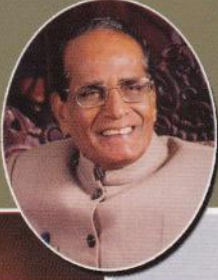




KVG AYUR NEWS

Samskara



June - August - 2013

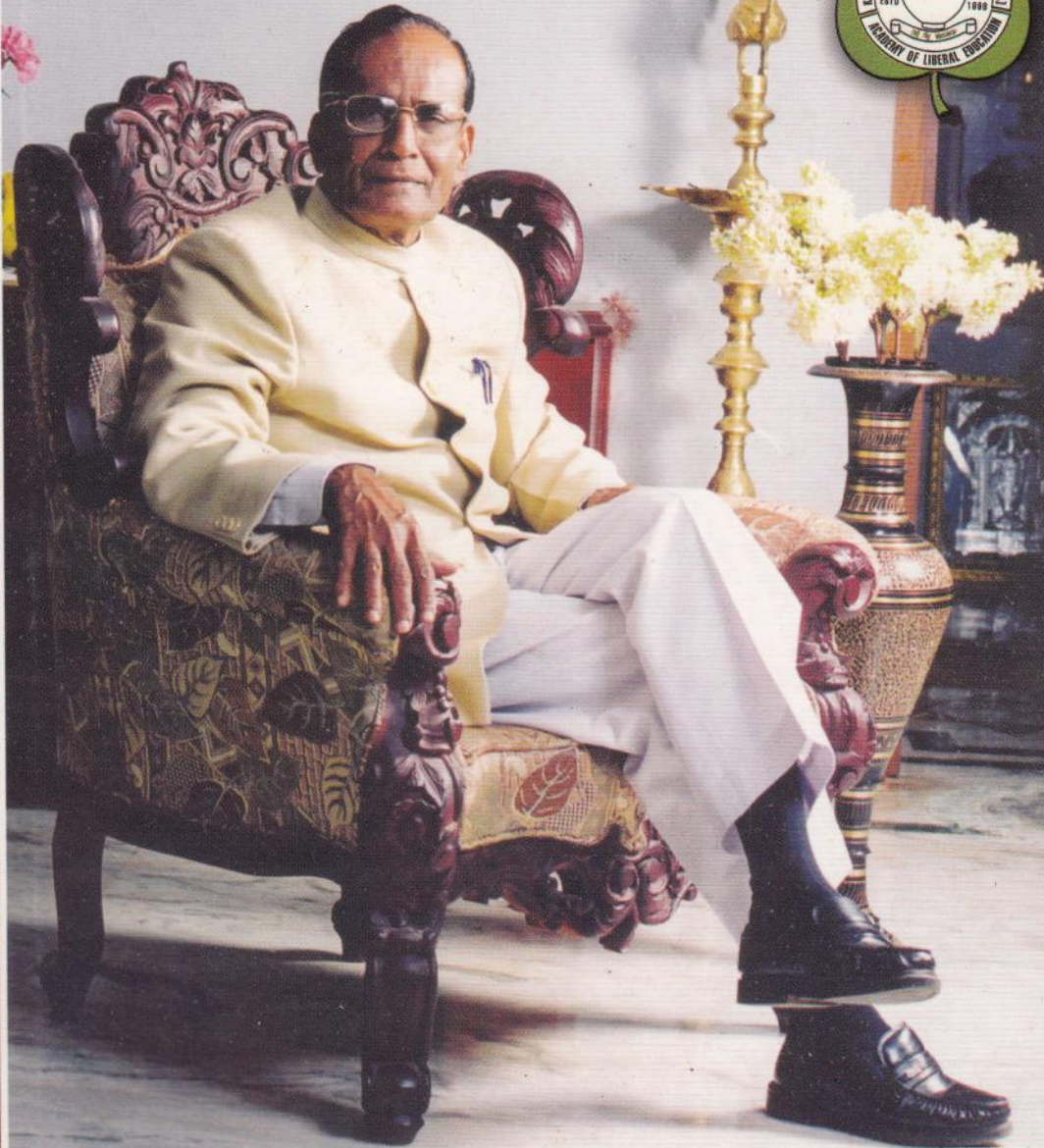
Volume - 4

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Quarterly

Private Circulation

LATE Dr. KURUNJI VENKATRAMANA GOWDA
Founder President



**CURRENT ISSUES, CASE STUDY, RE-SEARCH ACTIVITIES,
STUDENTS ARTICLES, COLLEGE ACTIVITIES, QUIZ, HOME REMEDIES.**

प्रज्वलितो ज्ञानमयो प्रदीपः ।



न कर्मणा न प्रजया धनेन,
त्यागेन एकेन
अमृतत्वमानुषुः
..... कैवल्योपनिषद्

“Eternity is acquired not by deeds, progeny or money, but only by sacrifice” No doubt, money, hard work and progeny make the life useful, fruitful and meaningful, but not by themselves. Wealth of a greedy person, hard work of a heartless man and spoiled children of careless parents either become useless or a menace to the society. One should amass wealth to be spent for the needy, work hard for the sake of uplifting the society and goad his children into the path of goodness to become a wealth of the country. Thus these treasures are not to be used to fulfill selfish ends, but for the universal good that is ‘sacrificed’. This kind of Tyaga makes the man immortal.

Our beloved founder president Dr. K.V.G always made us to remember the above saying, K.V.G institutions have made him immortal

R.D. Bharadwaj

Dr. Rohini D. Bharadwaj

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Gen. Surgeon
F.I.C.S., F.A.I.S., F.R.S.P.H.(London)
President, AOLE (R.), Sullia
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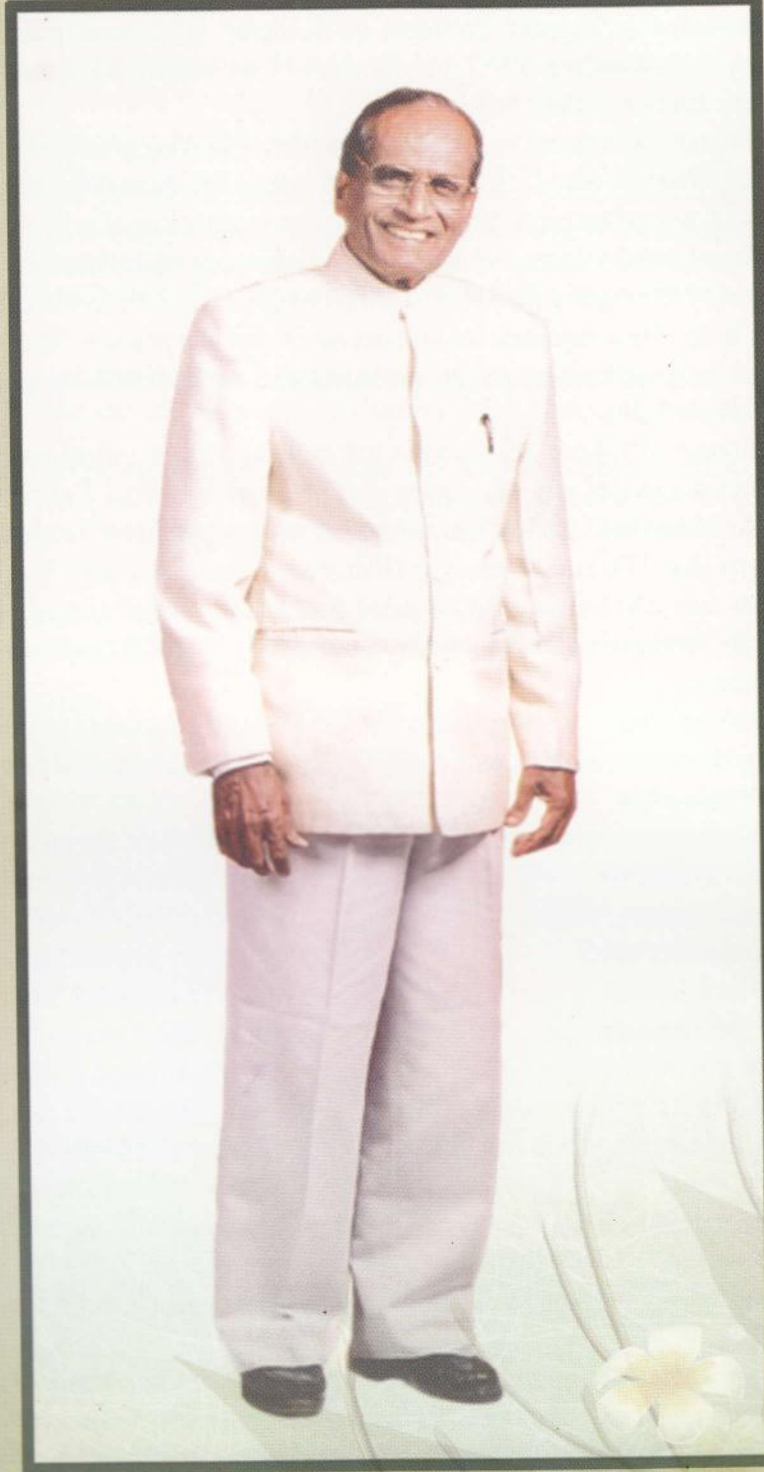


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Lecturer

॥ श्रद्धाञ्जलि ॥



Born : 26-12-1928

Expired : 07-08-2013

वासांसि जीर्णानि यथा विहाय नवानि गृह्णाति नरोऽपराणि ।
तथा शरीराणि विहाय जीर्णानि अन्यानि संयाति नवानि देही ॥

- भगवद्गीता सांख्यायोग 2:22

HOMAGE

Well known Educationist & Founder President of Academy Of Liberal Education Sullia, Dr. Kurunji Venkatramana Gowda popularly known as KVG, was the son of Late Malinga Master & Lakshmi. He was born on December 26th 1928, in the famous Kurunji family.

Hailing from a poor family Dr. Kurunji had to bear the burden of looking after the family at the age of 15, when he suddenly lost his father. When he found it is impossible to sustain life through farming a small piece of land, he opened a small petty shop & started business. He was forced to stop schooling after 8th standard, which itself might have acted as stimulus & catalyst to venture into the field of establishing educational institutions.

It is said that for a country to progress, its educational institutions should be forward looking. Dr. KVG not only realised the undisputable truth of this statement but also decided to put into practice. The plight of the villagers, their poverty, illiteracy & lack of awareness about the world outside, strengthened his resolve to open educational institutions & health centers in Sullia.

The genesis of Academy Of Liberal Education in Kurunjibhag started a silent revolution in Sullia Taluk. His fray into the field of education started with the setting up of Nehru Memorial College in 1976 & afterwards he never turned back. The Academy later established various institutions pertaining to Medical, Dental, Engineering, Ayurveda, Nursing, Polytechnic, ITI, Law, Primary to Higher education's to name a few.

A deeply religious man, Dr. Kurunji had extended financial assistance to many religious organisations & structures. He was also the President of the Renovation Committee of Sri Chennakeshva Temple Sullia, a prestigious temple of Sullia region.

In recognition of achievements & services of Dr. KVG, the Florida University of U.S.A. has honoured him by conferring an Honourary Doctorate. In addition to this, Dr. Kurunji had bagged 50 more prestigious National & International awards. To name a few,

- Rajiv Gandhi National Integration Award
- Glory of India International Award
- Arc of India International Golden Award
- National Education Excellence Award
- Parisara Ratna International Award
- Jawaharlal Nehru Excellence Award
- Nations Vikas Jyothi Award
- National Award for Excellence in Education
- Jawaharlal Nehru Life Time Achievement Award
- Indo- Nepal Friendship Award
- Pride of India Award
- Rajiv Gandhi Shiromani Award
- Indira Gandhi Goodwill Award
- National Ratan Award
- Udupi Sri Krishna Paryaya Award
- International Gold Star Millenniums Award
- Dr. BC Roy Doctors Day Award
- American Medal of Honour
- Great Son of Karnataka
- Kannadashree Sahitya Academy Award
- Mother Theresa Excellence Award
- National Unity Award

Dr. Kurunji who was greatly inspired by Gandhiji's principles, imbibed his qualities of truth & religiousness in his life.

Dr. Kurunji Venkatramana Gowda is survived by two sons, Dr. K.V. Chidananda Vice President, AOLE (R), Dr. Renuka Prasad K.V. General Secretary, AOLE (R) Sullia, & a daughter Smt. Govardhini Jayakumar.

Dr. Kurunji, a man with a social conscience who provided health services to the weak & the downtrodden, a philanthropist, a foresighted philosopher, an efficient & strong administrator, winner of several high profile awards, a thinker, a sculptor of modern Sullia took his last breath on 07/08/2013. We all pray Almighty God may his soul rest in peace in heaven & give strength to his family to bear the great loss.

Dr. Harshita Durushotham

ARDHAVABHEDAKA - A CASE STUDY

Treating Physician : Dr. Hariprasad Shetty, BAMS, MS (Ayu)
Attending Physicians : Dr. Anshi T C, Dr. Shibila N. Hussain



Ardhavabhedaka is one among the jatroordvagataroga and elaborately described by our acharyas under 11 types of shirorogas. In ardhavabhedaka there will be severe pain in one half of the Shiras and also pain in manya, bhru, shankha, karna, akshi and lalata. The attacks of ardhavabhedaka may be once in 10 days, once in 15 days or once in a month.

The symptom complex of which is almost simulates migraine, a type of headache. It is due to disturbance in carotid or vertebro basilar vascular tree by sudden contraction and dilatation of vessels.

Migraine is a common disabling episodic paroxysmal unilateral headache occurring in all races, cultures and geographical locations. It is named because of its classical symptom of severe pain in half of the country region, which lasts for hours or days. The disease is more common in females and teenagers.

CLINICAL FEATURES:

- Unilateral severe headache
- Vomiting
- Photophobia (increased sensitivity to light)
- Pain, generally aggravated by physical activities.

AGGRAVATING FACTORS:

- Exposure to flash light and loud sound
 - Stress, strain, anxiety.
- Eating chocolates, cheese, caffeine, vinegar, nuts, spicy food, meat, red wine, citrus fruits and juices and beans.

CASE REPORT:

The subject of our case study is Mr. Anoop, 25 years old male, who was admitted in our hospital on 23.5.13. His troubles apparently began 3 years before and aggravated since 3 months.

Presenting Complaints :

1. Severe headache in right half of the head,
2. Vomiting
3. Photophobia since 3 years

MANAGEMENT & TREATMENT : Patient was advised for NavanaNasya for 7 days - with Kumkumaghrita.

POORVA KARMA: Sthanikaabhyanga of urdhvajathrubhaga was done with Mahamashataila followed by mrudubashpasweda.

PRADHANA KARMA: Patient made to lie down in supine position. 6 drops of kumkumaghritapored in each nostril.

PASCHATH KARMA : Sthanikaabhyanga and mrudusweda was done over the karna, lalata, mukha, greeva, hastha and paada. After 20 minutes of nasya karma patient was advised to gargle with Luke warm water and dhumapana was done. This procedure was done for 7 days and patient was discharged on 30.5.13. Follow-up after -14 days

OUTCOME : On follow-up all complaints (severe headache, vomiting, and photophobia) were reduced. There were no fresh complaints.

DISCUSSION : Nasya karma is indicated in diseases of the head and other organs situated above the shoulder, Ardhavabhedaka is a urdhvajatrugataroga having vatakaphadoshapredominance, Kumkumaghrita is vatakaphahara by its ushna and snigdha guna.

CONCLUSION : Kumkumaghritanasya is very effective in the treatment of ardhavabhedakapaitients. Along with the treatment life style also plays inevitable role in the management of migraine. Mild physical exercise. e.g.:- Briskwalk, breathing exercise helps to reduce the attack of migraine.

Tips for the Patients : Avoid going without food for long periods of time. Make sure you eat something after prolonged exercise. Make sure you eat well balanced meal a day at proper time. Avoid over indulging in carbohydrates at any single meal.

PREPARATION OF KUMKUMA GHRITA:

1 gm of kumkumakesara is warmed and powdered. Add this powder to 30 ml of boiled ghrita and this kumkumaghrita can be used for nasya.

CARDIOPULMONARY RESUSCITATION (CPR)

Dr. Shankaranarayana P.

**Associate Professor
Dept. of Anesthesiology
K.V.G.M.C, Sullia**



INTRODUCTION :

Cardiopulmonary resuscitation (CPR) is an emergency procedure, performed in an effort to manually preserve intact brain function until further measures are taken to restore spontaneous blood circulation and breathing in a person in cardiac arrest. It is indicated in those who are unresponsive with no breathing or abnormal breathing; for example, agonal respirations. CPR is a series of life saving actions that improve the chance of survival following cardiac arrest. CPR can be performed by any individual who has got training. Immediate and effective CPR by lay person or bystander can save many lives. So every individual should know how to do CPR.

CPR involves chest compressions at least 5 cm (2 inch) deep and at a rate of at least 100 per minute in an effort to create artificial circulation by manually pumping blood through the heart. In addition, the rescuer may provide breaths by either exhaling into the subject's mouth or nose or utilizing a device that pushes air into the subject's lungs. This process of externally providing ventilation is termed artificial respiration. Current recommendations (American Heart Association 2010) place emphasis on high-quality chest compressions over artificial respiration; a simplified CPR method involving chest compressions only is recommended for untrained rescuers.

CPR alone is unlikely to restart the heart; its main purpose is to restore partial flow of oxygenated blood to the brain and heart. The objective is to delay tissue death and to extend the brief window of opportunity for a successful resuscitation without permanent brain damage. Administration of an electric shock to the subject's heart, termed defibrillation, is usually needed in order to restore a viable or "perfusing" heart rhythm. Defibrillation is only effective for certain heart rhythms, namely ventricular fibrillation or pulseless ventricular tachycardia, rather than asystole or pulseless electrical activity. CPR may succeed in inducing a heart rhythm which may be shockable. CPR is generally continued until the patient has a return of spontaneous circulation (ROSC) or is declared dead.

INDICATIONS :

CPR should be performed immediately on any person who has become unconscious and is found to be pulseless. Assessment of cardiac electrical activity via rapid "rhythm strip" recording can provide a more detailed analysis of the type of cardiac arrest, as well as indicate additional treatment options.

Loss of effective cardiac activity is generally due to the spontaneous initiation of a nonperfusing arrhythmia, sometimes referred to as a malignant arrhythmia. The most common nonperfusing arrhythmias include the following:

- Ventricular fibrillation (VF)
- Pulseless ventricular tachycardia (VT)
- Pulseless electrical activity (PEA)
- Asystole
- Pulseless Brady cardia

CPR should be started before the rhythm is identified and should be continued while the defibrillator is being applied and charged. Additionally, CPR should be resumed immediately after a defibrillatory shock until a pulsatile state is established.

CONTRA INDICATIONS :

The only absolute contraindication to CPR is a do-not-resuscitate (DNR) order or other advanced directive indicating a person's desire not to be resuscitated in the event of cardiac arrest. A relative contraindication to performing CPR is if a clinician justifiably feels that the intervention would be medically futile.

EQUIPMENTS USED :

CPR, in its most basic form, can be performed anywhere without the need for specialized equipment. Universal precautions (ie, gloves, mask, gown) should be taken. However, CPR is delivered without such protections in the vast majority of patients who are resuscitated in the out-of-hospital setting, and no cases of disease transmission via CPR delivery have been reported. Some hospitals and EMS systems employ devices to provide mechanical chest compressions. A cardiac defibrillator provides an electrical shock to the heart via 2 electrodes placed on the patient's torso and may restore the heart into a normal perfusing rhythm.

How to do CPR?

Chest compressions : Locate correct compression point

- Use your middle and index fingers to find the lower rib edge nearest to you.
- Place the heel of one hand in the centre of the victim's chest (which is the lower half of the victim's sternum (breastbone)).
- Place the heel of your other hand on top of the first hand.
- Interlock the fingers of your hands and ensure that pressure is not applied over the victim's ribs. Do not apply any pressure over the upper abdomen or the bottom end of the sternum.
- Position yourself vertically above the victim's chest and, with your arms straight, press down on the sternum (depth should be 5 cm).
- After each compression, release all the pressure on the chest without losing contact between your hands and the sternum.
- Repeat at a rate of 100/ min.
- Compression and release should take an equal amount of time. Allow full chest recoil.



Details of chest compressions in adult, child and infant are-

- Adult – By using 2 hands, depth of at least 5cms, 30 compressions in each set, at a rate 100/min.
- Child – 1 hand, depth of 5cms or 1/3 antero-posterior diameter of chest, 30 compressions, at a rate 100/min.
- Infant – 2 fingers, 1/3 AP diameter of chest /4cms, 30 compressions, at a rate of 100/min.

EFFECTIVE BREATHS :

- After 30 compressions open the airway again using head tilt and chin lift .Pinch the soft part of the victim's nose , using the index finger and thumb of your hand on his forehead.
- Allow his mouth to open, but maintain chin lift.
- Take a normal breath (no deep breaths) and place your lips around his mouth, making sure that you have a good seal.
- Blow steadily into his mouth whilst watching for his chest to rise; take about one second to make his chest rise as in normal breathing; this is an effective rescue breath. Give 2 effective rescue breaths.
- Breaths after 30 chest compressions. Once advanced airway is placed-give one breathes every 6-8 secs (8-10/min) asynchronous with chest compression.
- Maintaining head tilt and chin lift, take your mouth away from the victim and watch for his chest to fall as air comes out.
- Take another normal breath and blow into the victim's mouth once more to give a total of two effective rescue breaths.
- The two breaths should not take more than 5 s. Then return your hands without delay to the correct position on the sternum and give a further 30 chest compressions.
- Continue with chest compressions and rescue breaths in a ratio of 30:2.
- Stop to recheck the victim only if he starts to show signs of regaining consciousness, such as coughing, opening his eyes, speaking, or moving purposefully and start to breathe normally.

“A Links in the chain of survival

Successful resuscitation requires a set of co-ordinated actions represented by the links in the Chain of survival.

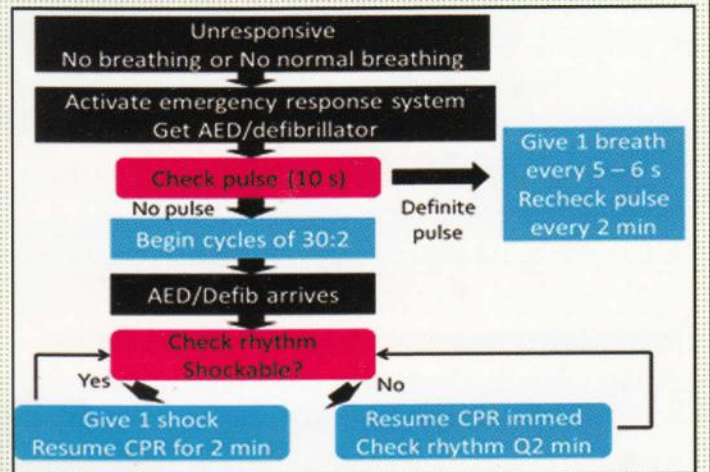
These are –

- 1. Immediate recognition and activation
 - 2. Early CPR
 - 3. Rapid defibrillation
 - 4. Effective advanced life support
 - 5. Integrated post-cardiac arrest care
- } Basic Life Support (BLS)
- } Advanced Cardiac Life Support (ACLS)

Basic Life support (BLS) :

By activating the emergency medical response system and starting chest compressions as explained above.

As soon as a victim is found unresponsive (no breathing/ no normal breathing /only gasps) activate emergency medical response system and start chest compressions. Earlier the sequence was A-B-C, now it is C-A-B i.e, chest compressions → Airway → breathing, because rescue breaths take time & shorter time delay to 1st compression. Importance to only chest compressions for lay rescuer is given, because oxygen level in blood is Adequate for first few minutes of cardiac arrest.



Advanced Cardiac Life Support (ACLS) :

ACLS is done in a hospital set up which consists of- interventions to treat cardiac arrest, prevent cardiac arrest and post cardiac arrest care. ACLS include airway management (Endotracheal tube/supraglottic airway device placement), monitoring (pulse oxymetry, capnography, ECG), simplified algorithms to treat ventricular fibrillation, ventricular tachycardia, pulseless electrical activity and drugs like epinephrine, atropine, dopamine, dobutamine, adenosine etc.

Complications of CPR include the following :

- 1. Fractures of ribs or the sternum from chest compression (widely considered uncommon).
- 2. Gastric insufflation from artificial respiration using noninvasive ventilation methods (eg, mouth-to-mouth, BVM); this can lead to vomiting, with further airway compromise or aspiration; insertion of an invasive airway prevents this problem.

Conclusion :

CPR is a life saving skill. Guidelines are changing once in every 5 years. So get trained and save precious lives when needed.

“CLINICAL EVALUATION OF SHRINGAVACHARANA IN ASRIKGATAANILA LAKSHANAS”



* Dr. Rohit N. Shettar, **Dr. HariprasadShetty, *** Dr. Udayashankar ****Dr. D. P. Bharadwaj

The para-surgical procedure - Raktamokshana answers several ailments produced by Disturbed conditions of blood. Among the methods of raktamokshana, Shringavacharana is advocated in blood borne diseases with vitiated Vata. This method is becoming extinct now a day, as obtaining a cow horn covered by thin urinary bladder is difficult. Further using such a biological element is against 'the cruelty against animals act'. Sucking of the blood through mouth also is strenuous and risky act. So, there is a growing need for research in this arena.

Objectives of the Study :

- To overcome the difficulties of ancient method of shringavacharana, by modifying the Instrument based on the principles of this treatment.
- To clinically evaluate the advantages of new instrument in patients suffering from Asrikgataanila lakshanas.

Materials and Method :

30 patients of asrikgataanila lakshanas were selected randomly from the OPD and IPD of Dept. of Shalyatantra, KVG Ayurveda Medical college and Hospital, Sullia. They underwent the procedure of Shringavacharana with modified shringayantra. The observations were documented and analyzed statistically.

Results :

Shringavacharana was found to be effective in relieving symptoms like acute pain (teewraruja), rise of local temperature (sasantapa), local discolouration (vaivarnya), Burning (daha), small rashes on body locally (gatre-arunshi), numbness (supti), swelling (shwayatu) and tenderness (twagmamsantarajaruja). Among 30 patients, 15 patients were markedly improved, whereas 14 patients were moderately improved. The benefit was mild in one patient.

Conclusion :

The modified shringa comprising of fiber optic cups and suction pump proved to be as effective as sucking with classical shringayantra. Hence, this easily available, economical, hygienic and user friendly method can be adapted instead of cows horn to treat the diseases produced by vatadushitarakta in clinical practice.

* PG Scholar, **Co- Guide, ***Guide **** HOD Dept. of Shalya Tantra

“EVALUATION ON THE EFFECT OF ABHYANGA WITH SWEDANA IN THE BETTERMENT OF PERFORMANCE IN SPORTSMEN W.S.R TO ATHLETIC SPRINT EVENTS”

*Dr. Amal G. Krishnan, **Dr. Ashok Kumar ***Dr. N. S. Shettar



Ayurveda is having a great potential in the field of sports. Excessive practice (Ativyayama) is the part of sportsmen's career and life. It leads to “Vatavridhi” and other health problems. Ayurvedic treatment modalities can give a complete solution for all these problems.

Sports related problems are mainly because of ativyayama which causes vatavridhi. Vatavridhi leads to balabhramsa, angamarda, sankocha and other symptoms of vata vitiation which leads to decrease in performance. Abhyanga and swedana are mentioned as treatment for vata disorders. These are easy and simple procedures and can give very good effects which can enable sportsmen to perform in high level events. Balataila which is mentioned in Bhelasamhita Vatavyadhi adhikara is used for Abhyanga. This Balataila is Vatahara and also having wide range of applications. Sportsmen who participate in 100 metres race are only taken for making this study specific and systematic.

OBJECTIVES OF THE STUDY :

- 1) To study in detail about Abhyanga and Swedana.
- 2) To evaluate the effect of Abhyanga with Swedana in the betterment of performance in athletes who participate in 100 meters race.

MATERIALS AND METHODS:

Study design: A comprehensive clinical study.

Sample size: 31 Sportsmen who participate in 100 metre race were selected from available sources. Clients were included after assessment of their performance and fitness as per preset inclusion criteria.

Procedure: Abhyanga for 35 minutes (5 minutes each in 7 positions) and swedana was done till Samyakswinnalakshanas were attained, for 7 consecutive days.

Assessment criterias: Sports criteria for assessment of fitness and performance were used along with Ayurvedic criteria. After assessing subjective and objective parameters as per pre set criteria, statistical evaluation was done.

Discussion & conclusion: Overall result of 75.70 was obtained from the study which is high in terms of criteria. Among 31 athletes, 22 were shown high improvement and 9 were shown moderate improvement. 0.57 seconds was improved in time taken to run 100 mtrs which is a remarkable improvement in sports.

* PG Scholar, ** Co Guide, *** Guide & HOD Dept.of Panchakarma

**‘A PRELIMINARY PHARMACO-CLINICAL EVALUATION OF PARIBHADRA (ERYTHRINA INDICA Linn.)
 TWAK & PATRA W.S.R. TO KASHTARTAVA (PRIMARY DYSMENORRHOEA)’**

***Dr. Soumyashree K.M, **Dr. Vijayalakshmi P.B.,
 Dr. Bhagyalakshmi *Dr. Rajashekhar N.**



Women’s health is the primary factor to be considered for the well-being of family, society and nation. Any physical or mental disorder disturbs her educational, social, and economic life. Dysmenorrhoea (painful menstruation) is the most common gynecological problem faced by women during their reproductive period. In Ayurvedic classics all gynaecological problems are described under the umbrella of Yonivyapat. The disease ‘Kashtārtava’ is not described in classics as an individual disease entity. It is a symptom of Udavarta, VatalaYonivyapat, and can be equated to primary dysmenorrhoea of modern science.

Classics mention the prime modality of treatment for yonivyapat is vataharachikitsa. Paribhadra (Erythrina indica Linn.) belonging to Fabaceae family, is having katu-tikta rasa, ushna veerya, vata-kaphahara, medohara, deepaka, pachaka properties, which may help in samprapti vighatana of kashtartava.

OBJECTIVES OF THE STUDY :

- 1) Pharmacognostical and analytical study of twak and patra of paribhadra (Erythrina indica Linn.).
- 2) Clinical evaluation of paribhadra twak and patra in kashtartava.

MATERIALS & METHODS :

Study design - Single blind randomized clinical study.

Sample size - 30 patients fulfilling the inclusion criteria will be randomly divided into 2 groups; 15 in each group.

Group A - Paribhadra twak vati

Group B - Paribhadra patra vati

Dose & Anupana : 1.5gms twice daily with ushnodaka.

Duration : 3 cycles/3 months

Study is under progress

* PG Scholar, ** Co Guide, *** Guide **** HOD. Dept. of Dravya Guna

Sharad Ritu

1st Year BAMS

In varsharitu , the body is accustomed to the cold atmosphere and hence, pitta is accumulated (chaya) but fails to aggravate (kopa) due to the frigid atmosphere. When the sun rays become hot in ensuing sharatritu (Autumn Season), the body becomes suddenly hot; and by this, the accumulated pitta aggravates (to cause various diseases)

To pacify aggravated pitta the use of ghee prepared with tiktakadravyas (Drugs with bitter taste), Purgation (Virechana) and bloodletting (Raktamokshana) are advocated. When hungry, dishes having Astringent (Kashaya), Sweet (madura) and bitter (tikta) tastes and light (laghuguna) food like rice (Shali), green gram, sugar, Indian gooseberry, snake guard, honey, and meat of arid locales are preferred

Water heated by the sunrays and cooled by moon rays in the night detoxified by star agasthya rising in this season, is pure and clear, capable of pacifying tridoshas, which is neither abhishyandi nor ruksha and is as good as amrita and is known as 'hamsodaka' is desirable for all uses in this season.

In night one should anoint their body with sandal paste and should wear garlands made up of pearls and white clean cloths, should stay in a white mansion. One should avoid exposure to cold, fog, intake of alkaline substances, heavy food, curd, sesame/gingellyoil, sunbath, alcoholic drinks, day time sleep, and exposure to eastern wind.

कुंकुम केसर

2nd Prof. BAMS

Crocus sativus Linn.

Family :-Iridaceae

Synonyms

- 1) काश्मीर - काश्मीरे भवं इति - available in Kashmir
कशति कश्यते वा -praised because of its beauty
कुंकुम -कुंक्यतेआदीयतेशिरोरुगवृदिनाशानार्था जनैः इति - mainly used in head ache and wounds
- 2) केसर - केसराःप्रयोगंअंगा stamen are used
- 3) घृसृणः घृष्यतेकतुकत्वादिगुणशेषोअनेनइति - praised due to good characters
घृष्यतेअनेनइतिअङ्गं - Improves colour and complexion (traditionally administered ante natally to mother)



Varietes : काश्मीर बादह्नीक. पारशीक(भव)	Description: - Perennial plant, grows up to 20-30cm, Root stock a sheathed corm closely reticulated. Leaves radical, narrowly linear, channelled, margins recurved. Flowers solitary violet autumnal appearing with the leaves, perianth funnel shaped. Stamens on the throat of perianthbeared, anthers yellow, style-arms exerted orange-red, subclavate tips entire or lobulate. Capsule oblong, membranous, loculicidal, seeds subglobose
Kingdom: Plantae Angiosperm(monocots) Division: Magnoliophyta Class:Liliopsida Order: Asparagales Family: Iridaceae Sub Family:cocoiidae Genera: Crocus Species: C. sativus	

Variety : *Crocus cartwrightianus* - wild saffron

Crocus thomasaii

Crocus pallasii

Chemical constituents : The bitter glucoside 'picrocrocin' is responsible for saffron's flavor.

'Safranal' - a volatile oil gives a distinctive aroma. Saffron is graded via laboratory measurement of crocin (Colour), Picrocrocin (taste) and Safranal (fragrance) content.

Grades of Saffron : Based on 'Crocic' specific spectroscopy four empirical colour intensity grades:

Grade I- Finest quality

Grade II- Second Quality

Grade III- Third quality

Grade IV- Poorest quality

Standard Spectroscopic absorbance measures 440nm of light.

Dose: 0.5-1gms

गुणकर्म		Nutritional Value:	
Rasa	कटुतिक्त	Carbohydrates 65.3	Fibrous 3.9
Guna	स्निग्ध, लघु	Fat 5.85	Protein 11.43
Veerya	उष्ण	Water 11.90	Vit A 530 IU
Vipaka	कटु	Vit B1-0.267	Vit B3-1.460
Dhoshagnata	त्रिदोषघ्न	Vit C-80.8	Iron 11.10
Rogagnata	दीपन, पाचन, वर्ण्य, कुमिच्छन्, वेदनास्थापन.	Ca-111	

ARKAPRAKASHA

3rd Prof. BAMS (Sr.)

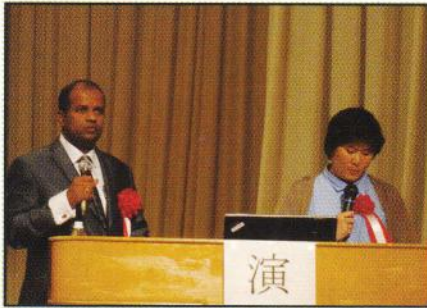
Arkaprakasha is a famous work on tinctures and extracts. It also deals with the preparation of Arka and their utility in therapeutics. The king Ravana is the author of Arkaprakasha. He introduced the art of distilling of Arka.

ABOUT THE AUTHOR : The king Ravana was a globally reputed and valued great intellectual. The valuable contributions of Ravana are Samaveda, Nadeepareeksha, Kumara tantra uddishatantra, Prakartanakaamadenu and shivathandavastotra. He invented Varuni machine to brew. He was the founder of sindura medicine.

CONTENTS : Arkaprakasha is written in the form of dialogues between Ravana and Mandodari. This book has got ten chapters named Shatakas. In first and second chapter it contains detailed description of Arka kalpana and its basics, 3rd and 4th shataka is having around 245 different aushada dravya arkas, and remaining chapters explain about different arka preparations for various diseases 8th shataka deals with arkayogas for vasheekarana (hypnotism). 9th shataka explains about different aushadha vargas. 10th shataka deals with shodhana and marana procedures of different dhatu dravyas. He mentioned opium as a medicine and also described regarding Phiranga roga.

ACHIVEMENTS

STAFF ACHIVEMENTS



Dr. Leeladhar D. V. presented a paper on Role of Ayurvedic herbs in Therapeutical and Cosmetic uses at Japan Institute of Ayurveda.



Dr. Udaya Shankar has visited Japan Institute of Ayurveda & given Guest Lecture's & conducted workshop on 'Agnikarma'



Principal Prof. N. S. Shettar Felicitated on Teachers Day by Dr. Premkumar at Karnataka Ayurvedic Medical College, Mangalore

STUDENT ACHIVEMENTS

- Dr. Prasan Shankar P. G. scholar department of Panchakarma, has won the best case presenter award in International Ayurveda conference "Insight Ayurveda-2013" held at AVP Coimbatore for the topic – a classical ayurvedic protocol for the management of Pakshagata - a case study.
- Dr. Rakeshkumar P. G. Scholar Department of Dravyaguna, presented a poster on conventional role of Kashtaushadhi in pre operative Management of Malignancy in International Ayurveda conference "insight Ayurveda-2013" held at AVP Coimbatore.
- Dr. Rakesh Kumar presented a paper on Role of Abhaya in lehya yogas in diseases of pranavaha srotas in National Level Seminar & Workshop 'ABHAYA 2013' at SDMAMC, Hassan on September 23rd, 24th 2013.



Winners of the R.G.U.H.S. Mysore zone inter college shuttle badminton tournament organized by Dr. M.R. Shetty college of physiotherapy

- | | |
|--------------------------------------|-------------------|
| Ms. Poornima P. R. | - Singles |
| Ms. Poornima P. R. & Pooja P. Shetty | - Doubles |
| Ms. Swathi K. S. | - Reverse Singles |



COLLEGE ACTIVITIES

EDUCATIONAL EXCURSION



KMF Mangalore Dairy



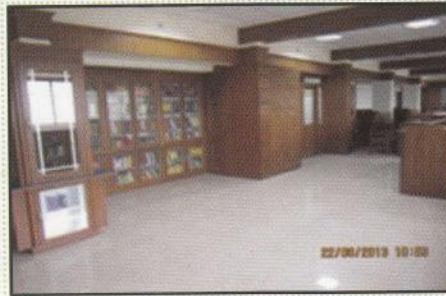
Water Purification Centre Thumbe
Mangalore



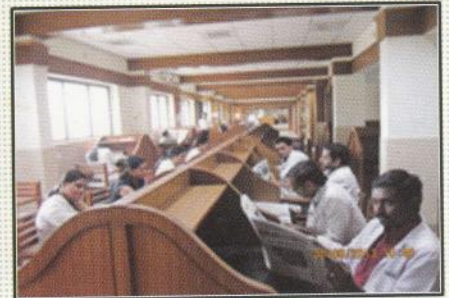
S.D.M. Ayurveda Pharmacy Udupi



Educational Excursion team at
Udupi Geetha Mandir



A view of our New Centralised A/C Library



Bhoomipooja for K.V.G. Ayurveda Pharma



Asst. Commissioners visit to our College
Agadatantra Museum



Rasa Shastra Museum



CME Programme by Dr. Vahid of Himalaya Drug Company
with AFI Branch Sullia for AYUSH Doctors



Vivekananda 150 Birth Celebration
'BHARATH JAGO DAUD' at Sullia Inaugurated
by Dr. K.V.Chidananda in which our College Participated



COLLEGE ACTIVITIES

Onam Celebrations KVGAMC



Dr. Venugopal Bhat N.
HOD Dept. of Sharira Rachana
Participated in National Level
Workshop recent advancements
in embalming and Museum
Development Techniques
Aakruti - 2013 on
September 27th 28th
at SDMAMC, Hassan.



- Dr. Rohini Bharadwaj, HOD. Dept. of RS & BK along with PG Scholars Dr. Suveen Babu, Dr. Sandeep Viswanath, Dr. Satheesh S. Warriar, Dr. Geethu Sudheesh, Dr. Shruti S. visited FRLHT Bangalore on July 31st 2013 and Attended seminar on Samyukthi 2013 held at M. S. Ramayya Medical College Auditorium on August 1st and 2nd.
- Dr. Purushotham K. G. & Dr. Harshitha Purushotham attended a symposium on Dengue fever organised by RGUHS & CTPHCF, Bangalore on July 30th 2013.
- Dr. Avinash, Dr. Bhagesh, Dr. Venugopal Bhat have Participated in the Short Course for AYUSH TEACHERS in 'EDUCATION METHODOLOGY' conducted by RGUHS Bangalore by Dr. Muneer Ahmad at Karnataka Ayurvedic Medical College, Mangalore.
- Dr. Yellappa G. K., Dr. Kavitha B. M., Dr. Leeladhar D. V. Department of Dravya Guna along with PG Scholars Dr. Nidhin Mohan, Dr. Archana Hegde, Dr. Gibi Abraham, Dr. Haritha, Dr. Hitha, Dr. Archana Kalluraya, Dr. Sonali, Dr. Rajin, Dr. Vinitha, Dr. Rithu, Dr. Shrijith Suran & Dr. Rakesh participated in National Level Seminar & Workshop 'ABHAYA 2013' at SDMAMC, Hassan on September 23rd, 24th 2013.
- Dr. Suvin Babu, PG Scholar Dept. of RS & BK attended state level seminar & workshop SHARANGHADARA-2013 -Opportunities and Challenges in Ayurvedic Pharmaceutics on August 30th 31st 2013 at SDMAMC, Hassan
- PG Scholars- Dept. of RS & BK , Dr. Suveen Babu, Dr. Sandeep Viswanath, Dr. Satheesh S. Warriar, Dr. Geethu Sudheesh, Dr. Shruti S. 'COLLOQUE-2013' Muniyal institute of Ayurvedic Sciences, Manipal..

QUIZ

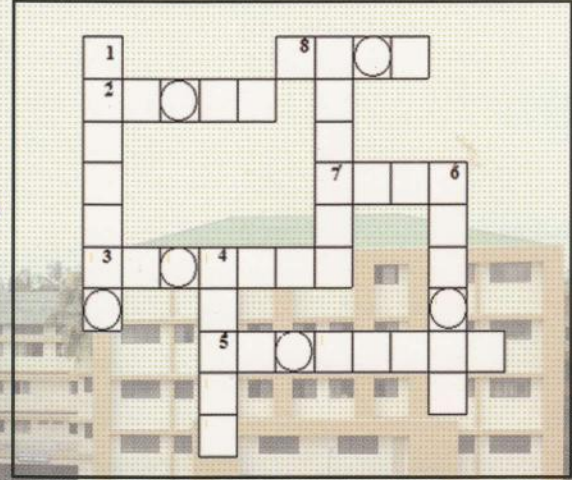
Cross Word

Down

- 1) Amla rasa is predominant in ---- ritu (7)
- 4) Samsthanakritwam is a characteristics feature exhibited by (5)
- 6) --- part of eye is Jala Pradhana (6)

Across

- 2) Chathushkas in Charaka Samhita sutra sthana (5)
- 3) Is a marma according to charaka (7)
- 5) Aggroushadi for Timira (8)
- 7) प्राणिनां पुनर्मूलं आहारो बलवर्ण is the source for (4)
- 8) Aggroushadhi for Raktha pita (4)



Scramble :



Clue : A Karma mentioned by Acharyasharangadhara (6)

Mail the answers at kvgayurnews@hotmail.com on or before April 20th 2013

: HOME REMEDIES :

- 1) Application of Rasona smashed juice on painful part relives pain in 2nd trimester gestational period
- 2) NimbapatraSwarasa with honey is good in kamala
- 3) Bilwamajjachoorna and shuntichoorna mixed with thakra can be used in grahani
- 4) Mandukaparniwith thakra can be given in case of heart burns

By Dr. Gouri Shankar Internee

: DISCLAIMER :

1. Editors hold no responsibility for the views of authors.
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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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