



Late Dr. Kurunji Venkatramana Gowda
Founder President



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Department of Swasthavritta & N.S.S. Units
Ambate Adka - 574327, Sullia D.K. Karnataka



INTERNATIONAL CONFERENCE OF YOGI
CELEBRATION

21st June 2016

ಕೆ.ವಿ.ಜಿ. ಆಯುರ್ವೇದ ಮೆಡಿಕಲ್ ಕಾಲೇಜು & ಆಸ್ಪತ್ರೆ
ಅಂಬಾಟೆ ಆಡ್ಕಾ, ಸುಲ್ಲಿಯಾ - 574327
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CURRENT ISSUES, CASE STUDY, RESEARCH ACTIVITIES,
STUDENTS ARTICLES, COLLEGE ACTIVITIES, QUIZ, HOME REMEDIES

प्रज्वलितो ज्ञानमयो प्रदीपः ।

Editorial



With immense pleasure we heartily congratulate our President Dr. K. V. Chidananda, for being selected as Brand Ambassador for Swachh Bharath Abhiyan by the Government of Karnataka.

Our institution has succeeded in obtaining the permission from CCIM for admitting 100 UG students from this academic year after satisfying all the necessary requirements of the elite body.

Apart from the regular activities, our institution has conducted various other activities like NSS Annual Camp, International Yoga Day, Pharmacy Tour, Onam Celebration, Independence Day and many other.

The current issue contains scholarly article about Dengue fever and a case study on Vaitarana Basti in Amavata apart from regular columns.

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DENGUE FEVER

Dengue : African word 'denga' means fever with hemorrhage. **Dengue fever**, also known as **breakbone fever** or **Dandy fever**, is a mosquito-borne tropical disease caused by the dengue virus. In a small proportion of cases, the disease develops into the life-threatening **dengue hemorrhagic fever**, resulting in bleeding, low levels of blood platelets and blood plasma leakage, or into **dengue shock syndrome**, where dangerously low blood pressure occurs.

Agent : Dengue virus RNA virus, Arbo virus

Vector : *Aedes aegypti* highly domesticated, strongly arthropophilic, nervous feeder, discordant species and is the most commonest vector.



Transmission

- A mosquito becomes infective by feeding a patient from the day before onset to 5th day of illness.
- An extrinsic incubation period -8-10 days then mosquito become infective.
- Then it is able to transmit infection and remain so for life.
- Genito-urinary tract of mosquito gets infected & transovarian transmission of virus & enters eggs.

Clinical manifestations

1. Asymptomatic(80%) / Undifferentiated febrile illness
2. Dengue fever
3. Dengue Haemorrhagic fever
4. Dengue shock syndrome

1. Undifferentiated fever

- 1° Dengue infection with simple fever .Undistinguishable from other v. infections. Upper respiratory tract and Gastrointestinal tract symptoms are common
- Maculopapular rash may accompany or may appear during defervescence

2. Classical dengue

- Incubation period -3-16 days
- Onset - sudden with chills and high fever(39-40°C) intense headache , muscle and jt pain
- With in 24 hrs retroorbital pain and photophobia . Skin eruptions in 80% -during remission/ 2nd febrile phase.

3. Dengue haemorrhagic fever - Severe form of dengue fever

- Increase in capillary permeability and hematocrit value.
- Plasma leakage lasts for 24-48 hrs, then progressive leucopenia & rapid decrease in platelet count.
- Petechiae, ecchymoses, epistaxis, other Spontaneous haemorrhages in GIT.

4. Dengue shock syndrome

- In prolonged shock - Temperature subnormal, Progressive Organ impairment Metabolic acidosis
- In Severe shock - severe haemorrhage causing decrease in Haematocrit & increase in WBC count severe organ impairment - severe hepatitis, encephaliti & myocarditis.

Concept of Dengue fever in Ayurveda

Nidana :

Viprakshta nidana - Ojakshaya (patients pratyaneeka bala is already compromised by mithya ahara and vihara) and also rtuvyathiyana

Sannikrshtha nidana - Aganthu hetu

Samprapthi-

Stage 1

Because of the aganthujanidana, there is an achayadoshaprakopa occurs in the body Initially causes a Rasapradhanadushti and that manifests as jwara initially with kaphajjwara and later paithikajwaralakshanas. This stage can be consider as undifferentiated fever.

Stage 2

In the next classic dengue fever stage vatapithajwaralakshana or vatajwara or pithajwaralakshanas can be seen, siroarthiparvabheda (joint pain)etc..

- Here mainly vataprakopa and rakthadushti occurs and sudden onset of fever with raised temperature.
- Also the viral toxin act as amavisha for the formulation of samprapthi.

Stage 3

Dengue hemorrhagic fever can be

- Correlate with the samprapthi of Rakthapitha. Here Utklishtapitha entered into raktha (Swayonitwatvrdhi & Pradooshana of raktha)
- Because of pithaushnatheekshnaguna, dravatwa of rakta increases, there is structural and functional impairment to raktha & rakthavahasrothas and Srothomoola (yakrt) & involvement of further dhatus (especially-majjadhatu) and finally Hemorrhage occurs

Stage 4

In dengue shock syndrome

- There is severe rakthakshaya

Treatment aspect in ayurveda

1. In first stage - kapha / pithajwarachikitsa (guluchyadi / drakshadikashaya)
2. In next stage consider the rakthadushti and & rakthapachanakashayacan be select
3. Later in hemorrhagic state rakthapithachikitsa, for arresting the rakthasruthi & also for pithasamana & rakthaprasadanatmts
4. Lastly- Dengue shock syndrome rakthastambhana, vatasamanachikitsa & other life saving measures.



VAITHARANA BASTI IN THE MANAGEMENT OF AMAVATA

Treating Physician:

Dr. Smitha Harshavardan

M.D (Ayu) Dept of Panchakarma

Attending Physician :

Dr. Dhanya. S. Chandran

PG Scholar, Dept of Panchakarma

Amavata is one of the crippling disease claiming the maximum loss of human power. It occurs throughout the world in all climates and all ethnic groups. It is not only a disorder of the locomotory system, but also a systemic disease and is named after its chief pathogenic constituents which are Ama and Vata

The main causative factor, Ama, is caused due to malfunctioning of the digestive and metabolic mechanisms. The disease is initiated by the consumption of Viruddha Ahara in the pre-existence of Mandagni.

The clinical features of rheumatoid arthritis such as joint pain, swelling, stiffness, fever, and general debility are almost identical to that of Amavata. Although Ama and Vata are chief pathogenic factors Kapha and Pitta are also invariably involved in its Samprapthi. The Samprapthi starts in the Annavaha Srotas and then extends through Madhyama roga marga with special inclination for Kapha Sthanas especially Sandhis . In such a condition, patient weeps in agony of pain and reduced functional capacity with severe stiffness and crippling deformity of joints, which make them bed ridden.

De-arrangement of the Kapha Dosha, especially Shleshaka Kapha in the Amavata produces joint pain and swelling with tenderness can be correlated with rheumatoid arthritis. De-arrangement of the Pitta Dosha along with Ama taking shelter in the Avalambaka Kapha Sthana which can be correlated with rheumatic fever.

Basti is the major treatment in Ayurveda which directly acts over the Vata Dosha and also known as Ardha Chikitsa or Sarva Chikitsa. According to Acharyas Kshara Basti is the main treatment for Amavata, especially Vaitharana Basti.

CASE REPORT:

The subject of our case study is Kalyani, 54 years old female, who was admitted in our hospital KVGAMC, Sullia, on 15/06/2016, with the main complaints of pain in all joints with swelling in both knee joint, morning stiffness and with increase in temperature during night since 2 weeks. Associated with loss of appetite.

MANAGEMENT AND TREATMENT

Patient was advised for Vaitharana Basti in format of Yoga Basti for 8 days

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| A | N | A | N | A | N | A | A |
|---|---|---|---|---|---|---|---|

VAITHARANA BASTI :

पलशुक्तिकर्षकुडवैरम्लीगुडसिन्धुजन्मगोमूत्रैः । तैलयुतो अयम् वस्तिः शूलानाह आमवातहरः ।।

च.द. निरुहाधिकर /32

Ingredients of Vaitharana Basti

| | | | |
|---------|------------------|---------|-------------------|
| अम्लिका | 1 pala (48gm) | सैन्धव | 1 karsha (12gm) |
| गुडा | 1 shukthi (24gm) | गोमूत्र | 1 kudava (200ml) |

SNEHA BASTI : Brihath Saindhavaathi Taila-60 ml

OUTCOME

Patient got relieved from pain and swelling. Appetite normal

DISCUSSION

The line of treatment described for Aamavata in Chakradatta can be summarised under following caption ie To bring Agni to normal stage ie to digest Aama and eliminate vitiated Aama and Vata.

Saindhava due to its Sukshma and Tikshna Guna helps to pass the drug molecule in systemic circulation through mucosa. Thus it helps the Basti Dravya to reach upto molecular level. It also helps for the elimination of waste due to its irritant property. It is capable of liquefying the viscid matter and making it into minute particles.

Guda is Laghu, Pathya, Anabhishtandi, Agnivardhaka, VataPittahara. It also helps in carrying the drug upto micro cellular level.

Taila मारुतघ्नं न च श्लेष्मवर्धनम्.....(च.सु.13)

Taila alleviates Vata, but it doesn't aggravate Kapha

बृहत् सैन्धवाध्य तैलम् सिद्धमेतत् प्रयोक्तव्यं आमवात हरं परमं (भै.र.29/225)

Amlika/Chincha is having Vata kaphahara, Ruksha and Ushna property. Ruksha Guna of Chincha helps in counteracting the Ama which is chief pathogenesis factor of this disease. Thus these properties of Chincha helps in curing Amavata.

Gomutra is the chief content of Vaitharana Basti which is having Katu Rasa, Katu Vipaka, Ushna Virya, Laghu- Ruksha- Teekshna Guna which helps to pacifies Amavata.

Vaitharana Basti is owing to its Tridosahara, Agnideepana, Pachana, Srotovishodhana, Vatanulomaka, Lekhana and Vishoshana property which helps to cure Amavata symptoms.

The Tikshna Guna of Basti helps in overcoming the Sroto dushti resulting due to Sanga. Thus Basti Dravya after reaching to large and small intestine get absorbed from intestine. Due to Laghu, Ushna, Tikshna and Ruksha Guna of dravyas it breaks the obstruction and expels out the morbid material from all over the body, thus helps in Samprapthi Vighatana.

Niruha Basti helps in removing the Avarana of Vata by Kapha. Vaitharana Basti due to its Ruksha and Teekshna Guna may again aggravate Vata so, its continuous use is not advised. Hence Anuvasana Basti has to be given in between if Vata gets aggravated.

CONCLUSION :

Ingredients of Vaitharana Basti are having the Pachana Guna which directly influence the Koshtagni and Dhatwagni which inturn leads to Pachana of already existing Ama and stops the further production of Ama, with its Vatanulomana and Sleshmahara properties and helps as an effective choice in the treatment of Amavata.



“A COMPARATIVE CLINICAL STUDY ON EFFICACY OF AGNIKARMA BY RAJATHA SHALAKA AND UPANAHA BY KOTTAMCHUKKADHI CHOORNA IN JANUSANDHIGATAVATA”

Dr. Chithra C
P.G. Scholar

Dr. Sudeepa
Co-Guide

Dr. Deena Prakash Bhardwaj
Guide

Sandhigata vata is a manifestation of morbid vata in the joints, characterized by *Sandhi vedana*, *Sandhi shotha*, *Sandhi aatopa*, and *sthambha*. The procedures like *Snehana*, *Swedana*, *Upnaha*, *Agnikarma* are commonly performed in case of *Janusandhigata Vata*.

Agni karma due to its ushna guna eliminate the vitiated vata kaphaja dosha. Upanaha Sweda is useful in diseases caused by vitiation of vata, kapha and both. Both Agni karma and Upanaha Sweda enhances the local temperature and looks similar, but their procedure and mode of action is different. So this topic is chosen to evaluate the better efficacy in between them.

Objectives of the study:

- To study about *Agnikarma* and *Upanaha* in detail.
- To study the effect of vitiated *vata* in *Janusandhi*.
- To study the efficacy of *Agnikarma* and *Upanaha* in *Janusandhigata vata*.

Materials and Methods:

A total of 30 patients were selected from O.P.D and I.P.D of Department of Shalya Tantra, K.V.G. Ayurveda Medical College and Hospital, Sullia after fulfilling the inclusion and exclusion criteria. They were randomly divided in to two groups, Group A (Agni karma with Rajatha Shalaka) and Group B (*Upanaha* With Kottamchukkadhi Choorna), 15 patients of Group A received Agni karma with Rajatha Shalaka and 15 patients of Group B received *Upanaha* With Kottamchukkadhi Choorna.

Assessment of results was done by considering the base line data of subjective and objective parameters after treatment.

Results:

In Group A (Agnikarma With Rajatha Shalaka) out of 15 patients, 93% patients showed Marked improvement and 6.67% patients had moderate improvement. There were no patients with complete remission, Mild improvement or in unchanged group.

In Group B (Upanaha With Kottamchukkadhi Choorna) out of 15 patients, 86% patients showed marked improvement, and Moderate improvement was found in 6.67% patients. There were 6.67% patient with complete remission, Mild improvement or in unchanged group.

Conclusion:

Agni karma with Rajatha shalaka and Upanaha With Kottamchukkadhi Choorna both are effective in alleviating the features of Janu sandhigata vata.

Agni karma with Rajatha Shalaka provides sudden pain relief, whereas *Upanaha sweda with Kottamchukkadhi choorna* gives gradual relief..

This study revealed that *Upanaha sweda with Kottamchukkadhi choorna* is better than *Agni karma with Rajatha shalaka* in relieving the symptoms of *Janu sandhigata vata*. But both the procedures did not have any effect on sandhi aatopa of *Janu sandhigata vata*.

Key words: Janu sandhigata vata, Agnikarma, Rajatha shalaka, Upnaha Sweda, Kottamchukkadhi choorna.



TO EVALUATE THE EFFICACY OF SHIRO ABHYANGA WITH TUNGADRUMADI TAILA IN NIDRANASHA.

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P.G. Scholar

Dr. Sanath Kumar D. G.
Co-Guide

Dr. Pradeep J. M.
Guide

Nidranasha is one among Vataja Nanatmaja Vyadhi. In present epoch, Nidranasha is most commonly found disease. It has caused more concern to all human beings irrespective of sex, caste, social status etc.

The principle line of treatment for vitiation of Vata Dosha is Snehana. Shiro Abhyanga and Pada Abhyanga come under Bahya Snehana. So Shiro Abhyanga and Pada Abhyanga are believed to have a noteworthy role in relieving Nidranasha.

Although there are many medicines which are used to overcome Nidranasha, still there is a need for sufficiently potent, safest, cost effective and commonly available drug which can be easily administered and does therapeutic actions without any side effects. Tungadrumadi Taila is one of such medicine, a humble effort has been planned to find out an effective formulation for Nidranasha.

Keeping all the above mentioned points in view, the present study was taken up.

OBJECTIVES:

- To Evaluate the Efficacy of Shiro Abhyanga with Tungadrumadi Taila in Nidranasha.
- To Evaluate the Efficacy of Pada Abhyanga with Tungadrumadi Taila in Nidranasha.
- To Compare the Efficacy of Shiro Abhyanga and Pada Abhyangawith Tungadrumadi Taila in Nidranasha.

METHODS:

The study design selected for the study was a Comparative Clinical Study. The sample size for the present study was 30 patients suffering from Nidranasha as per the selection criteria. Patients were randomly selected irrespective of sex and were grouped into Group A and Group B and were treated with Shiro Abhyanga and Pada Abhyanga respectively for 7 days.

OBSERVATIONS OF THE STUDY:

The data shows among total patients, more number of patients in 50-60 years age group i.e., 13patients (43.3%), 22 male patients (73.3%), Hindus 27 patients (90%), heavy workers 14 patients (46.7%), lower middle class 17 patients (56.6%), married 23 patients (76.7%), chronicity of >3 years 12 patients (40%), mixed diet 20 patients (66.7%)and gradual onset 23 patients (76.7%).

CONCLUSION:

In Group A (Shiro Abhyanga with Tungadrumadi Taila) the Marked relief was found in 6.7% of the cases. Whereas there is no Marked relief in Group B (Pada Abhyanga with Tungadrumadi Taila) and moderate relief was 60% in Group A and 46.7% in Group B. Overall by considering the improvement Group A is having more improvement compared to Group B but using CHISQUARE TEST the difference is statistically not Significant ($P > 0.05$).

Keywords Nidranasha, Insomnia, Shiro Abhyanga, Pada Abhyanga, Tungadrumadi Taila.



TO EVALUATE EFFICACY OF VASA IN THE MANAGEMENT OF THROMBOCYTOPENIA

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P.G. Scholar

Dr. Raghuveer
Co-Guide

Dr. Rohini Bharadwaj
Guide

BACKGROUND AND OBJECTIVES

Thrombocytopenia or low platelet count, usually has no symptoms. But sometime it may lead to severe haemorrhage. This study was taken up to screen the action of a classical drug which may be helpful in Thrombocytopenia. Since haemorrhage is common in Raktapitta and Thrombocytopenia, Raktapitta hara drugs were

searched for this study. Vasa was selected, due to easy availability, cost effectiveness and as it an agra oushadhi for Raktapitta. A comparative study was conducted with two of its kalpanas namely swarasaa and hima. Beause they were Niragni kalpanas and suitable in pitta vruddhi. Results were compared analytically, pharmaceutically and experimentally on Cyclophosphamide induced Thrombocytopenia in Wistar albino rats.

MATERIALS AND METHODS:

Relavent literatures from Ayurvedic and Modern text book were screened for Thrombocytopenia, Raktapitta, swarasaa kalpana, hima kalpana, platelets, clotting mechanism and drug Vasa. Pharmaceutical study and analytical study of swarasaa and hima has been done. Efficacy of the drug is evolved experimentally. The experimental study was conducted in 4 groups (Swarasaa, hima, Cyclophosphamide and control). Haematological investigations like Bleeding time, Clotting time, Platelet count and Prothrombin time were done to compare the results

RESULTS:

Results were analyzed pharmaceutically, analytically, experimentally,



Dr. Praseetha
P.G. Scholar

ANALYTICAL STUDY OF KARAVEERA WITH RESPECT TO SHODANA

Dr. U. Santhosh Nayak
Co-Guide

Dr. Bhagyalakshmi
Guide

Ayurveda is an ancient system of Indian medicine and Agada Tantra is one among the Ashthangas of Ayurveda. Karaveera is a wellknown Upavisha in the Ayurvedic classics. It is proved to be a cardio toxic drug by the recent research studies. Even though the whole plant has been mentioned as toxic, particularly moola is highly toxic.

According to Ayurveda different pharmaceutical process are followed in the preparation of a crude to make it acceptable. One of them is shodhana, in Yogaratnakara we get the reference about the shodhana of Karaveera moola, so it is clear that Ashodhita Karaveera moola is toxic and harmful if ingested.

Purification of crude drugs changes the drug as follows.

1. Effects improvement of organoleptic qualities.
2. Increases the therapeutic efficacy.
3. Make less toxic, more to tolerable and increases shelf life.

These points indicates that shodhana process effects the, physico-chemical and biological properties of the natural drugs. So it becomes necessary to study the changes systematically with the help of modern techniques.

AIM & OBJECTIVES OF THE STUDY:

- Analytical study of drug before shodhana.
- Analytical study of drug after shodhana.
- To evaluate the Analytical changes before and after shodhana.

MATERIALS AND METHOD:

- The plant Peeta Karaveera moola (Thevetia nerifolia Juss ex Steud.) was identified by a Botanist and collected from Sullia Taluk.
- As per the reference of Yogaratnakara, shodhana of Karaveera moola will be done, i.e. Swedana with Godugdha in Dolayantra for three hours.
- Aqueous, Acetone, Chloroform, Benzene and Alcoholic extraction of both Ashodhita and Shodhitha karaveera moola were carried out.
- Physical and chemical study of Ashodhita and Shodhitha Karaveera moola was done.
- Qualitative analysis by HPTLC of alcohol extract was carried out for both samples.

- For HPTLC work TLC chamber, silica gel G precoated plate, UV chamber, automotive sample applicator and HPTLC scanner are used.
- Evaluated the analytical changes before and after shodhana according to the obtained results.

Result

- On the basis of Analytical study, there is significant changes in Shodhita Karaveera moola choorna in compared to Ashodhita Karaveera moola choorna after being subjected to shodhana process. It indicates the shodhana in Godugdha might be very much effected in the Karaveera moola for reducing its toxicity.

Keywords : PeetaKaraveera, Shodhana, Analytical.

SWEDANA KARMA

Dr. Monika Shivakumar

2nd Year P.G. Scholar, Dept. of Panchakarma

Swedana is a process which induces sweating artificially in a patient who had already undergone Snehana. Swedana is done to liquify the vitiated dosha wick are spread throughout the body. It is a process of Langhana/ Apatarpana treatment out of Dwividhopakrama.

Swedana is a process that relieves Sthambha, Sheeta, Gourava & produce the Sweat.

DRUGS Swedopaga Gana-Sigru, Eranda, Sweta Punarnava, Rakta Punarnava, Arka, Yava, Kola, Kulattha, Tila, Masha.

POORVA KARMA:

Collection of Necessary Materials:

- Swedopayogi Dravyas
- Swedana Yantra
- Cloth

Consideration before Swedana:

- Roga/Dosha
- Ruthu
- Rogi
- Desha
- Protection of varjya angas during Swedana

Athura Siddhata:

- Abhyanga should be done with prescribed oil
- Eyes should be protected

PRADHANA KARMA:

According to Rogibala, Rogabala, Ruthu, Desha, the suitable swedana should be done to the patient Nadisweda / Ekangasweda should be done in Vertical fashion at limbs & circular fashion at joints

Observation of Samyak, Ayoga, Atiyoga

| Samyak Sweda: | Ayoga of Sweda | Atiyoga of sweda |
|-----------------|------------------|------------------|
| Sita Uparama | Sweda Apravrutti | Pitta Prakopa |
| Sula Uparama | Sita Aprasama | Murccha |
| Stambha Nigraha | Sula Aprasama | Gatra Sadana |
| Gaurava Nigraha | Stambha | Truha |
| Mardava | Gourava | Daurbalya |
| Sweda | | Sandhipida |
| Vyadhihani | | Sphotha Utpatti |
| Sitarthitvam | | Rakta Prakopa |
| | | Klama |
| | | Jvara |
| | | Chardi |

PASCHATH KARMA:

After 30mins of rest patient is advised to take bath with Lukewarm water
Sit/Lie in comfortable place which is free from wind/sun
Food which is warm,unctuous & light is given after one hour of Swedana

BENEFITS:

- | | | |
|-----------------|-----------------|------------------------|
| • Sthambahar | • Dosha Dravata | • Shitagham |
| • Swedakara | • Agnideepthi | • Mardhavam |
| • Tvakprasdanam | • Baktha sradha | • Srotasam nirmalatwam |

AMLIKA

(2nd Year BAMS 2015-16)

Botanical name : *Tamarindus indica* Linn

Family: Caesalpiniaceae

Vernacular names: Hindi - Imali, English - Tamarind, Kannada - Huli

Synonyms: Chinchu, Tintidica, Amlu, Chukra, Chukrika, Dantasata.

Properties: Rasa : Amla, Madhura, Guna: Guru, Ruksha, Veerya: Ushna, Vipaka: Amla

Introduction: It is a tree which grows approximately 20m high. Its flowers are yellow with red stripes in between. Racemose inflorescence, fruit is legume.

Chemical constituent: Hordenine, Epicatechin, Tamarindienol.

Part used: flower, seed, fruit, bark, kshara, leaf.

Pharmacological action: Vatahara, Deepana, Sara, PittaKapha hara, KaphaVatahara

Indications: Gulma, Shula, Vatavyadhi, Agnimaandya, Shotha, Kamala.

Dosage: Powder : 1 to 3 gm, Kshara : 1 to 2 gm, Decoction: 50 to 100ml

Therapeutic uses:

- Kanda bhagna- Fruit pulp of amlika is finely pressed and applied locally along with lime.
- Masurika- Turmeric and Tamarind leaf are given orally with water.

Formulation: Shankha vati, Chinchyaadi lehya, Kottamchukkadi Taila, Brihat Saindhavadya Taila.



बृहत सैन्धवाध्य तैल

(3rd Year BAMS 2014-15)

सैन्धवं श्रेयसी रास्ना शतपुष्पा यमानिका ।
सर्जिका मरिचं कुष्ठशुण्ठी सौवर्चलं विडम् ॥
वचा अजमोदा मधुकंजीरकं पौष्करं कणा
एतान्यर्धपलांशानि श्लक्ष्णपिष्टानि कारयेत्
प्रस्थं एरण्ड तैलस्य प्रस्थाम्बु शतपुष्पाज्म्
काञ्जिकं द्विगुणं दत्त्वा तथा मस्तु शनैः पचेत्

भै.र. 29/222-224)

Ingredients & Quantity:-

- 1) Saindhava 2) Gaja Pippali 3) Rasna 4) Shatapushpa 5) Yamaanika 6) Sarjika 7) Marica, 8) Kushta, 9) Shunti
 10) Sauvarcala 11) Vida 12) Vaca 13) Ajamoda 14) Madhuka 15) Jeeraka 16) Pushkaramula 17) Kana ½ Pala each;
 18) Eranda Taila 19) Shatapushpa 1 prastha each 20) Kanjika 21) Masthu 2 prastha each

Method of Preparation: 1-17 drugs are made into kalka form ; To the taila & kashaya , add kanji mastu & kalka dravyas.
 Heat till it attains taila paka lakshanas.

Method of use /Administration: This medicated oil can be used for pana , abhyanga & basti karma.

Indications : Amavata , Increases the agni, Krisha, Vata vyadhi, Ashmari , Anaha, Antra vridhi etc.

CHARAKA SAMHITHA

(4th Year BAMS 2013-14)

Charaka samhitha written by Agnivesha is recognized as one among Brihatrayee. Charaka samhitha occupies a very important place in the history of world's medical science.

Originally Agnivesha , the most intelligent among the disciples of Atreyapunarvasu, composed this work and it was subsequently redacted by Charaka and Dridhabala. Even though all the eight branches of Ayurveda have been dealt by the author this work has become more popular as the authentic text of kayachikithsa or general medicine, because of the stress has been laid on this branch. That means Charaka samhitha is the best book for general medicine. More than 40 commentaries were written on this book and it was translated in to almost all Indian languages.

Charaka samhitha has been divided in to eight sthanas and 120 adhyayas

| | | |
|------------------------|---|--|
| Sutrasthana | - | 30 chapters deals with fundamental principles of Ayurveda |
| Nidanasthana | - | 8 chapters- etiology, pathogenesis and diagnosis of diseases |
| Shareerasthana | - | 8 chapters- anatomy and physiology |
| Vimanasthana | - | 8 chapters principles governing the bodily factors that cause diseases, drugs, medicaments |
| Indriyasthana | - | 12 chapters prognostic signs and symptoms |
| Chikithsasthana | - | 30 chapters- treatment of diseases |
| Kalpasthana | - | 12 chapters - formulations for emesis purgation etc |
| Siddhisthana | - | 12 chapters- elimination therapies. |

Commentators :

There are about as many as 43 Sanskrit commentaries on this work. Out of them the following are available partly or fully

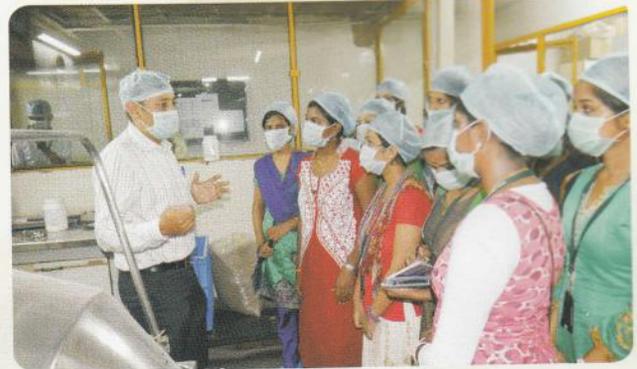
| | | |
|--------------------------|------------------------------|-------------------------|
| 1. Charaka-nyasa | by Bhatta Harischandra | (4th Century A.D) |
| 2. Charaka-Panjika | by Swami kumara | (After 4th Century A.D) |
| 3. Nirantara-pada-vyakya | by Jejjata | (6th Century A.D) |
| 4. Ayurveda-Deepika | by Chakrapani | (11th Century A.D) |
| 5. Jalpa-kalpa-taru | by Gangadhara Sena | (19th Century A.D) |
| 6. Tattva- Chandrika | by Shivadasa Sena | (15th Century A.D) |
| 7. Charakopanyasa | by Yogindranatha Sena | (20th Century A.D) |
| 8. Charaka-Pradeepika | by Jyothischandra Saraswathi | (20th Century A.D). |

College Activities

PHARMACY TOUR



At Sadvaidyasala Pharmacy Nanjangudu



Manufacturing unit at A.V.N. Pharmacy



Visit to A. V. N. Pharmacy



On The way to Ooty



Visit To Chennai Central



Ooty botanical garden

Good things happen to those, who do the right things at the right time all the time.



College Activities

INTERNATIONAL YOGA DAY



Inauguration of International Yoga day



Release of KVG Ayur News



Talk on Yoga by Dr. Rohini D. Bharadwaj, H.O.D Dept RS & BK



Gathering Address by Mrs. Shobha Chidananda Treasurer AOLE (R)



Guest speak by Dr. Roopa Kulkarni, Principal K.V.G.M.C



Presidential Address by Dr. K. V. Chidananda

NSS ANNUAL CAMP AT DESI BHAVANA SHRI RAMA TEMPLE, CHOKKADY



Inaugural Speech by Dr. K. V. Chidananda



Welcome speech by NSS Officer Dr. Santhosh Nayak

College Activities



Felicitation of Dr. Gopalakrishna Bhat at N.S.S. annual camp



Guest Lecture by our principal Dr. N.S. Shettar



Guest Speak by Dr. Ashok K., H.O.D. Dept of PT & SR



Visit to Srinivasa Rao's house by N.S.S. Volunteers



Cultural evening



Awarded best team of the N.S.S. camp

COLLEGE INSPECTION

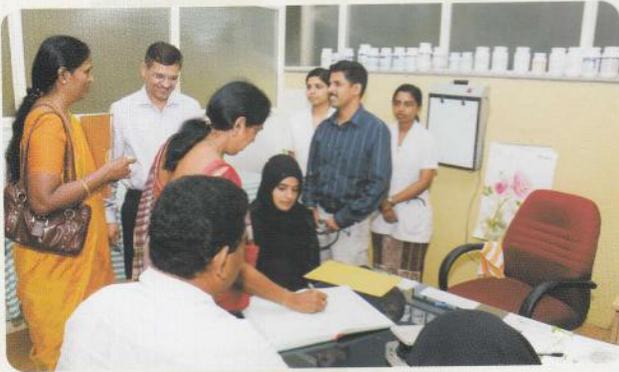


Ayush Inspectors with our President Dr. K. V. Chidananda



Inspecting Shalya OPD.

College Activities



Inspection of Kayachikithsa O.P.D



Inspection of Medical Records at reception counter



Inspecting Different Departments, OPD and Ward



At Panchakarma Theater



Health camp at Mahathma Gandhi Malnad school Kodialbail



Independence day celebration



Onam celebration at our Hospital

QUIZ

1. Halimaka is due to
 - a. Vata-Pitta
 - b. Vata-Kapha
 - c. Kapha-Pitta
 - d. None of the above
2. Best tuning fork test for conductive deafness is
 - a. Rinne's test
 - b. Weber's test
 - c. Schwabach's test
 - d. None of the above
3. Normal head circumference at birth
 - a. 40-42cms
 - b. 34-35cms
 - c. 44-45cms
 - d. 50-55cms
4. The child is unable to walk even after one year of age is seen in
 - a. Phakkaroga
 - b. Shosha
 - c. Kshiralasaka
 - d. None of the above
5. Type of Gridhrasi Vata as per Acharya Charaka are
 - a. Vata & Pitta
 - b. Vata & Vata-Kapha
 - c. Vata & Rakta
 - d. None of the above
6. Adhyavata is synonym of
 - a. Amavata
 - b. Medoroga
 - c. Vatarakta
 - d. Urustamba
7. Common cause of visual loss in Diabetes Mellitus is
 - a. Senile cataract
 - b. Optic disc oedema
 - c. Proliferative retinopathy
 - d. All the above
8. Normally placenta is located in
 - a. Upper uterine segment
 - b. Lower uterine segment
 - c. Tubes
 - d. All the above
9. Hridayavasada is feature of
 - a. Phenashma
 - b. Tamalapatra
 - c. Vatsanabha
 - d. None of the above
10. Gas gangrene most commonly results in
 - a. Clostridium septicum
 - b. Bacteroides
 - c. Staphylococcus aureus
 - d. Clostridium perfringes

Answer key last edition:
1-d; 2-b; 3-a; 4-c; 5-b; 6-a; 7-a; 8-a; 9-c; 10-a

Quiz Winner :
Dr. Aby Mathew Jose, Internee

HOME REMEDIES

- Massaging face skin with fresh tomato juice and cleaning it with warm water after 1-2hrs helps in clearing pimples.
- Massaging hair with coconut oil mixed with fresh lemon juice everyday for 10-15days helps in curing dandruff.
- Adding fresh lemon juice to bathing water helps in preventing body odour.
- For toothache, apply powdered clove or clove oil on the affected area, it relieves pain within minutes.

Dr. Poornima, 2nd year P.G. Scholar, Dept. of Agatantra

DISCLAIMER :

1. Editors hold no responsibility for the views of authors.
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To,

BOOK POST

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