



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



Medical education is not complete without add on programmes like CME's. The knowledge about Skin diseases has been uplifted by effort of our college by organizing 'SPARSHA `2018' State Level CME on Diagnosis and Management of Twak Vikaras.

The divine blessing of Lord Dhanwantari has been solicited during Dhanwantaripooja. Our college had busy schedule with various activities like Fresher's day, Farewell day, National Ayurveda Day, NSS activities, Sri. Vivekananda Jayanthi etc.

We are extremely proud to publish details about the rank holders in the P.G. studies as well as Under Graduates of our institution in the RGUHS examination.

The current issue contains scholarly article on 'Clinical study of Shatyadi choorna in Prathishyaya' and a case study on ' Gridhrasi' apart from regular columns.

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“TO EVALUATE THE EFFECT OF SHASTIKASHALI PINDA SWEDA AND MASHA PINDA SWEDA IN GRIDHRASI –A COMPARATIVE CLINICALSTUDY”

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*Assistant Professor, ** Professor & HOD

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INTRODUCTION:

Spinal anatomy is a remarkable contribution of strong bones, flexible ligaments & tendons, large muscles & highly sensitive nerves. The harmony of all these structures enables man to run with the pace of time. Sedentary lifestyles, stress, improper posture, continuous jerky movements etc. put maximum pressure to the spinal cord & play an important role in producing lowback ache and Sciatica.

Gridhrasi is one of the ShoolaPradhanaVatavyadhicaused by aggravated Vatadosha. It is characterised by the symptoms like Ruja (pain), Stamba (stiffness), Toda (pricking sensation) and Muhurspandana in Sphik, Kati, Uru, Janu, Jangha&Pada in order and SakthiUthkshepaNigrahai.e restricted lifting of the legs.

AcharyaCharaka has explained that Swedana is the procedure that relieves stiffness, heaviness and coolness of the body. Swedana is the specific treatment for number of Vata predominant diseases. PindaSweda comes under SankaraSweda, which is one among 13 types of SaagniSweda ofCharaka and UshmaSweda according to AcharyaSushruta and Vagbhata.

Shastikashali has good effect over Gridhrasi. But Shastikashali is unavailable in all the regions. As both Masha and Shastikashali have similar Gunas, here study is undertaken to compare the effect of both of these over VatajaGridhrasi.

OBJECTIVES:

- To study about the disease Gridhrasi in detail.
- To study about ShastikashaliPindaSweda and Masha PindaSweda in VatajaGridhrasi.
- To compare the efficacy of ShastikashaliPindaSweda and Masha PindaSweda in VatajaGridhrasi.

MATERIALS & METHODS:

Source of data: Patients are selected from the O. P.D. and I. P. D. of K. V. G. Ayurveda Medical College and Hospital, Sullia and mobile health camps conducted by K.V.G. Ayurveda Medical College and Hospital, Sullia.

Sample size : 40 patients with classical Lakshanas of VatajaGridhrasi fulfilling the diagnostic and inclusion criteria of either sex were selected and divided them as Group A and Group B.

Inclusion Criteria:

1. Patients with classical symptoms of VatajaGridhrasi.
2. Age group between 20-70 years irrespective of religion, sex and occupation.
3. Patients who are SwedanaYogya.

Exclusion Criteria:

1. Patients with classical symptoms of Vata-KaphajaGridhrasi.
2. Age group below 20 and above 70 years of age.
3. Patients who are SwedanaAyogya according to classics.
4. Patients with allergic skin conditions, fractures, displacement of spine and affected lower limbs or with severe systemic disorders that interfere the line of treatment.

Diagnostic Criteria:

- Ruk, Toda, Stamba, Spandana in Sphik, Kati, Prista, Uru, Janu, Janga and Pada.
- Sakthiuthkshepanigraha.

Observational period:

Patients will be assessed clinically on the 1st day before treatment, next on 7th day after treatment and on 21st day for the last assessment.

PROCEDURE:

1)Poorva Karma:

a)Collection of required materials:

b)Preparation of patient:

SthanikaAbyanga over affected area with MurchithaTilaTaila.

c)Preparation of medicine:

Ingredients of ShasthikashaliPindaSweda (Group A):

Shasthikashali– 400gms, Balamoola – 500gms, Water – 8 litres, Goksheera – 2 litres.

Shasthikashali is cooked well in appropriate quantity of BalamoolaKwatha and Ksheera and made into Pottalies.

Ingredients of Masha PindaSweda (Group B):

Masha – 400gms, Balamoola– 500 gms, Water – 8 litres, Goksheera – 2 litres.

Masha is cooked well in appropriate quantity of BalamoolaKwatha and Ksheera and made into Pottalies.

Other materials required: Cotton cloths- 2 pieces, MurchithaTilaTaila for SthanikaAbyanga, Cotton threads for tying Pottalies, Leaflets of coconut.

2)Pradhana Karma:

PindaSweda is carried out over the affected parts by heating the Pottalies in the combination of BalamoolaKwatha and Ksheera.

Time duration- Approximately 30 minutes and carried out for 7 days.

3)Paschath Karma:

Pottalies are opened and spread the paste over affected parts. After sometime, wipe out the paste with the help of coconut leaflet or cloth. Advise the patient to take rest followed by hot water bath.

OBSERVATION AFTER TREATMENT:

In VatajaGridhrasi, overall Group A got 68.3% improvement and Group B got 58.1% improvement.

DISCUSSION:

Discussion on Mode of Action on Symptoms:

Ruja:

In Group A, 57.5% and in Group B, 50% relief is seen. So it is concluded that Shastikashali Pinda Sweda shows more result over Ruja. UshnaGuna of Sweda and Snigdha, Tridosahara property of Shastikashali gives relief from pain.

Stabdhata:

In Group A, 95% and in Group B, 80% relief is seen. So it is concluded that Shastikashali Pinda Sweda shows more result over Stabdhata. SheetagnaGuna of Swedana and Tridoshagna action of Shastikashaligives relief from stiffness.

Spandana:

In both Group A and in Group B, 93.3% relief is seen. So it is concluded that both Shastikashali Pinda Sweda and Masha pinda Sweda shows equal result over Spandana. The properties of all the ingredients used for the treatment i.e. Shastikashali, Masha, Balamoola and Ksheera like Madhura Rasa, SnigdhaGuna, Brahmana and Vataghna action and the Vatahara property of Swedana acts over Spandana.

Toda:

In Group A, 82.3% relief is seen and in Group B, 66.7% relief is seen. So it is concluded that Shastikashali Pinda Sweda shows more result over Toda. Sweda possess Agniguna, so pacifies Vata and Shastikashali is having Snigdha and Vatahara property, it helps in relieving Toda.

SakthiUthkshepaNigraha:

In Group A, 61.8% and in Group B, 44.1% relief is seen. So it is concluded that Shastikashali Pinda Sweda shows more result over Sakthi Uthkshepa Nigraha. UshnaGuna of Swedana, Snigdha, Vatahara action of Shastikashali gives better relief from Stabdhata.

Discussion on Overall effect of Therapies:

In Group A, 68.3% relief is seen and in Group B, 58.1% relief is seen. So it is concluded that Shastikashali Pinda Sweda shows more result over all symptoms. Shastikashali is having Madhura Rasa, Snigdha Guna, Brahmana and Tridoshaghna property, so it gives relief from almost all the symptoms of Vataja Gridhrasi.

CONCLUSION:

Gridhrasi is the common disorders due to stressful work lifestyle and lack of exercise. Snehana, Swedana, Shodhana, Siravyadha, Agnikarma and Shamana are the principles of treatment of Gridhrasi. The study shown highly significant results which indicates therapeutic effects like relieving Ruja, Stabdhata, Spandana, Toda and SakthiUthkshepaNigraha. ShastikashaliPindaSweda showed more effect of Ruja, Stabdhata, Toda and SakthiUthkshepaNigraha when compared to Masha PindaSweda and study showed both therapies equally effective over Spandana. ShastikashaliPindaSweda showed 10.2% more improvement when compared to Masha PindaSweda. Overall the result of Group A is significant both clinically and statistically than Group B in almost all the parameters.



Case of Gullainbarre syndrome

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Guillain-Barré syndrome (GBS) is a rare neurological disorder of unknown cause in which autoimmunity develops against peripheral nervous system and damages their [myelin](#) insulation. The initial symptoms are symmetrical muscle weakness, numbness and tingling sensation, beginning in the distal part of the extremities and later involves proximal. Disorder can be life-threatening, with about 15% developing weakness of the [respiratory muscles](#) requiring [mechanical ventilation](#).

A 40 years male patient came with history of loss of strength and numbness in the hands and foot since 5 months; it was acute in onset with progression to proximal part of extremities.

Patient presented with the following Complaints,

- Unable to stand up, unable to walk without support, loss of balance
- Unable to hold tea cup, unable to hold pen,
- Loss of sensation in foot, leg and hands,
- Mild loss of hearing and vision
- Loss of hunger, distension of abdomen, constipation, retention of urine.

Treatment history:

Patient is a known case of Depressive Mood disorder and was under psychiatric treatment since 20 years. Just after onset of loss of strength (4month back) he consulted a neurologist. EMG was done and was diagnosed as **GB syndrome (AMSAN – Acute Motor and Sensory Axonal Neuropathy)** and was under treatment for about 3months.

On Examination

Darshana: Karmahani in hasta pada, Sthoolanga.

Sparsana: Anaha

Prashna: Balakshaya, Agnimandhya, Thandra, Angasada, Gourava, Pada hasta suptata, Athinidra, Vibandha, Mutrasanga,.

CNS examination-

Cranial Nerve – Optic nerve – visual acuity – impaired

Vestibulocochlear nerve – Rombergs test – '+' ve

Rinne test – AC > BC

Not able to hear whispering

Motor – Muscle power

Upper Limb

Interossei of hand – grade 3 in both hand

Flexors and extensors of wrist and elbow – grade 4

Lower limb

Flexors and extensors of ankle and knee – grade 4

Sensory

Impaired soft touch sensation over distal parts of upper and lower limb.

Treatment:

Treatment started on inpatient base.

On the day of admission

- Shodhanabasti was administered
- Urinary catheterization done.

After 3days

- Abhyanaga with Kottamchukkadithailafor 10 days
- Swedana with Dhashamulakashayadhara for 10 days
- Yoga Basti: Niroohabasti withManjistadiksharabasti
Anuvasanabasti with Brihathsaindhavadithaila

Following internal medication were prescribed:

- Dhanadanayadikashaya: 15ml twice daily before food
- Tab Brihathvatachintamani (S) : 0-0-1 After food with honey
- Gandharvahastadi (G.H) Erandathaila 10ml in morning empty stomach (for first 3 days)

After treatment (14 days)

At the time of discharge patient is able to stand up, able to walk with little support and with walking aid, able to hold cup and drink water, hearing and vision improved. Appetite increased and able to take food by hand. Urinary catheter was removed;Urine and boweldysfunctionwas cleared.Further improvement was observed when patient came for follow up after 10 days.

Discussion:

In Ayurvedic view GB syndrome having similar features to the presentation of sarvangavata. Symptoms in present case is similarto Vyanavatajanyavikaramentioned by Ashtangahridaya.When Ama is associated with impaired Vyanavata along with vyanavatadushtilakshanas, symptoms like Agnimandhya, Tandra Sthaimitya Gouravaare seen. Amahara and Vataharachikitsa is adopted for the same.

**“A COMPREHENSIVE CLINICAL STUDY OF
DRAKSHADI GHRITHA OF VATARAKTHA”**



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P.G Scholar

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Ayurveda the science of life- though has its own principles, is incorporating new theories and drugs in it and presenting them according to its principles. Occurrence of Vataraktha on large scale is one of the outcomes of this modification. As the name of Vataraktha itself indicates aggravated Vata and vitiated Rakta by their own causative factors. Vataraktha possess a challenge to the physician owing to its apparent chronicity, incurability and complications. A common clinical features are Shoola, Shotha, Stabdhatta and Vaivarnya at different Joints of the body more over due to the chronicity and severity of Vataraktha causes deformities also. Snehapana is one of such treatment which is coming under Samnang Snehana considered as one of the effective therapy to control the Vataja disorder because of its have Madhura, Snigdha, Daahahara, Vatanasaka Guna. Drakshadi Ghrita is one such Yoga which contains Dravya like Draksha, Yastimadhu, Ghrita which are Snigdha and Guru in nature.

OBJECTIVE OF THE STUDY:

- 1) To clinically study the disease VATARAKTHA.
- 1) To evaluate the effect of Drakshadi Ghrita as Shamananga Snehapana in different conditions of Vataraktha.
- 2) To know the specific action of Drakshadi Ghrita in different conditions of Vataraktha like chronicity and severity.

METHOD:

30 Patients fulfilling the inclusion criteria will be selected. As per classics there is no specific reference related to the duration for Chikitsa. But to know the effect in stipulated time specific duration is fixed as 21 days.

RESULTS:

In Overall effect of treatment in Vataraktha, out of 30 patients in this study, 7 patients (23%) were getting Amshika Shamana and 23 patients (77%) were getting Prayika Shamana.

Drakshadi Ghrita had remarkable improvements in Ruja-50.85%, Daha- 75%, Stabdhatta- 85.19%, Kandu- 77.78%, Chimchimayana-96.15%, Suptata-96.15%, Shotha- 60.87%, Vakra- 26.32%, Vaivarnya-73.08%.

CONCLUSION:

Drakshadi Ghrita has got good results in Vata Pradhana Vataraktha(lean patients) compare to Rakta Pradhana Vataraktha(obese patients).

Drakshadi Ghrita was found to be more effective in Chimchimayana, Stabdhatta Daha and Suptata due Snigdha Guna of Ghrita.

In chronicity Drakshadi Ghrita has more effective in recent origin(below 1 year) compare to chronic stage.

In severity Drakshadi Ghrita is more effective in patients with Madhyama Vyadhibala than Pravara, Avara Vyadhibala.

KEYWORDS: Vataraktha, Drakshadi Ghrita.

“A CLINICAL STUDY ON SHWADAMSTRADI TAILA NASYA IN THE MANAGEMENT OF APABAHUKA”



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BACKGROUND AND OBJECTIVES:

DurvadiTaila which is indicated in Darunaka can be used in the form of shiroabhyanga. Kandu is one of the lakshana of darunakawhich troubles the patients and AcharyaVagbhata has explained krimi as one of the nidana for shiroroga. In the modern point of view, the most common micro-organisms which cause itching are Staphylococcus aureus, Pseudomonas aeruginosaand Microsporumcanis.

OBJECTIVES OF THE STUDY

- To prepare DurvadiTaila as mentioned in Ayurveda Yoga Sangraha.
- Subjecting prepared sample to analytical parameters.
- To study the antimicrobial activity of the sample by In-Vitro method.

METHODS:

The methods followed can be divided like Pharmaceutical study, Analytical study and Anti microbial study. In the pharmaceutical study attempts were made to prepare Durvaditaila by using Durvapanchangaswarasa, Nimbapatraswarasa, Yashtimadhukalka, Narikelakshira and Narikelataila. In Analytical study different parameters mentioned for assessment of taila were carried out. The Anti microbial study was done by using Agar well diffusion method using standard drug for different microbes.The study was done on MTCC Strain. The micro- organism used for the study are Staphylococcus aureus, Pseudomonas aeruginosaand Microsporumcanis.

RESULTS: Pharmaceutical study revealed that the taila prepared was yielded more as Narikelakshira was one of the dravadravayawhich has got high fat content in it.Analytical testing could generate preliminary standards of Durvaditaila as per the protocol of testing. The Anti microbial study shows that DurvadiTaila doesn't have significant antimicrobial activity against theStaphylococcus aureus, Pseudomonas aeruginosaand Microsporumcanis.

Key words:

DurvadiTaila, Darunaka, Agar well diffusion



“A CLINICAL STUDY ON SHWADAMSTRADI TAILA NASYA IN THE MANAGEMENT OF APABAHUKA”

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Apabahuka is a disease which affects the daily routine of an individual and if ignored, it can become a disability. In such disease the most sought after medical modality is Ayurveda. For this disease, Nasya is the most effective line of treatment. A clinical study on the effect of Nasya with Shwadamstradi taila in the management of Apabahuka was undertaken to assess the effect of Nasya Karma and its mode of action in Apabahuka.

OBJECTIVES OF THE STUDY:

- 1) To study about Nasya Karma in detail.
- 2) To study about Apabahuka in detail
- 3) To evaluate the efficacy of Nasya with Shwadamstradi Taila in Apabahuka.

METHOD

The study design selected was a single group clinical study with a sample size of 30 patients. The patients were selected as per the present selection criteria. The patients were given Nasya with Shwadamstradi Taila in Madhyama Matra of 8 Bindus in each nostril. Assessment and follow up was done on 1st, 7th, 14th and 21st day.

OBSERVATIONS OF THE STUDY:

Among 30 patients of this clinical study, majority were between the age group 40-49yrs (30%), females (70%), Religion Hindu (90%), socioeconomic status upper middle (63.33%), occupation housewife (43.33%), education primary (46.67%), marital status married (90%), shoolamadyama (80%) duration of illness below 1 year (63.33%), bahupraspandanaharamadyama (80%), prakruti (63.33%).

CONCLUSION:

- ✓ In Overall effect of treatment in Apabahuka, out of 30 patients in this study, 21 patients (70%) were getting Moderate improvement and 9 patients (30%) were getting Marked improvement. Overall effect of the treatment is 57.06%. Shwadamstradi taila was found to be a good drug of choice for Shoola and Bahupraspandanahara of Apabahuka.
- ✓ However this treatment modality is found effective in Apabahuka of recent origin (H/O < 1 Year).
- ✓ In the group of patients with chronicity of above one year, the results were very poor. Whereas in the group 19 patients with a history of Apabahuka of ≤ 1 year, got considerable relief.
- ✓ Apabahuka is completely curable if patient approaches the physician at the onset of symptoms but as the disease becomes chronic and severe, the prognosis also deteriorates.



Antibiotic resistance what ayurveda can do?!

Dr Avinash S
3rd year PG scholar Dept of Kayachikitsa

Ayurveda firmly believes in the Tridosha theory and it is believed that Dosha is solely responsible for the diseased and the healthy state. Though Ayurveda believes in microbial approach to some extent but generally does not recognize microbes as the primary cause of disease. According to Ayurveda anyone who has developed an imbalance in their bodily elements or Doshas and thereby has a weakened immune system may be subjected to a microbial infection which is considered a symptom of that imbalance. Since the advent of the antibiotics, an ever growing arsenal of antibiotics has provided an effective therapy against major pathogens. However due to the growing rates of antibiotic resistance it's one of the important area of focus for the management of such cases through Ayurveda has to be explored. Ayurveda can help in overcoming these serious issues as a potent alternative on exploration in the following areas 1) Botanicals as an alternative to antibiotics 2) Immunomodulation on the basis of concept of Rasayana 3) Exploring botanicals as drug modifiers and bio enhancers.

WHO defines antimicrobial resistance as a microorganism's resistance to an antimicrobial drug that was once able to treat an infection by that microorganism. In a multi centric study conducted in seven tertiary care hospital cities 61%E.coli were ESBL (extended spectrum beta lactamase) 31-51%klebsiella species were carbapenem resistant and pseudomona species were resistant to imepenem. The major mechanisms that mediate bacterial resistance are 1)Production of enzymes that degrade or chemically modify and inactivate the drugs. 2)Target site modification 3)Prevent drug uptake by altering permeability 4)Enhanced export of antibiotic by efflux 5)Biofilm formation. The combined effects of genetic processes of mutation and selection, fast growth rates and the ability to exchange genes resistance or adaptation to the antibiotic environment seems to occur very quickly in an evolutionary timeframe.

Botanicals as an alternative:

Herbs possess a wide range of biologically active compounds. These organic compounds are biologically active substances, and represent 'secondary metabolites'. Some secondary metabolites affect cell signalling or protect against oxidative or UV stress. The use of plant extracts and phytochemicals, possessing both known and unknown antimicrobial activities, could be of great importance in therapeutic treatments. Some of the drugs like guduchi, haridra have already established for these activities. Possible mechanisms of antimicrobial action are: (1) disintegration of cytoplasmic membrane, (2) interaction with membrane proteins (3)disturbance of outer membrane of gram negative bacteria (4) destabilization of the proton motive force with leakage of ions, (5) coagulation of the cell content, (6)inhibition of enzyme synthesis. Important secondary metabolites that are potent antimicrobial are 1) Alkaloids: They result in impaired cell division and cell death. The mechanism of action of alkaloids such as harmaline and berberine(daruharidra) is attributed to this property 2) Flavonoid and terpenes: Increase in permeability of membrane and disruption is observed due to their interaction with membrane proteins present on bacterial cell wall.

Rasayanas as immunomodulators:

The anti-oxidant activity of Rasayana may play a vital role in prevention of DNA damage thereby minimizing mutations which lead to drug resistance. The effect of Rasayana is not restricted to a specific pharmacological action instead is a comprehensive holistic mechanism. Possible modes of action of Rasayanas include: hemopoietic effect, antioxidant action, adaptogenic action, immunomodulatory action, anabolic action, nutritive function, DNA repair action & neuroprotective action. The essential oil of basil (tulsi), which has Rasayana activity, inhibited mutations from ultraviolet irradiation by 22-76%. Mutations caused by 4-nitroquinoline-N-oxide were decreased by 23-52% and those from 2-nitropropane by 8-30%. Concordant findings reported showed that basil mainly worked by blocking DNA adduct formation triggered by 10-hydroxyestragole in the human hepatoma (HepG2) cell line, possibly by promoting phase II enzymes which resulted in conjugation and elimination of the carcinogen. This relatively new approach of using medicinal plants for their anti-mutagenic properties could be applied to bacteria by testing the plants ability to prevent mutations in bacteria thereby reducing bacterial antibiotic resistance.

Botanicals as drug modifiers and bio enhancers:

Antibiofilm activity:

Bacterial biofilms protects the microbes from antimicrobial agents. The essential oils of Cymbopogon citratus and Syzygium aromaticum were found to exhibit marked antibiofilm activity against both fungal and bacterial biofilms. The components of lemongrass oil inhibited biofilm formation, destroyed the pre-formed biofilms and had multiple targets on the bacterial cell.

Efflux pump (EP) inhibitors:

EPs are a vital resistance mechanism, both alone and in combination with changes in the permeability of the outer membrane. Medicinal plants have been reported to not only have the ability of inhibiting EPs but also disrupt the cytoplasm by affecting the permeability of membranes. Numerous phytoactive components, including the terpenecarnosic acid (Rosmarinus officinalis), the alkaloid reserpine (Rauwolfia vomitoria) and the diterpenetotarol (Chamaecyparis nootkatensis), have shown to inhibit NorA-induced ethidium bromide efflux from a NorA over expresser.

Bioenhancers:

Piperine is the major plant alkaloid present in *P. nigrum* Linn (Black pepper) and *P. longum* Linn (Long pepper). Besides being an efflux pump inhibitor, it is also well known for its bioavailability enhancing (ex:rifampicine+piperine)activity of multiple drugs and nutraceuticals.

Conclusion:

The current problem of emerging MDR bacteria is posing a global medical threat and is continuously challenging the scientific community. The reducing efficacy and increasing toxicity of synthetic drugs is further aggravating the problem. This has led researchers to seek plant based antimicrobials for solution as they are now known to play a vital role in the development of effective therapeutics. Phytoactive constituents, either unaided or in combination with antibiotics may be an effective approach to deal with the global antimicrobial resistance. The efficacy of herbals in treatment of diseases for decades suggests that bacteria, fungi and viruses may have a reduced ability to adapt to a plant based antimicrobial regime.



ERANDA

[IV year BAMS 2014-15 Batch]

BOTANICAL NAME:-Ricinus communis

FAMILY:-Euphorbiaceae

VERNACULAR NAME:-Castor bean(Eng) ,Erandi(Hin),Haralu(Kan),Avanaku(Mal.)

DESCRIPTION:-Perennial,shrub or small tree to about 4m high with conspicuous ring like scars on the hollow and stem. Leaves alternate, long petiolate, palmate with 7-11 lobes and serrated edges, 20-60 cm long and often tinged with red. The terminal inflorescence is a narrow panicle; there are separate unisexual flowers, Fruit a spiny subglobose schizocarp about 1.5cm long, splitting into three sections when mature, each section containing one mottled smooth brown seed.

HABITAT:-Common in disturbed areas and waste places from sea level to 500 m elevation.

PART USED:-Seeds, flowers, roots, fruit, oil.

CHEMICAL CONSTITUENTS:-Beta-amyrin, alkaloid ricinine, racin, betacarotene, tannins, brassicasterol, campesterol, betasitosterol, stigmasterol,

PROPERTIES & USES:-

RASA-madhura, katu, kashaya; **GUNA-**guru, snigdha, tikshna; **VIRYA-**ushna; **VIPAKA-**madhura.

KARMA-Vata & kaphahara.

INDICATIONS-Shoola, Shotha, Katishoola, Anaha, Swasa, Kasa.

DOSAGE-Seed oil-3-5 drops

Powder-1-3gm

FORMULATIONS:-Eranda muladikvatha, Rasna eranda dikashaya, Simhanadaguggulu Eranda ditaila

GANDHARVA HASTHADI ERANDA TAILAM

IV th YEAR BAMS 2014- 2015 BATCH

गन्धर्वहस्तमूल तुलां यवाढकं नागरार्धकुडवञ्च सलिलद्राणे पादशेषं विपचेत् ।

तेन द्विगुण क्षीरेणेरण्ड तैल प्रस्थं साधयेत् ।

कल्क पिष्टञ्चात्र दध्यात्पुनर्गन्धर्वहस्तमूल कुडवं शुण्ठी पलत्र ।

एतद् गन्धर्व हस्ततैलं तुल्यं पूर्वेण ॥

(अ- सं- चि -15/25)

INGREDIENTS

- Eranda moola: 1 Tula (4.8 kg)
- Yava : 1Adhaka (3.07 kg)
- Nagara : 1 Pala (96 gm)
- Jala for decoction : 1 Drona (24.576 L)
- Ksheera : 2 Prastha (1.536 L)
- Eranda taila : 1 Prastha (768 ml)
- Gandharvahastha moola choorna / kalka : 1 Kudava (192 gm)
- Shunti : 1 Pala (48 gm)

METHOD OF PREPARATION

First kashaya is prepared by boiling Erandamoola, Yava and Nagara by adding the specified quantity of water and reduced to 1/4th. To the prepared kashaya add Erandamoola kalka, Shunti kalka, Eranda taila and Kshara and boiled until paka sidha lakshanas are obtained.

Dosage : 6-12 gm

Anupana : Ushna jala

Indications : Vidradhi, Pliha, Gulma, Udavarta, Shopha, Udara, Mahavata rogas, Kati shoola.

DHANVANTARI NIGHANTU

[IV year BAMS. 2014-15 Batch]

It is one of the oldest and most referenced texts providing a distinctive categorisation of 373 drugs. The actual title of the original work was Dravyavali and not Dhanvantarinighantu. It is still a mystery how this name DhanvantariNighantu emerged.

Various manuscripts available at Pune mention the author's name as MahendraBhogik. The author of this text is inspired by treatises of Charaka, Sushruta etc., and compiled the quotation either partially or completely from the earlier texts.

The composition of Nighantus having description of properties and actions of drugs along with synonyms is a later development. The original text Dravyavali consists of synonyms only. Thus the existing text of DhanvantariNighantu is Dravyavali added with descriptions of properties and actions.

TIME PERIOD:-

Between 11th-13th century AD.

CLASSIFICATION:-

There are 7 varga's under which plants are described.

They are Guduchyadivarga, Satapushpadivarga, Chandanadivarga, Karaveeradivarga, Amradivarga, Swarnadivarga, Misrakadivarga.

PECULIARITY:-

I Though the author is inspired by Charaka and Sushruta he mentioned his specialty. For example Dadima is mentioned under phalavarga in the treatises. But in this text Dadima is not mentioned under Amradiphala varga. Infact it is mentioned in the Astapushpadivarga. Likewise Banana is described in Karaveeradivarga.

II Both Charaka and Sushruta have mentioned one drug under many ganas/vargas, But this text described one drug under one gana only.

CONGRATULATIONS

Hearty Congratulations for Securing Rank in 1st year MD/MS(Ayu.) PG Examination of Rajiv Gandhi University of Health Sciences, Karnataka, Bangalore. Dept. of Agada Tantra



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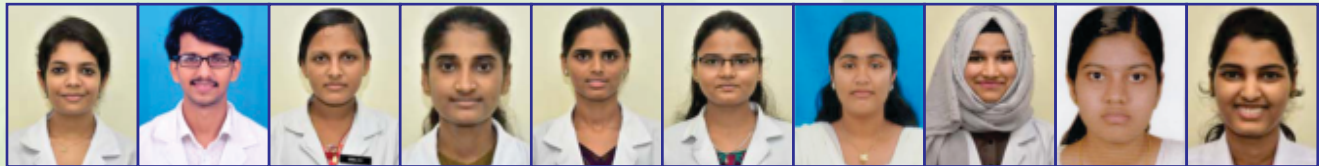
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CONGRATULATIONS

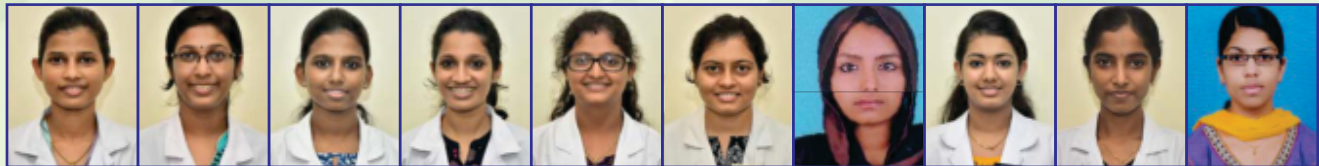
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Priyanka C. 2nd Rank - Sanskrit
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INTERNATIONAL YOGA DAY CELEBRATION-2018



Guest speak by Dr.Uday Kumar,
Dept of Yogic Science,Manglore University.



Presidential speech by Dr. K .V.Chidananda ,
President AOLE.,®



Release of previous issue of K V G Ayur News Letter.



Demonstration of different Asanas



"When one teaches, two learn"

LIC Committee members inspecting our Institution.



LIC committee members with our President Dr. K .V. Chidananda.



Inspecting the KVG Ayurveda Pharma and Research centre.



LIC members in Agada Tantra department.



Guest lecture on “Basic Life Support” by Dr Prashanth K , Asso Prof SDMCA,Udupi.



Independence day celebration-2018



World Environment Day Celebration-2018.



Plantation of Herbs at KVG AMC Botanical garden.



School health check up camp at Green View High school, Sullia by NSS unit.



QUIZ

1. Kuffer cells are present in

- A) Bone marrow B) Spleen
C) Liver D) Pancreas

2. Raja thaila is indicated in

- A) Rajyakshma B) Phakka
C) Urakshata D) Putanagraha

3. Virya of pippali

- A) ushna B) sheeta
C) anushnasheeta D) none

4. Cardiospasm is related with

- A) stomach B) heart
C) lung D) none

5. Karnapoorana time with thaila according to Sharangadhara

- A) after food B) before food
C) after malotsarjana D) all the above

6. Sweda types according to kashyapa

- A) 8 B) 20
C) 13 D) 4

7. Vedanaadhistana is

- A) mana B) shareera
C) jindriya D) all

8. Markava is paryaya of

- A) Shirisha B) Haridra
C) Bhringaraja D) Babbula

9. According to sushruta, what is sarvathahitam in the treatment of grahani

- A) grahi B) stambhana
C) dipana D) anulomana

10. Bodhi vrukshakashaya is indicated in _____

- A) Vatarakta B) Unmada
C) Apasmara D) Gridhrasi

Answer-September 2017

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

Quiz Winner : **DR NILOFER TAHANI (Internee)**

HOME REMEDIES

- ▶ Cinnamon paste is prepared by using lemon juice and applied over forehead cures headache.
- ▶ Pudina juice is taken along with honey cures distension of abdomen.
- ▶ 1 to 2 teaspoons of castor oil added to a glass of milk and taken at bedtime relieves constipation.
- ▶ Ghee is prepared using neem paste, to this add equal quantity of bee wax and applied over crack heels.

By: **Dr. Nilofer Tahani R A**

Internee

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3. Treatments mentioned here are not to be instituted without proper advice by the registered Ayurvedic practitioners.

To,

BOOK POST

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