



Late Dr. Kurunji Venkatramana Gowda  
Founder President



# KVG AYUR NEWS

*Samskara*



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

प्रज्वलितो ज्ञानमयो प्रदीपः ।



Editorial



Our Founder President Dr. Kurunji Venkatramana Gowda's 90<sup>th</sup> birthday was celebrated with all humility on 26th December 2018. Founder's Day is important and memorable for all of us as our institution is his brainchild and we all feel blessed by his visionary ideas.

Introduction of the Campus to the new budding doctors by making them aware of their rights and duties was conducted by arranging 'Orientation Programme'. To attain the devine blessings 'Lord Dhanwanthari Pooja' was done with all devotion. The new batch of students are given ample opportunity to exhibit their hidden talents during the celebration of 'Fresher's Day'.

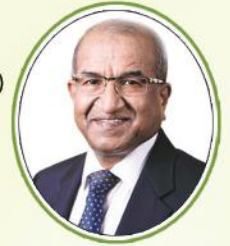
Our students success story in their academic and extracurricular activities are depicted in the current issue. The current issue also contains a scholarly article of our faculty member on 'Study of Kalari Chikitsa w.s.r. to Rogamarga' and A case study on 'Duchenne Muscular Dystrophy'.

*Harshitha*

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## STUDY OF KALARI CHIKITSA W.S.R TO ROGAMARGA

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एकंशास्त्रमधीयानोनविद्याच्छास्त्रनिश्चयम्।

तस्माद्बहुश्रुतःशास्त्रंविजानीयाच्चिकित्सकः॥(su.su 4/7)

### INTRODUCTION

War medicine has played a unique role in the historical evolution of different branches of Ayurveda. Kalari chikitsa is a major system which is the therapeutic branch of a martial arts tradition practiced in Kerala called the Kalari Payyattu. The other branch being combat oriented and defense strategies related to war field. There are different styles related to kalari like Southern and Northern style, prevalent in different parts of Kerala. This study was undertaken to document and analyses the details regarding Kalari chikitsa practiced in different parts of Kerala.

### KALARI.....

In Sanskrit language, the word Khaloorika denotes a place where weapon training is practiced. It is believed that from the Sanskrit term Khaloorika the word kalari came into use. In Malayalam, kalari means place, open space, threshing floor, battlefield. Kalaris were primarily of two types, Cherukalari or kuzhikalari being smaller and Ankakalari. The former was built for the purpose of imparting physical and weapon training and had the resemblance of a temple or a worship place. It was in this Kalari that systematic training in scientific exercises of kalaripayattu was imparted. Ankakalari was a kalari constructed temporarily for the purpose of fighting duels to decide any quarrel between the local rulers or for a cause of revenge for some reason. The system of physical and weapon training imparted within the kalari came to be called Kalaripayattu. Kalari being the institution and Payattu means the exercises for martial training are practiced. The aim of Kalari is not only self defense and offense, but also strength of mind through physical exercises.

### HISTORICAL BACKGROUND

Classical literary works (like Dhanurveda, Agnipuranam, Natyasastra, Hasthangastham and Srakraneti) say that a legendary warrior named Parashuram was the first Guru (Master). It is believed that he and his warriors taught their secrets to four of the most aristocratic Brahmins. These in turn trained others and picked 21 experts from among those trained warriors. These 21 warriors established 21 Kalari's to protect the land and maintain peace. The golden age of Kalaripayattu was from the 13th century to the 18th century. In the 19th century, the British Colonialists outlawed its practice and teaching and it gradually became extinct.

In South Kerala it is believed that the Marmachikitsa had been established by Rishi Agasthya. According to Agasthya Marmashastra there are 108 marmas in the body and they are classified into two groups viz Padumarmas and Thodumarmas. There are 12 Padumarmas and the Thodumarmas are 96 in number. It is said that Padumarmas are related to cartilaginous bone whereas Thodumarmas are related to nerves. The techniques which are applied to relieve the symptoms caused by injuries to marma are called "Adankals". Twelve such Adankals are mentioned in Agasthyamarmashastra.

In North Kerala another type of Marmachikitsa is in practice. Lord Parasurama is considered as the founder of this system. This is called Kulabhayasa or Kulayanamarma Chikitsa. The warfare is taught by Guru or Teacher, who is recognized as Gurukul (the teacher who teach warfare). The students were taught to hit or blow on a marma area of an enemy and then they were also taught the treatment part for the adverse produced as the result of the blow. These Marmas are known as kulabhayasamarma. The names of the Marmas are based on symptoms of the injury or abhigata.

Susrutha Samhitha gives prime importance to the treatment of agantujavyadhis. In Yukthaseneeya chapter while describing types of death it is said that among the hundred and one types of death all the hundred are of agantuja variety. RogaMarga refers to the specific seats where diseases are manifested in the body. The basis of rogaargas is the gati of doshas, movement of doshas from its specific seat. Roga has got three margas namely shakha, marmasthisandhi and koshtamarga according to Charaka. According to Vagbhatarogamargas are three in number namely bahya, madhyama and abhyantararogamarga.



## METHODOLOGY

This Survey included both the questionnaire and the interview method. The questions may either be closed (Yes/No) or open (inviting free response). Telephonic interviews, mailing of questionnaires and usage of trained enumerators are the other methods used.

## OBSERVATION

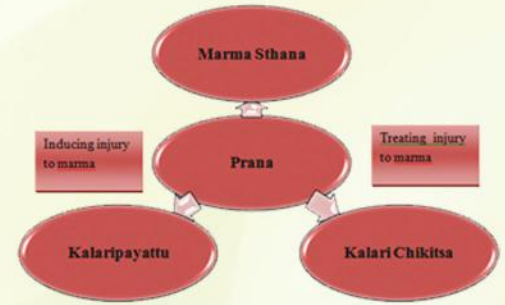
During the Survey, it was found that martial form of Kalari was more in popularity in the northern parts of Kerala, while treatment aspects were more dealt in Southern Kerala. More people practice Kalari Chikitsa in Southern Kerala. In Kalari Chikitsa, treatment is based on Marma points. These Marma Points are 108 according to them. They are named differently, but almost similar in location. Most of the cases were that from madyama rogamarga. The cases were mostly abhigataja in origin. Though kalari chikitsa is said to be a part of the kalari martial form, many of the centers now practice kalari chikitsa alone. The most encountered cases during study period were – Low back Ache, Sciatica, Traumatic cases, Facial Palsy etc. Treatment procedures like – Abhyanga, Patrapindasweda, Padaabhyanga, SarvsangaDhara are practiced. Shodana procedures are rarely used for treatment. Internal medicines like kashayas, mamsa rasa preparations, arka preparations etc are widely used. There is very less similarity or unanimity in medicines and treatment modalities of various kalari clinics.

## DISCUSSION

War medicine had a great importance in ancient period System of kalari. It used to be the backbone of defense system of each village. Kalari chikitsa was mainly employed in the treatment of injuries and its complications during the ancient period. The literary sources available are mostly in old tamil language and many who possess the scripts are not ready to reveal it. In Kalari chikitsa, marma points are given importance. Marma refers to pranasthana (Su:Su:6/15) Ayurveda describes marma as seats of prana, life and life activities. Any minor or major injuries to these sites cause many troubles or even death. The kalari chikitsa, also known as marmachikitsa, aims in protecting prana. The diseases manifested in Bahya and Abhyantara Rogamarga are comparatively easy to treat by Shamana or shodhana therapies. Madhyama rogamarga includes vital organs such as Shira, hridaya, basti and Asthi sandhi. These are the seats of prana (life) and any disorder in them are capable of endangering life at any time. Most of the cases which came for kalari chikitsa comes under the madyama rogamarga. In the treatment procedures, there are a lot of similarities between our shastra and kalari chikitsa. The medicines and the techniques employed by the practitioners for this process have differences according to the places and the school of thought.

## CONCLUSION

Kalari Chikitsa mainly aims in the treatment of Marma which are the seats of Prana. Thus it protects the prana itself. To a great extent, kalari chikitsa provides quick and symptomatic relief. Thus the study and recording of the existing practices in perspective of rogamargas will eventually help in the general practice of Ayurveda.



Treating Physician:

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## A CASE REPORT ON AYURVEDIC APPROACH TO DUCHENNE MUSCULAR DYSTROPHY

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### Introduction

DMD or Duchenne Muscular Dystrophy is a X-linked recessive disorder caused by mutation in the gene for protein dystrophin. Progressive muscle weakness is the main symptom which begins early at age 3, evident at the areas like hips, pelvic area, thighs, shoulder and later in other skeletal muscles and by age 16-18 years the heart and respiratory



muscles may be affected. There is usually delay in motor development and eventually wheelchair confinement followed by premature death from cardiac or respiratory complications.

### Case History

A 09-year-old male patient by name Manoj Naik reported to the department on 31/08/2018 with chief complaint of reduced strength in both lower limb, pain and stiffness in both calf muscle along with swelling of the dorsal part of the foot. His mother gave medical history of apparently being normal upto 6½ year of age. Then he gradually developed fatigue, muscle weakness, difficulty in walking and inability to climb stairs. Patient's family history revealed that one of his cousins is suffering from similar problem.

### History of Past Illness

- ◆ H/O Dengue fever before 1 year

### Medical History

- ◆ Tab calcium with vitamin D<sub>3</sub> (1/2-0-1/2)

### On Examination

His vitals were stable and there was no evident pallor, icterus, cyanosis, clubbing and lymphadenopathy. Bilateral pedal oedema was noticed.

### Locomotory System Examination

- Swelling of calf muscles and frequent falls
- Not able to hold slippers
- Not able to climb stairs
- Trouble getting up from lying or sitting position
- A positive Gower's sign
- ◆ Bulk Increased bulk of calf muscles
- ◆ Tone Hypotonicity
- ◆ Power Grade 3 in both left and right lower limb.

### Diagnosis

Duchenne Muscular Dystrophy(Dmd)

### Treatment

- ◆ First three days after admission patient was treated with
  - Udvarthana with udvarthanachoorana
  - Nadi sweda
- ◆ From 4thday onwards
  - Sarvangaabhyanga with Ashwagandabalalakshaditaila
  - Shashtikashalipindasweda was administered
- ◆ Later on from 7th day Matra basti with ksheerabala taila 30ml was added and it was continued for 15 days
- ◆ Along with the above procedures patient was also advised with :
  - Muscle strengthening exercises,
  - Pranayama to improve breathing abilities
- ◆ Lastly, patient was given with vaitaranabasti for 8 days.
- ◆ Internally, following prescription was administered
  1. Balarishta + Ashwagandarishta (2tsp-0-2tsp ) with equal quantity of water A/F
  2. Amyronsyp (2tsp-0-2tsp)
  3. Ashwagandharasayana (1/2tsp-0 -1/2tsp) with milk
  4. Pachanam (1/2tsp-0-1/2tsp)
  5. Chandraprabhavati DS(1/4-1/4-1/4-1/4) every 6 hourly

## OBSERVATION

The condition of the patient improved day by day

- ◆ Within 7 days of admission;
  - Patient was able to walk with less support.
  - Patient was able to climb stairs with less difficulty.
  - Intensity of Grower's sign reduced.
  - Bulk of calf muscles reduced.
- ◆ With the treatment given for 1 month;
  - Patient was able to walk for long distance continuously without rest and support
  - Patient was able to climb stairs with one foot at a time
  - Patient was able to stand up from sitting and lying position more easily.
  - The breathing capacity and the volume of air inhaled increased.
- ◆ On investigation following changes in CPK level was noticed
  - 27-10-2017 - CPK level - 5475 IU/L
  - 14-09-2018 - CPK level - 4407 IU/L
  - 22-09-2018 - CPK level - 2774 IU/L

Patient was advised for discharge on 02/10/2018 with the continuation of the same internal medications.



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## 'PHARMACO-EXPERIMENTAL EVALUATION OF HRIBERA (COLEUS VETTIVEROIDES K.C JACOB.) W.S.R. TO ITS ANTI-PYRETIC ACTION'

### Background:

Jwara is the most important disease among the diverse ailments that are mentioned in our classics. In the present epoch, Jwara is the commonest symptom visited by the physicians routinely. It has caused more concern to all human beings irrespective of age, sex, caste, social status etc.

Although many medicinal plants are used to overcome Jwara. Still, there is a need for sufficiently potent, safer, cost effective and commonly available drug which can be easily administered and assimilated in the body and does the therapeutic actions without any side effects.

The Jwaraghna action of HRIBERA(Coleus vettiveroides K.C Jacob.) is ascribed in various texts of Ayurveda and Modern texts. Hence here, a humble effort has been planned to find out an effective, affordable, easily available drug for Jwara.

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

### Objectives:

- To study Hribera (Coleus vettiveroides K.C Jacob.) pharmacognostically
- To study Hribera (Coleus vettiveroides K.C Jacob.)analytically.
- To study the antipyretic action of Hribera (Coleus vettiveroides K.C Jacob.) experimentally.

### Methods:

Both Ayurvedic and Modern textbooks are screened for the literary research regarding the disease Jwara and the drug Hribera (Coleus vettiveroides K.C Jacob.) Pharmacognostical and Analytical study of Hribera has been done. Efficacy of the drug is evolved experimentally and grouped into 3. They were labeled as CG, SG and TG. For all the rats, pyrexia is induced by injecting Brewer's yeast subcutaneously at the nape of the neck.

For CG i.e. Control Group – Distilled water was given. For SG i.e. standard group - Paracetamol suspension was given at the dose of 0.75ml/ 100 gms of body weight. For TG i.e. Test group – Hribera Swarasa was given at the dose of 1.0ml/100gm of body weight



Rectal temperature of all the rats was recorded hourly for next 12 successive hours .Records were statistically analyzed and conclusion was drawn.

**Results:** Organoleptic, Macroscopic and Microscopic results of the trail drug, Hribera when compared with Ayurvedic Pharmacopoeia of India showed no much difference. Phytochemical study showed the presence of Flavanoid, Glycoside, Tannin, Phenol in the test drug.By physico-chemical study, it was observed that water soluble extract(28.89%) was more than that of alcohol soluble extract(19.5%). This may substantiate the classical indication of Hribera in swarasa form for Jwaraghna effect.

After experimental study, following results are observed. Test group i.e. Hribera swarasa showed statistically significant antipyretic effect compared to control group and statistically significant antipyretic effect compared to standard group.

**Conclusion:** Hribera Panchanga Swarasa is easily available, safe and has showed beneficial action on Jwara by reducing the temperature to normalcy within stipulated time and is considered best among all the groups. The result of this study, through animal experimentation has its own limitations; hence further clinical evaluation must be carried out to study its efficacy before administering to fever patients successfully.

**Key words:** Antipyretic; Jwara; Hribera; Swarasa ; Paracetamol; Brewer’s yeast.



## “A COMPARATIVE CLINICAL STUDY ON PARINATAKERIKSHEERADI TAILA NASYA AND KARPASASTHYADI TAILA NASYA IN THE MANAGEMENT OF AVABAHUKA”

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P.G. Scholar

**Dr. SOUMYA. S.V.**  
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**Dr. SANATH KUMAR.D.G.**  
Guide, Dept. of Panchakarma

Avabahuka is a condition which hampers the day to day activities of the people like combing,bathing,writing, etc. and which will also cause interference in job by the disease is equally true both in people with sedentary office work as well as heavy field work.For the successful management of this disease,Ayurveda is having a great role.Acharyas told that Nasya Karma as one among the main treatments specially meant for Avabahuka,as it is an Urdwajatrugata Vikara.A comparative clinical study on Nasya with Parinatakeriksbeeradi Taila and Karpasasthyadi Taila had been taken to assess the effect of Nasya Karma and the drug in managing Avabahuka.The comparative effect in managing the same disease is also assessed.

### **OBJECTIVE OF THE STUDY:-**

To study the Nasya in detail.

To compare the better result between Parinathakeriksbeeradi Taila Nasya and Karpasasthyadi Taila Nasya in the management of Avabahuka.

Two groups were made and the results obtained in both the individual groups were compared. The study design selected for the present study was prospective comparative clinical trial. The sample size for the present study was 30 patients suffering from Avabahuka as per the selection criteria. Patients were randomly distributed to both the groups of equal size.

Group-A: 15 patients received Nasya with Parinatakeriksbeeradi Taila.

Group -B: 15 patients received Nasya with Karpasasthyadi Taila.

In Group A, out of 15 patients,12 had got marked improvement (76-100%),3 had got moderate improvement (51-75%) and no patients (00%)had got no response to the treatment. In Group B, out of 15 patients,3 had got marked improvement (76-100%),8 had got moderate improvement (51-75%),4 had got mild improvement (26-50%) and no patient (00%) had got no response to the treatment.

In Group-A; After the follow up, patients got 65% relief for Shoola, and in Sthabthata i.e; patients got relief after follow up is as follows :-Unnamana-87.10%,Avannamana-84%,Akunchana-86%,Prasarana-94.44% and Tiryakgamana-100%;while comparing to the percentage before treatment.



In Group-B; After the follow up, patients got 63% relief for Shoola, and in Sthabthata i.e; patients got relief after follow up is as follows :-Unnamana-64%,Avannamana-59%,Akunchana-55%,Prasarana-52.63% and Tiryakgamana-76.92%;while comparing to the percentage before treatment.

Group A had got good results while comparing with Group B. That means, Nasya with Parinatakeriksbeeradi Taila had got good effect than Nasya with Karpasasthyadi Taila in Avabahuka for present study.

**Key words:** Nasya,Avabahuka,Parinatakeriksbeeradi Taila,Karpasasthyadi Taila.



## A CLINICAL COMPARATIVE STUDY ON AVAGAHA SWEDA AND MATRA BASTI WITH YASTIMADHU TAILA IN POST OPERATIVE PAIN MANAGEMENT OF ARSHA

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Among the diseases of ano-rectal region, haemorrhoids are common. It is called as Arshas in ayurvedic classics. The references are available on etiological factors, pathogenesis and different treatment modalities of Arshas. The clinical efficacy of the " Avagaha Sweda and Matra Basti with Yastimadhu taila in post operative pain management of Arsha" are compared in this study.

### **Method:**

40 Post operative patients of Arshas were randomly selected and divided into two groups consisting of 20 patients each and subjected to clinical trial. Patients in Group-A were treated by Avagaha Sweda and Group-B by Matra Basti with Yastimadhu taila.

### **Result:**

In Avagaha Sweda,

### **Relief:**

Pain- 91.67% on 7th day,,100%  
Burning sensation - 99.3% after 7th,15th.  
Tenderness - 99.9%  
In Matra Basti with Yastimadhu Taila,

### **Relief:**

Pain - 91% on 7th day, 15th.  
Burning sensation - 92.73% after 7th,15th.  
Tenderness - 99.3%

### **Interpretation and Conclusion:**

Group-A patients treated with Avagaha Sweda showed an edge over Group-B patients treated with Matra Basti with Yastimadhu taila ,though Avagaha sweda is more effective than Matra basti with Yastimadhu taila after 7 days of treatment.

### **Key Words:**

Post operative pain in Arshas  
Avagaha sweda  
Matra Bati with Yastimadhu taila.



## NIDRA

1st year BAMS (2018-19 Batch)

Sleep was born at the time of commencement of the creation of the universe only, out of tamas.

Sleep is another form of tamas and manifests due to the predominance of tamas generally in nights.

Kapha will stir up with food substances and which obstructs the internal channels causes unable to perform normal functions of the sense organs due to the exhaustion and thereby manifests sleep

When the mind gets exhausted or become inactive and the sensory and motor organs became inactive then the individual gets sleep.

During sleep different kinds of dreams will be seen

### Effects of proper sleep :-

Proper sleep will make for happiness and long life just as the mind of the sages became clear from the knowledge of the soul.

### Effects of day sleep & dosing :-

- Day sleep increases the unctuous and thereby vitiation of kapha takes place
- Dosing in sitting posture does neither causes roughness nor unctuousness

### Sleeping at improper time :-

Moha (delusion), jwara (fever), stautitya (lassitude), pinasa (nasal catarrh), siroruk (headache), sophia (dwelling), hrlasa (nausea), srotorodha (obstruction of channels), agnimandya (decreased digestive power) etc.. are the complication arise due to sleeping at improper time.

### Treatment :-

- Upavasa (fasting)
- Vamana (emesis)
- Swedana (sudation therapy)
- Navana nasya (nasal administration)

### Classification of sleep:-

Sleep has been classified into 7 types by the author of Astanga Sangraha as under

1. Kala-swabhava :-caused by the vary nature of the night.
2. Amayakheda prabhava:-caused by the complication of the other disease like sannipata jwara.
3. Citta-kheda prabhava :- caused by the mental exertion
4. Deha-kheda prabhava:- caused by physical exertion
5. Kapha prabhava:- caused by vitiated kapha
6. Agantuka : Indicative of bad prognosis leading to imminent death
7. Tamo prabhava :- caused by tamas

## ASHWAGANDHA

2<sup>nd</sup> Year BAMS (2017-18 Batch)

**Botanical Name:** *Withania somnifera*

**Family:** Solanaceae

**Vernacular Names:**

**Hindi Name:** Asgandha, Asgandh

**Malayalam Name:** Amukkura

**Kannada Name:** Ashwagandhi

**Synonyms:** Hayagandha, Vrishya, Balya, Elaparni, Gandhaparni, Gokarna etc.





**Description:** Ashwagandha is a short, tender perennial shrub growing 35–75 cm tall. Tomentose branches extend radially from a central stem. Leaves are dull green, elliptic, usually up to 10–12 cm long. The flowers are small, green and bell-shaped. The ripe fruit is orange-red.

**Habitat:** Throughout the dry and subtropical India. It is also cultivated extensively throughout India. Ashwagandha plant can easily survive and grow in almost all parts of South India.

**Part used:** Root, Leaves

**Major Chemical constituents:**

Withaferin A; withanone, withanolide WS-1, withanolide A to Y; somnirol, somnitol, withasomniferin A, nicotine, pseudotropine, tropine, solasodine, withasomnine, Sitoindosides VII-X, sominone, Sominolide etc.

**Properties:**

Rasa – Katu, Tikta, Kashaya

Guna – Snigdha, Laghu

Veerya – Ushna

Vipaka – Katu

Doshagnata – Vata Kaphahara

Karma – Balya, Rasayana, Vaajikarana.

Indications – Shopha, Kshaya, Nidranasha, Granthi, Apachi, Klaibya, Vandhyatva.

**Ashwagandha Dosage:**

Ashwagandha Powder 3 – 6 g in divided dose per day.

**Formulations:**

Chyawanprash avaleha

Ajaswagandhadi lehya

Ashwagandharishta

Balawagandhadi thaila

## ASHWAGANDHA AVALEHA

3rd BAMS (2016-17 Batch)

**Reference:** Ayurveda formulary of India, Volume 1

**Ingredients**

1. Sharkara	-	1.356Kg	6. Draksha	-	192Gm
2. Ashwagandha	-	192Gm	7. Ghrita	-	226Gm
3. Sariva(Shweta)	-	192Gm	8. Ela	-	24Gm
4. Jeeraka	-	192Gm	9. Madhu	-	452Gm
5. Madhusnuhi	-	192Gm	10. Water	-	452Gm

**Method of preparation**

Kashaya is prepared with Ashwagandha, Sariva, Shweta jiraka and Madhusnuhi. To the prepared Kashaya add required amount of sharkara and heating is continued till thantupaka attains. Meanwhile Draksha is fried in specific quantity of Ghrita and added to Kashaya & Sharkarapaka, boiling is continued till it attains Avaleha Siddha Pakalakshanas. Later the fine powders of Ela is added and stirred well. After cooling Madhu is added and mixed properly.

**Dose:** 6-12Gm

**Anupana:** Milk

**Important therapeutic uses:** Raktavikara, Karshya, Arsha, Upadamsa

Used as Balya, Rasayana & Vajikarana.



## RASAHRUDAYA TANTRA

4th Year BAMS (2015-16 Batch)

It was created by Shrimad GovindaBhagavatapad, Guru of Shankaracharya around 7th century. It contains elaborate description of dhathuvada (metallurgical processes to transform Mercury into higher metals as Gold or Silver).

A Sanskrit commentary on this text was contributed by Chathurbhuj Mishra under the name of Mugdhavabodhini.

After going through the subject matters of Rasahrudaya Tantra it is found that the whole text is completed in 19 specific chapters known as Avabhodha.

### Characteristics of Rasahrudaya Tantra:

- The text provides elaborate description of specialized processing of Parada for Loha & Dehasiddi.
- The text is enriched with treasure trove of alchemical methods
- The way of description of the subject matter is quite easy with simple language & expression.
- The materials used in different processing of Parada are very well classified in different groups.
- Description & use of different Yantra & Musha is mentioned in the context of Parada processing.

Rasahrudaya Tantra is a unique text among a huge number of Rasa literatures, which gives elaborate description of 18 special Mercurial processing techniques.

## CONGRATULATIONS TO THE UNIVERSITY TOPPERS

### UG TOPPERS

#### I YEAR B.A.M.S



**Puneeth Raj R.M.**  
73.21%



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**Veenashree S.S.**  
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#### II YEAR B.A.M.S

#### III YEAR B.A.M.S

## SECOND YEAR BAMS DISTINCTION



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**Veekshitha**  
75.8%



**Keerthi Gowda**  
75.07%



## STAFF ACHIEVEMENT



Dr. Udaya Shankar, Prof. Dept. of Shalakyta tantra was selected for the expert committee on Marma chikitsa of CCRAS and participated the first meeting held at Kottakkal from 31 Jan -1 Feb.



Dr. Udaya Shankar met Professor K.S. Dhiman Director General, Central Council for Research in Ayurveda Sciences, New Delhi and informed about K.V.G. Ayurveda Pharma and Research Centre.

## FOUNDER'S DAY CELEBRATION



Guest speech by Dr. B.R. Ravikanthe Gowda, IPS Superintendent of Police, D.K. Dist.



Felicitation to Dr. B.M. Hegde, Former Vice chancellor of Manipal University.



Guest Speech by Dr. B.M. Hegde, Former Vice chancellor of Manipal University.



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



Receiving the Runner's up prize for Women's Throw Ball conducted on the eve of Founder's day sports event.



March past by KVGAMC staff on sports event of Founder's Day celebration.



## FRESHER'S DAY & DHANWANTARI POOJA



## ORIENTATION PROGRAMME



Welcome Speech by our Principal Dr. N.S. Shettar,  
KVGAMC, Sullia.



Release of KVG Ayur Newsletter by our President  
Dr. K.V. Chidananda, President AOLE (R), Sullia.





Speech by Sri. Manjunath., Sub Inspector of Police, Sullia.



Guest speech by Sri. S. Angara, MLA, Sullia Constituency.



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

## NATIONAL AYURVEDA DAY



Inauguration of free medical camp in our KVGAMC&H on the occasion of National Ayurveda Day.



Speech by Dr. Subrahmanya, Taluk Medical Officer, Sullia.



## ONAM CELEBRATION



Lighting the lamp by Mr. Akshay K.C., Director, AOLE(R) Sullia.

## SPORTS DAY



Inauguration of Sports Day at NMC play ground by Mr. Akshay K.C., Director, AOLE(R), Sullia.



Inauguration of Sports Day at KVGAMC campus by Dr. Leeladhar D.V., Administrator, KVGAMC Sullia.



*The root of education are bitter, but the fruit is sweet.*



## QUIZ

1. In Mutrakrucha which type of sweda is indicated

- A) Sankara B) Prastara  
C) Naadi D) Avagaha

2. Dantanaam gunahaari

- A) Kapalika B) Bhanjanaka  
C) Dantasharkara D) All

3. Annajala avarodhini

- A) Valaya B) Balasa  
C) Galougha D) Shataghna

4. Gomamsa churna poorana

- A) Ajakatajaata B) Arjuna  
C) Savrana shukla D) Praklinna vartma

5. Bhaktopari hitam sarpi basti karma poojitam

- A) Karnashoola B) Badirya  
C) Karna Pranada D) Karna Ksweda

6. Kardama visarpa is

- A) Gambhira Paka B) Nirasravi  
C) Both D) Sasravi

7. In Urdwa shwasa --- found

- A) Vibranta aksha B) Vibranta Lochana  
C) Vipluta Aksha D) Rakta Eka Lochana

8. Peepilakavat sanchara found in ----visarpa

- A) Kardama B) Agni  
C) Vataja D) Pittaja

9. Snehabasti vyapat acc. to Susruta

- A) 6 B) 8  
C) 9 D) 12

10. Uttarabhaktika snehapana is indicated in which state of Rajyakshma

- A) Shiraparshwa Amsa Shoola B) Kasa  
C) Shwasa D) All

Answer: September 2018

1). C, 2). B, 3). C, 4). A, 5). C, 6). A, 7). D, 8). C, 9). C 10). A

Quiz winner: **Dr. Nagma Naushad (Internee)**

## HOME REMEDIES

- ◆ A Cardamom in a litre of hot water cures hiccoughs , nausea , loss of appetite.
- ◆ Quarter tea spoon of cardamom powder in a half glass of milk and water, taken 2-3 times a day cures Burning micturition.
- ◆ Cardamom cover kept in mouth helps to liquefy phlegm and acts as expectorant.
- ◆ Cardamom cover burnt and made ash (half tea spoon) licked with honey stops vomiting immediately.
- ◆ Cardamom seeds kept in mouth checks bad breath and nausea.

**Dr. Ramakiran**

1st year PG, Dept. RS & BK

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