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Dr. KURUNJI VENKATARAMANA GOWDA
Founder President



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

प्रज्वलितो ज्ञानमयो प्रदीपः ।



Editorial

"आ नो भद्राः क्रतवो यन्तु विश्वतः ।"
"LET NOBLE THOUGHTS REACH US
FROM ALL AROUND"

This age old prayer tells us the importance of communication, between ourselves and the world around. It is possible only when we decide to open the windows of our mind, with an intention to uplift ourselves and our society.

Yes. That is exactly what we-all those who are components of, and connected with KVG AYURVEDA MEDICAL COLLEGE AND HOSPITAL - have done! Through this newsletter of few pages, we are communicating with all those-students, teachers, practitioners administrators, research workers, patients, admirers and critics of Ayurveda. It is a small attempt for a better tomorrow.

We want to share- the news of campus activities, murmurs and musings of students, case reports from budding physicians, research works of post graduate students, efforts and achievements of the staff members, and improvement skills and interests of the management in this trimonthly fruit with all those who get connected with us.

Communication can never be one -way. In turn, we invite, and expect to receive advices, suggestions, informations, and positive criticism on all topics raised here. Absence of proper network is adversely affecting hundreds of teachers and research workers and thousands of students and practitioners. Well connected, we gain knowledge, strength and confidence. This problem has to be tackled by all those concerned.

We are ready to weave our part of this network. Though small, we call it a beginning!

Dr. Rohini D. Bharadwaj

Dr. Rohini D. Bharadwaj



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K.V.G. AYURVEDA MEDICAL COLLEGE & HOSPITAL SULLIA

K.V.G. Ayurveda Medical College & Hospital was inaugurated and began functioning as a institution dedicated to the field of Ayurveda on 18th September 1996. It is a fruitful result of one of the many timely decisions taken by our Founder President Dr. Sri Kurunji Venkatramana Gowda supported by the intense hardwork of Late. Smt. Janaki Venkatramana Gowda, in the field of education and health care.

Now, Dr. K.V. Chidananda, Vice President, Academy of Liberal Education (Regd.) and Medical Director, K.V.G Medical College, Sullia, is running this institution with extraordinary vision and has adopted the universally accepted principles of "Total Quality Management" at every level, be it students, staff or patients.

Smt. Shobha Chidananda (Treasurer A.O.L.E), Dr. Aishwarya and Mr. Akshay K. C. are actively engaging themselves in the upliftment of the institution in every aspect.

A dedicated team of eminent teaching and non teaching staff is working under the able leadership of Principal Dr. N.S. Shettar, in fulfilling the aspirations of the students as well as the patients.

The sprawling campus accommodates administrative and academic blocks, hospital (outpatient departments, general and special wards, well furnished panchakarma

theatres, labour theatre, minor and major operation theatres), spacious, well ventilated, asthetically designed classrooms, laboratories, museums, digital library, staff rooms, auditorium, herbal garden, hostels for men and women and facilities for sports and games.

Our college is duly recognised by the Central Council for Indian Medicine and is duly affiliated to Rajiv Gandhi Health University Bengaluru and is offering both Under Graduation (B.A.M.S) as well as Post Graduation (MD, MS (Ayu)) courses. At present we are offering PG courses in the disciplines viz Panchakarma, Shalyatantra, Dravyaguna and Bhaishajya Kalpana with 6 seats in each disciplines. The proposed PG - courses Kayachikitsa, Agada Tantra, Roga Nidana, Shalaky Tantra, Prasooti & Sthri Roga & Koumarbhritya.

K.V.G Ayurveda Medical College Sullia is a place dedicated to all round development of budding doctors. It is also the place for the promotion of the hidden talents of the students in the field of sports, literary, NSS and extracurricular activities.

To conclude, K.V.G Ayurveda Medical College & Hospital is an outstanding institution in terms of academic excellence and achievements. The various departments and affiliated facilities, besides providing ample academic inputs, also contribute towards research that is on par with international standards.

K.V.G. AYURVEDA HOSPITAL

K.V.G. Ayurveda Hospital is part of KVG AMC and public health service oriented. This hospital is running under the elegant banner of Academy Of Liberal Education (R.), Sullia. This hospital is situated at a very convenient distance from the holy shrine of The Lord, Sri CHENNAKESHAHA, the chief deity of Sullia. It is situated in the South-West side of the temple.

This hospital, though started serving the public in the year 1996 [in the Kurunji Hospital building in Shrirampet, Sullia], it achieved its own identity only after getting shifted to its new premises at Ambatedka, in the year 2001. Since then, serving the needy, it has crossed its childhood and has become a 16 year old, strong healthy and attractive institution.

K.V.G. Ayurveda Hospital is now a multi specialty centre, with all requirements for both suffering patients as well as the budding new physicians. Presently it can accommodate 230 patients as inpatients and for the convenience of the public, we here have separate present day investigatory appliance facility also.

We feel proud to exhibit ourselves with the following arena of different departments under our roof. So we have-

1. Out Patient Departments

- a. Kayachikitsa
- b. Panchakarma
- c. Shalaky tantra
- d. Prasooti and Streeroga
- e. Koumara bhritya
- f. Shalya tantra and
- g. Swasthya

2. Diagnostic facilities

- a. Pathology lab
- b. E.C.G. Facility.
- c. U.S.G.
- d. X-Ray

3. Inpatient Sections

- a. Kayachikitsa
- b. Panchakarma.
- c. Shalya tantra
- d. Shalaky tantra.
- e. Prasooti and Stree roga
- f. Koumara bhritya and
- g. Manasaroga sections

4. Sophisticated OT & LT

5. A well equipped, GMP Certified Pharmacy
6. A supportive quality control Lab
7. A well placed dispensary
8. Ambulance facility
9. Transport facility for Students and Patients



Above all these, Expert consultants, Resident doctors, Junior doctors, Nursing staff, Panchakarma specialists and a efficient accounts section along with other base level staff are the regular features of this centre.



MANAGEMENT OF DENGUE FEVER IN AYURVEDA

Dr. Udaya Shankar, Prof, KVG AMC, Sullia



DENGUE is a mosquito-borne infection found in tropical and sub-tropical regions around the world. There are four distinct, but closely related, serotypes of the virus that cause dengue (DEN-1, DEN-2, DEN-3 and DEN-4). The incidence of dengue has grown dramatically around the world in recent decades. Not only is the number of cases increasing as the disease spreads to new areas, but explosive outbreaks are occurring. (Dengue and severe dengue, WHO Fact sheet N°117, January 2012)

The *Aedes aegypti* mosquito is the primary vector of dengue. The virus is transmitted to humans through the bites of infected female mosquitoes. Patients who are already infected with the dengue virus can transmit the infection (for 4-5 days; maximum 12) via *Aedes* mosquitoes after their first symptoms appear.

Characteristics : Dengue should be suspected when a high fever (40°C/ 104°F) is accompanied by two of the following symptoms: severe headache, pain behind the eyes, muscle and joint pains, nausea, vomiting, swollen glands or rash. Symptoms usually last for 2-7 days. Severe dengue is a potentially deadly complication due to plasma leaking, fluid accumulation, respiratory distress, severe bleeding, or organ impairment.

Warning Signs : Warning signs occur 3-7 days after the first symptoms in conjunction with a decrease in temperature (below 38°C/ 100°F) and include: severe abdominal pain, persistent vomiting, rapid breathing, bleeding gums, fatigue, restlessness, blood in vomit. The next 24-48 hours of the critical stage can be lethal; proper medical care is needed to avoid complications and risk of death.

Proven Efficacy of Ayurveda : Ayurvedic system of medicine has proved effective in most of the viral invasions. It was treated as a pittedhika sannipata jwara successfully at Gujarat in 1996.

Dosha Dushya Sammurchana : The clinical presentation of Dengue can be analysed as Sannipataja jwara by highly increased pitta ; reduced kapha and Vata doshas. The elevated levels of pitta will produce high fever and burn platelets. The continued dosha dushya Sammurchana will end up in bleeding disorders as pitta resides in rakta dhatu to produce rakta pitta. The decreased shleshma will result in the joint pain and swollen joints (decreased Shleshaka Kapha), low pulse rate (decreased vyana vayu). When the vitiated doshas will abnormally accumulate in the region of head, there is the danger of loss of consciousness and delirium.

Management :

Nidana parivarjana : Includes all the measures to control mosquitoes like Avoidance of water clogging and fumigation with rakshoghna dhupa ;Growing mosquito repellent plants like tulsi, kamakasturi or other aromatic plants;

Prakriti vighaatana : Regular intake of fever preventing decoctions made from tulsi, guduchi, maricha and shunti. The main etiological factors of agni mandya and ama nirmana should be attended with deepana and paachana drugs.

Marma Raksha : The three major vital organs of the body like Shiras (brain)hridaya (heart) and basti (kidney?) should be protected during the acute stage of the diseases. Intra venous fluid administration in emergencies. If oral fluids are not possible, then Ryles tube should be introduced to administer the medications.

Oushadha yojana : The haemostatics like chandrakala rasa, vasa swarasa and laksha churna should be administered. The drugs like-ananda bhairava rasa, jayamangala rasa , shitabhanji rasa, betala rasa will support the treatment.

Other complications : **Joint pain :** To relieve the stiffness and pain, arka patra bandhana, dattura patra taila lepa are beneficial. Dysentery and diarrhea can be controlled with mocha rasa, sanjivini vati, indrayavam, kutaja, rasa pushpa and bilva. Enlarged lymph nodes are treated with: Thripkala guggul and kanchanara guggul . The rhinitis and bronchitis are handled with mahalakshmi vilasa , kapha ketu, dashamula kwatha and jwara murari rasa. The liver enlargement is attended with punarnava mandura, navayasa loha and chintamani rasa. The eruptions are managed with pancha tikta ghrita guggulu.

Recurrence is avoided by easily digestible diet and relaxed mind set. The intake of kharjuradi mantha, pippali kshira paka , ashwagandha mishrana, amritarista, navajivana rasa and sarva jwarahara louha during convalescence .

A CASE STUDY ON PCOD (POLYCYSTIC OVARIAN DISEASE)

Treating physician: Dr. ROHINI.D.BHARADWAJ

CASE DESCRIPTION : A 23 year old female patient named Kavya, afflicted with infertility, consulted our hospital on 14/02/11 because of her clinical deterioration. The patient was married before 2 years and failed to achieve pregnancy.

PRESENTING COMPLAINTS : Irregular menstruation associated with abdominal & back pain, increased bleeding with brownish clots, nausea on the 1st and 2nd day of menstruation, abnormally increased hunger & weight and sluggishness.

HISTORY : Menstrual history : Menstrual cycle → 2-3 days/25-40days.

Treatment history : The patient had undergone Allopathic treatment before, for 5 months and no much improvement was seen. The USG finding was 'Bilateral Polycystic ovaries'

EXAMINATION : Tongue-coated & dry, Bowel-constipated, Appetite – more, kapha-vata vrudhhi was noticed and agni was impaired because of kapha.

MEDICATION : First she was treated with krimighna and anulomana dravyas.

Rx→ Vidangarista + Abhayarista} 3tsp-0-3tsp B/F, Krimikutara rasa 2-0-2 with jaggary B/F, Triphala choorna(50gm)+ Saindhava(5gm) 0-0-1 tsp with warm water, Herbolax capsules 0-0-1 A/F, and Virechana with Trivrit lehya (15 gm) was given on the 8th day, in the morning followed by light diet for 3 days.

NEXT CONSULTATION AFTER 10 DAYS : Observation : Tongue was clear, abnormal hunger had gone, lightness of body & improved taste were noticed. Constipation was still not relieved totally. This time Apanavata dusti was treated. This included medication to regularize bowel movements and initiate regular menstrual cycles.

It constituted, Kalyanaka guda 0-0-1tsp with warm water, Maharasnadi kashaya 15ml-0-15ml, Pushpadhanva rasa 0-0-1, Chandraprabha vati 1-0-0.

Same medicines were continued for 4 months.

CONSULTATION AFTER 4 MONTHS on 15/06/11: Observation → The patient was feeling better and lighter. She had regular bowel movements. So, now kalyanaka guda was substituted by Shatavari avaleha (0-0-1tsp with milk) along with other medicines. Same medicines were continued for next 3 months.

CONSULTATION AFTER 3 MONTHS on 07/09/11: Observation :

Improvements seen :

- Consecutively 3 regular menstrual cycles with normal flow.
- No clots, no abdominal and back pain.
- Appetite became normal
- Bowel – clear

The USG report showed 'Normal pelvic sonography'

Rx→ Pushpadhanva rasa 0-0-1 with ghrita & madhu followed by milk, Shatavari rasayana 1tsp-0-0, A/F, Abhraloha forte 1-0-0 A/F.

With the above, she was given the symptomatic treatment for the complaints other than this.

NEXT CONSULTATION AFTER 1 MONTH on 15/11/11 : Patient complained about amenorrhea. So she was advised to undergo USG & urine pregnancy test. Urine pregnancy test was positive.

USG Report : Intra-uterine gestational sac of 5 weeks size.

RESULT : She delivered a full-term healthy female child of 2.8 Kg on 02/07/12.

USG Reports :

- 04/08/09 – Bilateral Polycystic ovaries
- 22/02/10 – Developing Follicle – Bilateral PCO
- 27/03/10 – PCO – No dominate Follicle
- 06/08/11 – Normal pelvic sonography.
- 15/11/11 – Intra-uterine gestational sac of 5 weeks size.

Obstetric Scan report : 11/07/12 - A single live intra-uterine fetus of 19+/-1 weeks of gestational age with low lying placenta.

DISCUSSION : The lakshanas of the patient showed that all the tridoshas were imbalanced and in 'sama' condition because of agni dusti. More over there was vimarga gamana of Apanavata. Sthana samshraya was at reproductive system and since the disease process was chronic, the dhatus were affected, with the result that the lady could not conceive.

Based on the chikitsa sutras, the sequence of treatment applied here was anulomana-pachana & shodhana followed by samsarjana. When agni was stabilized and dosha gati became normal, vyadhi pratyaneeka chikitsa was given with drugs which initiate and regularize the functions of affected system. Once it was done, as noted by the normal & regular menstrual cycles, jeevaneeya & prajasthapana yogas were administered to help for conception, which yielded the desired result.

CONCLUSION : Ayurvedic drug treatment done on the basis of Ayurvedic chikitsa sutras is helpful in relieving the symptoms & curing the conditions known by different names in the Allopathic system. When Ayurvedic medicines are used based on modern theories, success becomes a chance and may not be totally satisfying.

Modern aids of diagnosis can be cautiously used with profit, since they exhibit the results of our treatment. They help in building the confidence in our system and also for documentation of results.

By : **Dr. ANANYA ACHRAPADY & Dr. SWATHI KRISHNA R.**

A CLINICAL STUDY ON THE EFFICACY OF PRACHCHAANA KARMA IN TWAKGATA DOSHA LAKSHNAS

*Dr. VENU N. **Dr. UDAYASHANKAR N. ***Dr. HARIPRASAD SHETTY

INTRODUCTION : The skin is an ever-changing organ that contains many specialized cells and structures. Besides a sense organ, skin functions as a protective barrier. That interfaces with a sometimes-hostile environment and maintains temperature. It plays an active role in the immune system. In Ayurveda the word "TWACHA or 'TWAK' is used for skin. Tvacha is derived from "Tvach-Samvarne" Dhatu means the covering of the body. (Ch. Sha. 7/16)

Approximately 15% of patients visit the doctors, for care of the skin. As the wise saying 'skin patients never cured and never die.' These patients always experience physical, emotional & social embarrassment in the society. Severe itching or burning or oozing disturbs his routine. Its nature susceptible to be chronic. Acharya Charaka and Acharya Sushruta noted that, 7 Dravya Sangraha i.e. Tridosha, Tvacha, Rakta, Mamsa and Lasika makes the skin Kustsita (deformed) and this condition is Kushta.

The present study is to evaluate another method told by Acharya- PRACHCHAANA to study the beneficial effect of Raktamokshana in the specific doshas, which exhibit the Lakshana's of their Vriddi or Kshaya in the Twacha. Raktamokshana is very great treatment modality and important tool of Ayurveda. It is said that Rakta is the Jeeva and all the attempts should be made to save Rakta. Once the Rakta gets Dūshita and comes out of the path, the Sira and Dhamanis itself will be Visha to the individual. This is the time to remove the Dūshita Rakta from the Shareera or the affected part by Raktamokshana.

RIGHT TIME TO DO RAKTAMOKSHANA:

Sharad ritu – Is ideal for both healthy as well as diseased person mid August to mid October.

Rainy season – In absence of cloud.

Summer season- In cold climate (morning /evening)

Winter season - Mid- day.

Raktamokshana should not be performed in cold, cloudy or on bright hot sunny days. If excess of blood is let-out then diseases like Timira, Akshepaka, Trishna, Shirashoola, Andhatwa, Pakshaghata, Swasa, Hikka, Daaha, Pandu Roga may occur and finally death may also occur.

MATERIALS AND METHODS : 30 patients were taken up for the present study, who strictly had the following lakshanas like vaivarnya, rookshata, kandu, srava, and suptata as inclusion criteria.

METHOD : After the poorva karma of stanika snehana and swedana, with 26 no. 1/4" needle, the area was briskly punctured. i.e, Prachchaana. Care was taken not to injure the underlying structures. The flow of rakta was observed. When the flow stopped the area was cleaned.

DIET : The patient was advised to avoid oily, spicy foods.

FOLLOW UP : The total duration of treatment was once a week for 3 weeks, followed by 3 follow ups of 10 days each.

RESULT : The results obtained proved beyond doubt the procedure was beneficial in the above criteria taken for the study.

The lakshanas seen in different patients no is given in brackets. Vaivarnya (30), Rookshata (21), Kandu (21), Srava (8) and Suptata(2). The above Lakshanas seen in various diseases of the Twak were diagnosed (no's given in brackets) and studied for curiosity, of which Vicharchika (17) was predominant, Kitibha (4) Dadru (3) Shataru (2) Pama, Eka, Charmadala and Kapala was seen in 1 patients each.

The results showed relief with regard to Lakshanas in % Vaivarnya (57%), Rookshata (86%), Kandu (81%), Srava (100%) and Suptata (87%). If the diseases were taken Vicharchika (13) cured, Kitibha & Shataru marked improvement Dadru in 1 patient reoccurrence was seen. Pama& Charmadala cured completely. Eka and Kapala not cured (as they are Asaadhya).

CONCLUSION : The skin manifestations which tend to reappear with slight provocation of the Nidana's and are also stubborn to cure. The repeated procedures and proper Pathyapathya followed, will help in the control of the condition. The various other methods of Raktamokshana can be tried with these Twakgata dosha lakshana's or the path is open for the further study of the Prachchaana with other lakshanas exhibited in Twak.

* Corresponding author. ** Guide. *** Co-guide.

“A COMPARATIVE STUDY OF ERANDA PATRA PARISHEKA AND SHIGRU PATRA PARISHEKA IN THE MANAGEMENT OF AMAVATA”

Dr. Deeksha M.G.* Dr. Krishna Prakash K** Dr. N.S. Shettar.***

Amavata is composed of two words Ama and Vata. In Amavata, mainly Vata and Kapha doshas are involved. In Chikitsa sutra of Amavata, Swedana is one of the lines of treatment. Parisheka is also a variety of sweda which helps in the alleviation of Vata and Kapha dosha. In this study, Eranda and Shigru are considered, as both the drugs possess Vata-Kaphahara properties. Here an attempt is made to compare the efficacy of Eranda patra Parisheka and Shigru Patra Parisheka in Amavata.

OBJECTIVES OF THE STUDY :

1. To study about Parisheka in detail.
2. To evaluate the efficacy of Eranda Patra Parisheka and Shigru Patra Parisheka clinically.
3. To compare the efficacy of Eranda Patra Parisheka and Shigru Patra Parisheka clinically.
4. To assess the limitations of the above mentioned drugs through Parisheka in treating Amavata.

METHODS :

The patients were selected from the OPD and IPD of K.V.G. Ayurveda Medical College and Hospital, Sullia. 30 patients of Amavata were randomly selected and divided into two groups of 15 patients each, and subjected to clinical trial. Group-A patients were treated with Erandapatra Parisheka and Group-B patients were treated with Shigrupatra Parisheka. The signs and symptoms were recorded based on the proforma designed for the study and assessment was done on subjective and objective criteria and results were analyzed statistically.

RESULTS :

All the patients showed Samyak Swinna Lakshanas.

In group-A, out of 15 patients, there are no patient who got Shamana (complete relief), no patient with Prayika Shamana (Marked improvement), 12 patients were seen with Amshika Shamana (Moderate improvement), 3 patient with Kinchit Shamana (mild improvement) and there were no patients with unchanged results.

In group-B, out of 15 patients, there was no patient who got Shamana (complete relief), no patient with Prayika Shamana (Marked improvement), 6 patients were seen with Amshika Shamana (Moderate improvement), 9 patient with Kinchit Shamana (mild improvement) and there were no patients with unchanged results.

CONCLUSION : The treatments were found to be statistically significant in reducing the signs and symptoms of the disease. In the present study, patients who underwent Eranda Patra Parisheka (Group A) got better results than who underwent Shigru Patra Parisheka (Group B).

KEY WORDS : Amavata, Parisheka, Eranda Patra, Shigru Patra.

*P.G.Scholar, ** Guide, ***H.O.D-Post graduate studies in Panchakarma K.V.G.A.M.C, Sullia.

“A CLINICAL COMPARITIVE STUDY OF EFFECT OF KRISHNADI LEPA AND HARIDRADI LEPA ON BAHYARSHAS.”

Dr. Manjunath*, Dr. G.K. Prasad**, Dr. D.P.Bharadwaj***

Arshas is the commonest condition among the anorectal diseases in our day-to-day practice in terms of incidence. The disease arshas troubles the patient like an enemy. Because of adoption of western life style, lack of physical exercise, excessive travelling lead to disease arshas. Arshas is of two types- Bahya and Abhyantara. Bhesaja chikitsa is recommended as the primary line of treatment, Krishnadi Lepa is employed in Yogaratnakara and Haridradi Lepa by Acharya Sushrutha on Arshas. Hence the present study is intended to clinically compare the effect of Krishnadi Lepa and Haridradi Lepa on Bahyarshas.

OBJECTIVES OF STUDY

1. To study the disease Bahyarshas in detail.
2. To assess the effect of Krishnadi Lepa On Bahyarshas .
3. To assess the effect of Haridradi Lepa On Bahyarshas.
4. To compare the effect of these therapies.

METHODS : The patients attending the IPD and OPD of K.V.G. Ayurveda medical college and Hospital, Sullia were the materials of this study. 30 patients of Bahyarshas were randomly selected and divided into two groups of 15 patients each, and subjected to clinical trial. Group-A patients were treated with Krishnadi Lepa and Group-B patients with Haridradi Lepa. The signs and symptoms were recorded on the proforma designed for the study and assessment was done on subjective and objective criteria and results were analyzed.

RESULT : In group-A, out of 15 patients no patients got complete remission, 02 patients got marked improvement, 13 patients were seen in moderate improvement, no patient with mild improvement and there were no patients with unchanged results.

In group-B, out of 15 patients 01 patient got marked improvement, 13 patients were found in moderate improvement, 01 patient was found in mild improvement, no patients were with unchanged results and there were no patient with complete remission.

CONCLUSION : The treatments were found to be statistically significant in reducing the signs and symptoms of the disease. Group A showed better result with Krishnadi Lepa than Group B with Haridradi Lepa.

KEY WORDS : Bahyarshas, Krishnadi Lepa, Haridradi Lepa.

*P.G. Scholar, ** Guide, ***H.O.D -Post graduate studies in Shalya Tantra, K.V.G.A.M.C, Sullia.

A COMPARATIVE STUDY ON THE EFFICACY OF AGNIKARMA BY RAJATA AND TAMRA SHALAKA IN SANDHIGATA VATA W.S.R TO JANU SANDHI

Dr. Sucheta Ray*, Dr. G.K.Prasad**, Dr. D.P. Bharadwaj***

Locomotory system disorders are increasing in the present era. These conditions considerably reduce the human activity in terms of social and professional life. Janu Sandhigata vata is major among them and has 1-2% of incidence rate in the world. Such is its gravity that, Acharya Sushruta has given fore most place to vata vikaras as 'Vata Vyadhi Nidana' in Nidanasthana. Regarding the gravity of the disease through it is not fatal instantly but it causes more severe complication in later stage.

Among the Bahya Chikitsa, Agnikarma is commonly practicing procedure in recent trend. The procedure of Agnikarma is very short and gives instant relief. So here Agnikarma with Twak Dahana is tried with two different materials in the treatment of Janu sandhigata vata.

OBJECTIVES OF THE STUDY :

- To study the condition Sandhigata vata of Janu sandhi.
- To assess the efficacy of Agnikarma by Rajata Shalaka in Sandhigata Vata.
- To assess the efficacy of Agnikarma by Tamra Shalaka in Sandhigata Vata.
- To compare and assess the results of the above studies.

MATERIALS AND METHODS : Total 30 patients were selected from O.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 and group B, 15 patients of Group A receives Agnikarma with Rajata Shalaka and 15 patients group B received Agnikarma with Tamra Shalaka.

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

RESULTS : In group A out of 15 patients, 20% showed Complete remission, Marked improvement was found in 40% patients, 40% had Moderate improvement. There were no patients in Mild and unchanged group.

In group B out of 15 patients, 13.33% patients showed Complete remission, Marked improvement was found in 26.66% patients, 60% had Moderate improvement. There were no patient in Mild and unchanged group.

CONCLUSION :

- * Agnikarma with Rajata and Tamra Shalaka both are effective in alleviating the features of Janu Sandhigata Vata.
- * Agnikarma with Rajata shalaka is better than Agnikarma with Tamra Shalaka in relieving the symptoms of Janu Sandhigata Vata.
- * Both, Agnikarma with Rajata and Tamra Shalaka could not cure the structural deformities like defective extension and flexion degrees of Janu Sandhi.

*P.G.Scholar, ** Guide, ***H.O.D-Post graduate studies in Shalya Tantra, K.V.G.A.M.C, Sullia.

“ANALYTICAL AND EXPERIMENTAL EVALUATION OF TANKARI (PHYSALIS MINIMA LINN.) W.S.R. TO ITS SHOTHAGHNA (ANTI-INFLAMMATORY) KARMA”

*Dr. Supriya S.Kallianpur **Dr. Kavitha B.M. ***Dr. Rajashekhara N.

The drug Tankari (*Physalis minima* Linn.) is an annual herb, found as a common weed all over India in waste places and along roadsides. It is useful in various conditions like shotha, udara, pliha, visarpa, shvasa and kasa. The study entitled 'A Pharmacognostical, Analytical and Experimental evaluation of Tankari (*Physalis minima* Linn.) w.s.r. to its Shothaghna (Anti-inflammatory) Karma, is taken up with the following objectives,

1. Pharmacognostical study : Macroscopic study, microscopic study of T. S. of stem, leaf and root, and powder microscopy.
2. Analytical study : Organoleptic study, physico-chemical analysis, and HPTLC.
3. Experimental study : to determine the anti-inflammatory effect of the drug by carrageenan induced rat paw edema method.

MATERIALS AND METHODS : Thorough screening of literature of Ayurveda and contemporary science is done for drug Tankari and the disease Shotha. The pharmacognostical and Analytical study was done according to the standard procedures. The shothaghna (Anti-inflammatory) effect of the drug was evaluated by carrageenan induced rat paw edema method using a mercury model rat paw plethysmograph.

INTERPRETATION AND CONCLUSION : **Literary review :** The reference of Tankari is found in Nighantus but the word "Tankari" is not found in samhithas, the drug chirapota of samhithas is considered as Tankari by the recent authors.

Pharmacognostical study revealed the presence of various stone cells, aleurone grains, starch grains, calcium oxalate crystals and few oil globules.

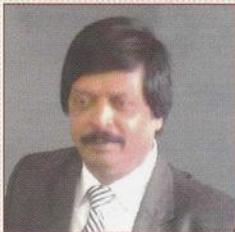
ANALYTICAL STUDY : Drug contains 9% moisture, the extractive value of water was more than alcohol, petroleum ether and chloroform, and the ash values represent the mineral content of the drug. The organic compounds present in it are steroids, alkaloids, carbohydrates, flavanoids, tannins and phenolic compounds, the inorganic compounds are calcium, magnesium, sodium, sulphates and chlorides.

Experimental study showed that the drug Tankari has anti-inflammatory action which is near to the standard drug ibuprofen.

KEY WORDS : Tankari, Pharmacognostical, Analytical, Shothaghna, Anti-inflammatory, Carrageenan.

*PG Scholar. ** Co-guide. *** Guide and H.O.D

ACHIVEMENTS



President, Karnataka Ayurveda
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COLLEGE ACTIVITIES

STUDENT COUNCIL 2012 - 13 INAUGURATION.



Lighting of the Lamp by
Dr. K.V. Chidananda



Chief Guest Speaks :
Dist. Governor Ln. M.B. Sadashiva



Office Bearers of
New Student Council, 2012-13

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Tribute to the Nation

CME ON AGADATANTRA by Dr. Ravindranath Aithal



CME ON DIAGNOSIS & MANAGEMENT OF LOW BACK ACHE



Dr. Ranganath N.
(D. Ortho, DNB Ortho)
Assistant Professor,
Dept. of Orthopaedics
K.V.G. Medical College, Sullia



CME ON AYURVEDIC MANAGEMENT OF DEPRESSION IN CLINICAL PRACTICE.

Dr. Suhas Kumar Shetty M.D. (AYU),
Assistant Professor, Dept. of P.G. Studies in Manasa Roga, S.D.M. College of
Ayurveda and Hospital, Hassan,



AFI (Ayurveda Federation of India) & KVG AMC, jointly conducting regular CME's to educate the students and practitioners.

NSS CAMP : HEALTH TO ALL BY 2020 NSS Special Camp, 2011-2012



KASHYAPA SAMHITHA OR VRIDDHA JIVAKIYA TANTRA

3rd prof. (sr) BAMS 2008-09 BATCH

INTRODUCTION REGARDING THE TREATISE : The preaching's of Ayurveda, the Eternal Science of Life was taught by Lord Brahma, the God of Creation, which was divided into Ashtangas for the better understanding as well as for the practical therapeutic application in which Kaumarabhritya is one of them.

Kashyapa Samhita is a treatise which explains or gives a detailed description regarding Kaumarabhritya. It is a compilation of the preaching's of "Maharshi Kashyapa" to his disciple "Vridha Jivaka"(Jivaka).

It is said that Jivaka, received the knowledge from Kashyapa just at the age of five & recapitulated after summarizing it. This was not accepted by the sages because it was recapitulated by a child. So in front of the sages, Jivaka entered the river Ganges & emerged as a grey haired, wrinkled man, who was called Vridha Jivaka. After which the recapitulated Kashyapa Samhita was accepted. So it attained the name as "Vridha Jivakiya Tantra"

ABOUT THE AUTHOR : Other names of Jivaka are Vridha Jivaka, Sthavira, Sthavira Jivaka & Bhargava. He was the son of Ricika. He was a famous surgeon of Baudhik Period who is also called Kumarabhacca (cared by Kumara Abhaya). Jivaka, the pediatrician is referred to in Navanitaka. Redaction of this Samhita was done in the family of Vridha Jivaka.

TIME PERIOD OF THE TREATISE : Some scholars opine that it might be around 11th -13th Century A.D.

CHAPTERS OF THE TREATISE : Available Kashyapa Samhita, is incomplete. The total number of chapters are said to be 200 in no. of which only 78 are presently available. The 9 Sthanas explained are-

- | | |
|---|----------------------------------|
| 1) Sutra Sthana - 30 chapters | 6) Chikitsa Sthana - 30 chapters |
| 2) Nidana Sthana - 08 chapters | 7) Siddhi Sthana - 12 chapters |
| 3) Vimana Sthana - 08 chapters | 8) Kalpa Sthana - 12 chapters |
| 4) Atmanischaya (Sarira Sthana) - 08 chapters | 9) Khila Sthana - 80 chapters |
| 5) Indriya Sthana - 12 chapters | |

CONTRIBUTIONS : Other than Kaumarabhritya, few of the Ayurvedic formulations for different rogas are explained. The branches like Prasoothi Tantra & Streeroga are also given importance along with explanation regarding the Grahas.

CANDRAKALA RASA

3rd prof. BAMS 2009-10 BATCH

प्रत्येकं तोलमादायसूतंतात्रं तथाऽभ्रकम् । मुत्रकच्छ्राणि सर्वाणि नाशयेन्नात्र संशयः ॥

(Bhaisajyaratnavali Mutrakrichra Chikitsa)

Purified Parada : Tamra Bhasma, Abhraka Bhasma, Musta - Kwatha, Dadima - Swarasa, Durva - Swarasa, Ketaki - Swarasa, Sahadevi - Kwatha, Gritha kumari, Parpata - Swarasa, Ramsitalika -Toya, Satavari - Kwatha, Tikta - Choorna, Guduchi Sattva

Parpata - Choorna, Usira - Choorna, Madhavi - Choorna, Srigandha (Swetatacandana)- Choorna,

Sariva (Sweta Sariva) - Choorna, Drakshadi group - Kwatha

Therapeutic Uses : Pittaroga, Vatapitta Roga, Antardaha (Internal Burning sensation), Bahyadaha (Burning sensation), Mahatapa (Severe body temperature), Jvara (Fever), Bhrama (Vertigo), Mutrakrcchra (Dysuria), Raktapradara (Menorrhagia or Metrorrhagia or both), Urdhva & Adhogata Raktapitta (Bleeding from orifices of the upper part of the body).

Dose : 1 - 2 Ratti, Anupana - Milk, Sugar, Cold Water, Honey.

GUDUCHI

2nd prof. BAMS 2010-2011 BATCH

BOTANICAL NAME : Tinospora cordifolia, Willd.

FAMILY : Menispermaceae.

SYNONYMS : Amrita, Kundali, Cakrangi, Cakralaksana
Soma Valli, Soma, Madhuparni.

BOTANICAL DESCRIPTION : Large climber with succulent, corky and
grooved stems, branches possess slender fleshy roots

LEAVES : Glabrous, Cordate.

FLOWERS : In racemes, pale yellowish or white in colour.

FRUITS : Size of a large pea-red on ripening., **RASA :** Tikta, Kasaya., **GUNA :** Guru, Snigdha.,

VEERYA : Ushna, **VIPAKA :** Madhura., **KARMA :** Medhya, Rasayana, Medohara, Jwarahara.

ACTIVE PRINCIPLES : Tinosporin, Tinosporide, Cordifolide, Beta sitosterol, Tinosporaside,
Cordifolisides, Isocolumbin, Palmatine.

INDICATION : Jwara, Pandu, Kamala, Chardi, Krimi.,

IMPORTANT PREPARATIONS : Amritarista, Amrtadi Kashaya, Chandraprabha Vati.

PART USED : Whole Plant.



DAILY REGIMEN (DINACHARYA)

1st prof. BAMS 2011-2012 BATCH

Ayurveda is the "science of life" which gives equal importance to health by prevention of diseases and in curing them. Our acharyas like Charaka, Susrutha and Vagbhata have given due importance to Dinacharya. Dinacharya includes the daily routine, which is to be followed by a healthy person. It begins with waking up in Brahma Muhurtha for preserving the wholesome life span i.e. ब्राह्मे मुहुर्ते उत्तिष्ठेत् स्वस्थो रक्षार्थमायुषः ।

Brahma means knowledge. The time adopted for perceiving knowledge is known as Brahma Muhurta. Difference of opinions exists regarding Brahma Muhurtha.

According to Aruna Dutta, Indu, Hemadri, who are the commentators of Astanga Hridaya, one and half hour before the sunrise is considered as Brahma Muhurta. So one has to wake up at Brahma Muhurta. After awakening at Brahma Muhurta one has to analyze their own body for a while and being cleaned by evacuation of excreta. Oral hygiene should be attended by using the herbal brushes of Kashaya Katu and Tikta Rasa predominant drugs. The teeth should be brushed after every meal, while brushing gums should not be hurt.

Abyanga which means massaging the whole body by the application of oil is recommended. It retards the aging; it improves the clarity of vision, renders nourishment, good skin and good sleep. It should be particularly practiced on head, ears and soles. After abyanga the practice of physical exercise renders the body light and efficient in activities. It increases the amount of oxygen in blood, promotes circulation. It is the method available to keep the person healthy at no cost.

One should take bath regularly. Bathing provides health, longevity, energy and strength. Food should be taken only when the previously taken meal is fully digested and food should be in wholesome and moderate quantity. Souvira Anjana is pleasing to the eyes and hence, it can be used daily.

These are some important rules and regulation or regimen mentioned by Acharya Vagbhata to be followed in daily life from which we get longevity, health and prosperity and also heavenly abode at the end.

These are the simple principles which can be easily followed by common people. In this 21st century we are not so conscious about our own health where as, these are the simple things which provides good health. Health is foremost thing and other things like money, education, etc come next. That's why we should at least follow some of the regimen to maintain the good health. By following this we can create the healthy society.

SHIRODHARA

Dr. Febin P. Jose, PG Scholar, Dept. of Panchakarma.



Shirodhara is a practical method to restore the nervous system to its optimal functioning. It is one of the best therapies used to settle the mind. It improves the function of the overall nervous system.

'Shiro' means head, and 'dhara' means steady flow. This therapy is not only meant for elimination of disease-causing toxins but also to replenish the tissues with nourishment.

Warm oil poured on the forehead is one of the most divine, relaxing therapies one can experience. When people get up from this therapy, a healthy glow radiates from their eyes, and skin. People look years younger. Eyes gleam with tranquility while the lips wear a smile of serenity. Shirodhara helps with conditions of the head and overcome stress and its ill effects on nervous system and mind. It restores nervous system imbalances. It also relieves insomnia, asthma, tension, anxiety, anger, chronic headaches, hypertension, psoriasis, eczema, facial palsy, hair (pre mature graying and hair loss) and scalp problems, rheumatism and gives mental relaxation. etc It is also used to heal difficult diseases like diabetes, epilepsy and schizophrenia. Shirodhara pacifies emotional disturbances and is curative as well as rejuvenating process as it eliminates lots of diseases and improves vitality.

AN AUTOBIOGRAPHY OF 'CAPICHINO'

Sneha Antony, 1st Prof. BAMS

Oh! What an era it was? Still I have so fresh memories of it. It's true enough to say, "Life took a troll upon me." Anyway I enjoyed every second of whatever little time I got. Being witness to the trickling laughter of kids and their crocodile tears too. The heart rendering break up of young loves and their reunion. So many exchanges of red roses. Cradling moms and toddling dads. The never ending list goes on so.

The flashback goes on like this-

I [coffee bar – capichino (1993)], located in suburban's of the great Mumbai was owned by Mr. Cliston. Every morning, I opened my eyes to the splashing of soap water on my window sills by my cleaner Raghav. Sharp 10am, I get my first customer grandpa James, who throws open my beautifully varnished doors, letting inside the crimson rays fall on my glass shelf. Then there would be a long silence (timely interrupted by some young couples) till 4 in the evening, when the whole lot of working class people along with few school going children pay their visit. It's the peak time when most of my coffees with smiley and snacks get sold out. Then my usual visitors are at 6pm Aunt Jenny with her 2 year girl, 7:15pm – Minu in her pink long frock, sweeping my floors. By evening Dhruv with his friend circle arrive and asks for my most delicious preparations along with some rocking music. Thus ends up my whole day's journey. 16th Aug 1999 (an unforgettable day), I stood stunned with my kind hearted Mr. Cliston words. How could he become so rude and arrogant all of a sudden? I heard him say, "Customers are getting fewer day by day. This won't help me puff up my pockets. Its better I break down 'capichino' and sell off the land for a good amount."

Before I could recover from this shock big-big bulldozer rushed towards me. Only one thing do I remember, it was 5th of sep 1999, mid day, a huge deep yellow painted bulldozer speeded at high velocity to me and 'dmm' a huge sound, a chill ran throughout my body. I trembled, cracked and fell down.

'Everything is finished. I am dead. I feel down, my land is sold away in the hands of a rich guy. I closed my eyes forever and ever. No-No-No. The story yet continues. It didn't took much time before my land was sold and resold, a 5-star international hotel's plan was put up, which had more number of floors, more food articles and of course more customers.

I am proud to give way to a much better building. It was the time, when I realised that failures is not the finishing point. Everything needs to be taken in a positive spirit. Failures and breakings in our life are just practical lessons which mould us and make us a better human each passing day.

STUDENT ACHIVEMENTS



Poornima P. R.
Student of III prof BAMS
(09-10 batch)

Secured 8th rank in Shareera Kriya scoring 223 marks in the theory & 92 marks in practical.

She has participated in 3 National Badminton tournaments, 3 South India Tournaments & 13 State level tournaments organized by the Govt. & won prizes.

Participated in South India Inter University Shuttle Badminton at Vellore, T.N.



Pooja Shetty
Student of III prof BAMS
(09-10 batch)

Participated in RGUHS Mysore Zone Shuttle Badminton at Ballary

Participated in South India Inter University Shuttle Badminton at Vellore, T.N.

QUIZ :

1. Phagocytic activity is absent in
 - a) Basophils
 - b) Monocytes
 - c) Lymphocytes
 - d) Neutrophils
2. Pitrija Bhava as per Susruta is
 - a) Guda
 - b) Dhamani
 - c) Nabi
 - d) Pliha
3. The botanical name of Maha Nimba
 - a) Melia azadiracta
 - b) Azadirachta indica
 - c) Acacia catehu
 - d) Albezzia lebbeck
4. The drug commonly used for Pumsavana Karma is
 - a) Shunti
 - b) Saindava Lwavana
 - c) Shweta Brihati Mula
 - d) Shatahva
5. The Bala roga occurs during Dantodbhava kala as per Vagbhata
 - a) Parvanika
 - b) Alaji
 - c) Paksma kopa
 - d) Kukunaka
6. Wrist drop is caused by
 - a) Radial nerve injury
 - b) Tibial nerve injury
 - c) Ulnar nerve injury
 - d) None of these
7. Ferrus Sulphate is the chemical name of
 - a) Sasyaka
 - b) Haratala
 - c) Kasisa
 - d) Rasaka
8. Brahmi Muhurtha is the period before
 - a) Sunrise
 - b) Moon rise
 - c) Sunset
 - d) Noon.
9. According to Vagbhata, Vak Pravritti is the function of
 - a) Prana Vata
 - b) Udana Vata
 - c) Samana Vata
 - d) Apana Vata
10. Sadhya raktha pitta among below
 - a) Dvandaja
 - b) Adhogata
 - c) Triyakgata
 - d) Urdhva gata

Mail the Answers at kvgayurnews@hotmail.com on or before Sept. 20th 2012

: HOME REMEDIES :

1. Guduchi and Shunti Kashaya is given to cure all types of fever associated with pain.
2. Guduchi leaves crushed with butter milk is given early in the morning to cure Kamala.
3. Guduchi stems soaked with water in the night. Next day morning the mixture is macerated and filtered. This is administered in the morning itself along with honey to relieve nausea and vomiting.

: DISCLAIMER :

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

To,

BOOK POST

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