



Late Dr. Kurunji Venkatramana Gowda
Founder President

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National Seminar & Workshop on Rasashastra & Bhaishajya Kalpana

10th and 11th Dec 2015



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

प्रज्वलितो ज्ञानमयो प्रदीपः ।

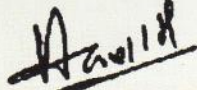
Editorial



The current issue of Ayur news extensively covers the successful completion of "SAMSKARA-2015" the National Seminar & Workshop on Rasashastra & BhaishajyaKalpana. The event was a grand success in all dimensions like scientific sessions by scholars of the present era, worthwhile and unforgettable workshops, cultural extravaganza and many other impressive events.

Ayur news also comprises scholarly article on "Garbhachalana" and a case study of "Pakshaghata".

The editorial board heartily congratulates the spectacular performance of students in the final BAMS examinations.


Dr. Harshitha Purushotham

Dr. K. V. Chidananda

MBBS, MS, FICS, FAIS, FRSPH (London)
President, AOLE (R), Sullia
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CLINICAL EVALUATION OF LODHRA AND PIPPALI IN THE PREVENTION OF GARBHA CHALANA.

Dr. Ashaparvathi

Asst. Professor
Dept. PT & SRV, K.V.G.A.M.C, Sullia

Guide : **Dr. Mamatha K. V.**

Professor, Dept PT & SRV
S.D.M.College of Ayurveda, Udipi

Introduction :

“To realise the value of one second, ask a person who just avoided an accident; to realise the value of one minute ask a person who missed the train; to realise the value of one hour ask a soldier who fought in battle; to realise the value of one week, ask the editor of a weekly newspaper; to realise the value of ONE MONTH, ask a mother who has given birth to a premature baby”. Preterm birth is the world's largest killer of new-born babies. Hence the above said line clearly explains the importance of preventing preterm labour.

Prematurity is the leading cause of new born deaths after pneumonia under the age of five. In low income countries, half of the babies born prematurely die due to a lack of feasible cost effective care. At the same time it produces maternal side effects like pulmonary oedema, infection, more difficult glucose control in diabetic women.

The concept of Garbhachālana explained in Yogaratnakara and Harita gives the hints regarding the very early signs of expulsion of fetus before term. Lodhra and pippali with anupāna of madhu and dugda with sthambhanaguna and rasayana are safe during pregnancy and easily available, hence are selected for the study. Since no previous works on the concept of garbhachalana could be found in the available research data. The study has been limited only for 8th month of pregnancy.

Objectives:

- To see the efficacy of lodhra and pippali in preventing garbhachālana Vis preterm uterine contractions during 8th month of pregnancy.
- To do the clinical evaluation of tocolytic activity of lodhra and pippali.

Design:

It was a clinical study with 20 patients presenting with premature contractions were selected.

Source:

- Totally 20 patients c/o preterm labour pain are selected from OPD and IPD of Prasooti and Streeroga Dept. SDM Hospital of Ayurveda, Kuthpady, Udipi.

Study selection:

Minimum of 20 patients presenting with premature contractions were selected for the study.

Inclusion Criteria:

- Those who completed 7 months of pregnancy and in 8th month of pregnancy.
- Patients presenting with painful premature uterine contractions with regular intervals are recorded using tocometry.
- Pregnant women with Cervical dilatation less than or equal to 2.5cm.

Exclusion Criteria:

- Pregnant lady having complications like pre eclampsia, ante partum haemorrhage, premature rupture of membranes, polyhydramnios, grand multi parity, gestational hypertension, diabetes mellitus.
- Those who are diagnosed of cervical incompetence, uterine malformation.
- If onset of labour is due to acute fever, acute pyelonephritis, diarrhoea, acute appendicitis, toxoplasmosis.
- If pregnant lady is presenting with severe anaemia and low body mass index.
- Pregnant women suffering with urinary tract infection, bacterial vaginosis, Chlamydial vaginitis.
- Pregnant women diagnosed through USG of congenital malformations, intra uterine death, intra uterine growth retardation, placenta praevia or abruption.

Intervention:

Trial group in which 20 patients with preterm labour pain are administered with lodhra (2.5g) and pippali (250mg) mixed with honey (Q.S) and milk (50ml) orally every 4th hourly with minimum of 3-4 doses.

Results:

Efficacy of lodhra and pippali in arresting premature contractions with pain is found beneficial. To decrease the intensity of premature contraction and to reduce the duration and frequency of the contractions, trial drug exhibited good effect.

Discussion:

Every year November 17th is celebrated as “World prematurity day” to raise awareness by bringing the attention of global challenge of preterm labour, which can be avoided if proper care is ensured.

On observing the pain at 1, 3, 5, 24hr and after 1week, the mean values of pain were reduced to 45%, 55%, 80%, 80%, and 80% respectively. The mean values of intensity in trial group at 1, 3, 5, 24hours and after 1week were 30%, 45%, 55%, 60% and 70% respectively. The mean values of frequency in trial group were at 1, 3, 5, 24hr and after 1 week were 50%, 55%, 60%, 75% and 80% respectively. In trial group, the mean values of duration was at 1, 3, 5, 24hr and after 1week were 25%, 35%, 40%, 50% and 55% respectively.

Conclusion:

The chikitsa of garbhachalana is explained from 1st to 8th month of pregnancy with the intention to prevent unwanted termination of fetus before the viability or after attaining viability but before term. Different combinations are mentioned for each month with sheeta, sthambhana and raktapittahara properties.

The concept of garbhachalana described by acharyas probably denotes the very early signs and symptoms of garbhasrava or garbhapata or akalapasava. The chikitsa of akalapasava, prasramsamanagarbha, and garbhasrava or garbhapata are found more resemblance with the garbhachalanachikitsa.

After 24 hours of observation, trial drug showed good effect on intensity of uterine contraction with 60% of reduction. After 24 hours of observation, trial drug showed 60% of reduction in the duration and frequency of the contractions. Present study showed the presence of tocolytic activity in lodhra, pippali.



Treating Physician: -
Dr. Lakshmeesha K. S., MD(Ayu)
Asst. Professor, Dept. of Panchakarma, KVGAMC, Sullia.

A CASE STUDY ON PAKSHAGHATA

Dr. Manoranjan N.
Attending Internee.

A 57 year old male, resident of Kasargodu working as farmer presented with loss of strength in left upper & lower limbs since 3 days associated with blurred speech & pain in neck. Also c/o low back pain since several years was admitted to our hospital on 29/11/2015.

History of Illness:-

Patient was known case of Hypertension since 1 month. Before 3 days while working in farm he suddenly got giddiness & fell down. At the mean time he developed loss of strength in Left upper & lower limb & pain in neck.

CT scan Head:-

IMPRESSION:- ACUTE BLEED RIGHT LENTIFORM NUCLEUS.

On Examination:-

- Muscle strength ->**
- Left Upper limb - Grade 0
 - Left Lower limb - Grade 1
 - Deviation of face & lips - Negative
 - Right Upper limb - Grade 5
 - Right Lower limb - Grade 5
 - Ballooning of cheeks - Positive

Diagnosis:-

The case was diagnosed as Pakshaghata [Hemiplegia]

Treatment plan:-

- Tab. Amlodipine 5mg (1-0-0) A/F is continued

Initially patient was treated with,

- (1) Sarvanga Parisheka with Dashamoola kwatha
- (2) Agni lepa
- (3) Nasya with Yastimadhu+Pippali+Ksheera

Internally,

- (1) Navashwagandha + Punarnavasava {4 tsp tid with equal quantity of hot water} A/F
- (2) Cap. Ksheerabala 101 {1-0-1} A/F
- (3) Cap. Palsineuron {1-0-1} A/F
- (4) Mahayogaraja guggulu {2-2-2} A/F
- (5) Varunadi gritha {0-0-5} HS with milk

On 3/12/2015,

- Muscle strength ->
- Left Upper limb Grade 2
 - Left Lower limb Grade 2

Internal medicines were continued with addition of

- (6) Tab. Myostal forte {1-1-1} A/F as patient developed pain in Left half of body

Examination:-

- Hand to nose co-ordination -> Negative
- Hand to Hand co-ordination -> Negative

Panchakarma therapy was changed from 3/12/15 continued till 13/12/15,

- (1) Sarvanga Abhyanga with Ksheerabala taila + Mahanarayana taila
- (2) Nasya with Anutaila
- (3) Bhaspasweda with dashamoolakashaya
- (4) Sthanikapichu at Kati & Bahupradesha with Murivenna taila.

Along with this, physiotherapy & exercises were implemented.

Observation:-

The condition of patient improved day by day.

4/12/15 -> Hand to Hand & Hand to Nose co-ordinations were near to normal.

5/12/15 -> Muscle strength showed better improvement

- Left Upper limb Grade 4
- Left lower limb Grade 4
- Patient is able to stand without support

11/12/15 ->

- Patient starts walking without support but gait is abnormal

- Blood pressure maintained to normal

14/12/15 ->

- Low back ache & pain in neck was relieved

Patient is advised for discharge with continuing the same internal medications with addition of

- (7) Antarth {1-0-1} A/F instead of Mahayogaraja guggulu.

Patient is under regular follow up.



“A CLINICAL STUDY OF UPANAHA SWEDA IN SANDHIBHEDA W.S.R TO TENNIS ELBOW”

Dr. Jobin Babu
P.G Scholar

Dr. Sanath Kumar. D. G.
Co- guide

Dr. N.S. Shettar
Guide, Dept. of Panchakarma

Introduction:

Sandhibheda is one among the Apatarpanajanya Vikaras according to Acharya Charaka. Some of the Apatarpanajanya Vikaras are elaborately mentioned and some are not mentioned. Sandhibheda is one among the Vyadhi for which Lakshanas are not mentioned. Sandhibheda means pain in joint and pain is the main symptom in Tennis Elbow so Sandhibheda is correlated with Tennis Elbow.

The treatment principle of Vata Vyadhi can be considered in Sandhibheda which includes Snehana, Upanaha, Agnikarma, Bandhana, Unmardana. Upanaha is one among Chaturvidha Swedana explained by Acharya Sushruta. The pain in Sandhibheda is due to Vata Prakopa. So Upanaha Sweda can be done as it is Vata Hara. Here Salvana Upanaha is considered for Upanaha Sweda. The Salvana Upanaha explained by Acharya Sushruta in the context of Vatavyadhi Chikitsa, which is indicated in all Vata Vyadhis.

Materials and Methods:

Patients who attended the O.P.D and I.P.D, Department of Panchakarma of K.V.G Ayurveda Medical College and Hospital, Sullia, had the complaint of pain over lateral epicondyle were screened. Among them 30 patients fulfilling the inclusion criteria of the present study were taken. Detailed history taking and physical examinations were carried out in these patients. Relevant data along with the elaborate assessment of Pain, Tenderness & Functional Disability were registered in the designed case proforma.

In Upanaha Sweda, 25gms of Kakolyadi Gana drugs (Ashwagandha, Vidarika, Mudgaparni, Mashaparni, Shatavari, Chinnaruha, Karkatashringi, Vamshalochana, Padmaka, Mrudveeka, Jeevanti, Madhuka) and Bhadradarvaadi Gana drugs (Bhadradaru, Kushta, Haridra, Varuna, Meshashringi, Bala, Atibala, Kacchura, Shallaki, Kuberaksha, Sahachara, Agnimantha, Eranda, Ashmabheda, Kusta, Arka, Punarnava, Dhattura, Bharangi, Karpasa, Badara, Yava, Kulatha) were taken, made in to fine powder and mixed properly. Then 20ml of Mamsa Rasa was taken and mixed. After that, Mahasneha 10ml (Sarpī, Tilaitaila, Vasa), Kanji 20ml was taken and are mixed to make paste. Then fine powder of 10gms Saindava Lavana was added. This medicated paste was heated. When it attains Sukhoshna, it was applied over the affected elbow joint and covered with Eranda Patra and tied with cotton cloth tightly. The Upanaha which was tied in the morning was removed at night. The same treatment is continued for 7 days.

Follow up and Duration of treatment:

Upanaha Sweda	7 days
Follow up	14 days
Total duration	21 days

Result and Discussion:

Marked improvement was seen in 17 patients (56.7%), moderate improvement was seen in 12 patients (40.0%), mild improvement was seen in 01 patient (3.3%), and there were no patients in unchanged results group.

So, it is evident that Upanaha Sweda is having good result in relieving the symptoms of Sandhibheda.

Conclusion:

Upanaha Sweda showed Vathahara and Brihmana action, because of the drugs used in Salvana Upanaha Sweda. In this study, Upanaha Sweda showed significant result on reducing Pain and Tenderness in Sandhibheda. Based on the current study, it can be concluded that Salvana Upanaha Sweda treatment is effective in Sandhibheda.

Key Words:

Sandhibheda, Salvana Upanaha Sweda, Tennis Elbow.

“When you fail, that is when you get closer to success.”



“PHARMACOGNOSTICAL AND IN-VITRO STUDY OF KRIMIGHNA ACTION OF AVARTANI (*Helicteresisora*Linn.) W.S.R AGAINST DIARRHOEAGENIC ORGANISMS”

Dr. Padmaja R.V
P.G Scholar

Dr. Subbannayya Kotigadde
Co-Guide

Dr. Rajashekhar.N
Guide, Dept. of Dravyaguna

Nowadays single drug therapy is popular. Most of the plants are screened to understand their pharmacological action. The advantage of a single drug over a compound preparation is the easy availability and convenience from the point of processing. It is also economical and will produce specific action of the drug. It is therefore easy and convenient for the physician and patient to fulfill the purpose of treatment. One such plant Avartani (*Helicteresisora*Linn.), of *Sterculiaceae* family is a small tree with twisted fruits is abundantly seen throughout India. It is useful in many diseases like Atisara, Krimi, Soola, Udara. Hence the drug Avartani is selected for in-vitro study to prove its Anti-microbial action. Atisara of pureesha is called as Atisara, which can be correlated to diarrhoea and one of the cause for atisara is Krimi whose symptoms are similar to the infectious diarrhoea. The micro-organisms like *Escherichia Coli*, *Salmonella*, *Shigella* spp, *Vibrio cholerae* are the most common agents of infectious diarrhoea. The present study aims at the evaluation of Krimighna action of Avartani Kwatha (aqueous extract of root) against *Shigella flexneri*, *Salmonella paratyphi* and *Vibrio cholerae* O1 in-vitro.



“A COMPARATIVE CLINICAL STUDY ON THE EFFICACY OF APAMARGA AND PALASHA PRATISARANEeya KSHARA IN ARSHAS”

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P.G Scholar

Dr. Harshavardhana. K
Co-guide

Dr. Deenaprakash Bharadwaj
Guide, Dept. of Shalyatantra

BACKGROUND & OBJECTIVES

Arshas is the commonest disease of Ano-rectal region which is most unkind towards mankind. It has tormented the human race since vedic age. All Ayurvedic literatures have dealt with *Arshas* in detail and described it as a disease which tortures the person just like an enemy, which anguishes patient's vital force or prana and categorized as *Mahagada*. *Arshas* can be compared with Haemorrhoids in modern medicine, the commonest ailment is a gift of erect posture, sedentary lifestyle, inconsistent and inappropriate diet of current day humans.

Acharya Sushruta pioneer in the field of surgery has methodologically enumerated the disease and recommended fourfold measures in the management of *Arshas* which are widely acceptable and more practical even today. i.e *Beshaja Chikitsa*, *Ksharakarma*, *Agnikarma* and *Shastrakarma*. *Pratisaraneeya Kshara*, the alkaline group of medicinal substances, has been emphasized throughout the classical literature for *Arshas*, described as an *Upakrama*, substitute for surgical instrument and can be used safely in patients who are afraid of surgery, old and weak also. But still there are some problems faced during the preparation of *Pratisaraneeya Kshara* and during the course of therapy like collection of drugs standardization of procedure and so on. This work includes preparation of *Apamarga* and *Palasha Pratisaraneeya Ksharas*. Evaluation and comparing the efficacy of *Apamarga* and *Palasha Pratisaraneeya Kshara* in the management of *Arshas*.

OBJECTIVES OF THE STUDY:

1. Conceptual study of *Arshas* in detail.
2. The study of *Kshara* Procedure
3. The study of the *Pratisaraneeya Kshara* karma in detail
4. To compare the efficacy of *Apamarga* and *Palashaprisaraneeyakshara*.

Methods

A total of 30 patients were selected from O.P.D and I.P.D of Department of Shalyatantra, K.V.G. Ayurveda Medical College and Hospital, Sullia after fulfilling the inclusion and exclusion criteria. They were randomly divided in to two groups, Group A (*Apamarga pratisaraneeyakshara*) and Group B (*Palasha pratisaraneeyakshara*.) consisting of 15 patients each. Laboratory investigations and clinical analysis were done as per the requirement for the therapy. Assessment of results was done by considering the base line data of subjective and objective parameters before and after treatment and 7 days after treatment.

Results

In the study it was concluded that in patients suffering from *Arshas* both *Apamarga pratisaraneeyakshara* and *Palasha pratisaraneeyakshara* showed statistically highly significant results ($p < 0.001$) in terms of the improvement in Mass per rectum, Pain and Size of pilemass. It was also observed that 80% of the patients in Group A (*Apamarga pratisaraneeyakshara*) got complete remission from the disease, 13.3% got good improvement and 6.7% had moderate improvement. While, in Group B (*Palasha pratisaraneeyakshara*) 46.7% patients showed complete improvement; 26.7% showed good improvement and 26.7% showed moderate improvement.

Interpretation & Conclusion

Statistically there was no significant difference in treatment observed between the two groups. But when we compare the individual criteria's percentage and the relief obtained, Group A stands better than Group B i.e *Apamarga pratisaraneeyakshara* provides better results in Mass per rectum, Pain, Size of pile mass. So *Apamarga pratisaraneeyakshara* showed an upper hand in managing the *Arshas*.

Keywords: *Arshas, Apamaraga, Palasha, pratisaraneeyakshara,*

BHAVA PRAKASHA

3rd year B.A.M.S (2013-14 Batch)

It is the classical work of BHAVA MISHRA. It belongs to 14th century. This work is connecting link between medieval period and modern period of Ayurveda. Though the author followed other books like Madanapaalanighantu, but still maintained individual identity in describing fundamental concepts and also introduced new diseases and drugs. It is last in series of Laghutrayees.

Chapters in Bhava Prakasha:-

The whole book is divided into 3 khandas namely,


- Poorvakhanda 7 chapters • Madhyamakhandanda 71 chapters • Uttarakhandanda 2 chapters
1. Poorvakhanda:- Ayurveda avatharana, Srishtiprakarana, Garbhaprakarana, Balaprakarana, Dinarithucharyaprakarana.
 2. Madhyamakhandanda:- Diseases are discussed in 4 parts
 - PrathamaBhaga Jwara to Grahani
 - TrithiyaBhaga - Shoola to Bhaghna
 - DwithiyaBhaga - Arshas to vatarakta
 - ChathurthaBhaga Nadivrana to Balaroga.
 3. UttaraKhanda :-Rasayana and vaajikarana are delineated.

Commentries on Bhava Prakasha:-

1. Two Sanskrit commentaries are available.
2. One commentary which has no specific name is available in full and Bhavamishra himself is the author.
3. Jayadeva wrote commentary "Sadvaidyasiddhantaratkara" on Bhavaprakasha.
4. The first edition of "Bhavaprakasha", full text with its commentary, was edited and published by Sri Jivanandavidyasagar Bhattacharya, Calcutta in 1875.

BALA

Second Year BAMS (2014-15 Batch)

BOTANICAL NAME	:	<i>Sida cordifolia</i>	
FAMILY	:	Malvaceae	
KULA	:	Karpas kula	
GANNA/VARGA	:	Balya, Brahmaniya, Prajasthapana, Madhuraskandha (Charaka) Vatasamshamana (Su) Guduchyadi varga (Bha.Pra)	
VERNACULAR NAMES	:	ENGLISH-Country mallow HINDI - Bhariyar, Khariti KANNADA - Bekkin tale gida MALAYALAM - Kurunthotti	
SYNONYMS	:	Bala, Bhadra, Bhadrabala, Bhadrhroudhani, Pitapushpi, Vatyalaka, Vatyayani, Vijjala, Viryavati, Visadushan.	
HABITAT	:	Grown allover India, found as a weed along the road side.	
BOTANICAL DESCRIPTION	:	Sida cordifolia is an erect perennial shrub that reaches 50 to 200 cm (20 to 79 inch) tall, with the entire plant covered with soft white hair that is responsible for one of its common names, "flannel weed". The stems are yellow-green, hairy, long, and slender. The leaves are oblong-ovate, covered with hairs, and 3.5 to 7.5 cm (1.4 to 3.0 in) long by 2.5 to 6 cm (0.98 to 2.36 in) wide. The flowers are dark yellow, sometimes with a darker orange center, with a hairy 5-lobed calyx and 5-lobed corolla. The seed is endospermic.	
VARIETIES	:	A) According to Acharya Charaka 1. <i>Sida cordifolia</i> (bala) 2. <i>Abutilon indicum</i> (atibala) B) According to Acharya Sushruta 1. Bala 2. Atibala 3. Nagabala (<i>Sida vernaceafolia</i>) C) According to Bhavaprakasha Nighantu 1. Bala 2. Atibala 3. Nagabala 4. Mahabala (<i>Sida rhombifolia</i>)	
CHEMICAL CONSTITUENTS	:	Whole plant contains alkaloids up to 0.085%, Ephidrin Phytosterols, mucin, potassium nitrate etc.	
PROPERTIES	:	Rasa- madhura Guna- laghu, snigdha, pichila Virya- sita Vipaka- madhura	
KARMA	:	vatapittahara, balya, brmhna, vrsya, prajasthapana, keshya, rasayana	
INDICATION	:	vatavyadhi, raktapitta, prameha, kshaya, atisara, raktaarshas	
PARTS USED	:	root, leaves, seeds.	
DOSAGE	:	Kwatha 50-100ml	
PREPARATIONS	:	Baladi taila, Balarishta, Kshirabala taila, Balaguduchyadi taila, Chandanalakshadi taila.	

क्षीरबलाआवर्तिततैल

FOURTH YEAR BAMS (2012-13 BATCH)

बलाकषायकल्काभ्यामृतैलम्क्षीरसमम्पचेत्
सहस्रशतपाकमृततवातासुकृवातरोगनुत् ।
रसायनम्मुख्यतमम्इन्द्रियानम्प्रसादनम्
जीवनम्ब्रह्मणम्स्वर्यम्शुक्रास्रक्दोषनाशन । ।

(A.H.CHI.22/45-50)

Contents

Kalkadravya : Balamoolakalka -1/4part
Snehadravya : Tilataila - 1part
Dravadravya : Balamoola kashaya - 1part
Goksheera -1part

Procedure

Prepare taila with above drugs viz kalka, sneha, and dravadravyas taken in specified quantity .It should be processed with 100 times or 1000 times by taking fresh kalka and dravadravyas every time.

Action and indication

Rasayana, Brihmana, Swarya, Jeevana, Snehana, Vataroga, Vataraktha, Shukradoshahara, Asrigdoshahara, Indriyaprasadaka, Raktaprasadaka.

MAMSA VARGA

First year BAMS (2015-16 Batch)

In Ayurveda we come across the role of meat in the diet of people. Acharya Charaka emphasized the role of mamsa in the diet for improving the body weight. All type of meat are vatahara, balya, pushtivardhana, hrudya and guru in nature.

Meat is classified into three groups based upon the geographical source.

Jangala Mamsa:

Meat of animals lives in dry land.

- Mruga (vegetarian animals)
Example : Shasha (rabbit)
- Vishkira (birds live in tree)
Example : Kukkuba (fowl)

General qualities of Jangala Mamsa: laghu, madhura in taste and vipaka, rooksha, agnivardaka, tridosahara.

Anupa Mamsa:

Meat of animals lives in wet land.

- Apchara (aquatic birds)
Example: Hamsa (swan)
- Matsya (fish)
Example: Kurma (tortoise)

General qualities of Anupa mamsa: Guru, snigda, madhura, ushna, vatahara,swarya, shukrala, pittahara, mutrala.

SadharanaMamsa:

Meat of animals lives in moderate land.

- Pratuda (pecking birds)
Example: Shuka (parrot)
- Vileshaya (animals live in burrow)
Example: Beka (frog)
- Prasaha (animal snatch food and consume)
Example: Simha (lion)
- Mahamruga (huge animals)
Example: Varaha (pig)

General qualities of Sadharanamamsa: Guru, Madura, ushna, tarpana, vatahara, balya, sharamahara, mamsakshayahara.

Meat of Rabbit:

Meat of rabbit is pungent in vipaka, act as an absorbent, drying and cooling.

Meat of Fowl:

Meat of fowl is aphrodisiac and that of a domestic fowl is guru and promotes kaphadosa.

Meat of Goat:

Goat is moderately cooling, guru, promote fat and muscle tissue, do not vitiate dosha, does not obstruct the channel or does not increase the secretion and nourishes the body.

Meat of Cow:

Meat of cow is useful in dry cough, shrama, atiagni, pinasa, karshya and aggravation of vatadosha.

Meat of Buffalo:

Meat of buffalo is ushna. It promotes sleep, strength, and large physique.

Meat of Pig:

Meat of pig is similar to buffalo in qualities. In addition it alleviates shrama, promote taste and shukradhatu.

Fish:

Fish potentially enhance kaphadosha. They are best among their own class.

Scientific approach to flesh food:

- Flesh food like meat, poultry and fish are rich in good quality protein and they also provide B-vitamin.
- A special feature of flesh food is the content of VitaminB₁₂ is absent in plant food. Liver is source of vitamin A.
- Flesh is a good source of calcium and also contains W-3 fatty acids which are known to protect against cardiovascular diseases.

STAFF ACTIVITIES



Dr. Harshavardhan K.

Associate Professor, Dept. of Shalya Tantra

Delivered guest speech on "Diabetes-Diet & Complications" at Primary Health Center Aranthodu in association with Rotary Club of Sullia.



Dr. Harshitha M.

Associate Professor, Dept. of RS & BK

Delivered guest talk on "Adolescence" at Jyothi High School, Peraje in association with Inner wheel Club of Sullia.

Students Achievement

Best paper presenters in National Seminar on Rasashastra and Bhaishajya Kalpana "Samskara 2015"



Dr. Nidesh K.

2nd year P.G Scholar Department of R.S.B.K



Dr. Pooja Prakash

3rd year P.G Scholar Department of Panchakarma

Best Poster presenters in National Seminar on Rasashastra and Bhaishajya Kalpana "Samskara 2015"



Ms. Anusree, Ms. Afra Zabeen, Ms. Aliya Taskeen 3rd BAMS



Mr. Hasan Sali & Mr. Nithesh 3rd BAMS

Class Toppers in RGUHS Examination

2011-2012 Batch



Dr. Raksha

Final year B.A.M.S.
77.8%



Dr. Chaithrashree

Final year B.A.M.S.
75.3%

2012-2013 Batch



Ms. Ananya B.

3rd year B.A.M.S.
67.8%



Ms. Shahanas M.

3rd year B.A.M.S.
67.7%

2013-2014 Batch



Ms. Shruthi R.

2nd year B.A.M.S.
76.25%



Ms. Amalendu V. M.

2nd year B.A.M.S.
74.2%

2014-2015 Batch



Ms. Anjana Chandran

1st year B.A.M.S
71.5%



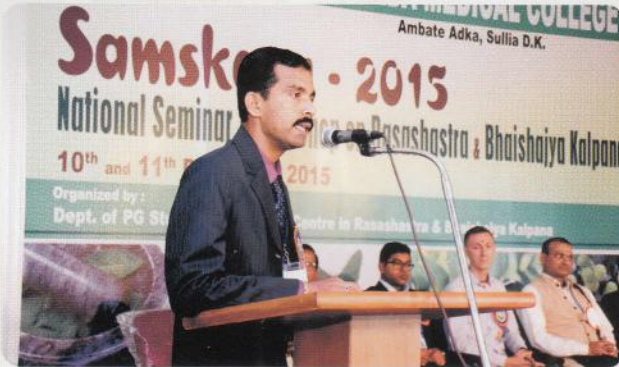
Ms. Karthika. M.

1st year B.A.M.S
69.45%

"Be yourself and become wealthy!"

College Activities

Glimpses of National Seminar Rasashastra and Bhaishajya Kalpana 'SAMSKARA-2015'



Welcome speech by Organising Secretary
Dr. Purushotham K.G at inaugural function



Addressing the delegates by
Principal Dr. N. S. Shettar



Release of KVG Ayur News



Presidential speech by
Dr. K. V. Chidananda, President, A.O.L.E



Speech by Chief guest Dr. Sheela. G. Nayak
Rtd. Principal KVGMC & H



Addressing the gathering by Russian
Guest Mr. Alex Petrov



Vote of Thanks by Dr. Leeladhar. D. V, Administrator
at inaugural function



Delegates from all over India

"Fears are nothing more than a state of mind"

College Activities

Resource Persons at Seminar Hall



Keynote address by Dr. Rohini. D. Bharadwaj,
Chief Organising Secretary.



Dr. Tanmay Goswami, Chairman & M.D
Goswal Products



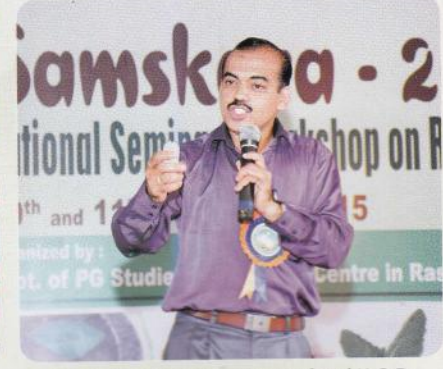
Dr. Dinesh Kumar Mishra,
Prof and H.O.D, ALN Rao AMC, Koppa



Dr. Hanumantha Achar Joshi, Principal
Sharadavilas Pharmacy College, Mysore



Dr. Shashikumar Nechiyil, Nechiyil,
Ayurveda Vaidyasala, Kerala



Dr. M. S. Krishna Murthy, Prof and H.O.D,
Alvas Medical College, Moodbidri



Dr. R.S.Hiremath, Prof and H.O.D,Ayurveda
KLEU BMK Ayurveda College, Belagavi



Dr. M.S Doddamani,
Prof and H.O.D, GAMC, Bellary



Dr. Galib, IGPT and RA, Jamnagar



Dr. Ravindra Angadi,
SDM College of Ayurveda, Udipi



Dr. Govinda Sharma K,
SDM College of Ayurveda, Hassan



Dr. Satyanarayana B,
Principal, MIAMS, Manipal

"Success will be within your reach only when you start reaching out for it."

College Activities



Dr. M. Gopikrishna,
Prof, SJGAMC, Koppal



Dr. S. Gopakumar, Govt. Ayurveda
Medical College, Trivandrum



Dr. Harsha.N.M, JSS Ayurveda Medical
College, Mysore



Dr. Shreeshananda Sharma,
JSS Ayurveda Medical College, Mysore



Dr. Sujatha.K,
SDM College of Ayurveda, Udupi



Oral Presentation in Samskara-2015



Cultural Programme



Welcome speech at Valedictory function
by Dr. Harshitha. M, Convener

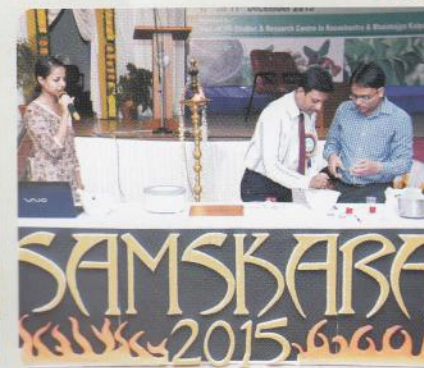


Speech by Chief Guest of Valedictory function,
Mrs. Shobha Chidananda, Treasurer, A.O.L.E.

WORKSHOP



Vote of Thanks by Dr. Raghuveer
Convener



Dr. Jagadish Mitti, Prof and H.O.D,
Kalabhairaveshwara Ayurveda Medical College, Bangalore



Dr. Rohit Gokarna, MGACHRC, Wardha

"No matter how small you start, always dream big."

QUIZ

- 1) Pindikodvestanam is a lakshana of
 - a) Rasagatajwara
 - b) Mamsagatajwara
 - c) Raktagatajwara
 - d) Medogatajwara
- 2) Pratimargaharanam is principle of treatment of
 - a) Jwara
 - b) Raktapitta
 - c) Prameha
 - d) Mutratisara
- 3) Foetus is dried up, does not develop and stays for long period without spandana (quickening) in
 - a) Upavistaka
 - b) Nagodara
 - c) Gajagarbha
 - d) All the above
- 4) According to Ayurveda, Dantotpatti is of
 - a) Four types
 - b) Two types
 - c) Three types
 - d) Five types
- 5) The best visha useful in Rasa and Rasayana Karmas as per RasaTarangini is
 - a) Halahala
 - b) Kalakuta
 - c) Vatsanabha
 - d) Shringaka
- 6) Botulism is feature of
 - a) Metallic poisoning
 - b) Lead poisoning
 - c) Infection
 - d) Food poisoning
- 7) Durnama is synonym of
 - a) Arshas
 - b) Nadi vrana
 - c) Bhagandara
 - d) Pravahika
- 8) Vidalaka belongs to
 - a) Sandhigataroga
 - b) Vartmagataroga
 - c) Netrakalpa
 - d) None of the above
- 9) All the following are types of PhakkaRoga as per Kashyapa except
 - a) Kshiraja
 - b) Annaja
 - c) Garbhaja
 - d) VyadhiSambhavaja
- 10) In Ayurvedic parlance, epilepsy is known as
 - a) Unmada
 - b) Apasmara
 - c) Murcha
 - d) Atatwabhinivesha

Answer key last edition:

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

Quiz Winner :

Dr. Vishnupriya, Internee

HOME REMEDIES

1. Kashaya of Tamarind leaves can be used for gargling in case of mouth ulcers.
2. Kashaya prepared out of Shunti and Tulasimoola relieves all types of fever.
3. Intake of little amount of Shunti Swarasa daily for 2-3 times per day cures cough.
4. External application of Karpoora mixed with ghee relieves headache.

Dr. Swathi K. S, P.G Scholar

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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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