



Late Dr. Kurunji Venkatramana Gowda  
Founder President

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

प्रज्वलितो ज्ञानमयो प्रदीपः ।



KVG Ayurveda Medical Collage & Hospital is the brainchild of our founder president Dr.Kurunji Venkatramana Gowda. His quest for Medical education and eagerness to make rural area like Sullia into an educational hub has paved the way for the establishment of our intuition. With immense pleasure and utmost gratitude we have celebrated his birthday as Founder's Day on 26th December.

Every year the National unity Day is celebrate on 31st October to commemorate the birth anniversary of Sardar Vallabhbai Patel. Our NSS unit has organized an intra-college essay competition to recognize Sardar Patel's monumental contribution and service to the Nation.

The current issue contains scholarly article on "Yogasanas- A non-Pharmacological management for chronic low back pain." and a case study on "Krimigranthi".

*Dr. Harshitha Purushotham*

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## YOGASANAS – A NON PHARMACOLOGICAL MANAGEMENT FOR CHRONIC LOW BACK PAIN

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### Introduction

Low back pain is pain, muscle tension, or stiffness localized below the costal margin and above the inferior gluteal folds with or without leg pain and it is defined as chronic (CLBP) when it persists for 12 weeks or more. It affects peoples of all ages. The lifetime prevalence of non-specific (common) low back pain is estimated at 60% to 70% in industrialized countries. Though several risk factors have been identified (including occupational posture, depressive moods, obesity, body height & age) the cause of the onset of low back pain remain obscure & diagnosis difficult to make.

### Causes of LBP/CLBP.

- Mechanical - Trauma, Postural back pain (sway back), Lumbar spondylosis, Facet joint syndrome, Lumbar disc prolapse, Spinal & root canal stenosis, Spondylolisthesis, DISH, Fibromyalgia, Muscular & ligamentous pain
- Inflammatory - Infective lesions of the spine, ankylosing spondylitis/ sacroiliitis
- Metabolic - Osteoporotic spinal fractures, Osteomalacia, Paget's disease
- Neoplastic – Metastases, Multiple myeloma, Primary tumours of bone

### Investigations

- Plain radiographs are rarely helpful in patient with acute low back pain, unless red flags are present.
- MRI should be undertaken if red flags are present, even if plain radiographs are normal

### Non-medical management of CLBP

(Patient education and behavioral changes), (Modification of risk factors like obesity, muscle weakness, non-restorative sleep), (Reduction of adverse mechanical factors), (Advice on exercise programme). Exercises generally prescribed are Aerobic fitness training, Local Muscle strengthening, Muscle stretching.

### Yoga as a non-medical management for CLBP

Yogasanas are not merely exercises, but techniques which place the physical body in position that cultivate awareness, relaxation, concentration and meditation. And the modes of the performance are altogether different, the maintenance phase of the asana is more important than the moving part of it. In yogasanas spinal column is moved in almost all the directions in its possible range of movements. The sequence of asana is based on the principle of counter movement for the movement done in earlier asana, this increases the flexibility of the spine and reduces the stiffness of joints. Yogasanas are collective of different exercises forms like Isometric exercise e.g. Sethubandhasana, Local muscle strengthening exercise like Core strengthening e.g. Dhanurasana, Motor control exercise, graded exposure exercise, Stretching exercise etc. Yogasanas can practice in an isotonic manner too.

### Yogasanas for strengthening and stretching low back region

Prior to the practice rotation or bending movements of neck, shoulder, hip, elbow, wrist, fingers, knee, ankle should be done. Hip joint rotation should be done with special attention.

- Thadasana
- Parswakonasana
- Utkatasana
- Katchakrasana
- Ardha kati chakrasana
- Veerasana
- Gomukhasana
- Adhomukha swanasana
- Ushtrasana
- Paschimothanasana
- Ardha matsyendrasana
- Bhujangasana
- Dhanurasana
- Salabhasana

**In CLBP, following yogasanas may be useful:**

(While performing loosening exercise hip joint movements like rotation and bending should be done with precaution) Thadasana, Thiryak Thadasana, Kati chakrasana, Ardha kati chakrasana, Makarasana, Bhujangasana, Sarala Salabhasana When patients can do the above and easy sets of yogasanas without discomfort, they can gradually practice other prescribed Asanas for strengthening and stretching low back muscle. In non-radicular pain even though yogasanas for stabilization and strengthening of spinal column can be adopted, additional precautions should be taken to avoid certain Asanas during acute phases of LBP/ CLBP.

**Special precaution:** In some cases, deviation from the lordotic curvature (normal curvature in between 15 and 30 degrees) is one of the causes of LBP/ CLBP, as well as insufficiently developed abdominal musculature, shortening of the back muscles. In such cases some yogasanas are contra indicated since the retroflexion in such asanas may worsen the condition and causes pain. They are

- Urdha mukha swanasana
- Ushtrasana
- Dhanurasana
- Bhujangasana
- Marjari asana
- Urha Dhanurasana

(in all the mentioned Asanas there is pronounced hyper extension of the trunk).

**Lordosis:**

In the case of Lordosis, the increase of the lumbar curvature is characterized by the rotation of the pelvis, the upper edge forward and downward, and increases inclination appears (over 65 degree for men and over 55 degree for women). In Lordosis in addition to strengthening the musculature of the abdomen and the back, exercises for stretching the shortened muscles of the back and hamstring is necessary. Indicated asanas are:

- Supta padangushtasana
- Paschimothanasana
- Halasana
- Pavana mukthasana
- Upavisstha konasana
- Balasana
- Salabhasana
- Makarasana

(they stretch and strengthen the muscles of the abdomen, the back and the dorsal side of the thigh)

Radicular pain:

In lumbar disc tear and disc herniation and radicular pain, avoid all stretching in forward direction and avoid pulling knee to the chest. Indicated asanas in such cases are:

- Bhujangasana
- Makarasana (if pain more pillow underneath the belly)

**Discussion**

Even though yoga helps to improve muscle strength, range of movements & general flexibility it is necessary to select yogasanas as well as their sequence depending upon the patient condition and physical state, in order to avoid possible contraindication. While practicing the indicated asanas do not push or strain past the point where the pain shoots further or worsens. Yoga incorporates stretching and relaxation and if additional relaxation techniques like Yoga nidra is added to the prescribed schedule it may induce mental and emotional relaxation including qualitative sleep. CLBP should not be neglected. To identify those patients who require more extensive or urgent evaluation, 'red flags' for possible spinal pathology also should be considered while treating CLBP.

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## CLINICAL EVALUATION OF EFFICACY OF TRIPHALADI RASAKRIYA PRATISARANA IN KRIMIGRANTHI



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### Introduction

A swelling in which organisms get lodged in the junction of the eyelids and eye lashes to produce severe itching in the eyelid margins is called Krimigranthi. (su.u.2/9)

These organisms move along the junction of eyelids and penetrate into Shuklamandala and into the inner surface of the eye.

Swelling is painful with pus discharge burning sensation, crakes over the skin ,itching. (A.H.U 10/8-9).

According to Videha, it's Sannipathaja.

According to modern science,

Blepharitis, subacute or chronic inflammation of eyelid margins, caused by bacteria and parasites.

### Preliminary data of patient

Name: xxxx

Age: 40 years

Sex: Male

Occupation: Labour

Economic status: Lower

Habitat: Rural

Diet: Mixed

Marital status: Married

Prakruthi : Kapha-pitta

### Main complaint.

1. Itchy, mild pain over lower and upper eyelids of both eyes.
2. Lacrymation from both eyes.

### Associated symptoms

Falling of eye lashes and poliosis.

### History of presenting illness

Before 20 months, patient having itching over the eyelids of both eyes which is gradual in onset. Later on after some months developed mild pain and lacrimation over the eyelids of margins of both eyes. After one year developed greying and falling of eyelashes. No trichiasis, No photophobia. Then symptoms were stationary in nature.

### History of past illness

No past history.

### Family history

Nothing significant.

### Personal history

Smoking

### On examination

- Poliosis (+)
- Falling of eyelashes(+)
- Cystic swelling of eyelid margins (+)
- Crusting (+)

### Procedure

#### Poorvakarma

##### 1 Swedana

Mild fomentation to the lid margins was done first. In this patient avaguntana was done with yavachoorma pottali, for about two minutes.

##### 2. Bhedana

Puncturing was done with sterile needle pricking on selected areas of lid margin .

#### Pradhanakarma

Prepared Triphaladi rasakriya was applied over lid margins.

#### Paschatkarma

When the reflex lacrimation stops and eye looks clear, eye washed properly the left over medicine was removed with cotton. Prathisarana was done two times daily for 7 days .

### Observation

After seven days of Prathisarana treatment with Triphaladi Rasakriya results are –

1. Itching, pain and lacrimation were completely stopped.
2. Falling of eyelashes and crusting significantly reduced.

After the prathisarana for seven days,

Tab. Triphala guggulu (1-1-1) for 2 months

Guduchyaadi kashaya (15ml -0-15ml) for 2 months

Mahamanjishthadi kashaya (15ml-0-15ml) for 2 months were given orally.

Further reduction in symptoms and signs ,follow up was done after 6 months, there was no recurrence of symptoms.

#### DISCUSSION:

Triphaladi Rasakriya contains –

1. Haritaki – which is chakshushya, having antibacterial, antifungal, noted antitumoral & antiulcerative activity.
2. Vibhitaki-shothahara, chakshushya, having antibacterial, antifungal activity.
3. Amalaki- kushtaghna, kandughna, chakshushya, antibacterial, antifungal, noted antitumoral, antiviral activity.
4. Amrutha-kushtaghna, krimighna, vishaghna, rakthashodhaka, having antibacterial, anti-inflammatory, antitumoral, antiulcerative properties.
5. Dhauraharidra- rakthashodhaka, vranashodhaka & vranaropaka with antitumoral, antiulcerative properties.
6. Saindhava –chakshushya, shoolaghna with antibacterial activity.
7. Kaseesa- kandughna, krimighna, vranaghna, having anti-inflammatory activity.

Kaseesa shodhana was done with bhringaraja swaras and rasanjana was prepared with milk, where both bhringaraja and milk are chakshushya drugs.

#### CONCLUSION:

By the review of the drugs contained in Triphaladi Rasakriya we can conclude, Along with their properties, probably reduced itching, pain, lacrimation, crusting, and falling of eyelashes in krimigranthi.



### “EFFECT OF EKASARA GANA DRUGS (VIDANGA, SHIREESHA, SINDUVARAKA) ON STAPHYLOCOCCUS AUREUS W.S.R TO FOOD POISON-AN INVITRO STUDY.”

Dr. SRIJIITH M.  
P.G. Scholar

Dr. PAVITHRA P.  
Co-Guide

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

**Background:** A review of recorded outbreaks in India from 1980 to 2016 shows Staphylococcus aureus, Vibrio SP, E Coli, Salmonella Sp and Norwalk like virus are some important microbial pathogens responsible for food borne illness. Staphylococcus aureus is gram positive cocci which produce enterotoxin, causing food poisoning and other life threatening conditions like toxic shock syndrome. Irrational usage of antibiotics has promoted the development of antibiotic resistance among organisms.

**Objectives:** In vitro study to evaluate the efficacy of Ekasaragana drugs (Vidanga, Shireesha, Sinduvaraka) against Staphylococcus aureus and to study about staphylococcus aureus and food poisoning. The present work was carried out for the Krimighna property, can be inferred to its anti-bacterial action, as a combination in the form of kwatham against staphylococcus aureus.

**Methodology:** The plants were procured from the areas of natural cultivation and were processed into kwatham according to existing methodologies. The formulation was subjected to analytical, chromatographic and antimicrobial study by the accepted parameters. Methods used for the in vitro model are

- a) Agar dilution method - To determine the minimum inhibitory concentration (MIC) of kwatham.
- b) Time-kill assay (TKA) – To assess the bactericidal activity of anti microbial agents.

**Results:** The analytical study suggests that the kwatham is acidic (Ph:5.04) and the HPTLC profile indicates the areas at 254 nm, all peaks as indicative of concentration of 9 Phytoconstituents. Phytochemical studies carried for Ekasara gana kwatham shows the presence of alkaloids, flavanoids, phenols, saponins, tannins, carbohydrate, Carboxylic acid, also the trace of Beta sitosterol was identified.

The invitro study reveals that the antimicrobial activity of ekasara gana kwatham (vidanga, shireesha, sinduvaraka) varying to the level of concentration of kwatham. On higher concentrations as used in agar dilution method remarkable results were shown, hence we have used the same kwatham sterilized for all the in vitro studies at different point of time, results of agar dilution methods done twice shows that the freshly prepared kwatham has slight more antimicrobial property compared to the sterilized preserved one. The present study reveals that ekasaragana kwatham is having significant antimicrobial activity against the organism Staphylococcus aureus and MRSA.

**Key words:** Toxic shock syndrome, Ekasara gana kwatham, In vitro study, Agar dilution, Time kill assay, Anti microbial.



## “A COMPREHENSIVE CLINICAL STUDY ON THE ROLE OF VASA GUDA IN THE MANAGEMENT OF SRAVI ARSHAS”

**Dr. GOPIKA S.V.GOKUL**  
P G Scholar

**Dr. ANNAPOORNA.S**  
Co- Guide

**Dr. HARIPRAKASH.H**  
Guide, Dept. Kayachikitsa

### OBJECTIVES:

Many diseases manifest due to present food habits and modern life style affecting the gastrointestinal tract. Most common among them is Arshas. Acharya Vagbhata describes this disease as ‘arivat pranino mamsa kilaka visasanti yat’ i.e, it tortures the person just like an enemy. Acharya Sushruta includes Arshas under Ashta mahagadas. Charaka included it under kostagatha Vata rogas.

Due to improper eating habits, increased intake of Viruddhahara (guru, madhura, sheeta, abhishyandha, vidahi, viruddha, shushka, puti mamsa, snehapana and madhya), Agni gets impaired. Viharaja nidanas (Sitting on hard surfaces for continuous hours, suppression of natural urges, excessive straining on stools, improper squatting position, continuous and improper seating on travel, excessive sex, excessive exercise, miscarriage & abortion in women) vitates Apana vayu affects guda valis producing different shapes of Mamsa ankura.

Arshas can be divided into 2 groups, Shushkarshas & Sravi arshas. Shushkarshas is due to VataKaphaja and Sravi arshas is PittaRaktaja in nature. In this present clinical study Sravi arshas is taken into consideration. Based on Lakshanas, it can be compared with bleeding haemorrhoids. Acharya Charaka explains samanya chikitsa as “Agnisandeepanartham cha Raktam sangrahanaya cha, Doshanam pachanartham cha param tiktairupachareh...” Vasa guda is one such yoga which is Raktastambhaka, Vatanulomaka & Agnideepaka, Doshapachaka. Hence an attempt is made to study the comprehensive action of Vasa guda as Shamanoushadhi in Sravi arshas.

### OBJECTIVES OF THE STUDY

1. To study the Sravi arshas clinically.
2. To know the specific action of Vasa Guda in different conditions of Sravi arshas like:
  - a) Chronicity
  - b) Severity
  - c) Vatanubandhaja and Kaphanubandhaja and PittaRakta pradhana types of Sravi Arshas
  - d) Sravi arshas along with other conditions like vibandha

### MATERIALS AND METHODS:

Study Design: A comprehensive clinical study.

Sample Size: 30 patients fulfilling the diagnostic and inclusion criteria of either sex  
Were selected and assigned in a group.

#### Intervention

- Dose – 1 Karsha
- Anupana - Warm water
- Time of administration – Pragbhaktha (Morning just before food)
- Study duration – 14 days
- Total study duration – 21 days
- Patients were assessed clinically on 7th, 14th day during treatment and follow up on 21st day after treatment.

#### RESULTS AND DISCUSSION

In overall effect of treatment in Sravi arshas, out of 30 patients in this study, 17 patients (57%) got Prayika shamana (marked improvement), 10 patients(33%) got full Shamana(complete remission), 3 patients got Amshika shaman (Moderate improvement). None of the patients got Guna alabha (no change), Kinchit shama (mild improvement). Overall effect of the treatment is 84.21%.

Vasa guda gives remarkable improvements in Sa gratitha pureesha (81.82%), Guda shoola (88.57%), Varcha vibandha (83.67%), Adhmana (86.21%), Daha (86.11%), Daurbalya (80%) and Raktapravritti (95.38%), Heena varnatha (100%), Heena bala (83.33%), Heena utsaha (90.48%), Kandu (86.67%), Agnimandya (88.89%). All these were found to be statistically significant (P<0.05) except Mutra vibandha.

#### CONCLUSION

The present study has shown significant results in Sravi arshas and highly effective in Vata Pittaja prakrithi patients (40%) and PittaKaphaja prakrithi patients (36.66%) and VataKaphaja prakrithi patients (23.34%). Vasa guda in combination is sheeta, Agni deepana, Raktastambhana and Vatanulomana in action. It is Tridosha hara yoga but predominantly PittaRakta hara thus effective in Sravi arshas.

Key words: Sravi arshas, Shamana Chikitsa, Vasa guda.



**Dr. RENU ROY**  
P G Scholar

### “EFFICACY OF JALOOKAVACHARANA & SIRAVYADHA IN SIRAGRANTHI W.S.R TO VARICOSE VEIN”

**Dr. HARSHAVARDHANA K.**  
Guide, Dept. of Shalyatantra

In the present era, the disease Varicose vein is very common among the human population due to the unwholesome dietary habits and stressful and sedentary life style. Informations are available in the ayurvedic classics regarding Siragranthi including its various etiological factors, pathogenesis and different treatment modalities. The efficacy of Jalookavacharana and Siravyadha in Siragranthi (Varicose vein) is clinically evaluated in this study.

#### OBJECTIVES

- 1 To do a study on Siragranthi and its comparison with varicose vein.
- 2 To study the effect of Jalookavacharana in siraja granthi.
- 3 To assess the effect of siravyadha in Siragranthi .
4. To compare the effect of jalookavacharana and siravyadha in siragranthi

#### MATERIALS AND METHODS

The patients attending the IPD and OPD of K.V.G. Ayurveda medical college and Hospital, Sullia were the material of this study. 30 diagnosed patients of Varicose vein were randomly selected and divided into two groups consisting of 15 patients each and subjected to clinical trial. Patients in Group-A were treated by Siravyadha and Group-B patients by Jalookavacharana. The signs and symptoms were recorded in the proforma designed for the study. Assessment was done on the basis of subjective and objective criteria of the disease and results were analyzed.

**Result :** The treatment was found to be statistically significant in reducing certain clinical features of the disease. Group-B showed better result with Jalookavacharana than Group-A with Siravyadha.

### Interpretation & conclusion

Primary varicose veins are the most common type of varicose veins and arise spontaneously as a result of inherited structural defects in the walls of the veins. Predisposing factors include age, female gender, parity, and race. The aetiology of secondary varicose veins is that of the underlying condition causing the varicosities. Both types may be aggravated by certain activities like standing for a long time.

Raktamokshana i.e both Siravyadha & Jalookavacharana are helpful in treating the symptoms and the complications of the varicose veins but varicosities cannot be treated because there is no change in length and width of the varicose veins.

### Key words

Siragranthi, Varicose vein, Siravyadha, Jalookavacharana



## "A CLINICAL STUDY ON MATRA BASTI WITH SHATYADI TAILA IN THE MANAGEMENT OF KATIGRAHA"

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P G Scholar

Dr. SOUMYA.S.V  
Co-Guide

Dr. NATARAJ C.  
Guide, Dept. of Panchakarma

Changing of life style of modern human being has created several disharmonies in his biological system. As the advancement of busy, professional and social life , improper sitting posture in offices, factories, continuous and overexertion, jerking movements during traveling and sports and other multifactor causes create undue pressure over the musculo skeletal system. These contributes to the manifestation of diseases like low backache, sciatica etc.

Description of similar conditions with same etiological factors, pathogenesis and symptoms are available in Ayurveda classics also. Katigraha is a Nanatmaja Vatavyadhi considered by acharya Sharangdhara. Acharya Shodala says it as a condition characterized by pain and restricted movements of the Kati. Katigraha is a disease also mentioned by Bhavaprakasha, which is having the involvement of Kapha Dosha along with Vata.

The Utbhava stana of Katigraha is Pakvasahaya. According to general rule whenever Doshas aggravated in Pakvasaya region, which is to be eliminated through Guda, and which include Virechana and Basti. For the purposed study, the procedure of Matra basti with Shatyadi taila is selected. Matra basti is a variety of Sneha basti, so Sneha which is giving in the form of Taila.

Thus in the present study an attempt is made to assess the efficacy of Shatyadi taila yoga is mentioned in Brihat Nighantu Ratnakara, which is useful Katigraha

**Method :** This study design selected for the study was comprehensive clinical trail. The sample size for the present study was 30 patients suffering from Katigraha as per the selection criteria. Patients were randomly selected irrespective of sex and were treated with Shatyadi taila Matra basti for 8 days, the follow up was done on 14th day after treatment.

Assessments were done before the treatment, soon after completion of course and after follow up and score was compared.

**Result:** Among 30 patients taken for the study, out of 30 patients no one got complete relief, 5 patients (17%) were getting Mild improvement, 15 patients (50%) were getting Moderate improvement and Marked improvement were noticed in 10 patients i.e. 33% .

The assessment criteria taken in patients showed, Pain on lying BT- 1.37 after follow up reduced to 0.34, Pain on rest BT- 1.63 after follow up 0.50, Pain on walk BT- 1.34 after follow up reduced to 0.40, VAS before treatment -1.43 after follow up 0.37, Tenderness BT- 1.37 after follow up reduced to 0.57, Lumbar flexion BT- 1.70 after follow up 0.80, Lumbar extension BT- 1.00 after follow up reduced to 0.23 , Right lumbar flexion BT- 1.10 after follow up reduced to 0.43, Left Lateral Flexion BT- 0.97 after follow up reduced to 0.47 .

**Conclusion:** Shatyadi taila Matra basti is effective in almost all the parameters.

**Key words:** Shatyadi taila Matrabasti , Katigraha .



## PHARMACEUTICO - ANALYTICAL AND ANTI MICROBIAL STUDY OF GANDHAKA GHRITHA

Dr. KARTHIK M. S.  
P G Scholar

Dr. HARSHITHA. M  
Guide, Dept. of RS & BK

**Background:** Gandhaka is commonly known as Sulphur. It is described in Uparasa Varga in Rasa Shastra of Ayurveda. It is used in many formulations which are indicated in various diseases internally and externally. The incidence of bacterial and fungal infections is increasing at an alarming rate, presenting an enormous challenge to Healthcare professionals. Gandhaka is explained as Pamari, Keetanaashana, Kushtaari in Ayurveda classics as it shows good antimicrobial action.

**Methodology:** It was divided into pharmaceutical, analytical and antimicrobial study. The preparation of Gandhaka Ghritha was carried out according to Rasa Tantra Sara. Sample was subjected to different analytical parameters. The antimicrobial study of these sample was carried out on Escherichia coli, Candida albicans, Streptococcus pyogenes, Pseudomonas aerigenosa by agar well diffusion method.

**Results & Interpretation:** There was no antimicrobial action of Gandhaka Ghritha on the selected pathogens which indicates that its mode of action is different and not directly on the pathogens.

**Keywords:** Gandhaka Ghritha, Analytical study, Antimicrobial study



## "PHARMACO- CLINICAL EVALUATION OF KARI ARISHINA (CURCUMA CAESIA ROXB) W.S.R TO VYANGA- A FOLKLORE CLAIM"

Dr. SHANKAR PRASANTH  
P G Scholar

Dr. Vijayalaxmi P. B  
Guide, Dept. of Dravyaguna

**Background & objectives:** There is a great demand for Ayurveda in the field of cosmetology due to its unique about Beauty; and effective with cheaper and long lasting beauty therapy with minimal side effects. So first part of the thesis "Cosmetic approach in Ayurveda" has been selected to study the whole aspect of Ayurvedic cosmetology in detail. As the field of cosmetology is so vast, to aid focus on one subject, the disease Vyanga has been selected for the present study. Among the personality damaging disorder or disbeautifying conditions, Vyanga is such a condition which affects the Beauty as well as personality of a person, and therefore it makes a great cosmetic importance. Nowadays Vyanga becomes one of the major issue among individuals.

Vyanga is described as one of a kshudra roga in our samhithas characterized by painless, macular, blackish/brownish discoloration of the skin. The clinical presentation of vyanga closely comparable to the presentation of dermis chloasma or melasma in modern parlance. The treatment for this is topical medications which in current practice may be partially effective but are not without risk. Symptoms such as contact dermatitis, complete depigmentation resulting in leucoderma are some of the potential risk of such treatments. Hence there is a need to explore more effective and safer treatment.

Acharya charaka gives Bahiparimarjana chikitsa for twakgata roga. Classical texts have told different herbs and formulations to manage vyanga

According to Acharya Vagbhata the best medicines for people living in a locality is that one grows in that particular location. Traditional folklore medicines is recognized as the way to learn about the potential of future medicine.

Kari Arishina (Curcuma Caesia, Robex) is one such potential drug with unexplored medicinal values. Folklore practices and books Kari Arishina (Curcuma Caesia, Robex) indicate the use of Kari Arisina in vyanga. Hence the present comparative study will be an effort to assess the role of bahiparimarjana chikitsa as application of Kari Arishina and Moolaka swarasa bhavitha Kari Arisina w.s.r to vyanga.

**Methods:** A comparative clinical study. 30 patients of Vyanga were selected as per the inclusion criteria from OPD of K V G Ayurveda medical college and hospital and other sources. They were divided randomly into two groups. Group A received Plain Kari Arashina (Curcuma CaesiaRobex) and Group B was given Moolaka Swarasabhavitha Kari arashina( Curcuma CaesisRobex) for 28 days. Thorough clinical assessment was done before and after the treatment. The result was analyzed statistically.

**Results:** In Group A 11 patients showed marked change.

- In Group B only 2 patients showed marked change and 11 patients showed moderate change
- The usage of plain Curcuma caesia is having more result than by Moolaka swarasa bhavitha Curcuma caesia.
- Comparative analysis of the overall effect of the treatments in both the groups was done by statistically with unpaired t test. The test shows that the treatment is significant in Group A when compared to Group B. Group A overall result is 84.39% and Group B overall result is 67.12%.

**Interpretation & conclusion:** Though both the drugs individually were highly significant, on account of percentage of relief obtained, it was found that Plain Curcuma caesia was more effective in the management of Vyanga as compared to Moolaka swarasa bhavitha Curcuma caesia.

**Key words:** Vyanga, Kari Arisina, Moolaka swarasa.

## AYURVEDA PRAKASHA

### 1st Year BAMS (2019-20 Batch)

Author : Maadhava Upadhyaya

Place : Saurashtra.

Time period : 17th century.

This text explained Parada in detail with practical aspects of samskara's. Author incorporated ideas of other Acharya's very clearly. It is completed with 6 adhyaya's. 1stAdhyaya is very elaborate in which he explained parada in detail and conversion of lower metals to higher metals like Swrana , Rajata. Next chapter deals with Rasadravya vargikarana along with its details, even clear explanation about Yantra etc given.He includes Valuka , vanopala etc in Uparasa. Yashada(Zinc) is included as dhatu by the author.

It is written that if Parada is triturated along with upvisha it becomes pakshachinna and becomes mukhkara i.e.accepts Grasa of Dhatu very quickly.General antidots formulations like Visha vajrapata Rasa and Lavanbhedhi sudhanidhi Rasa are mentioned. Kshara in powder form is indicated by author for Pratisarana. He excluded the controversial drugs and explained only those procedures which gives maximum yield and proved to be fruitful.

\*\*\*\*

## DARUHARIDRA

IInd Year BAMS (2018-19 Batch)

**Botanical name:** *Berberis aristata*

**Family:** Berberidaceae

**Gana:** Arshogna, Kandugna, Lekhaniya, Laakshadi

**Paryaya:** Darunisha, Darvi, Pacampaca, Pitadaaru

**Vernacular names:** English: Indian berbery

Hindi : Daruhaldi

Kannada: Baagi soothra, Maradarisina

Malayalam: Kasthurimanjal

**Distribution:** Himalayas from China Banghal to Nepal  
6500 – 10500 ft above sea level.

**Botanical descriptions:** A large deciduous shrub 1.8-3.6cm high. Twigs whitish or pale yellowish brown, deeply furrowed, rough Leaves-3.810 by 1.5-3.3 cm, obovate or elliptic, entire or spinioostoothed, base gradually, narrowed, dark green above, pale beneath, petiole 0-4mm, Inflorescence a simple drooping raceme, 2.5-7.5 cm, long densely-flowered. Fruit 7-10mm long, ovoid, blue-black, distinct style.

**Chemical constituents:** Karachine, Taxilamine, Berberine, Palmatine, Jatrorrhizine, Oxycanthin

**Properties and actions:** Rasa: Titka, Kashaya

Guna: Laghu, Ruksha

Virya: Usna

Vipaka: Katu

Doshakarma: Kapha-pittahara

Karma: Chedana, Shotahara, Vranahara, Twak doshahara, Jwaragna, Rasayana

**Therapeutic usage:** Prameha, Kustha, Netra Roga, Sveta pradara, Kaamala, Varna, Visraga

**Part used:** Root, Stem, Fruit, Extract(Rasanjana)

**Dosage:** Decoction 50-100 ml; Fruit powder 5-10 g ; extract 1-3g

**Formulation:** Darvi grtha, Darvyadi kvatha, Darvyadi talla, Darvyadi leha



## SWEDANA

IIIRD Year BAMS (2019-20 Batch)

**Introduction :**

The word sweda (Swedana) is derived from the root swasweda with घञ् prathyaya with addition of भाववाचक णच् & अच्. स्तम्भ गौरव शीतलं स्वेदनं स्वेद कारकम् । (च.सू.22/11)

The process which relieves stiffness, heaviness, coldness of the body and produces sweat is called " Swedana ".

Sweat is the waste product in the process of metabolism of 'meda dhatu' (fat) in the body. In Ayurveda Snehana & Swedana are important Purvakarma procedures, before panchakarma. But of course Swedana can be used as a separate therapeutic procedure.

**Properties of Swedana :**

Acc to च.सू.22/16

उष्णं तीक्ष्णं सरं शिथं रुक्षं सूक्ष्मं द्रवं स्थिरम् ।

द्रव्यं गुरुच यत् प्रायस्तद्वि स्वेदनं उच्यते ॥

**Classifications :** Cha.su 14 , Su. Chi 32/21 , AH.su 17

1. Agni Bedha – Niragni , Saagni
2. Gunanusara – Snigdha , Rooksha , Snigdha rooksha
3. Sthana Bedha – Ekanga , Sarvanga
4. Prayoga bedha – Mridu , Madhyama , mahaan
5. Mode of application- Tapa , Ushma , Upanaha Drava sweda { su.chi 32/21}
6. Karmukatha bedha – Samshamana ( Dalahana ) , Samshodhana

**Saagni sweda-(cha.su 14/39,40)**

Sankara,Prastara,Nadi , Pariseka, Avagaha, jentaka, Asmaghna, Karshu, Kuti, Bhoo , Kumbhi , kupa, Holaka.

**Niragni Sweda ( Cha.su 14/64)**

Vyayama, Ushna Sadana , Guru Pravarana , Kshudha , Bahupana, Bhaya , Krodha , Upanaha, Ahata, Atapa

**Sweda vidhi :**

The sudation therapy should be applied to the person who has been lubricated both internally by drinking fat and externally by anointing fats over the body . Moreover, the sudation therapy should be applied after the person has digested his meal . The therapy should be performed in a room that is devoid of breeze .

In case of individuals suffering from diseases of kapha sudation could be given in dry condition without use of fat internally and externally and with dry liquid without addition of fats .

In case of kapha and vata being provoked together the patient could be subjected to sudation therapy in dry condition and with the liquid mixed with fats .

When vata has been located in the stomach ,sudation could be processed first by dry therapy and then by the lubrication therapy .This rule has been suggested as per the normal location of the doshas .The amashaya is normally ,the seat of kapha therefore ,the amashaya should be first subject to dry therapy .

In the groins, sudation should be mild and even milder on the eye and scrotum.

**Indication: AH.Su 17**

Shasta , Kasa , Pratishtaya , Hidhma , Adhmana , Vibandha Swara Bedha , Vata Vyadhi,Sthamba,Gourava,Angamarda, Katigraha, Prushtagraha, Hanugraha , Vatakantaka , Mutrakriccha , Arbuda, Granthi .

**Contra Indication : Cha.su 14**

Madyanitiya , garbini , pitta Prakriti , Rakta pitta, Dagda, Pitta meha , Trishna , kshudha, Krodha, Kaamala, Kushta , Atidurbala, Ojakshaya , Shukrakshaya , Sosha , Urakshata , Madhumeha, Gudabhrmsha, Vishavikara , Madhyavikara, Sthula, Udara.

**Samyak yoga:**

शौत शूल प्युपरमे स्तम्भ गौरव निग्रहे ।

सञ्जाते मर्दवे स्वेदे स्वेदनात् विरतिर्मता ॥ (च.सु. 14/13)

Reduction in cold , pain, stiffness, heaviness and does softness of the body.

**TRIPHALADI RASAKRIYA**

IV<sup>th</sup> Year BAMS(2017-18)

**Reference :**

त्रिफला मृतकासीसा सैन्धवेः सरसांजनैः ।

रसाक्रियां क्रिमि ग्रन्थोभिन्नेस्यात्प्रतिसारणाम् ॥१॥ (योगरत्नाकर नेत्राधिकार)

**Ingredients :**

1 Amalaki pala      2 Vibhithaki 1pala      3 Harithaki 1 pala      4 Guduchi 1pala      5 Kasisa 1 pala  
 6 Saindhava 1 pala      7 Water 96 pala

**Method of preparation :** The above dravyas 1-6 are made into fine powder and 16 parts of water is added.This mixture is boiled on a low flame to turn it into Kwath. After that the Kwath was reheated in a copper vessel till the complete evaporation of water occurs then it can be moulded into varthi or gutika.

**Mathra:** local application

**Indication :** Krimigranhi,vartma kandu,vatma shotha,thodavat shoola



Lighting the lamp by Chief guest Sri. Veerappa Moily, Former Chief Minister of Karnataka



Welcome speech by Dr. N.A. Jnanesh, Principal KVG College of Engineering



Felicitation to Mrs. Nethravathi Paddambail W/o. Late Paddambail Venkatramana Gowda, Founder Principal KVG Law College.



Commemoration Address by Sri. Subraya Sampaje All India Radio Madikeri



Felicitation to Sri. Subraya Sampaje



Speech by Chief guest Sri. M. Veerappa Moily, Former Chief Minister of Karnataka



Felicitation to Sri. M. Veerappa Moily

FELICITATION TO STAFFS OF KVG INSTITUTION FOR THEIR SERVICE



Prof. Devadas Kurunji, KVG College of Engineering



Mrs. Sarojini N KVG Polytechnic College



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

NSS ACTIVITIES  
NATIONAL UNITY DAY



Oath taking



Essay Competition

GANDHI JAYANTHI CELEBRATION



Health Talk by Dr. Harshitha M Prof. Dept. of RS & BK on the Topic 'Health in the palms'



Free health Camp at Baddadka

## QUIZ

- The name given for ISM & H IS.....  
a) ICMR, b) CCIM, c) AYUSH, d) NONE
- Apthavachana is also known as .....  
a) Anumana, b) Yukti, c) Shabda, d) Pratyaksha
- Myoglobin found in ..... muscle.  
a) Leg, b) Eye, c) Both, d) None
- Pharmacological property of Abhishyandi dravya is .....  
a) Srotomardava, b) Srotorodhana, c) Dosasathilya  
d) Dosavilayana
- Visha dosha of parada can be detoxified by.....  
a) Lasuna, b) Triphala, c) Kumari, d) Citraka
- Balabhramsha is the lakshana of  
a) Ama, b) Pitta kshaya, c) Kapha kshaya, d) Parivridha vata  
e) C and D above
- Which of the following is contra indicated for sutika  
a) Nasya, b) Asthapana vasti, c) Maithuna, d) All the above
- Purva karma of vrana shopha is,  
a) Raktamokshana, b) Patana, c) Dharana, d) Pachana
- Irimejadi taila indicated in  
a) Shiroroga, b) Karnaroga, c) Nasaroga, d) Mukharoga
- The best taila preparation advised for kushta chikitsa  
a) Chandanadi taila, b) Sukumara taila, c) Sarsapa taila  
d) Lakshadi taila

Answer: September 2019

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

Quiz winner: **Dr. Mathew Thomas (Internee)**

### HOME REMEDIES

- ◆ Tila – it is good for teeth. Hence sesame is used in three ways for good teeth. Advised for chewing, its paste is kept at the place of tooth ache, sesame oil is used for oil pulling.
- ◆ Tila made into the form of paste is traditionally applied over wounds for quick wound healing.
- ◆ Tila paste for amenorrhoea, a tablespoon of sesame seeds are soaked in water overnight. Next day morning, it is taken out of water, mixed with half tsp of guda, mixed thoroughly to make it a paste and is administered to the patient.
- ◆ Sesame seed paste for haemorrhoids: if there is no secretion from the haemorrhoids sesame oil is applied over the mass. Then sesame seed are taken in a cloth pack and local fomentation is given.
- ◆ Sesame seed is fried and taken along with ghee or jaggery to impart strength and bulk.

by: **Dr. Dhanya M**  
PG Scholar, Dept of RS & BK

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