dr. Sahana. S, MS (Ayu)
Dr. Smitha Thamban, MD (Ayu)
Dr. Asha Parvathi V., MD (Ayu)
Dr. Rohith Krishnan G. B., MD (Ayu)
Dr. Jyolsna, MD (Ayu)
Dr. Pramod, MD (Ayu)
Dr. Anumol, MD (Ayu)
Mr. Chandra Kumar, M.A
Mr. Saikat Chowdhury, M.Pharma (Ayu)

ADVISORY BOARD

Dr. N.S. Shettar, MD(Ayu)
Smt. Shobha Chidananda, MA (Lit)
Dr. Aishwarya K.C., MBBS, MDRD
Mr. Akshay K.C., B.E (Arch)
Dr. Ashok, M.D (Ayu)
Dr. Leeladhar. D.V., MD (Ayu)
Dr. Deena Prkasha Bharadwaj, MD (Ayu)
Dr. Rohini D. Bharadwaj, MD (Ayu)
Mr. Jagadish, B.Sc. (Agri) MBA (Edu.Mangt)

STUDENT EDITORS

Dr. Poornima P. R., (P.G. Scholar)
Dr. Supriya. S., (P.G. Scholar)
Dr. Avinash. S., (P.G. Scholar)

ASSOCIATE EDITORS



Dr. Sudeepa
MS (Ayu)
Asst. Professor



Dr. Santhosh Nayak
MD (Ayu)
Asst. Professor



Dr. Annapoorna .S
MD (Ayu)
Asst. Professor



ETIOPATHOGENESIS OF VATAKANTAKA - BRIEF REVIEW

By,
Dr. Anumol S Peruvelli
 Asst. Professor
 Dept. of Roganidana

Vatakantaka is a disease characterised by pain in the sole or ankle region. Though the pain is localized to a small area of the body it disturbs the routine to a variable extent of an individual.

The change in the personal, social and occupational lifestyle also contributes to the occurrence and severity of the illness. The activities which give more strain to heel i.e heel striking exercises and those who are used to walk and stand for long duration as part of their profession and routine work are the common victims of Vatakantaka.

A spectrum of conditions mimics Vatakantaka in present day science. Plantar fasciitis, calcaneal spur, sub achilles bursitis, sub talar bursitis and achilles tendinitis are few important clinical conditions with few anatomical and pathological differences.

Nidana:

The Vatakantaka is named on the basis of the symptom as well as internal milieu. As the name suggests Vata is the Abhyantara nidana of the illness. The term Kantaka refers to the Pratyatma lakshana of the disease i.e pain.

Only two specific Nidana are attributed for the development of Vatakantaka. They are Nyastetu Vishamampade/Vishamanyaste and Padashrama.

- Nyastetu Vishamampade - refers to placing the foot in uneven surface. As per the Sadvrutta, one should use Paadatra i.e footwear while walking outside. Walking barefoot may mutilate the foot and foot structures particularly Khuda.
- Padashrama- refers excessive physical activity involving the lower limb particularly foot.
- As per Acharya Hemadri, when Vyayama is performed beyond the prescribed time it also becomes shrama.
- Vagbhatacharya opines that one should avoid standing on jaanu for quite a long period.

Samprapti:

Owing to the etiological factors such as walking barefoot in uneven places, excessive strain to foot etc bahya nidana, vata dosha particularly Vyana vata is vitiated and takes sthana samsraya either in Gulpha sandhi pradesha or Parshni pradesha. This adhishtana is derived from asthi, mamsa and snayu, hence sthanika asthi, mamsa and snayu dusthi takes place resulting in Vatakantaka.

Poorvaroopo:

Poorvaroopo for Vatakantaka is not mentioned in any Ayurvedic literatures separately. Hence, samanya poorvaroopo of Vatavyadhi are to be considered. The samanya poorvaroopo of Vatavyadhi is considered as avyaktha. The word avyaktha refers to alpavyakta or mild discomfort. So alparuja at Parshni and Gulpha pradesha can be considered as poorvaroopo.

Roopa:

Vatakantaka is a disease manifesting in the Khuda Pradesha (Parshni/ Gulphasandhi). It is characterised by ruja. As per Arruadutta, the term ruja refers to continuous pain. The name of the disease Vatakantaka denotes 'Kantakavatvedana' produced by vitiated vatadosha.

Upashaya and Anupashya:

In Vatakantaka, erandatailapana, rakthavasechana, agnikarma, snigdha, ushna, sweda prayoga are considered as Upashaya.

The specific Nidana of Vatakantaka especially walking in an uneven surface and shrama are considered as anupashaya.

Sadhyasadyata:

The disease Vatakantaka is mainly Vata dominant disease where in Vatavyadhi is considered to be Krichra Sadhya or Yapa itself.

Investigations:

Imaging techniques, especially plain radiographs (Ankle joint – AP/lateral view) play an important role in the diagnosis of disorders pertaining to ankle and foot region.

Preventive Aspect:

- Paadatra dharana (use of proper foot wears)
- Regular padabhyanga

Curative Aspect:

- Application of Murivenna followed by Patrapotali sweda or Nadisweda with Vataghna oushadhis.
- Upanaha with Nagaradichoorna or Kottamchukadi choorna.



A CASE REPORT ON MANYASTHAMBHA

Treating Physician
Dr. Jyolsna C.J. MD(Ayu)
Asst. Professor,
Dept. of Roganidana

Internees:

Dr. Vysakh, Dr. Aiswarya Prabhu, Dr. Junimol

Presenting complaints: Pain and restricted movements of neck – since 3yrs

HISTORY OF PRESENTING ILLNESS:

A 61yr old female patient who is a housewife hailing from Kasargod, started experiencing pain on movements of neck since 3 yrs with a gradual onset. 2yrs back she had a fall which had an impact on her neck that caused aggravation of pain and later neck movements were restricted. On 15/5/17 she came to our OPD. The patient is presently complaining of pain, swelling and restricted movements of neck. She is also complaining of pain in chest region just below the breast.

HISTORY OF PAST ILLNESS: HTN – 3yrs.

MENSTRUAL HISTORY: Menopause at 50 yrs

TREATMENT AND DRUG HISTORY: She took allopathic medicines for the same complaints and now taking medicines for HTN

GENERAL PHYSICAL EXAMINATION: BP- 150/80mmhg.

SPINE EXAMINATION: Cervical Spine Inspection – swelling & redness present

Palpation - tenderness- grade 3, nonpitting oedema Range of movements -all movements restricted due to pain

MRI – CERVICAL SPINE:

- ◆ Degenerative cervical disc disease – C4-C5, C5-C6, C6-C7 discs
- ◆ Marrow oedema noted in C5, also could be a pathological fracture, osteoporotic compression
- ◆ Moderate compression of C6 with paraspinal soft tissue thickening.

ECG done - Normal study

MODERN DIAGNOSIS – Cervical spondylosis

AYURVEDIC DIAGNOSIS – Manyasthambha (Ch. Chi – vatavyadhi)

TREATMENT PRINCIPLE:

1. Localised swelling, tenderness and aggravation of complaints in the morning reveals an amavastha in the area. So initially amaharachikitsa
2. In the second stage kevalavatavyadhichikitsa

TREATMENT DONE

1st stage: Internally –

Gandarvahasthadikashaya, Trayodashangaguggulu, Abhayarishta, Gandarahasthadierandataila along with kashaya.

EXTERNALLY –

1. Lepana on neck with Nagaradichoorna + Marmanigutika (3 days)
2. Thalam on head with Rasnadichoorna + Nimbamrtadierandataila (3 days)
3. Choornapindasweda with Kolakulathadichoorna (3 days)

2nd stage: Internally –

Prasaranyadikashaya, Cerviloncap, Asanavilwaditaila for head

EXTERNALLY –

1. Abhyanga with Dhanwantharamtaila + Kottamchukkaditaila and Jambeerapindasweda (4 days)
2. Sirovasthi with Karpasasthyaditaila (3 days)
3. Marsanasya with Karpasasthyaditaila (5 days)
4. Uropichu with Dhanwantharamtaila + Murivenna (5 days)

ADVICE ON DISCHARGE: Prasaranyadikashaya, Cervilon cap, Balarishta&Aswagandharishta, Gugguluthikhthaka ghrita and Neck exercises.

RESULT

- ◆ Initially an amavastha was identified at the site, so in the first stage amahara, rookshana and vatanulomana treatments were given.
- ◆ After 3 days the patient got relief in swelling and slight pain relief while mvmts of neck
- ◆ Neck is a kaphasthana . From the lab reports the age related degenerative changes could be seen. So here vatakopa occur in a kaphasthana. So in the second stage kevala vata chikitsa done by protecting the sthanikakapha.
- ◆ Patient felt much relief from symptoms like pain, movements possible without any restrictions
- ◆ The C4 nerve roots supplies to the anterior chest wall to and below the nipple line. That might be the reason for the chest pain.(This problem started after the fall.)
- ◆ After Uro pichu the patient got some relief for the chest pain.

A CLINICAL COMPARATIVE STUDY ON EFFICACY OF YASHTIMADHU GHRITA AND YASHTIMADHU TAILA PICHU IN THE MANAGEMENT OF PARIKARTIKA W.S.R to FISSURE-IN-ANO



Dr. Anup Sharma
PG Scholar

Dr. Venu. N
Co - Guide

Dr. Satish B.G
Guide
Dept. of Shalya Tantra

Parikartika is one among the common clinical condition among the anorectal diseases in routine practice. Parikartika denotes cutting and burning pain all around the guda associated pain in nabhi, medra, basti, shira and anilaavarodha.

A fissure-in-ano is a painful linear ulcer situated in the anal canal and extending from just below the dentate line to the margin of the anus. The prominent symptomatology of this condition includes severe pain during and following defaecation. Some times associated with bleeding.

On the basis of symptoms, the disease Parikartika of Ayurveda can be clinically correlated with fissure-in-ano of current surgical practice. The principal aim is to relax the internal sphincter, thereby relieving pain. From the Ayurvedic perspective, symptoms like pain and spasm are manifestations of increased Vatadosha, as such the treatment is basically aimed at reducing the Vata levels at the region. Therefore, Sushruta prescribes bastikarma, the first line of treatment for Vata diseases, in Parikartika, using taila or ghrita. Most of the drugs which are used in basti karma are vata pitta shamaka and vranaropaka.

Since Bastikarma is elaborate and difficult for the patient to carry out at home, a modified method of guda-pichu was conceived for this study. An earlier study has revealed that YashtimadhuGhrita and Yashtimadhutailaguda-pichu has shown significant effects in reducing pain in patients of Parikartika vis-à-vis fissure-in-ano.

Based on this, a comparative clinical study of YashtimadhuGhritapichu and YashtimadhuTailapichu was conducted to see the efficacy of treatment. About 30 patients were randomly selected and divided into two groups. One group received YashtimadhuGhritagudapichu and the second group Yashtimadhutailagudapichu. Assessment was done on subjective and objective criteria. Patients were advised to make the wick wet in ghrita and taila and insert in the anus at bed time for 7 days, this was demonstrated on the first day of consultation. And the patient was advised pathya.

There was significant similarities in the outcome of the treatment between the two groups. YashtimadhuGhrita showed a higher degree of pain control.

Keywords: Parikartika, Fissure in ano, Pain, Spasm, Vata, Gudapichu, YashtimadhuGhrita, YashtimadhuTaila.



Dr. Jayalekshmi K. S
PG Scholar

Dr. Raghuveer
Co - Guide

Dr. Harshitha M.
Guide
Dept. of Rasa Shastra &
BhaishajyaKalpana

CRITICAL PHARMACEUTICO-ANALYTICAL STUDY OF SHATABHAVITA AMALAKI CHOORNA AT DIFFERENT STAGES OF BHAVANA

BACKGROUND:

Amalaki is revered by Ayurvedic physicians as a rasayana capable of delivering a diverse range of benefits to the physiology. For centuries, it has been used for the Rasayana purpose. This herb is widely and frequently used to make Ayurvedic medicines as it has several outstanding properties. The concept of samaskara has been explained in Charakasamhitavimanasthana for the transmigration of gunas better therapeutic effect of the drugs. In the present study the drug is processed with the freshly prepared Amalaki juice for 100 times. Effect of bhavanasamskara on Amalakichoorna was evaluated by subjecting to physico-chemical parameters.

OBJECTIVES:

- To prepare Amalaki choorna and its bhavita samples with Amalaki swarasa.
- Amalaki choorna and bhavita Amalakichoorna samples namely 25, 50 and 100 will be subjected to quantitative and qualitative pharmaceutical analysis and H.P.T.L.C to study the effect of Bhavana on the test formula.

METHOD:

The study was designed pharmaceutically to prepare Amalakichoorna and its bhavita samples with Amalakiswarasanamly 25, 50 and 100. The plain Amalakichoorna and other 3 samples were tested analytically and all 4 samples undergone H.P.T.L.C. study.

RESULT:

The pharmaceutical study revealed, preparation of Shatabhavita Amalaki choorna was very difficult. The analytical study carried out for all the samples, this revealed not much variation, and all the parameters were under the permissible limits given in API. But H.P.T.L.C Shows, for first 3 samples 8 peaks were found and in the last sample (after 100th bhavana) 9 peaks were found. Presence of one unknown sample was observed in the last sample. In all four samples the total area under curve increased.

CONCLUSION:

Significant improvement in the active constituents of the drug following the bhavana shows the importance of bhavanasamskara. Results of the study suggest that bhavanasamskara helps in expressing the hidden constituents of the drug ultimately improving its potency. Further study can be conducted to know the unknown compound in the Shatabhavita Amalakichoorna and clinical comparative study of plain Amalakichoorna and Shatabhavita Amalakichoorna to know the Rasayana effect of both the sample.

Key words: Amalaki, Bhavanasamskara, Rasayana, H.P.T.L.C.

EVALUATION OF DIFFERENT MARKET SAMPLE OF ASHWAGANDHA (Withaniasomnifera Linn.) BY PHARMACOGNOSTICAL AND ANALYTICAL PARAMETERS



Dr. Samjoktha P.
PG Scholar

Dr. Avinash K. V.
Co - Guide

Dr. Leeladhara D.V
Guide
Dept. of Dravyaguna Vijnana

BACKGROUND AND OBJECTIVES

Today the modern world is in search of innocuous materials and remedies for many ailments. This has caused an increased demand for traditional healing systems like Ayurveda which are commonly used as medicinal drug. But in this era of deforestation & depletion of natural resources, we are not currently in a position to meet this demand and this crisis has led to wide spread substitution of raw drugs. Many of the commercial manufactures are producing Ayurvedic formulation by using raw drugs

brought from different markets, some of them are adulterated or substituted. Ashwagandha is one of the most important herb of Ayurveda which has been mainly used for rasayana preparation. The present study is intended to know the genuinity and diversity of market sample of Ashwagandha by comparing with the genuine sample.

MATERIALS AND METHODS

Source of data-

Literary data will be collected from the classical texts, modern literature, internet, recent medical journals and other variable source of information. Genuine sample of the test drug will be collected from the natural habitat and market sample are collected from drug dealers of open market. The drug of the present study will be collected from different parts of India – Himachal Pradesh, Gujarat, Chhattisgarh, and Kerala ,genuine sample from Karnataka.

Method of collection of data –

1. Pharmacognostical study of all collected samples.
2. Qualitative analysis of the drug.
3. Phytochemical evaluation of the drug.

Results

From the study, the purity of four market samples can be graded as follows:

- i. Grade 1- Chhatisgarh Sample
- ii. Grade 2- Kerala Sample
- iii. Grade 3- Gujarat Sample
- iv. Grade 4- Himachalpradesh Sample

Keywords: Ashwagandha, Market sample, Pharmacognostical, Analytical study.

PRASARINI

III Year BAMS
(2014-2015 Batch)

BOTANICAL NAME: - *Merremia tridentata*

FAMILY -Convolvulaceae

VERNACULAR NAMES

Malayalam: -Prasarini,Talanili.

Sanskrit :-Prasarini

Tamil :-Mutiyaakuntal, Tirippanpul, Savolikkoti

Telugu :-Sitasavaram



SYNONYMS

Prasarani, Prathanini

BOTANICAL DESCRIPTION

- Slender, glabrous, trailing herb.
- Leaves:- Simple, alternate, exstipulate, very short petioled, Oblong-obovate
- Flowers:-Pale yellow,funnel- shaped, 1-3 together or axillary
- Fruit:- Globose capsules
- Seed:- Trigonous, glabrous with a longitudinal ridge on the back

DISTRIBUTION

Throughout India, on hedges and open wastelands.

BOTANICAL NAME: -*Merremiatridentata*

FAMILY -Convolvulaceae

VERNACULAR NAMES

Malayalam: -Prasarini, Talanili.
Sanskrit :-Prasarini
Tamil :-Mutiyakuntal, Tirippanpul, Savolikkoti
Telugu :-Sitasavaram

SYNONYMS

Prasarani, Prathanini

BOTANICAL DESCRIPTION

- Slender, glabrous, trailing herb.
- Leaves:- Simple, alternate, exstipulate, very short petioled, Oblong-obovate
- Flowers:- Pale yellow, funnel-shaped, 1-3 together or axillary
- Fruit:- Globose capsules
- Seed:- Trigonous, glabrous with a longitudinal ridge on the back

DISTRIBUTION

Throughout India, on hedges and open wastelands.

CHEMICAL COMPOSITION

Volatile oil

PROPERTIES

RASA:-Tikta, Kashaya

GUNA :-Guru

VIRYA :-Usna

VIPAKA:-Katu

KARMA:-Shothagna

INDICATION

Vatavyadhi, Vatarakta, Balavardhaka, Arshas, MutrajaVikara

PARTUSED:- Whole plant

DOSAGE

Fresh juice:-10-20 ml

Powder :-2-4 g

IMPORTANT PREPARATIONS

Prasaranyadikashaya, Prasaranyaditaila, Prabhanjanamkulambu, Balarishta

PRASARNYADI KASHAYA

(Ref : Sahasrayoga)

(II year BAMS 2016 - 17)

“प्रसारिणीमाषबलारसोनरास्नौषधैः प्रक्वथितं तदम्भः।
पिबन्ति ये क्षीरभुजो जयन्ति मरुदिवकारानपबाहुकं च॥“

INGREDIENTS

Prasarini, Masha, Bala, Rasona, Rasna, Shunti

Method of Preparation :

All the above mentioned drugs are made into coarse powder. It is added with 8 parts of water and kashaya is reduced to 1/4th

Dose :

1 Pala

Anupana :

Warm water or milk

Indication : Vatavyadhi and Apabahuka

SODHALA NIGHANTU

By,

IV Year BAMS (2013-14 Batch)

Sodhala Nighantu belonging to creditable series of esteemed works carries many folds, valuable and multidimensional potential towards development of DravyagunaVijnana.

Sodhala is of Brahmana caste born in Vatsagotra belonging to Rayakavalavamsa and is the disciple of Sanghadayalu. He is a devotee of Bhanu(Surya) and he introduced himself as Jyotisastrī(Scholar of Astrology). He is referred in a tamrapatra (Copper plate inscription) belonging to Bhimadeva 2(1256 A.D). He was a scholar of Sahitya, Vyakarana and also a great poet.

Period of Sodhala:

Chronologically, Sodhala stands between Dalhana, the leading commentator of SusrutaSamhitha and Sharangadhara, another of SharangadharaSamhithaas because Sodhala cites certain concepts of Dalhana while Sharangadhara followed the system of pharmaceutical preparation developed by Sodhala. Apparently, Sharangadhara belongs to 13th century A.D and Dalhana in 12th century A.D. Henceforth the period of Sodhala mostly falls during 12th century A.D.

Contribution of Sodhala:

Sodhala composed two main works having their mark on Ayurvedic history –

1. “Gadanigraha” –Covering Ashtanga Ayurveda to varying extents and mainly dealing with therapeutic, recommending medicines and formulations etc.
2. SodhalaNighantu –Combines textual materials of two khanda's.

SodhalaNighantu comprises two sections namely:

- ◆ PrathamaKhanda (part 1)-Namasangraha : verse No:1 -778
- ◆ DvitiyaKhanda (part 2)-Gunasangraha: verse No 1-1261.

PRESENTATION: The text is presented in a poetic (kavyatmaka/padyatmaka) style composing verses and numbered separately. Total no: of verses comprising of 2039

CLASSIFICATION: There are 26 vargas including various drugs assorted in relevant Vargas starting from GuducyadiVarga and ending Misrakadhayaya Varga.

Dvithiya Khanda of the treatise deals with medicinal properties (named as Gunasangraha), with addition of certain more drugs and are 9 in numbers starting from Guducyadi Varga with five adhikaras. While composing 8th VargaAnekarthaVargahe introduced drug terminology with pleural synonymy.

DRAVYAVALI: Composition, format and application of Dravyavali is made for existing drugs. It possesses the contents of drugs which are to be described in forthcoming groups.

CONCLUSION:

The style of the author for compiling, introducing and presenting the subject, topics and drugs etc. is peculiar, precise and applied. He describes first nomenclature of drugs properly, independently and selectively following his own style of precise or desirable content and then undertakes the study of pharmacotherapeutics part for under his pattern of presentation. This principle being ideology of Sodhala.

BASTI

By,

Dr.Anitha.S

PG scholar (Final year) Dept. of Kayachikitsa

Basti is one of the Panchakarmathreapies in Ayurveda. It is a procedure where medicated decoctions, oil or ghee is administered through the anal, urinary or vaginal route. This treatment method has both curative and preventive perspectives. It does the two major actions of expelling the vitiated doshas from the body and nourishing the body. Vatadosha is igniting factor for any disease process. Basti therapy helps in balancing this vitiated Vata in body hence it is considered as 'CHIKITSARDHA' among all therapies.

CLASSIFICATION:

1. Based on the site of administration (Adhishtana):
 - (i) Pakwashayagata
 - (ii) Grabhashayagata
 - (iii) Mutrashayagata
 - (iv) Vranagata
2. Based on type of liquid medicine (Dravya):
 - (i) Niruha
 - (ii) Anuvasana
3. Based on number of Basti Given (BastiSankhya):
 - (i) Karma
 - (ii) Kala
 - (iii) Yoga
4. Based on action (Karma):
 - (i) Shodhana
 - (ii) Lekhana
 - (iii) Snehana
 - (iv) Brumhana

NIRUHABASTI:

The word Niruha means to eliminate, this Basti eliminates morbid doshas from the body. Here kashaya or herbal decoction is used as medication. Since this Basti establishes life span (Vaya) it is also known as Asthapanabasti.

ANUVASANABASTI:

Anuvasana means to stay. The Basti which remains inside the body for longer duration without causing any harm is known as AnuvasanaBasti. Here Sneha (medicated oil or ghee) is used as medicine.

MATRABASTI:

It is a type of SnehaBasti. It can be safely administered for all age group, in all seasons, any times, without any strict restriction in food & activities.

UTTARABASTI:

Uttaramarga means the Mutra and Shukramarga in male and Mutra and Yoni marga in female. Here Basti is administered through urethral or vaginal route.

STEPS IN BASTI:

1. POORVA KARMA:

- (i) Deepana : It ignites the digestive fire.
- (ii) Pachana: It tries to digest the accumulated toxins.
- (iii) Snehana: It involves oil application externally.
- (iv) Swedana: Steam induced sweating for toxin clearance.

2. PRADHANA KARMA :

Niruha Basti is given in empty stomach and Anuvasana Basti given after meals. The patient is advised to lie down in left lateral position on Basti table keeping his/her left hand below the head as a pillow, extend the left leg completely and flex the right leg at knee joint & hip joint. In this position Bastidravaya with the help of Bastiyantra is gradually injected into the intestine.

3. PASCHAT KARMA:

It includes BastiPratyagama (return of Basti), Pathya, Samyak yoga, Ayoga and Atiyoga Lakshana, Vyapad Chikitsa. Various rules in the form of dietary, behavioural, physical and psychological perspectives should be followed after the administration of Basti.

BENEFITS OF BASTI:

A wide variety of therapeutic benefits can be achieved with Basti like Vayasthapana, Agnivardhana, Ruchikara, Manah-Budhi Prasadana, Indriya Prasadana, Ashyalaghuta, Prakruti Sthapana etc. While explaining the importance of Basti Chikitsa Kashyapa says that "Basti" is like Amruta for both children & adult.

STAFF ACTIVITIES

The Paramparika Vaidya Sammelana held on 10th and 11th October at Kumtta by the collaboration of Paramparika Vaidya Parishat Karnataka, Shri Adichunchanagiri Mahasamstana Matha, Department of Ayush Govt. of Karnataka and Grama Okkaliga Sanga Kumtta. It was very much informative and about 1500 folklore Medicine practitioners were participated. The main theme of Seminar was on Rasavidya. The team of Doctor's from our College actively participated.

1. Dr. Vijayalakshmi P.B
2. Dr. Sahana S
3. Dr. Lakshmeesha K.S
4. Dr. Rohith Krishnan G.B
5. Dr. Annapoorna.

STUDENT ACTIVITIES

1. "Amruthasamyagam"- An International Seminar on integrated Ayurveda & Modern Medicine at Amrutha Institute of Medical Science, KOCHI, KERALA on 6-8-17 & 7-8-17

Attended by Internees

- Dr. Rukshana, Dr. Shahana E U
 Dr. Rachana Chandran, Dr. Ambika S
 Dr. Padma Nayana M

2. "Mahoshada 2017- National Seminar on Mahasoudha (cancer)" at Institute of Ayurveda Science, Manipal on 8-9-17.

Attended by Internees

- Dr. Karthika Balyaya, Dr. Ananya B, Dr. Rukshana, Dr. Ambika, Dr. Aiswarya Prabhu
 Dr. Aiswarya E K, Dr. Padma Nayana M

3. "Arihanth 2017" CME on Anorectal diseases at JSS Ayurveda Medical College Mysore on 10-10-17

Attended by Internees

- Dr. Karthik M, Dr. Shahana E U, Dr. Rukshana
 Dr. Ambika S, Dr. Aiswarya Prabhu, Dr. Aiswarya E K
 Dr. Padma Nayana M



Inauguration of K.V.G Ayurveda Pharma & Research Centre by Sri Sri Sri Dr. Nirmalanandanatha Mahaswamiji, Adichunchanagiri Mahasamsthana Math.



Inauguration of Quality Control & Lab by Mr. Akshay K.C, Director, A.O.L.E (R), Sullia.



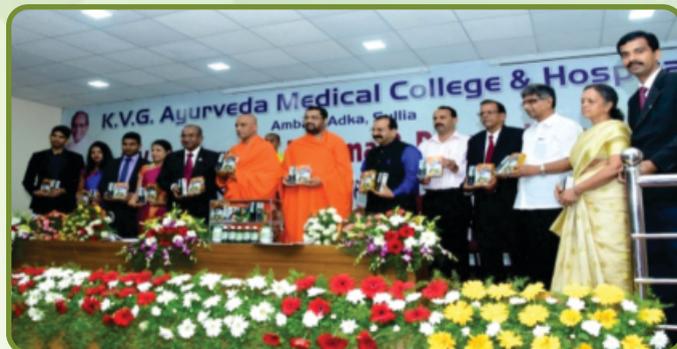
Glancing over the instruments of K.V.G Ayurveda Pharma & Research Centre



Inauguration of Dr. K.V. Chidananda Shashtyabda A/C Auditorium.



Keynote Address by Dr. Purushotham K.G, C.E.O, K.V.G Ayurveda Pharma & Research Centre.



Launching the new proprietary & classical medicines of our K.V.G Ayurveda Pharma by Swamiji.



Felicitations to Dr. Rohini D Bharadwaj, Prof & HOD, Dept of RS & BK.



Felicitation to Dr.Purushotham K.G, C.E.O,
K.V.G Ayurveda Pharma& Research Centre, Sullia.



Felicitation to Mr. Amur Unni,
Consultant Ayurveda Equipments, Trissur.



Felicitation to Mr. Prasad, on behalf of
Mastry Constructions Mangalore.



Felicitation to Mr. Joy K.T, Proprietor,
AnpharmaEquipments, Trissur.



Asheervachana by Sri Sri Sri Dr.NirmalanandanathaMahaswamiji
on the occasion of K.V.G Ayurveda Pharma&
Research Centre Inauguration.



Inauguration of Sanjeevini Ward by
Sri Sri Sri Dr.NirmalanandanathaMahaswamiji,
Sri AdichunchanagiriMahasamsthana Math.



“Guruvandana” to
Sri Sri Sri Dr.NirmalanandanathaMahaswamiji



Oath taking ceremony by graduates and postgraduates.



Postgraduates with their award along with Swamiji & other guests.



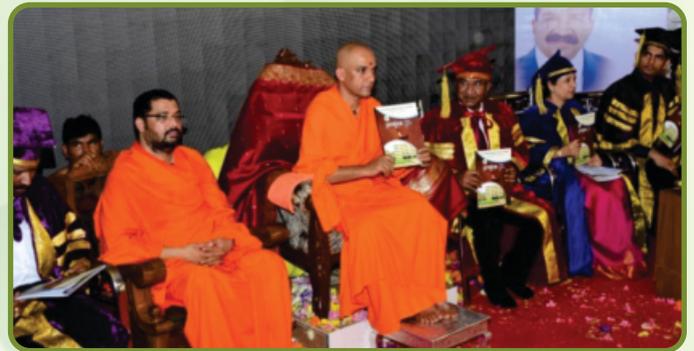
Felicitations to Dr. K.V. Chidananda, President A.O.L.E (R), Sullia for being awarded "Dr. B.C Roy Award".



Felicitations to Dr. Udayshankar, Prof. Dept. of Shalakyatantra, for his Excellence in Academic activities.



Felicitations to Dr. Leeladhar D.V. Administrator, for his Excellency.



Release of college Souvenir "Prajna".



Release of K.V.G. Ayur News letter.



Addressing the gathering & graduates by Sri S. Angara, MLA, Sullia.



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



Vision talk by Sri Sri Sri Dr. Nirmalanandanatha Mahaswamiji on the occasion of Graduation Day.



Cultural programme on the eve of Graduation Day.



Sri.RamanathaRai, Minister for Forest, Ecology & Environment, Govt. of Karnataka visited K.V.G Ayurveda Pharma & Research Centre, Sullia.



Felicitation to Sri.RamanathaRai, Minister, Govt. of Karnataka.

Independence Day Celebration.

QUIZ

1. Treatment of Utsangininetraroga is

- a) Lekhana b) Visravana
c) Aharana d) Bhedana

2. Commonest site of Spinal Tuberculosis is

- a) Thoracic b) Cervical
c) Lumbar d) Sacral

3. Small intestine Tuberculosis can cause

- a) Malabsorption b) Stricture
c) Diarrhoea d) All the above

4. Most common renal calculi is

- a) Calcium phosphate b) Calcium oxalate
c) Uric acid d) Calcium carbonate

5. Number of teeth present in 4yrs old child

- a) 16 b) 18
c) 20 d) 22

6. Shandini is characterized by

- a) Nashtartava b) Kashtartava
c) Anartava d) Shuddhartava

7. Severe pain during coitus is seen in

- a) Vipluta b) Paripluta
c) Udavarta d) All the above

8. Rukshanaupakrama leads to

- a) Raukshyam b) Kharatwam
c) Both a & b d) All the above

9. Haridrakhandha is indicated in

- a) Amlapitta b) Raktapitta
c) Sitapitta d) All the above

10. Navanna is contra-indicated in

- a) Atisara b) Ajirna
c) Visuchika d) All the above.

Answer-March 2017

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

Quiz Winner : **Dr. Karthik M**

HOME REMEDIES

- ▶ Lemon juice mixed with curd and coconut oil and applied to scalp cures dandruff.
- ▶ Paste of tender leaves of Ashwatha cures Mukhapaka.
- ▶ Honey and lemon juice mixed together and taken internally cures Dysuria.
- ▶ Palanduswarasa with Dadhi alleviates Vibandha.

By: **Dr. Supriya S**

II Year P.G Scholar Dept of Agada Tantra

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

.....
.....
.....

Published by :

EDITOR, KVG AYUR NEWS

ON BEHALF OF K.V.G. AYURVEDA MEDICAL COLLEGE AND HOSPITAL, SULLIA, D. K.

Printed At :

Saravana Printers

Mobile : 94426 27728