



Late Dr. Kurunji Venkatramana Gowda  
Founder President



# KVG AYUR NEWS

## Samskara

October - December 2014

Volume - 4

Issue - 2

Quarterly

Private Circulation



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

प्रज्वलितो ज्ञानमयो प्रदीपः ।

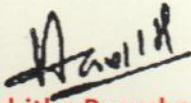
## Editorial



उद्यमेनैवहि सिध्यन्ति कार्याणी न मनोरथैः ।

An assignment will be accomplished not with mere conceptual designs but with well focused efforts.

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## LOHITAKSHA MARMA OF UPPER LIMB AND ITS APPLIED ASPECTS

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### Introduction

Marma science is a part of vedic science. It dates back to 4000 B.C. Lord Agnivesha first of all recognized presence of 107 marma as vulnerable points of human body. Acharya Charaka who belonged to Agnivesha school of medicine also identified 107 marmas. But he gave more importance to Shiras, Hridaya and Basti marma. Acharya Shusruta and Vagbhata also recognized 107 marma and explained each with its viddha lakshanas. Lohitaksha marma is situated in Sakthi and Bahu. It is a Vaikalyakara marma so it is Soumya guna pradhana. The site of Lohitaksha marma is above Urvi marma and below Vanksana Sandhi in Uru moola.

### Lohitaksha marma and upper limb

By the descriptions of samhitas the site of the Lohitaksha marma is to be understood as proximal to the Urvi marma, just distal to Kaksha sandhi or in other words at the root of the upper limb. Most of the recent scholars have considered that the Lohitaksha marma is situated in the axillary region. The name Lohita indicates reddish. Probably it may be due to bleeding from injury of vessels if injured.

Prof.D G.Thatte states the structures related to Lohitaksha marma may be axillary vessels in upper limb. According to Dr.B G.Ghanekar in upper limb axillary artery can be considered as Lohitaksha marma. Axillary vessels are the continuation of vessels of the trunk. At the root of the limb they are fixed and easily injured being superficial. Dr.Srinivas Hejmadi Acharya describes the structure coming under Lohitaksha Marma is brachial vessels in upper limb.

By seeing the opinions of Acharyas and recent scholars, the structures coming under the Lohitaksha marma should come under the axillary region. The axilla or arm pit is a pyramidal-shaped space between the upper part of arm and the lateral thoracic wall. Its contents are axillary artery and its branches, axillary vein and its tributaries, cords of brachial plexus and its branches, axillary lymph nodes and axillary fat.

In case blunt trauma to the axillary artery there may be haematoma and brachial plexus palsy. Pretre R. et al opines that blunt trauma to a subclavian or axillary artery is associated with significant immediate morbidity and mortality. In the long term, associated brachial plexus lesions plague most patients, who are left with a severe disability of the upper limb, which complicates their return to society. Gallen, John, Wiss, Donald A. et al reported pseudoaneurysm of the axillary artery resulting from blunt or penetrating trauma to the shoulder. Delayed recognition led to compression neuropathies of the brachial plexus. Despite adequate vascular repair of the axillary artery the patients had permanent neurologic deficits.

Johnson, Steven F. et al in their case survey have concluded (1) brachial plexus injuries are commonly associated with subclavian-axillary vascular injuries; (2) assuming subclavian-axillary vascular injuries are successfully repaired, brachial plexus injuries are the primary determinant of long-term disability.

In case of acute arterial occlusion of axillary artery there will be ischemia of the tissue supplied by the involved arteries. The peripheral nerves are very sensitive to oxygen deprivation; ischaemia in these peripheral nerves lead to pain, paraesthesia and paralysis. Next to the popliteal artery, the axillary artery is the second most common artery of the body to be lacerated by violent movements.

Air embolism is the complication of the operation on the neck or axilla if a large vein is inadvertently opened. There is a possibility of death in such cases.

### Discussion

The viddha lakshana of Lohitaksha marma mentioned in the classics is rakta kshaya, pakshaghata and marana. This marma is a sira marma. In Astanga Hridaya it is mentioned that the injury of the sira marma will lead into severe bleeding. But even if it is sira marma, Susruta has clearly mentioned that Marma is the Sannipata of mamsa, sira,

snayu, asthi and sandhi. No marma is made up of single structure. Hence Lohitaksha marma is having other structures along with Sira as predominant structure. So by reviewing the case reports and contemporary views related to site of Lohitaksha marma it seems that there is the involvement of neurovascular structure that is axillary vessels along with cords of brachial plexus which is more exposed to the injury. Some authors also considered muscles like lattissimus dorsi, pectoralis major and minor, coraco brachialis and subscapularis muscle which helps for the movement of arm, under this marma. Even if the Lohitaksha Marma is Vaikalyakara Marma but there may be a chance of death if it is severely injured. The death can be considered in three ways that is i) death of a particular limb due lack of blood supply as the principal artery (axillary artery) supplying the upper limb is injured. ii) Marana sadrishya dukha (severe pain) caused due to ischemia or injury of the nerve. iii) Death of a person due to entry of emboli into circulation.

Pakshaaghata (paralysis) is possible due to ischemia because the lack of blood supply to a particular limb will lead into pain, parasthesia and paralysis.

#### Conclusion

The location of Lohitaksha Marma is considered to be in the axillary region. The structures considered under this marma are axillary artery, cords of brachial plexus and axillary vein. If any trauma or injury to the axillary vessels, there will be severe bleeding and also in such cases there will be involvement of injury of nerves coming from the brachial plexus leading to paralysis of the limb. Death under the injury effect of Lohitaksha marma is to be considered as regional death of a particular area due to loss of blood supply along with loss function or may be complete death of a person.

## A CASE REPORT: KSHARAKARMA OF FISSURE, IN AND INTERNAL HAEMORRHOIDS AND KSHARASUTRA OF FISTULA IN AND SHOWING EXCELLENT HEALING EFFECT



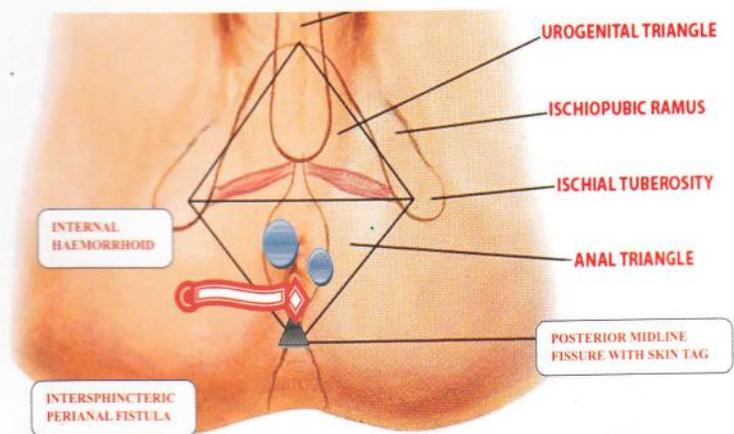
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**Dr. Reshmi K. R.**  
**Dr. Punyaprabha**

A 35 year old male resident of virajpete who works as jeep driver with good built presented with complaints of pain and mass per rectum since 2 years. Pain was severe burning type of pain which shoots up during defecation and persists for about half to 1 hr after defecation with no history of bleeding. He also complained of mass per rectum which has to be manually reduced by fingers after defecation. In spite of having good appetite he had history of hard and difficulty in passing stools. In spite of regular medications for 2 years patient didn't find any relief from the disease. Per rectal examination: external opening with sprouting granulation tissue at 7 o'clock position about 5cm from the anal verge was seen. Anal sphincter showed moderate spasm. Linear ulcer in posterior midline with skin tag was noted on parting anus. Dimensions of fissure 8\*4mm with fibrosed edges and its fissure bed presented internal opening of fistula. Proctoscopy findings are large internal hemorrhoids at 11 o'clock and 3 o'clock position was noted with normal rectal mucosa. Blood and urine routine investigations were normal.

#### Diagnosis:

Chronic fissure in ano with skin tag, perianal fistula and 3 degree internal hemorrhoids.



### Treatment Plan:

Anal dilatation and kshara karma of fissure bed performed under local anaesthesia and iv sedation on 29/10/14 followed by primary threading of fistulous tract was performed on the same sitting. Subsequent Ksharasutra ligation at regular interval of 8 days was carried out for 5 consecutive weeks. Remaining less than 1cm of the fistula tract was treated with bhedana (fistulotomy) and skin tag was excised on 13/1/15.

Medications advised are Triphala guggulu 1 tid, Gandaka rasayana 1 tid, Manibadra guda 1 tsp BD and Triphala qwatha avagaha sweda daily. After 10 days complete healing of fistula tract was noted.

Haemorrhoids were initially treated with same above oral medications for 25 days except Triphala guggulu, which was replaced by chitrakadi vati 1 tid. Protoscopy revealed no reduction of size. Thus, patient was advised haemorrhoidal ligation and ksharakarma which performed under local anaesthesia and iv sedation on 19/2/15. Protoscopy on 6th post operative day revealed sloughed off haemorrhoidal mass.

Discussion: fissure in ano is resultant of shearing forces due to hard stools which on failure to heal turned chronic, which in turn resulted in infection of cryptoglandular tissue along right posteriolateral aspect of anus resulting in intersphincteric perianal fistula. Increased intraanal pressure with spasm of external sphincter aggravates constipation and also resulted bulging of venous plexus presenting as internal hemorrhoids.

Root cause of guda roga is agnimandya, dosha prakopa results agnimandya and prasara of doshas from amaashaya causes prakopa of apana vayu which results in krichra pravarthana and gaada purisha by shoshana of mala. Sthana samshraya of doshas in gudavali leads to formation of arshas. Further quantitative and qualitative increase of tridoshas results in darana of guda pradesha resulting in bhagandara.

Treatment was aimed to achieve agnideepana, vaatanulomana which relieved constipation and pain on defecation and ensured ease in defecation. Ksharasutra is a unique management which not only cuts the fistula, but also causes debridement, ensures drainage and heals the fistula simultaneously by formation of healthy granulation tissue. Kshara karma along with ligation of mass causes mechanical strangulation of the blood vessels and tissue, which results in the local necrosis of pile mass and, ensures complete sloughing off of the pile mass during defecation. Avagaha sweda relieves local pain and it also possesses vranashodhana and ropana property.

**Conclusion:** This is a single case study of patient suffering from chronic fissure in ano, perianal fistula and internal hemorrhoids which was treated successfully by kshara karma of fissure, ksharasutra of fistula followed by ksharakarma of hemorrhoids at regular interval. There was no adverse effects during the post-operative period. Outcome of treatment was found excellent.



## CONCEPT OF SHODHANA IN TAMAKA SHWASA

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Śodhana therapy is a hallmark of Āyurvedā therapeutics that aims at homeostasis of Dosha. The concepts of Śodhana are still not explained clearly in biomedical sciences to date. In the context of Tamaka Śvāsa, texts like Carakā Samhitā, Suśruta Samhitā, Vāgbhattā's Āstanga Sangraha and Astanga Hridaya have all laid stress on Samśodhana modalities. On the other hand many of the later texts of Āyurvedā such as Basavarājjyam, Cikitsā Kālika, Gada Nigraha, Vaidya Jivana, and Rasa Ratna Samucchaya have emphasized on Śamana line of management for Tamaka Śvāsa rather than on Śodhana.

Tamaka Śvāsa is a respiratory condition that simulates Bronchial Asthma in most of the aspects like, etiopathogenesis and symptomatology. General prevalence of the disease in rural India is around between 6.5% and 7.7%. Men and women are equally affected by this disease<sup>3</sup> irrespective of age group or rural and urban population. Some of the patient's experience a symptom free period between episodic attacks; some experience it in daily life to a mild degree.

### **Approach to Treatment in Tamaka Śvāsa:**

“Avasthā Vashena Chikitsā Kuryāt” or “Chikitsāya Avasthā Vidhānam Hi Pradhānam”

Both these are lines from the text Rasavaisheshika. These lines highlight that treatment according to the stage of the disease is most vital.

Keeping this in mind, an attempt to understand concept of Shodhana in Tamaka Svasa has been made.

### **Concept of Shodhana:**

Kaphādhike Balasthe Vamana sa Virecana.

Kūryāt Pathyāśīne Dhūma lehādi śamana tatah. [ C. Ci 17/89]

Patients of Svasa who are physically strong, and having a “Kaphadhika avastha” of Tamaka Svasa should be administered both Vamana and Virechana. Acharya Charaka uses the word “Sa” implying both Vamana “and” Virechana not Vamana “or” Virechana.

Why and When Should Vamana and Virechana be employed in Kaphadhika Tamaka Svasa?

Acharya Vagbhata in Astanga Hridya and in Astanga Sangraha explains this beautifully with a simile.

Indu, compares the pathogenesis of Tamaka Śvāsa to a Dam (Jala Rodha). The Dam represents the Kaphāvana which obstructs the gati of Vāta Doas represented by the water. This implies that only if the Dam is removed, can water flow freely. From the above analogy it can be understood that Vamana helps in expulsion of Kapha which is causing Āvarana of Vāta Doas, thereby helping to restore the Gati of Vāta.

The Famous line “Tamake tu virechanam” is most often quoted in context of chikitsa for Tamaka Svasa. Virechana is vital in management of Tamaka Svasa as :-

1. The Vyadhi is characterized by Pratiloma gati of Vayu, and virechana is pivotal in restoring the anuloma gati of Vata. That is why concepts like Nitya virechana have been highlighted in Tamaka svasa.
2. It is a pitta Sthana Udbhava Vyadhi.

Thus, Vamana is useful in eliminating the Kaphadosha from the Pranavaha srotas. However, without virechana, the treatment would be incomplete in the Kaphadhika stage of the disease.

### **What Kind Of Shodhana is to be employed?**

All the Acharyas have stressed that the Shodhana should be Mridu in nature and not Tikshna at any cost. “Shreyaso Anilapaham” Acharya Charka stresses that Vata Dosha should be treated with utmost care in Svasa roga. Though both are diseases of the Pranavaha Srotas, it is interesting to note that in Kasa Chikitsa, Tikshna Shodhana has been indicated.

The interpretation of Mridu Shodhana is varied. Some interpret it as using mridu aoushadha for vamana. Others interpret that during the procedure patient should not be strained excessively. Probably it's a combination of both the above.

### **Understandings from Modern Perspective:**

In an article written in 1987, by professor R.H. Singh, trying evaluate the concept of “Kaphavatmakavetau Pittasthana Samudbhavau” in Tamaka Svasa, he mentions that a scientist named Balanski in 1970 showed that both the Stomach and lungs have same embryonic relation. Even after separation both these organs have been shown to record identical reactions both physiologically and pharmacologically. Emetics in addition to usual irritating effect on the gastric mucosa, simultaneously stimulate the bronchial mucosa and cause mild expectoration. Similarly expectorants in large doses, account for mild emetic effects, besides their expectorant action.

Padmashree Dr. K. Rajgopalan in his book Diseases of Gastrointestinal Tract an Ayurvedic Perspective mentions that AUDP cells (Amine Precursor Uptake and Decarboxylation concerns to a group of cells in different organs secreting polypeptide hormones), are found in the GIT as well as in the Lungs. These hormone secreting cells, could explain the relationship of pathogenesis of Tamaka Svasa with the GIT.

### **Conclusion:**

Much work is to be done to understand the Samprapti of diseases more comprehensively. Help from modern science should be taken to get better insights into understanding the pathogenesis of diseases. The Young Ayurveda Community needs to work hard in the coming days and prove their concepts clinically.

## “A CLINICAL EVALUATION OF THE EFFECT OF SHAMANA

### SHODHANANGA SNEHA THROUGH HINGUTRIGUNA TAILA IN KATIGRAHA”



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Katigraha is characterized by pain and restricted movements of kati region. Disability due to back pain, particularly work absence, has increased significantly in the last 30 years. Shamana shodhananga sneha removes dosha little by little every day, instead of eliminating them at once which is more beneficial. The clinical study on shamana shodhananga snehapana with Hingu Triguna Taila mentioned in Gulmadhikara has been undertaken in the management of Katigraha.

#### Objectives of the Study:

- To study the effect of Hingutriguna Taila in Katigraha.
- To know the suitable condition (Avastha, Kala, Vaya.) to administer Hingutriguna Tail in katigraha.

A Sample size of 30 patients suffering from katigraha as per selection criteria. The criteria of diagnosis was based upon the signs and symptoms. For this study, Hrswamatra of Sarangadhara Samhitha has fixed as dwikarsha (approx.15ml). The time of administration will be in the morning on empty stomach. Follow up was done after 14 days from the completion of treatment. On 21st day from the commencement of the treatment. In the overall effect of treatment in katigraha, out of 30 patients in this study 07 patient (23%) got poor improvement, 15 patient (50%) got, mild improvement 7 patient (23%) got moderate improvement and 01patient (4%) got marked improvement.

**Keywords:** Shamana Shodhananga Snehapana, Katigraha, Hingu Triguna Taila

## A COMPARATIVE CLINICAL STUDY TO EVALUATE THE EFFECT OF AGNIKARMA IN KADARA”



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*Kadara* has been enumerated and described in the classical literature under *Kshudra Rogas*. However meager the disease may seem to be; it has a major impact on the physical fitness and mental tranquility of the patient. At times, it may even incapacitate the patient from delivering an optimum output at work or even attending to his daily chores.

This disease has been correlated to 'Corn' as described by the modern medical science. It is a painful localized hyperkeratosis lesion of the sole, with a hard central core formed by undue pressure over a specific point.

*Agnikarma* has been mentioned for the proper management of *Kadara*. It can be done using different types of instruments like *Shalaka*, *Godanta*, *Pippali*, *Aja Shakrita*, etc.

The present study is intended to evaluate the effect of *Agnikarma* in *Kadara* by using two different varieties of instruments as explained in *Sushruta Samhita*.

#### OBJECTIVES OF THE STUDY:

- Conceptual study of *Kadara*.
- Study about *Agnikarma*.
- Comparative clinical efficacy of *Agnikarma* with *Shalaka* and *Agnikarma* with *Pippali* in *Kadara*.

**DIAGNOSTIC CRITERIA:**

Diagnosis of *Kadara* will be done clinically on the basis of pain, *hard hyper-keratosis lesion (Keelawatutsanna Granthi)* and *tenderness*.

**TREATMENT PLAN:**

Patients having *Kadara* will be randomly divided into two groups consisting of 15 patients each and *Agnikarma* procedure would be done for them.

**Group A - Agnikarma with Shalaka**

**Group B - Agnikarma with Pippali**

**DURATION:** 1 Day

**FOLLOW UP:** 7 Days

Study under progress.

**A PHARMACO-CLINICAL EVALUATION OF ASHWATTHA**

**(*Ficus religiosa* Linn.) W.S.R. TO MUKHAPAKA (APHTHOUS ULCER)**



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The changing lifestyle and sedentary habits have ended up producing innumerable ailments in the mankind. One such ailment is '*Mukhapaka*', a common disease which causes a lot of discomfort to the sufferer and is seen in all classes of the society.

The aggravated *doshas* vitiates the oral mucosa (*mukha*) to produce *mukhapaka*, which presents with *vadanasya antar vrana* associated with *daha, toda, kandu and krichra vivranata*. Its also called *sarvasara mukharoga*.

Aphthous ulcer or ulcerative stomatitis is recurrent and painful small round ulcers with yellowish grey fibrinoid centres surrounded by red halos. Its usually found on the non-keratinized mucosa of the oral cavity. According to the classics, *Mukhapaka* is a *pittaja nanatmaja vyadhi*, the drug Ashwattha (*Ficus religiosa* Linn) by the virtue of its *kashaya rasa, guru ruksha guna* and *sheeta veerya* is *pittashamaka* and *vrana ropaka* which may help in resolving the *Mukhapaka* (Aphthous ulcer).

**Objectives of the Study**

To study the stem bark of Ashwattha (*Ficus religiosa* Linn) Pharmacognostically.

To study the stem bark of Ashwattha (*Ficus religiosa* Linn) analytically.

To study the efficacy of stem bark of Ashwattha (*Ficus religiosa* Linn) in *Mukhapaka* clinically.

**Materials And Methods**

**Study Design** Single Blind randomized clinical study.

**Sample Size** 30 patients fulfilling the inclusion criteria are randomly divided into 2 groups, Consisting of 15 patients in each group.

Group A- Pralepana with Ashwattha twak choorna + honey

Group B- Pralepana with Ashwattha twak choorna + water

**Dose** Quantity sufficient, Thrice daily, 15minutes after food.

**Duration** 7days with observation on the 4<sup>th</sup> day and the follow up on the 8<sup>th</sup> day.

STUDY UNDER PROGRESS.



## “A COMPARATIVE CLINICAL STUDY OF PATRA PINDA SWEDA AND INFRARED LIGHT THERAPY ON KATIGRAHA W.S.R TO LOW BACK ACHE”

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Guide and H.O.D Dept of Panchakarma

### INTRODUCTION

Pain in the low back region is the second most common complaint seen worldwide. This is explained in Ayurveda as Katigraha. Even Katigraha is not explained as a separate disease entity in Bruhathrayees, but in many disease conditions like Gridhrasi, Pakwashayagata vata, Amavata etc it appears as one of the major symptom.

The line of treatment for katigraha is not available in classical texts. As Katigraha is explained under Vataja Nanatmaja Vyadhi by Sharangadhara acharya, the samanya Vatavyadhi chikitsa's like Snehana, Swedana can be considered.

Swedana is one of the major line of treatment widely used in treatment of many Vatavyadhis as it subsides vata and kapha in general. Patrapinda Sweda is a form of Sankara Sweda, where Vatahara Patra's are taken and being practiced widely owing to its easy procedure and excellent fast action in relieving the symptoms.

In contemporary science infrared therapy is widely used in low back ache as it relieves the pain and stiffness.

### OBJECTIVES OF THE STUDY

- To evaluate the effect of Patrapinda Sweda on Katigraha w.s.r to low back pain.
- To evaluate the effect of Infrared Light Therapy on Katigraha w.s.r to low back pain.
- To compare the efficacy of Patrapinda Sweda and Infrared Light Therapy n Kati graha w.s.r to low back pain.

### MATERIALS AND METHODS

**Study design :** A comparative clinical study.

#### Treatment plan:

A minimum of 30 patients fulfilling the diagnostic and inclusion criteria of either sex will be selected for the comparative study. They will be randomly assigned into 2 equal groups A & B.

**Group A :** The patient of this group will be subjected to patra pinda sweda.

**Group B :** The patient of this group will be subjected to Infrared Light Therapy.

Both the groups will be treated for a period of 7 days.

**Follow up** both Group A & Group B- 14 days.

**Total duration** 21 days.

**Study is under progress.**

## DHANYA VARGA

1<sup>ST</sup> YEAR BAMS (2014-15)

The food grains are broadly classified into two shuka dhanya and shimbi dhanya.

### Shuka Dhanya (cereals)

Those derived from grasses are called cereals and they have awns and spikes. They form the staple food for the world all over like rice, wheat, barley, rye, corn, oats etc.

These are madhura rasa and vipaka, unctuous, light, has kashaya anu rasa. They cause faeces become hard and in small quantity, they are wholesome for health, cold and diuretic.

Among all varieties of rice like rakta, mahaan, yavaka, shashtika, etc. That which matures in 60 day (shashtika shali) is considered to be best. It is unctuous, light, sweet, cold, constipating, normalises all the three doshas. Suka danya is of two types shali and vrihi. Shali is white in colour while vrihi is generally red in colour

### Truna Danya Varga

The grains produced by grass like plants are called truna danya. These are generally cold, light, normalise aggravated kapha and pitta and increases vata. Barley and wheat are the examples of truna danya

### Shimbi Danya (Pulses)

These which are covered with pod are simbi dhanya or pulses or legumes. They are derived from beans they includes green gram, horse gram, black gram, seasamum etc.

General properties of legumes or pulses are:

They are astringent and sweet, katu in vipaka, cold, light, relieve kapha, rakta and pitta.

They produce constipation, increase medas and are good for external application and as a bathing powder.

Fresh grains are abishyandi where as old grains are easily digestible

## TRIVRT

2<sup>nd</sup> Year BAMS (Jr) [2013-2014]

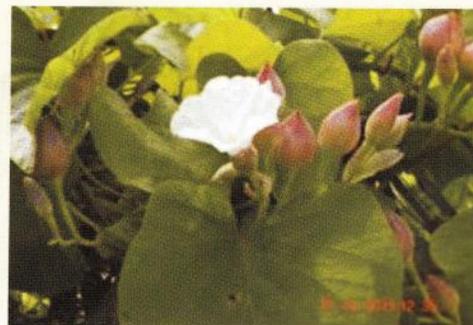
**BOTANICAL NAME:** Operculina turpethum

**FAMILY:** Convolvulaceae

**VERNACULAR NAMES:** English- Indian japa, Hindi-Nishoth

**SYNONYMS-** Arthachandra, Triputa, Sarala, Sarvanubhuti

**BOTANICAL DISCRIPTION:** A stout twinner with quadrangular stem, winged, compressed or nearly round. Few flowered cymes, sepals ovate, softly pubescent, petals white. Globose capsule, 4 seeded, seeds are smooth and black.



**CHEMICAL COMPOSITION:**  $\alpha$  &  $\beta$ - Turpethin, Turpethinic acids, Scopoletin, Coumarin.

**PROPERTIES:** RASA- Tikta, Katu GUNA- Laghu, Ruksha, Tikshna, VIRYA- Usna, VIPAKA- Katu.

**KARMA:** Kapha-pittahara, Rechaka.

**INDICATION-** Sotha, Udara, Arshas, Kamala, Krimi

**PART USED-** Rootbark, Leaves

**IMPORTANT PREPARATIONS-** Trivrt ghrta, Avipattikara churna, Trivrt leha.



## INTELLECTUAL PROPERTY RIGHTS

**Dr Sreejith E G.,** PG Scholar, Dept. of Rasashastra & BK

Intellectual property rights are like any other property right. They allow creators, or owners of patents, trademarks or copyright work to benefit from their own work or investment in a creation. These rights are outlined in Article 27 of the Universal Declaration of Human Rights, which provides for the right to benefit from the protection of moral and material interests resulting from authorship of scientific, literary or artistic productions. A patent is an exclusive right granted for an invention a product or process that provides a new way of doing something, or that offers a new technical solution to a problem. Patents provide incentives to individuals by recognizing their creativity and offering the possibility of material reward for their marketable inventions. These incentives encourage innovations, which in turn enhances the quality of human life.

The symbiosis of Intellectual Property Rights (IPR), Patent and Traditional Knowledge (TK) has become indispensable for its creators and for the world's intellectual community at large. The need for preservation, protection and promotion of TK has become inevitable for self-sustenance, economic prosperity of knowledge holders and competitive business advantage. The promotion of TK is now widely recognized and it plays an eminent role in supporting TK-based community's livelihood and cultures.

## MANIBHADRA GUDA

3<sup>rd</sup> Prof BAMS(Sr) [2011-12]

विडंगसारामलकाभयानां पलं त्रीणिपलानि कुम्भात् ।  
 गुडस्य च द्वादशभगमेष जितात्मनाहन्त्युपयुज्यमानः ॥  
 कुष्ठश्वित्रशवासकासोदराशमिहप्लीहग्रन्थिरुक्जन्तुगुल्मान् ।  
 सिध्दयोगंप्राहं यक्षो मुमुक्षोः भिक्षोः प्राणान् माणिभद्रः किलोमम् ॥

सहस्रयोगम् लेहा प्रकरणम्

**Ingredients:** Vidanga (*Embelia ribes*), Amalaki (*Emblca officinalis*), Haritaki (*Terminalia chebula*) 1 pala each, Trivrit (*Operculina turpenthum*) 3 pala, Guda- 12 pala.

**Indication:** Kushta, Switra, Swasa, Kasa, Udara, Arshas, Meha, Pleeha, Granthi, Krimi, Gulma.

**Dose:** 3-6 gram once or two times a day before or after food.

Special care is needed when it is administered to diabetics and children. Usually not advised for pregnant and lactating mother.

## RAJA NIGHANTU

- 3<sup>rd</sup> year BAMS (2012-13)

- AUTHOR : PANDIT NARAHARI
- TIME PERIOD : 14th Century
- The original name of raja nighantu is Adhibana choodamani or dravyabhidhana ganasamgraha. Pandit Narahari himself renamed it to Rajanighantu considering its superiority among the other nighantus
- It is a compilation of dhanvanthari and madanapala nighantu

### CONTENT

- The dravya and its nomenclature of dravya and its synonyms are given on the basis of ROODHI, SWABHAVA, LESHOKTA, LANCHANA, UPAMA, VEERYA, ITHARAHVAYA.
- He classified 750 drugs in 10 vargas he also described 74 substances in suvarnadi varga.
  - I. Guduchyadi varga 52 drugs
  - II. Stahvadi varga 80 drugs
  - III. Parpatadi varga 60 drugs
  - IV. Pippalyadi varga 90 drugs
  - V. Moolakadi varga 104 drug
  - VI. Shalmalyadi varga 72 drugs
  - VII. Paaribhadradi varga 65 drugs
  - VIII. Amradi varga
  - IX. Chandanadi varga 57drugs
  - X. Suvarnadi varga - in suvarnadi varga along with the metals he has included taila ghruta mamsa etc.
    - A) Paaniya varga
    - B) Ksheeradi varga
    - C) Shaalyadi varga
    - D) Mamsadi varga
    - E) Mishrakadi varga

Importance of nighantu

निघण्टुना विना वैद्योविद्वान् व्याकरणं विना ।

आयुधं च विना योधो त्रयो हास्यस्य भाजनम् ॥

Author of rajanighantu clearly states that the importance of nighantu in the above statement as the vaidhya with out the knowledge of nighantu, a vidwan with out the knowledge of vyakarana, and yodha without ayudha considered to be useless in the world.

**STAFF ACHIEVEMENT**



**Dr. Raghuveer**, MD (Ayu) PhD  
 Ph.D. Awarded : December 2014  
 UNIVERSITY : Dr Sarvepalli Radhakrishnan Rajasthan Ayurved  
 University, Jodhpur, Rajasthan  
 Institute : National Institute of Ayurveda Jaipur Rajasthan  
 Thesis title : "Standardisation of Sheetaamshu Rasa W.S.R to Its  
 Antimicrobial Activity"

**STUDENT ACHIEVEMENT**

**Presented Paper in National Seminar On Siravyadha, Rudhira 2014  
 at Muniyal Ayurveda College, Manipal**



**Dr. Swarnakala P. N.**  
 Final Year P.G Scholar  
 Dept. Of Panchakarma  
**Topic :** "Conceptual Study of  
 Siravyadha In Vatavyadhi."



**Dr. Swetha K. S.**  
 Final Year P.G Scholar  
 Dept. of Shalya Tantra  
**Topic :** "A Case Study On The Efficacy  
 of Siravyadha In Siragranthi  
 W.S.R To Varicose Vein"



**Dr. Aiyanna. P.P**  
 2nd Year P.G Scholar  
 Dept. Of Shalya Tantra  
**Topic :** "Efficacy of Siravyadha  
 in Padadari A Clinical Study"



**Dr. Anup**, 2nd year P.G Scholar  
 Dept. of Shalyatantra  
 Presentd poster in "VATAYANA 2014", National Seminar & CME On Neuro-  
 Degenerative Condition & Neuro- Leisions Held At Banglore On The Topic  
 "Amyotrophic Lateral Sclerosis (ALS) (MND)- A Literary Review And STEPHEN  
 HAWKING- A Living Legendary With ALS."

**CLASS TOPPERS**

**2<sup>nd</sup> Prof. BAMS (2011-12)**



**Ms . Raksha**  
 78.05%  
 (Distinction)



**Ms. Irfana Febin**  
 72%

**2<sup>nd</sup> Year BAMS (2012-13)**



**Ms. Padmanayana**  
 74%



**Ms. Ambika**  
 72%

**1<sup>st</sup> Year BAMS (2013-14)**



**Mr. Nitish**  
 70.54%



**Ms. Anushree**  
 68%

## College Activities



Inauguration of Student Council



Office Bearers of New Student Council



Inaugural function of Dravyaguna CME



Guest lecture by Dr. Sathyanarayana Bhat  
Principal GAMC, Mysore in Dravyaguna CME



Delegates present in CME programme



Inauguration of Kayachikitsa Camp



Dhanwantari Pooja at Our College



Shishopanayana on the eve of  
Dhanwantari Pooja

## College Activities



Words of good thought by our President  
Dr. K. V. Chidananda to the freshers



Cultural Programmes by Freshers



Cultural Programmes by Freshers



Inauguration of Founders Day Celebration



Addressing the gathering by Sri D. V. Sadananda Gowda  
Central Law Minister, Govt. of India



Sri D. K. Shivakumar, Minister for Energy,  
Govt. of Karnataka addressing the gathering



Sri B. Ramanatha Rai, Minister of Forest, Environment &  
Ecology, Govt of Karnataka addressing the gathering

## College Activities



Shri Nalin Kumar Kateel Member of Parliament addressing the gathering



Swachata Andolana on the eve of Sullia Habba



Inauguration of Farewell function (2010-11 Batch)



The album "A Travellogue" written by outgoing students released by our President



Talk on Awareness of Crime Prevention by Mr. Brijesh Mathew, Sub Inspector of Police, Sullia



Felicitation to our President Dr. K.V. Chidananda by Dr. Sathyanarayana Bhat, President KAUP Board, Bengaluru



Cultural programmes by students on the occasion of Farewell Function

## QUIZ

- 1) Doshik predominance in udarda  
a) Vata  
b) Pitta  
c) Kapha  
d) Vata pitta
- 2) Praskandana is the synonym of .....karma  
a) Vamana  
b) Virechana  
c) Nasya  
d) Vasti
- 3) Panca prasritika peya is indicated for  
a) Snehana  
b) Virechana  
c) Sneha virecana  
d) Sadya sneha
- 4) Intake milk mixed with ghrita and madhu is advised by charaka during ----- month of pregnancy.  
a) 1st  
b) 2nd  
c) 3rd  
d) 4th
- 5) The ritu of adana kaala is  
a) Sisira  
b) Vasantha  
c) Grishma  
d) All
- 6) Which of the following is jala srotas  
a) Jangala desa  
b) Anupa desa  
c) Kupa  
d) b & c above
- 7) Sarpa visha is indicated in  
a) Jalodara  
b) Hrid roga  
c) Apasmara  
d) Unmada
- 8) The type of sweda is indicated amashaya gata vata  
a) Snigdha  
b) Ruksha  
c) Ruksha purvaka snigdha  
d) Snigdha purvaka ruksha
- 9) Romanthika in modern parlance  
a) Chiken pox  
b) Small pox  
c) Measles  
d) Mumps
- 10) Sadguna balijarita rasa sindoora is prepared from  
a) sodhita parada  
b) sodhita gandhaka  
c) both  
d) girisindoora

Quiz key last edition :

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

Quiz Winner :

**Dr. Vishwanath Roy** (P.G. Scholar)  
Dept. of RS & BK

### HOME REMEDIES

- For dry skin: Mashed bananas along with honey make paste and apply on dry skin leave it for 20 min. Then wash with warm water.
- For Diabetes: intake of fresh juice of Guduci in empty stomach.
- For Ajirna: intake of thakra boiled with Changeri.

By **Dr. Renju** (PG Scholar) Dept. of RS & BK

### DISCLAIMER :

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BOOK POST

To,

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Published by :

EDITOR, KVG AYUR NEWS

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

Printed At :

Mudra Printers, Kudroli, Mangalore.

Ph : 0824 - 4266669

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