

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 ।

Editorial



Even though Ayurveda is an indigenous and time tested system of medicine, its worldwide acceptance is not possible without proper universally accepted scientific validation. As a step in the right direction to make our system a globally accepted one, institute has taken an initiative by organizing National level seminar and workshop on Research Methodology and Biostatistics "Anusandhana-2019". The event was a grand success with the active participation of resource person & delegates and by the consistent support of our management.

Our final year BAMS students maintained the success story by obtaining 100% result in RGUHS examination.

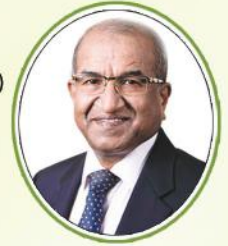
The current issue also contains a scholarly article of our faculty members on "A unilateral variation in the branching pattern of Axillary Artery" & a case study on the 'Conservative Management of Sub Acute Sclerosis Pan encephalitis'.

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A UNILATERAL VARIATION IN THE BRANCHING PATTERN OF AXILLARY ARTERY- A CASE REPORT

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ABSTRACT

Axillary artery is the principle artery of the upper limb which is the continuation of the subclavian artery. It further continuous as the brachial artery in the arm. There are literatures related to the variation in branching pattern of axillary artery.

During the routine dissection in the department of Shareera Rachana of KVG Ayurveda Medical college, Sullia, there was a unilateral variation found in the branching pattern of axillary artery of the right upper limb in which the lateral thoracic artery and subscapular artery where arising as a common trunk from the second part of the axillary artery, which usually arises separately from the second and third parts of axillary artery respectively.

Key words: Axillary artery, Lateral thoracic artery, subscapular artery, variations

INTRODUCTION

Axillary artery is the principle artery of the upper limb and also it is related to the cords of the brachial plexus in the axilla. Axillary artery is the continuation of the subclavian artery from the outer border of the first rib and it continuous as the brachial artery from lower border of the teres major muscle.

Axillary artery is divided into three parts by the pectoralis minor muscle which crosses over the artery. The first part lies proximal to the muscle, second part behind the muscle and third part distal to the muscle. First part of the axillary artery gives one branch, the superior thoracic artery. Second part gives two branches, lateral thoracic artery and acromio thoracic artery. Acromio thoracic artery piercing the clavipectoral fascia further divides into four branches namely pectoral branch, deltoid branch, acromial branch, clavicular branch. The third part of the axillary artery gives three branches as the subscapular artery, anterior circumflex humeral artery and posterior circumflex humeral artery.

CASE REPORT

A unilateral variation in the branching pattern of axillary artery was found in a cadaver of about 65years old, during the routine dissection in the dept. of Shareera Rachana, KVG Ayurveda Medical college, Sullia. The variation was found in the branches of second and third parts of axillary artery of the right upper limb. In the present case acromio thoracic artery and a common trunk of lateral thoracic & subscapular artery was arising separately from the second part of the axillary artery. The common trunk after coursing downwards for a short distance of 1.5cms from the axillary artery, gave a small branch for the pectoral region. Further the common trunk passes downwards for 0.5cms and was dividing into smaller lateral thoracic artery and the larger subscapular artery. The subscapular artery then gave branches as circumflex scapular artery and thoraco dorsal artery. The third part of the axillary artery was giving only two branches that is anterior circumflex humeral artery and posterior circumflex humeral artery. But in the left upper limb no variations were observed in the branching pattern of axillary artery.

DISCUSSION

The anatomical variations in the branching pattern of major arteries of the upper limb are reported in various journals. The branches of axillary artery show numerous variations in number, origin and distribution.

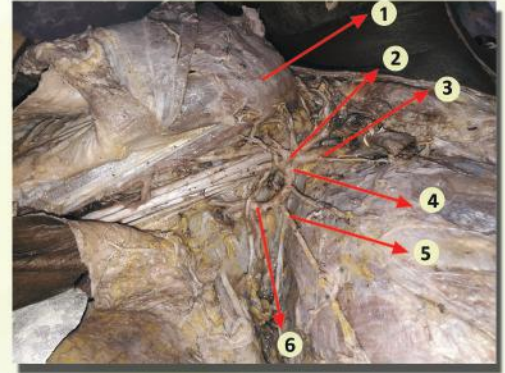
Kanaka S et.al reported common trunk of subscapular and thoracoacromial artery from the second part of axillary artery in 15% of cases.

According to Huelke's study, the subscapular artery arises from the first part of axillary artery in 0.6% cases, from the second part in 15.7% cases, and from the third part in 79.2% cases.

Variations in branching pattern of axillary artery are due to defects in embryonic development of the vascular plexus of upper limb bud. The lateral branch of the seventh intersegmental artery gave rise to axial artery of which proximal part transformed into the axillary and brachial artery. Variations may be due to an arrest at any stage of development of vessels followed by regression, retention or reappearance, thus leading to variations in the arterial origin and course of major upper

limb vessels. Such anomalous branching pattern may represent persisting branches of the capillary plexus of the developing limb buds and their unusual course may be a cause for concern to the vascular radiologists and surgeons, and may lead to complications in surgeries involving the axilla and pectoral regions.

1. Pectoralis minor muscle
2. Acromio thoracic artery
3. Axillary artery
4. Common trunk for lateral thoracic and subscapular artery
5. Lateral thoracic artery
6. Subscapular artery



CONCLUSION

Axillary artery variations are observed very commonly during dissection of axilla. The proper knowledge of axillary artery variation is most important for surgeons, radiologists, anesthetists and orthopedicians for surgical and interventional procedures in the axilla and pectoral region. The importance of axillary artery and its branches lies in the usage for coronary bypass and flaps in reconstructive surgeries.



Role Of Ayurveda In The Conservative Management Of Subacute Sclerosing Panencephalitis (SSPE): A Case Study

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K.V.G. Ayurveda Medical College and Hospital, Sullia.

INTRODUCTION:

SSPE is a rare and serious Neurological disease in Children and early adolescence caused by a mutant measles virus. Patients usually exhibit behavioural changes, myoclonus, dementia, visual disturbances, and pyramidal and extra pyramidal signs. It is gradual in onset, progressive in nature and leads to death within 1-3 years. Treatment for SSPE is still uncertain. A combination of oral Isoprinosine (Inosiplex) and intraventricular interferon alfa appears to be currently available best effective treatment. Patients responding to treatment need to receive it lifelong. Effective immunisation against measles is the only solution presently available to this disease.

CASE HISTORY:

A 13year old male child reported with his parents to the outpatient department of Kaumarabhritya (Balaroga), with complaints of unable to walk, abnormal movements of body, absence of speech since 5 years. His parents claimed that child was apparently normal till he developed fever with seizures at the age of 4 years. They consulted nearby hospital and was admitted there for one and half days. The symptoms reduced with the treatment and was sent back home. There was relapse of symptoms after 2 days and was referred to higher centre. The neurologist after several biochemical and neurological investigations, provisionally diagnosed the condition as Post Viral Demyelination? Early SSPE. The ophthalmology consultation revealed no evidence of Neural defects or Disc edema & No ocular involvement. While he was under the medications, symptoms aggravated leading to rapid deterioration of neurological status confining him to be bedridden and frequent Myoclonic seizures. So parents approached KVG Ayurveda Hospital for conservative and better treatment.

ANTENATAL HISTORY:

Mother underwent regular antenatal check up and took advised vaccinations and supplements. There is no suggesting evidence of other drug intake during pregnancy. There is no significant perinatal and post natal health issues.

TREATMENT HISTORY:

- Gardenal tab- 3mg bid
- Valproate syrup(200mg)-3ml bid

IMMUNIZATION HISTORY: As per the informant the child was vaccinated at appropriate age.

DEVELOPMENTAL HISTORY: Age appropriate Gross motor, Fine motor, Social & Adaptive, language milestones achieved till 4 years. Later regression of these milestones was observed. Head control, Social smile were absent.

PERSONAL HISTORY: His Appetite was decreased, Defecation was 1-2 times/day, Micturition 4-6 times/day and Sleep was reduced and disturbed.

GENERAL EXAMINATION: The patient appears pale, undernourished with a specific posture- Supine, Flexed elbow, wrist and fingers, extended knee, head turn to left side. His vital signs were RR-56/min, HR-52/ min, Pulse rate- 52/min, Irregular, feeble, Temperature - Normal and his Weight was 15kg.

CNS EXAMINATION: Higher Mental Function tests revealed - Altered sensorium, absence of orientation to time and place, Aphasic, declined intellectual function and memory.

CRANIAL NERVE EXAMINATION: He was not tracking torch light, menace reflex absent, nystagmus present, left pupil was dilated and pupils were not responding to torch light. Remaining cranial nerves examinations were not elicited.

MOTOR SYSTEM EXAMINATION: Examination revealed Muscle wasting, Hypertonic - Clasp knife Spasticity and Decorticate posture. Myoclonic jerks were present. Muscle power could not be elicited.

Reflexes-

Superficial reflex-

- Corneal - Absent
- Babinski reflex- +ve, withdrawing of leg

Deep tendon reflex – exaggerated

DIAGNOSIS: SSPE (Agantuja shiromarmabhighataja sarvangavata)

TREATMENT: 16 days of treatment was planned as follows

1st day - Udwarthana with triphala choorna and kolakulathadi choorna

2 + 3rd day - Along with Udwarthana, Shiropichu with ksheerabala taila and Matra vasti with 30ml of ksheerabala taila

4 + 5th day - Utsadana with triphala choora + kolakulathadi choorna + agnimantha swarasa Shiropichu and Matra vasti was continued

6th day - Along with Utsadana and Shiropichu, Ksheera vasti was administered

7 + 8 + 9th day - Patrapinda sweda, Upanaha sweda and Matra vasti was given

10th day - Patrapinda sweda, Upanahasweda and Ksheera vasti

11 + 12th day - Patrapinda sweda, Upanaha sweda and Matra vasti

13th day - Patrapinda sweda, Upanahasweda and Ksheera vasti

14 + 15 + 16th day - Along with Shashtika Shali pinda sweda, Upanaha sweda, Matra vasti, Pratimarshya Nasya with Ksheerabala 101 2 drops to each nostril was instilled.

* Physiotherapy from day 1 to day 16.

He was advised with following internal medications.

Amrutharishta	2tsp tid with equal water A/F
Ashtavarga kashaya	1tsp tid with equal water B/F
Bruhat vata chintamani rasa	½ - 0- ½ with honey A/F
Rhumalaya Gold	½ - 0- ½ with honey A/F
Kalyanaka Gritha	5drops – 0 – 5drops B/F

On discharge patient was advised with same internal medications along with

- Ksheerabala taila for sarvangaabhyanga before bath.
- Pratimarsha nasya with ksheerabala 101- 2 drops for each nostrils.
- Physiotherapy to continue.

OBSERVATION:

Joint stiffness	Increased rigidity & spasticity, difficulty in passive movements of joints	Significant reduction in stiffness of joints
Tone	Spastic muscle	Improved, palpation- muscles of legs firm
Reflex	+++	++
Myoclonic jerks	Present	Reduced
Active movement	absent	Started extending upper limbs
Vision	Absent	Eyes track torch light
Pupillary movement	Absent	Reactive to light
Response to sounds	Absent	Increased, track the sound



“A CLINICAL STUDY OF SHUNTHYADI CHURNAM IN APABAHUKA”

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P.G. Scholar

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Co- Guide

Dr. HARI PRAKASH
Guide, Dept. of Kayachikitsa

Movement is the sign of radiant life but unfortunately in some clinical conditions this vital factor is affected. Apabahuka is one of the common difficulties faced by people in daily life. It is a major problem affecting the Amsa Sandhi (Shoulder joint). In Apabahuka, due to causative factors Vata gets aggravated and disturbs the normal functioning of Amsa Sandhi. It is a common condition which badly affects the routine domestic activities of patients like combing, bathing etc. and is equally distributed both in patients with sedentary office work as well as heavy field work. In the modern parlance the causes of restricted shoulder movements stiffness and pain are many and include condition like rotator cuff disorder, adhesive capsulitis, osteoarthritis etc. and these are further classified under the heading of shoulder pain or shoulder disorder. The definite involvement of morbid Vata Dosha in the pathogenesis of Apabahuka may establish in distinct forms like Kevela Vata, Dhatukshayaja Vata and Avarnaja Vata. In accordance with this variant pathogenesis, much has to be explored in the field of management of Apabahuka.

Brihatnighantu Ratnakara mentioned Shunthyadi Churnam in treatment of Apabahuka. Shunthyadi Churnam contains Shunthi, Rasona and Ghrita which are easily and sufficiently available in all seasons, also cost effective. The preparation is easy to prepare and administer. So considering all the above points, with less burden of cost, defining the most effective treatment of Apabahuka is the need of the day. Hence this study is planned to ascertain the therapeutic efficacy of oral administration of Shunthyadi Churnam in Apabahuka.

OBJECTIVES OF THE STUDY:

1. To study about Apabahuka disease in detail.
2. To know the specific condition (chronicity and severity) of the disease in which Shunthyadi Churnam is effective.
3. To know the effect of drug in Apabahuka which is manifested as Upadrava (complication) of Prameha.

MATERIALS AND METHOD:

- 1) STUDY DESIGN – An open clinical study.
- 2) SAMPLE SIZE- 30 patients fulfilling the diagnostic and inclusion criteria of either sex were selected and assigned in a group.

INTERVENTION

- Sample size - 30 patients
- Medicine - Shunthyadi Churnam
- Dose - 1 Karsha (Equivalent to 1 Vibhitaki Phala in size)
- Anupana - Ushna Jala
- Duration - 14 days
- Time of administration- Morning after food.
- Follow up - After 1 week
- Total duration - 21 days

RESULTS:

There was marked improvement in 6 patients (20%), moderate improvement in 11 patients (37%), mild improvement in 12 patients (40%) and no improvement in 1 patient (3%). There were no patients with complete remission. Therefore Shunthyadi Churnam is having moderate improvement in relieving symptoms of Apabahuka.

CONCLUSION: The study showed Vedana Sthapaka, Stambha Hara effect of Shunthyadi Churnam by relieving Shoola and improvement in movement of Bahu in disease Apabahuka. In comparison to chronic cases this treatment modality is found effective in Apabahuka of recent origin and also in patients with Madhyama Vyadhibala.

KEY WORDS: Apabahuka, Shunthyadi Churnam, Frozen shoulder.



**“A CLINICAL STUDY TO EVALUATE THE EFFICACY OF
KAIDARYAYUKTA TAKRA LEPA AS SADHYOCHIKITSA IN
VRISCHIKA DAMSHA”**

Dr. JAYADEEP.K
P.G. Scholar

Dr. U. SANTHOSH NAYAK
Co- Guide

Dr. RAVISHANKAR M.
Guide, Dept. of Agadatantra

In Ayurveda it is described as Vrischikavisha. Vrischikadamsa produces manifestations such as daha, ruk, shyavata , todha and sphutanam. In classics of Ayurveda and Keraleeyavishachikitsasagranthasa lot of treatment modalities and medicines are described for the management of Vrischikavisha. Scorpion sting is an insect poisoning which requires emergency medical management.

The study drug KAIDARYAYUKTA TAKRA LEPA is a preparation mentioned for Vrischikavisha chikitsa in Kriyakoumudi. Lepa is mentioned as one of the immediate treatment modality in vrischikavisha. Here the effect of Kaidaryayuktatakrlepais evaluated in Vrischikavisha.

The Study design is interventional study-pre and post test with a sample size of 30. Patients with signs and symptoms of Vrischikavisha, belonging to age group 16-60 years, who attending the OPD of, K.V.G Ayurveda Medical College & Hospital, Sullia were selected for the study. Patients with vrischikadamsha not within 4 hours, systemic and infectious diseases, pregnant and lactating woman, asadhyadamshalakshanas, nonco-operative patients were excluded. Data collection was done by clinical case proforma and clinical examination.

Patients eligible for the study were selected from the OPD, examined and details were recorded on the case proforma. The study group was applied with KAIDARYAYUKTA TAKRA LEPA for 4hours. Symptomatic assessment was done before the treatment, at the end of 2nd hour and at the end of 4th hour. The outcome variables burning sensation, pricking pain, erythema, piercing pain and cracking pain - were assessed for the change in the mean score values. Data will be analyzed statistically using Friedman’s test. The result obtained was significant in relieving the symptoms of Vrischikadamsha.

Key words : Vrischikadamsha, Kaidaryayuktatakra lepa, Sadhyochikitsa



**“A COMPARATIVE PHARMACEUTICO - ANALYTICAL AND
IN-VITRO STUDY OF KAIDARYADI KASHAYA AND ITS MODIFIED
FORM AS KAIDARYADI ARKA W.S.R TO DIARRHOEA
CAUSING ORGANISMS**

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P.G. Scholar

Dr. SUBBANNAYYA KOTIGADDE
Co- Guide

Dr. ROHINI.D.BHARADWAJ
Guide, Dept. of RSBK

The present work named “A comparative pharmaceutico- analytical and in vitro study of Kaidaryadi kashaya and its modified form as Kaidaryadi Arka on diarrhoea causing organisms” was conducted to evaluate the analytical properties and anti microbial action on the most common diarrhoea causing organisms such as Shigella flexneri, .The drugs was procured from the licensed dealers and area of natural cultivation and after authentication it was processed into kashaya and arka by classical methodologies. The formulations were subjected to analytical and chromatographic study by the accepted parameters. This study is a stepping stone for further investigations carried out on this kashaya and Arka.

Then the two forms were tested for anti microbial action against salmonella paratyphi, shiglla flexneri and Vibrio cholera by Agar dilution method and Broth Macro dilution method. The analytical study showed more active compounds in kashaya and in vitro antimicrobial study revealed better action of kashaya. so the study indicates that Kaidaryadi kashaya is a better form to be used in diarrhoea than the modified form Kaidaryadi arka.



A CASE STUDY ON MUKHADOOSHKA (ACNE VULGARIS) WITH JALOUKAVACHARANA (LEECH THERAPY)

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ABSTRACT: Jaloukavacharana is one among the variety of Raktamokshana which is indicated in many disorders, where Rakta dusti is present. Acne vulgaris is an almost universal condition, where 85% of adolescent and young adults suffers from this. It impacts on the quality of life. Current Treatment procedures includes topical applications, oral antibiotics, laser treatment, skin peeling and surgical management. It may have side effect and mostly a costly treatment modality too. But in Ayurveda treatment procedures mentioned for Mukhadooshika are Lepana, Vamana Nasya and Raktamokshana²; among these Raktamokshana using Jalouka can provide more simple, painless and economic treatment. Two female patients of age 22 & 23 respectively were presented in KVGAMC OPD with complaints of pimples since 1 year. For that Jaloukavacharana was planned and result was significant; assessments were observed clinically and recorded.

KEY WORDS: Jaloukavacharana, Raktamokshana, Mukhadooshika, Acne vulgaris

INTRODUCTION: The skin is a largest and one of the most complex organs of the body. In the present-daysociety, each one is beauty conscious. Due to changed life style and polluted atmosphere the problem is increasing which causes damage to beauty or personality and does there is an increased demand for the cosmetic profession.

Mukhadhooshika is one among the Kshudraroga 3 explained in Ayurvedic classics. Inthe contemporaryscience, it can be compared with acne vulgaris. As the name,indicates it does the dooshana of mukha producing Salmalikantakatulya pidaka's.

Acne starts as a tendency to form comedones at the base of the hair follicle, which carries lubricating oil from the sebaceous(oil) glands to the skin surface. Is characterised by blackheads or white heads,pimples,oily skin and possible scarring. The resulting appearance can lead to anxiety, reduced self-esteem and depression. Many treatment options of acne are available in modern science. Preparations applied directly to the affected skin such as azelaic acid, benzoyl peroxide, salicylic acid, antibiotics and retinoids are available.

Sushruta Samhitha an oldest available manual on surgery has devoted an entire chapter for the description of Jaloukavacharana (Leech therapy). It is claimed to be supreme therapy because of its safety and efficiency in the disorders involving the vitiation of Rakta.

CASE HISTORY: 1st case: A female patient of 22 years old was presented in KVGAMC OPD with pimples on both cheeks and forehead associated with pain and pus in the past 1 year.

2nd case: A female patient of age 23 years was presented in KVGAMC OPD with pimples in both the cheeks, since 1 year. No associated complaints.

TREATMENT SCHEDULE: 1STpatient was subjected to Jaloukavacharana on both sides of cheeks on 1st day,15th day and 30th day. After the treatment, pain, pus and pimples got reduced.

OBSERVATIONS

2nd patient subjected to Jaloukavacharana on both sides of cheeks. 2 sittings were done on 1st day and 14th day. After the treatment patient found very good improvement.

Assessment criteria	BT	1 st Day	15 th Day	30 th Day	Follow-up 37 th Day
Pidakas	18-20	18-20	10-12	4-5	2-3
Pain	Present	Present	Reduced	Absent	Absent
pus	Present	Present	Reduced	Absent	Absent

Assessment criteria	BT	1ST Day	14thDay	Follow up 21st day
Pidakas	10-15	10-15	6-8	2-3

DISCUSSION

Raktavisravana is highly advised in case of Shamana of vedana (pain) and paaka (pus). Leech therapy has antibacterial and anti-inflammatory effect, and the same is observed in the above 2 cases of Mukhadoshika. All clinical actions were observed and recorded with photographs during the treatment period.

CONCLUSION

Current treatment procedures have limited success with high recurrence with side effects like bacterial resistance, irritation of skin, peeling scar and recurrence. Treatments like laser are expensive. Ayurvedic Raktamokshana using Jalouka can provide a simple, painless and economic treatment.

BRAMACHARYA

1st year BAMS (2018-19 Batch)

It is considered one among the three pillars of Health. The common belief is that it is celibacy.

A complete abstinence from sexual activity.

Meaning-

"Brahma" is the Ultimate Reality, the creator.

"Char" is to Move.

Literally then the move to the ultimate reality or more practically put ways or methodology to be used for self realization. One who intends to lead a life of celibacy, who does not have any sexual desires and is contented with happiness gets into sleep at the right time.

The women who is Rajaswala, Apriya, Apriya achara, unhygienic and abnormal condition, excessive obese and lean person, post natal women, pregnant women, women other than once own wife and woman who are nun are to be excluded.

THE EFFECTS OF HEALTHY SEX-

One who indulges in sexual intercourse in a controlled manner remains young for long time with high memory power, intellectual ability, long Life, Health, nourishment, High perceptive power of sense, fame and Strength.

ADVERSE EFFECTS -

Sexual intercourse in undesirable ways can lead to Bhrama [Giddiness], Klama [Fatigue], Urusada [Weakness of thigh], Decrease in strength, Virility, Weakness of sense organs and Early Death.

CONTRAINDICATION -

One who has eaten too much food, Coward, One who is hungry, one who is in awkward position, who is thirsty, young children, the aged, one who has other urges to satisfy and the Sick are restricted.

PASCHAT KARMA -

Taking bath, Anointing the body, Exposure to cool breeze, Eating sweets like Khandakhadya [sweet with profound sugar], Drinking Cold water, Milk, Meat soup, Green gram soup and Beverages such as Sura [beer], Prasanna [supernatant position of body], Can be had after sex. Thereafter sleep can be had to regain the vitality instantly.

DEVADARU

2nd BAMS (2017-2018)

Botanical Name – *Cedruscodara (Roxb) Loud.*

Family - Pinaceae

Gana - Charaka :Stanyashodhana,Anuvasanopaga
Sushruta :VataSamshamana

Vernacular names - Hindi - Devadara, Devdara, Devdaru

English - Himalayan Cedar, Deodar Trees

Kannada - Devadaru

Malayalam - Devadaram

Paryaya - Indradaru, Devakashta, Devdaru, Suradaru, Surahva, SuraKashta, SuraBhuruha,Suradruma
Bhadradaru, Bhadrakashta, Snehaviddhi

Distribution - Found in north-west Himalayas from Kashmir to Mussoorie -From 3500 – 1200 square feet height.

Botanical description - a very large and tall ever green tree,upto 75m in height and ranging from 2.4m to 3.6 m in girth, occasionally even upto 13.5 m in girth.The leaves are needle-like, mostly 2.5-5 cm long, occasionally up to 7 cm long, slender (1 mm thick), borne singly on long shoots, and in dense clusters of 20-30 on short shoots; they vary from bright green to glaucous blue-green in colour. The female cones are barrel-shaped, 7-13 cm long and 5-8 cm broad, and disintegrate when mature (in 12 months) to release the winged seeds. The male cones are 4-6 cm long, and shed their pollen in autumn.

chemical Constituents - Essential oil from wood; P- methylacetophenon, atlantone, Sesquiterpenes (a&b – Himochalene , Himachaloletc) stem bark; decoction , Toxifilin.

PROPERTIES AND ACTION

Rasa : Tikta

Guna : Laghu, Snigdha

Virya : Usna

Vipaka : Katu

Karma : Kaphahara, Vatahara, DustavranaSodhaka

THERAPEUTIC USES – Shotha, Jvara, Krmi, Kandu, Pinasa, Vibandha, Adhmana, Tandra, Hikka, Prameha, Kasa, Kustha, Amavata, Raktavikara, Sutikaroga

Part used - Bark, Heartwood,Oil,leaves, Resin

Dosage - Bark powder : 1-5 gm

Kashaya : 50-100ml

Oil : 20-40 drops

IMPORTANT FORMULATIONS – Khadirarista, Dasamularista, Devadarvarista, Karpuradyarka, CandanadiCurna, NarayanaTaila, PradarantakaLauha,MahavisagarbhaTaila



ASHTAVARGA KASHAYA

3rd BAMS (2016-2017)

Ref: Sahasrayoga

"बलासहचरैरण्डशुण्ठीरास्नासुरद्रुमैः ।
स सिन्धुवार लशुनैरष्टवर्गोऽनिलापहाः ॥"

Ingredients:

- बला
- सहचर
- एरण्ड
- शुण्ठी
- रास्ना
- सुरद्रुम
- सिन्धुवार
- लशुन

Method of Preparation

One part each of coarse drugs are taken in a clean vessel, added with 16 parts of water. This is boiled in fire to reduced to 1/8.

Indication

Vataroga

Dose

1 Pala

RASARNAVA

4th Year BAMS (2015-16 Batch)

This is a popular text among the Mercurial practitioners. There is no clear cut indication in this work about the author and his time. However, many scholars opine that Bhairavananda Yogi of Kapalika Tradition who lived during 12th century A. D. must be the author of this valuable work. Contains 18 chapters called Patalas, this is written in the form of a conversation between Goddess Parvathi and Lord Shiva.

The views on Dhathuvada(transmutation of metals) and Dehavada (transmutation of the body) are explained in this work. The practical aspects of mercurial techniques are clearly mentioned. The author of this treatise tries to establish co relation between Metal and Body.

He advocates to test the processed Mercury on the Metal first to see if it gets transmuted into a higher Metal and then on the human body to make it devoid of disease and death

The emancipation, according to him, is to be achieved during the life time itself. He says “The emancipation achieved after death is just useless as it can be obtained even by a Donkey”. The language used in this work is somewhat difficult but the intricacies of all techniques of mercury are given here

CONGRATULATIONS TO THE UNIVERSITY TOPPERS

UG TOPPERS



Ms. Ashina Shahin O.
72.9%



Ms. Anjali M.M
71.2%



Ms. Anjana Chandran
70.5%

STAFF ACHIEVEMENT



Guest speech by Dr. Pramoda P.A., Assistant Professor, Dept. of Koumarabhritya, K.V.G. Ayurveda Medical College & Hospital, Ambate Adka, Sullia on “Child Nutrition” at SDM institute of Ayurveda and hospital, Anchepalya, Bangaluru.

**“ANUSANDHANA - 2019”
NATIONAL SEMINAR & WORKSHOP ON RESEARCH METHODOLOGY AND
BIOSTATISTICS**



Dr. Lakshminarayan Shenoy, Asst. Director, State Ayurveda Research Centre, Mysore, on “Research & Statistics Made Easy”.



Welcome dance by our students.



Release of New Proprietary medicine of KVG Ayurveda Pharma.



Release of previous issue of KVG Ayur News letter.



Felicitating to Dr. Sharan J. Shetty, Senate member RGUHS Bangalore.



Addressing the gathering by Mr. Akshay K.C. Director AOLE (R) Sullia.



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



Key note address by Organizing secretary Dr. Udayashankar N. Prof. & HOD, Dept. of Shalakyta Tantra.



Invitees and delegates present at seminar hall.



Dr. Satyanarayana Bhat, Principal, Muniyal Institute of Ayurvedic Medical Sciences, Manipal on "Scope of Drug Research in Ayurveda".



Guest speaker Dr. Anantram Sharma, Prof. Amrita School of Ayurveda, Kollam, on "Clinical Research in Ayurveda & protocol Writing".



Dr. Rajmohan Asst. Prof Govt Ayurveda College, Pariyaram, Kannur on "Global Scenario of Ayurvedic Research".



Judges evaluating the Poster Presentation.



Introduction to New Proprietary medicine "Femicare" by Dr. Ashok K. Prof. & HOD, Dept of Prasootitantra & Streeroga.



Introduction to "Hemocare" by Dr. Sandeep Bekal, Prof. Karnataka Ayurveda Medical College, Managalore.



Panel Discussion with Guest Speakers



Valedictory Function.



Best oral presentation of teaching faculty winner
Dr.Haron, Asst.Prof. Amrita School of Ayurveda, Kollam



Dr.Praveen, Final year PG, Dept of RS&BK.
Best oral presentation winners

----- Best oral presentation winners -----



Dr. Babitha Rao A., First Year PG, Dept. of Shalyatantra



Dr. Pooja D.G., Second Year PG, Dept. of Kayachikitsa



Dr. Kharat Dnyaneshwar S., Final Year PG, Dept. of Kayachikitsa
Best poster presentation winners



Dr. Sharadha, Second Year PG, Dept. of Panchakarma



Best poster presentation winner, 4th Year BAMS students.

CCIM INSPECTORS FROM AYUSH DEPARTMENT INSPECTING OUR COLLEGE



Reception counter



Library



OPD



General female ward



Anatomy dissection hall



KVG Ayurveda Pharma & Research Centre

QUIZ

- _____ is a lakshana of abhigata to Hridaya marma according to Charaka
a) Klomakarshana b) Jihvanirgamana c) Apasmara d) All the above
- Kshara is devoid of _____ rasa
a) Madhura b) Amla c) Lavana d) Kashaya
- Nishtivana chikitsa is explained in the context of _____
a) Rajayakshma b) Sannipatajwara c) Prameha d) Kushta
- Visrata is _____ mahabhuta guna
a) Akasha b) Vayu c) Jala d) Prithvi
- Sushruta matanusara klaibya bheda _____
a) 4 b) 6 c) 5 d) 7
- Sushrutamatanusara nagabala rasayana anupana _____
a) Jala b) Madhu c) guda d) Ghrita
- Vrishchika visha adhishtana _____
a) Shukra b) Lala c) Aara d) Damstra
- Mattarshabha ivanisham is alakshana of _____
a) Urdhwa shwasa b) Mahashwasa c) Gambhira hikka d) Chinna shwasa
- Ahara dravyas are _____ pradhana
a) Rasa b) Veerya c) Vipaka d) Agni
- Vatabalasaka jwara lakshana _____
a) Pralapa b) Shirogurutha c) Nitya mandajwara d) All the above

Answer: December 2018

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

Quiz winner: **Dr. Athira K. Uthraja (Internee)**

HOME REMEDIES

- ◆ Bleeding from nose: two drops of fresh Pomegranate juice dipped in each nostril.
- ◆ Indigestion: drink half cup of Pomegranate juice with 2tsp of onion juice.
- ◆ Fresh wound: apply Pomegranate juice mixed with honey.
- ◆ Anemia: drink half cup of Pomegranate juice half hour before food.
- ◆ Nausea and vomiting: drink half cup of Pomegranate juice with 1tsp of sugar and half tsp grated fresh ginger once or twice a day.

Dr. Manasa.B.S

1st year PG, Dept. RS & BK

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To,

Book Post

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