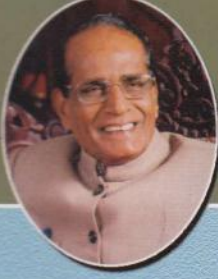




# KVG AYUR NEWS

*Samskara*



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DR. KURUNJI VENKATRAMANA GOWDA  
Founder President



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

प्रज्वलितो ज्ञानमयो प्रदीपः ।



नार्यार्थं नापि कामार्थं अथ भूतदयां प्रति ।  
वर्तते यश्चिकित्सायां स सर्वमतिवर्तते ॥  
कुर्वते ये तु वृत्त्यर्थं चिकित्सापण्य विक्रयम् ।  
ते हित्वा काञ्चनं रशिं पांशुरशिं उपासते ॥

“The physician who treats his patients moved by compassion for them and not for his pride or personal gains excels by surpassing all the mortal limits. Those who turn the profession into a business will be turning away from heap of gold to gather the heap of dust”. Whether these words of Charaka Samhitha are explaining the modern day medical practice? All around us, we see that the medical profession is being turned into a profitable business. Medical centres in metropolitan and cosmopolitan centres emit a stronger smell of commercialization. Passion for fame and finance, has wiped away compassion from the heart. We even forget that the time may come for us or our dear ones to sit at the opposite end of the consultation table!

Current issue opens with an article having the above thought, for all of us to chew. We have to realize that even knowledge and dexterity without principles will make a physician able but not noble. Let us vow to add fragrance to our profession.

*R.D. Bharadwaj*

**Dr. Rohini D. Bharadwaj**

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Gen. Surgeon  
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## RELEVANCE OF VEDANADHYAYA IN THE CLINICAL DIAGNOSIS OF BALAROGAS.

DR. ASHOK K. MD (AYU) M.S. (C&P) PROFESSOR & HEAD, DEPT OF PRASOOTHI THANTRA & STHREEROGA, K.V.G.A.M.C SULLIA

### Introduction :

Diagnosis of paediatric cases is a challenge for every doctor in his/her clinical practice. Small children because of their age, fear, shyness, apprehension etc may not be in a position to narrate properly the problems from which they are suffering. The neonates will not even be in a position to give any clue towards clinching the diagnosis. In such conditions instead of subjecting the paediatric patient for physically and mentally traumatising investigations in the form of various haematological, biochemical, sonological, nuclear etc special techniques. As much as possible the doctor must use the theoretical knowledge and clinical methods to come to the conclusion so that, majority of paediatric cases need not be subjected to high technology diagnostic tools.

Various clinical informations, presenting features and some typical signs of many diseases are narrated in the Vedanadhyaya of Kashyapa Samhitha. This article is an effort to highlight the importance and relevance of Vedanadhyaya in the present day commercialised medical practice. Kashyapa has specifically mentioned the diagnostic clues pertaining to 32 different conditions. Some among these will be narrated here to shed light over their importance.

**1. Premonitory features of fever (Jwara Poorvarupa) :** "The child flexes the body parts repeatedly, yawns, coughs frequently, suddenly clings to the mother, does not like breast feeding, has salivation, excessive warmth in forehead, anorexia, coldness of feet".

Fever is a most common paediatric problem. Carefully observing these premonitory features in a child before the actual manifestation it is certainly possible to prevent many numbers of complications by considering proper treatment in time.

**2. Insect bite :** "A healthy child does not sleep well in night and has appearance of red spots over the skin is indicative of insect bite".

Here by establishing the diagnosis it is possible to do Nidanaparivarjana and also possible to avoid many unnecessary investigations.

**3. Dysuria (Mutrakrichra) :** "In the cause of dysuria there will be horripilations, shivering of the body parts, difficulty during the act of micturation, biting of lips during micturation, touching the lower abdominal region with hand".



Dr. ASHOK K.  
MD (AYU) M.S. (C&P)

With early diagnosis of dysuria, an important feature of UTI, it is possible to give a timely treatment and avoid hospitalization and even the possibility of renal damage.

**4. Abdominal colic (Udara Shoola) :** "The child rejects the breast feeding, crying spells, sleeps in supine position, stillness of the belly, cold body parts, perspiration over the face".

Abdominal colic is usually due to indigestion, worm infestation etc, and generally responds well to Dipana, Pachana and Vata anulomana Dravyas.

**Discussion :** As today's medical practice has become more and more commercialised, the incidences of unnecessary hospitalization, subjecting the babies to various invasive special investigations are increasing alarmingly.

I am not at all against the use of special investigation in paediatric practice if such a procedure is essential for the diagnosis. Medical ethics should be the priority above all other money making opportunities. Since the children of today are the pillars of future generation, we must protect them by avoiding avoidable invasive techniques, painful investigative methods to make the society more healthier in physical, mental intellectual, moral and economic status of life.

The doctors can also contribute to impart quality treatment to poor patients of developing countries like India by diagnosing precisely using their clinical skill and thus by contributing towards welfare of poverty ridden population.

**Conclusion :** The article is not prejudiced against any particular system of medicine. It is only a sincere effort to rekindle the vanishing importance of clinical diagnosis in general and paediatrics in particular.

## A CASE STUDY ON FISSURE IN ANO

Treating Surgeon: Dr. Harshavardhan.K, MS (Ayu)

The subject of our case study is Mrs. Nandini, 36 years old female who was admitted in our hospital on February 4th 2013. Her troubles apparently began 3 years before and got aggravated since 1 month before being admitted. Mrs. Nandini was diagnosed as having 'Anterior anal fissure with sentinel pile'

### INTRODUCTION :

'Fissure-in-ano' results from the longitudinal tear in the lower end of anal canal. It is the most painful condition affecting the anal region & is commonly seen in young adults & more in women.

90% of fissure occur in the posterior part of anal canal & 10% anteriorly. It is initiated by hard stool causing a crack in the sensitive skin of anal canal which results in painful defaecation.

### Varieties :

a) Acute fissure in ano.

b) Chronic fissure in ano.

**Acute fissure :** It is a deep tear in the anal canal with surrounding oedema & inflammatory induration. It is always associated with spasm of the anal sphincters.

**Chronic fissure :** When acute fissure fails to heal, it will gradually develop into a undermined ulcer with continuing infection & oedema. This ulcer stops above at the dentate line. Below there is hypertrophied papilla & skin tag known as 'sentinel pile'.

### Clinical Features :

- ❖ Sharp, biting, burning type of pain, sometimes intolerable, lasting for about ½ an hour to 1 hour.
- ❖ Severe constipation.
- ❖ Streaks of fresh blood over the stool or a drop of blood.
- ❖ Chronic fissure will have sentinel pile (a tag of skin) at the outer end of the fissure.

### CASE REPORT :

#### Presenting Complaints :

C/o burning pain & bleeding per anum during defaecation.

#### History :

\* *History of present illness :* Pt was having pain during defaecation since 3 yrs & got aggravated since 1 month & also developed bleeding per anum. These symptoms had started after her pregnancy.

\* *Treatment history :* She had taken Allopathic treatment before & no improvement was seen.

\* *Personal history :* Bowel – Constipated  
Appetite – Normal  
Micturition – Normal  
Sleep – Normal

### CLINICAL EXAMINATION :

#### Local examination :

*Inspection :* Anterior fissure-in-ano with sentinel pile was detected.

*P/R Examination :* As it is contra-indicated in case of fissure, it is not done.

### INVESTIGATIONS :

Hb → 11.8 gm%  
TC → 9,600 cells/ Cu.mm (N – 69%, L – 26%, E – 03%, M – 02%)  
ESR → 10mm/hr  
B.T. → 2 min 00sec  
C.T. → 3 min 30 sec  
RBS → 104 mg/dl

### MANAGEMENT AND TREATMENT :

Pt was advised for 'Lord's anal dilatation' & Kshara karma on 05/02/2013.

#### Pre – operative procedure :

- ❖ Part preparation was done.
- ❖ Pt was kept nil by mouth since 10 pm on 04/02/13
- ❖ Soap water enema was given at 10 pm (on 04/02/13) & at 6.00 am (on 05/02/2013)
- ❖ Inj. T.T (0.5ml) IM given
- ❖ Xylocaine test dose given
- ❖ I.V. fluid RL 1Pint (500 ml) were given ½ an hr before (operation) Surgery.
- ❖ Inj. Atropin (0.6 mg) IM

#### Operative procedure :

- ❖ Position – lithotomy
- ❖ Part preparation with Betadine & spirit
- ❖ Draping done
- ❖ Inj. Calmose (10 mg) slow IV given
- ❖ Xylocaine 2% local anaesthesia given
- ❖ 4 finger manual anal dilatation done
- ❖ Palasha kshara applied at the base of anterior fissure.
- ❖ After 100 matrakala, it is cleaned using nimbu swarasa.
- ❖ Diclofenac suppository.
- ❖ Anal pack done by applying Betadine & Xylocaine jelly over pad.
- ❖ Bandaged.
- ❖ Patient was shifted to post op.ward.

#### Post-operative procedure :

- ❖ Patient was given liquid diet after 30 min.
- ❖ Then medications – T. Triphala guggulu (1-0-1)  
 T. Gandhaka rasayana (1-1-1)  
 Manibhadra guda (0-0-1 tsp ) were given.

Patient was discharged on 07-02-2013 & was adviced to continue following medications for 15 days.

T. Triphala Guggulu (1-1-1)  
 T.Gandhaka Rasayana (1-1-1)  
 Manibhadra Guda (0-0-1 tsp)  
 Triphala Kashaya sitz bath  
 Yastimadhu taila for taila poorana.  
 The patient was adviced not to take spicy and oily foods.

### OUTCOME :

Patient came for follow-up after 15 days & the complaints like burning pain & bleeding on defaecation and constipation were reduced .There were no fresh complaints.

### DISCUSSION :

- 1) In chronic anal fissure, pain will be less on comparing with acute fissure.
  - 2) Fissure is fibrosed in chronic anal fissure.
  - 3) It can be compared with Vataja arshas or Parikartika.
  - 4) In anal fissure Lord's anal dilatation or four finger dilatation is indicated.
  - 5) Anal dilatation relaxes the spincter space.
  - 6) After anal dilatation kshara should be applied at the site of fissure.
- Because of scraping action of kshara, it reduces the fibrosed structure & wound heals quickly.

### CONCLUSION :

- Lord's anal dilatation is simple procedure & choice of treatment in anal fissure.
- Kshara application enhances the effect of surgery & promotes healing.

By : Dr. SWATHI KRISHNA R. & Dr. ANANYA ACHRAPADY ( Interns KVGAMC & Hospital, Sullia)

**“A PHARMACO-CLINICAL EVALUATION OF BHUMIJAMBU (*Syzygium caryophyllatum* Linn.)  
W.S.R. TO MUKHAPAKA (STOMATITIS)”**

**\*Dr. Neethu.P\*\* Dr. Vijayalaxmi P. B.\*\*\* Dr. Rajashekhara N.**

**Introduction :**

Modern life style and urbanization accelerate us to painful health disorders. Our duty is to explore Nature, the abode of Ayurveda to find out new medicines, for new generation diseases.

Mukhapaka is such a disease and Bhumijambu is a drug mentioned for Mukharogas.

**Objectives :**

- Literary review of Bhumijambu (*Syzygium caryophyllatum* Linn.), Mukhapaka (Stomatitis) and Gandoosha.
- Pharmacognostical study of leaves and stem bark of Bhumijambu (*Syzygium caryophyllatum* Linn.)
- Analytical study of Bhumijambu (*Syzygium caryophyllatum* Linn.)
- Clinical evaluation of efficacy of Bhumijambu (*Syzygium caryophyllatum* Linn.) in Mukhapaka.

**Method :**

Pharmacognostical and analytical study of bark and leaf of Bhumijambu was carried out. In clinical study, 40 patients were selected, fulfilling the selection criteria and were randomly divided into 2 groups A&B, irrespective of age, sex and religion. Group A was treated by Gandoosha with Kwatha of Leaf and Group B by Gandoosha with Kwatha of Bark of Bhumijambu, thrice daily before food for a period of 7 days.

**Observation & Results :**

Bark and leaf showed different pharmacognostic features. Presence of tannin and carbohydrates was observed in the chemical analysis. In the clinical study, it was observed that bark proved more efficient than leaf in treating mukhapaka and both the groups have shown statistically significant results.

**Discussion & Conclusion :**

Pharmacognostic study of bark and leaf showed different features and analytical study showed almost similar features. The percentage of tannin was more in the bark which might have shown better results. The present clinical study proves that Bhumijambu is an easily available and effective remedy for Mukhapaka.

**Key Words :**

Pharmacognostical, Analytical, Clinical, Evaluation, Bhumijambu (*Syzygium caryophyllatum* Linn.), Kashaya, Mukhapaka (Stomatitis).

**\*Corresponding author\*\*Co-Guide\*\*\* H.O.D. Dept. of Dravyaguna K.V.G.A.M.C.**

**“A COMPARATIVE CLINICAL STUDY ON THE EFFECT OF NASYA WITH  
KARPASAASTHYADI TAILA AND NAGARA TAILA IN THE MANAGEMENT OF APABAHUKA”**

**\*Dr. Febin P. Jose.,\*\* DR. Krishna Prakash M. K.,\*\*\* Dr. N. S. Shettar.**

Faulty life style is responsible for many progressive disorders affecting the joints of human body because of the advancement of busy, professional, sedentary and social life, and finally becoming a significant threat to the working population. Apabahuka is one such progressive disease which affect the shoulder joint and nearer structures.

Apabahuka is a disease due to the vitiation of Vata and Kapha which affects the Amsa Sandhi (shoulder joint) where Shoola during the movement and Stabdhatta are the classical symptoms. Panchakarma are unique therapeutic procedures. Nasya Karma is one among them which is applicable in Urdwajatrugatha Vyadhis Apabahuka comes under this category which is treated by different therapies like Snehapana, Abyanga, Swedana and Shamana Chikitsa along with Nasya Karma.

Karpasaasthyadi Taila described in Vathavyadhi Adhikara of Sahasrayoga is generally practiced in the treatment of Apabahuka. By considering the Samprapti of Apabahuka, the Taila Yoga which is processed with the property of the drugs which are having Vata Kaphahara nature would be effective. Nagara is a drug having Vata Kaphahara property which is easily available and economical compared to Karpasaasthyadi Taila. Hence an attempt is made to compare the effect of Nagara Taila Nasya and Karpasaasthyadi Taila Nasya in the management of Apabahuka.

**OBJECTIVES OF THE STUDY:**

1. To evaluate the efficacy of Karpasaasthyadi Taila Nasya in Apabahuka.
2. To evaluate the efficacy of Nagara Taila Nasya in Apabahuka.
3. To compare efficacy of Karpasaasthyadi Taila Nasya and Nagara Taila Nasya in Apabahuka.

**MATERIALS AND METHODS :**

**Study design :** A comparative clinical study

**Sample Size :** 30 patients with classical Lakshanas of Apabahuka fulfilling the diagnostic criteria and inclusion criteria were selected for comparative study. They were assigned into two equal groups, A & B for the study. Assessment criteria Assessment of the condition was done based on the detailed Proforma adopting standard method of scoring of subjective and objective parameters which will be analysed statistically.

**Procedure :** Patients were assigned into two groups consisting minimum of 15 patients in each group

**Group A:** 15 Patients of this group were subjected to Nasya with Karpasaasthyadi Taila, 6 Bindu's to each nostril.  
**Group B :** 15 Patients of this group were subjected to Nasya with Nagara Taila, 6 Bindu's to each nostril. Both groups were treated for a period of 7 days. Study duration and follow up for both A and B group Totally the course of treatment along with placebo intake for late assessment (follow up ) was 22 days.

**Assessment criteria :** Assessment of the condition was done based on the detailed Proforma adopting standard method of scoring of subjective and objective parameters which are analysed statistically.

**Discussion and conclusion :** The clinical study has witnessed encouraging results in both the groups. Full details are being analyzed to draw final conclusion. The statistical analysis is under process and expected to be completed within one month.

**\*PG scholar. \*\*Guide.\*\*\*H.O.D. Post graduate studies in Panchakarma K.V.G.A.M.C. Sullia**

## “A COMPARITIVE CLINICAL STUDY ON THE EFFICACIES OF SIRAVYADHA & MADHVADI LEPA IN PADADARI”

\* Dr.Sahana s , \*\* Dr.Hariprasad Shetty MS(Ayu) \*\*\* Dr.Deenaprakash bharadwaj MD (Ayu),

Padadari is a disease which occurs in people who are in the habit of walking long distance and in whom the deranged vata gets aggravated and produces fissure in sole of feet. Acharya Sushruta was probably the first person to describe about padadari and its treatment.

In case of padadari abhyanga,sweda, padalepa and siravyadha are advised as treatment modalities. Lepa is nothing but anointing of medicated formulation over an area where the particular type of action is required. Madhvadi lepa is a classical ayurvedic preparation claimed to heal the condition of padadari very quickly.

Siravyadha is a speciality of Ayurveda. It is a prime technique of expulsion of vitiated blood from the body .Here a peripheral vein is selected which is usually near to the affected area or to the organ, and is punctured with a suitable instrument to allow the vitiated blood get expelled. Thus here it was planned to do a comparative study of the results of two different modalities advocated for padadari.

### **MATERIALS AND METHODS:**

After thorough examination, all the selected patients of padadari were subjected to necessary lab investigation to confirm the fitness and to rule out the associated diseases. Finally, so collected 30 cases were divided in to two groups comprising 15 patients in each.

### **Treatment plan:**

Group1.15 patients of this group were treated by Madhvadi lepa.

Group2. This group was subjected for Siravyadha and application of Madhvadi lepa.

### **Follow up and duration :**

Observation and recoding of the feature was done one's just prior to the subjecting of patient to the treatment and then the on every 7th day up to 22nd day. On the next 7th day the follow up was conducted. Thus the total period of observation was 29 days.

### **Discussion and conclusion :**

The clinical study witnessed encouraging results in both the groups. Full details are being analyzed to draw final conclusion. The statistical analysis is under process and expected to be completed within a month.

\*P.G. Scholar\*\* Co-guide\*\*\* H.O.D. Post Graduate Studies in Shalya Tantra, K.V.G.A.M.C.Sullia.



## ‘PHARMACOGNOSTICAL STUDY AND IN VITRO EVALUATION OF KRIMIGHNA ACTION OF THE FOLKLORE PLANT

\*Dr. Archana Hegde.M \*\*Dr. Subbannayya Kotigadde \*\*\* Dr. Rohini D. Bharadwaj

Melastoma malabathricum Linn which belongs to the family of Melastomataceae, a evergreen shrub found throughout the moist parts of India. It is commonly being used by folk practitioners for the treatment of diarrhoea, dysentery and fever by which the antibacterial action of the plant can be inferred. The present study aims at the evaluation of Krimighna action of kwatha(aqueous extract) and Pramathya of Melastoma malabathricum Linn against Shigella flexneri, Salmonella typhi, Salmonella paratyphi A and Vibrio cholera O1 in vitro.

The Study design

Pharmacognostical study

Macroscopical and microscopical study of the leaves of Melatoma malabathricum Linn .

II. Analytical study

1. Organo-leptic study

2. To study the rasa, guna, virya, vipaka of the plant according to the Ayurvedic parameters

3. Physico-chemical study

4. Phytochemical study

III. In vitro study Method

### MATERIALS & METHODS

1. PREPARATION OF KWATAHA ACCORDING TO AYURVEDIC STANDARD

To 1 part of the thoroughly washed and ground leaves, 4 parts of water was added, and heated, and was reduced to  $\frac{1}{4}$  of the total volume, filtered and was used for testing the krimighna activity.

2. PREPARATION OF PRAMATHYA ACCORDING TO AYURVEDIC STANDARD.

1 part of the thoroughly washed leaves are grinded and made into kalka, to this 8 parts of water was added, and heated, and was reduced to  $\frac{1}{4}$  of the total volume and was used for testing the krimighna activity

3. AGAR DILUTION METHOD- This method was adopted to determine the minimum inhibitory concentration (MIC) of the leaf extract.

4. TIME- KILL ASSAY (TKA)- This method was used to assess the bactericidal activity of the antimicrobial agents.

### DISCUSSION AND RESULTS

• Folklore drug Melastoma malabathricum which is used in treating fever and diarrhoea is taken to carry out the invitro study against diarrhoea causing organisms .Before doing this the Organoleptic study was done in detail, as it was a new drug to Ayurveda.

• Varieties of this plant have been mentioned based on the color of the flower, bt in the coastal region only one species is noted. This plant also resembles to two other local plants, they are also used for the same disease.

• Since the plant is not found in the Ayurvedic classics, an attempt was made to name the plant depending on its characteristics, as Jaleshani, Tamravrinta, Neela phala, Rekha patra, Supushpa, Kharapatra and Atisarghni.

• Organoletic study revealed tha tit has Amla rasa pradhana, with katu tikta kashaya anurasa, having katu vipaka, ushna veerya, grahi as chief action and also deepana and pachana.

• Kwatha and Pramathya showed good anti bacterial action in the same concentration as mentioned in the classics.

• The Results are being analysed to draw the conclusion.

\*PG Scholar\*\*Co-Guide\*\*\* Guide Dept. of Dravyaguna K.V.G.A.M.C.

**CHAKRADATTA**  
(3<sup>rd</sup> Prof. (Sr) BAMS)

**About the author :**

Chakrapanidatta was a famous commentator, compiler and physician. The date of Charapanidatta is generally accepted as 1060 A.D. He was born in a Vaidya family of Mowreswar a village in Bribhum district of Bengal. His father Narayanadatta was also a reputed physician .

Chakrapanidatta studied under a great master Naradatta, who was well known for his scholarship in Ayurveda. Chakrapanidatta stands out eminently by his valuable contribution to Ayurvedic literature

**WORKS :**

Contributions of Chakrapanidatta are as follows; 1. Elaborate commentaries on both Charaka and Susruta Samhitha (Ayurveda Deepika and Bhanumathi). 2. Chikitsa Sara Sangraha (the compilation work on Kaya Chikitsa), 3. Dravyaguna sangraha, 4. Chakradatta, 5. Vyagradaridrasubhankara, 6. Sabdachandrika, 7. Sarvasarasangraha, Muktavali.

**Importance of Chakradatta :**

For the first time Chakradatta prescribed mercurial preparations in treatment of various disorders. About Rasaparpati, it is said that it is first described by Chakrapani. The Ksarasuthra and it's applications in sinus and fistula in ano is described in Chakradatta. Chakradatta stood as first representative work of medieval era and was accepted as handbook of Ayurvedic medicine. Even in modern age Chakradatta is the foremost text of medicine.

**Contribution to Herbal medicine :**

In Chakradatta we find many new drugs among which the following are noteworthy. Amlotaja, Arunatanduliyaka, Asanamallika, Abha, Godhavati are few of them.

**TRIPHALA GUGGULU**

(Sarangadhara Samhitha Madhyamakhanda 7/82-83)

(III<sup>rd</sup> Prof. BAMS)

त्रिपलं त्रिफलाचूर्णं कृष्णाचूर्णं पलोन्मितम् ।  
गुग्गुलुं पाञ्चपलिकं क्षोदयेत्सर्वमेकतः ॥  
ततस्तु गुटिकां कृत्वा प्रयुञ्ज्याद्बह्वह्नयेक्षया ।  
भगन्दरं गुल्मशोथानर्शासि च विनाशयेत् ॥

**INGREDIENTS :**

Haritaki, Bibhitaki, Amalaki 3 pala, Pippali 1 pala, Guggulu 5 pala.

**DOSE :** 1-3 gms in divided doses.

**ANUPANA :** Hot water.

**THERAPEUTIC USE :** Shotha, Bhagandara, Arsha., Gulma.

**GUGGULU**

(II<sup>nd</sup> Prof. BAMS)

**BOTANICAL NAME :** Commiphora mukul

**FAMILY :** Burseraceae

**VERNACULAR NAME :**

English : Indian bedellium tree

Hindi : Gugal, Guggul

Malayalam : Gulgulu

Kannada : Guggulu



**SYNONYMS :** Kumuda, Padmah, Mahanila, Hiranya, Mahisaksa.

**BOTANICAL DESCRIPTION :**

A small armed tree with spinescent branches and ash-coloured rough bark, peeling off in flakes, young parts glandular, pubescent, leaves alternate, 1-3 foliate, obovate, serrate-toothed in the upper parts, lateral leaflets when present only less than half the size of the terminal ones, flowers small, brownish red, polygamous in fascicles, stamens 8-10, alternatively long and short, fruits avoid drupes, red when ripe.

The "guggul" of commerce is the pale yellow or brown aromatic gum resin obtained from the bark. The gum resin consists of irregular roundish masses of varying sizes. It is opaque, reddish brown in colour and has dusty surface.

**DISTRIBUTION:** found in Rajasthan, Gujarat, Mysore, Deccan and other warm regions of India.

**PROPERTIES :**

**RASA :** Tikta, Katu, Madhura, Kashaya.

**GUNA :** Laghu, Tikсна, Snigdha, Picchila, Suksma, Sara.

**VIRYA:** Usna

**Vipaka :** Katu

**DoshaKarma :** Tridoshahara.

**INDICATION :** Vatavyadhi, Tvagvikara-Kandu, Galaroga, Hrdroga, Vatarakta, Sandhivata, Gridrasi, Yonivyapat, Sukravikara, Klaibya, Amlapitta, Nadivrana, Asmari, Krimi, Prameha, Gulma, Arsha, Kasa-Swasa.

**IMPORTANT PREPARATIONS :** Yogaraja Guggulu, Mahayogaraja Guggulu, Kaisora Guggulu, Chandraprabhavati, Arogyavardhani, Triphala Guggulu.

## SISIRA RUTU

I<sup>st</sup> Prof. BAMS

"मासैर्द्विसंख्यैमाघादैः ऋमात् षड् ऋतवः स्मृताः । शिशिरोऽथ वसन्तश्च ग्रीष्मवर्षाशरद्धिमाः ॥" (A.H.Su3/1)

The 6 Rutus Sisira, Vasantha, Grisma, Varsha, Sarath, Hemantha in order, each one comprising of 2 month constitute a seasonal cycle.

Sisira Rutu comes under the Adanakala. In this season, the intensity of cold increases. During this season Kapha Dosha gets Sanchaya (Accumulated). The cold atmosphere bring blockage to the dissipation of body heat, which in turn increases the digestive fire of the person. So in this season it is advisable to consume Madhura, Amla and Lavana Rasas.

"अयमेव विधिः कार्यं शिशिरेऽपि विशेषतः । तदा हि शीतमधिकं रौक्ष्यं चादानकालजम् ॥" (A.H.Su3/17)

The dishes that can be consumed during this season are meat soup topped with ghee, meat of healthy animals, beverages prepared with rice flour, black gram, sugarcane juice, and milk product, which are delicious and nourishing.

After attending the primary requisites the following regimens are locally adhered to. Abyanga, Murdha Taila, Vimardana with oil prepared by drug which pacify Vata, Niyuddha with experienced wrestlers and Padaghata. After doing exercise one should take bath using drugs with Kasaya rasa to remove the oil applied on the body. After that apply paste of Saffron and musk on the body and fumigate with Agar.

One must use hot water for various toiletry purpose, wrapping the body with warm, light blankets, taking rest on bed covered with special sheet named Pravara, Praveni, Kousheya, Kauthapa. Basking in the sun judiciously, sudation and wearing shoes are advised.

One who stays in the underground cellar, and warmed with burning charcoal, are not adversely affected by the intense cold.

**COLLEGE ACTIVITIES**



Legal Knowledge Programme 14-12-2012



Felicitation to Mr. C. K. Basavaraj Civil Judge, Sullia.

On Occasion of Specially Disabled People Day



Dr. Sathyanarayana Bhat, AYUSH Bangalore,  
CME Programme on Management  
of Medical Emergencies in Ayurveda in Association  
with AFI branch Sullia



Mr. C. K. Basavaraj Civil Judge, Sullia  
Visited R.S. & B.K. Museum



Prof. Dr. K.V. Chidananda Vice President Academy of Liberal Education Sullia  
Unveiling the Statue of Acharya Sushruta



Dr. Sathyanarayana Bhat Dept. of AYUSH Bangalore  
Visited and Appreciated our Agada Tantra Museum.

## COLLEGE ACTIVITIES



Inauguration of Annual NSS special camp



Welcome speech by Dr. Vijayalaxmi NSS Co-ordinator



Health checkup at NSS annual special camp

## STAFF ACHIVEMENTS



**Rtn. Dr. Purushotham K. G.**  
B.Sc., MD (AYU)  
Reader  
Dept. of R.S. & B. K.  
Nominated as Chairman for Polio Plus programme 2013-2014 by Rotary Club Sullia-3180  
Secretary - AFI Sullia Branch.



**Dr. Raghavendra Prasad Bangaradka**  
ಪ್ರಕಾಶಿತ ಪುಸ್ತಕಗಳು : ಪರಿಚಿತ ವಿಷಯದ ಅಪರಿಚಿತ ಮುಖ  
ಆಯೋಗ್ಯದ ನರನಾಡಿ  
ನಂಜ ಕಟ್ಟಣೆ ಜೋಕೆ

ಅಭಿನಯಿಸಿದ ಧಾರಾವಾಹಿಗಳು : ಶ್ರೀ ಗುರುರಾಘವೇಂದ್ರ ವೈಭವ (ಸುದೀರ್ಘಕಾಲ)  
ಶ್ರೀ ರಾಘವೇಂದ್ರ ಮಹಿಮೆ (ಈ ಏನಿ ಜಾರ್ಜ್)  
ಶ್ರೀ ನಾರಾಯಣ ಗುರು ವಿಜಯದರ್ಶನ (ಸುದೀರ್ಘಕಾಲ)  
ಗೊತ್ತಾನೆಗೆ ಪೂರ್ತಾಂಡ್ (ಸುದೀರ್ಘಕಾಲ)



Prof. Dr. N. S. Shettar Speaks at Rotary Club Sullia on Topic Ayurveda & Arogya

## STUDENT ACHIVEMENTS



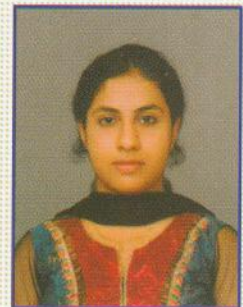
Dr. Avinash L. P.



Dr. Kesiya Baby



Parvathi C.



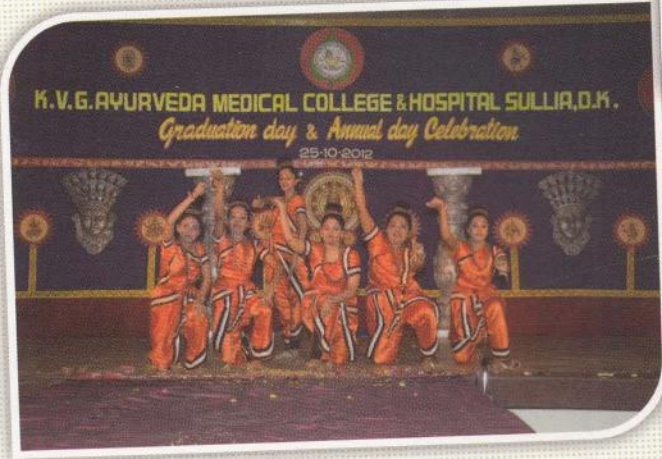
Raksha

Cluster Level Winners.  
Selected to represent Mangalore Cluster at State Level in the event of Ayurvedic - 2 Himalaya National Level Quiz Competition.

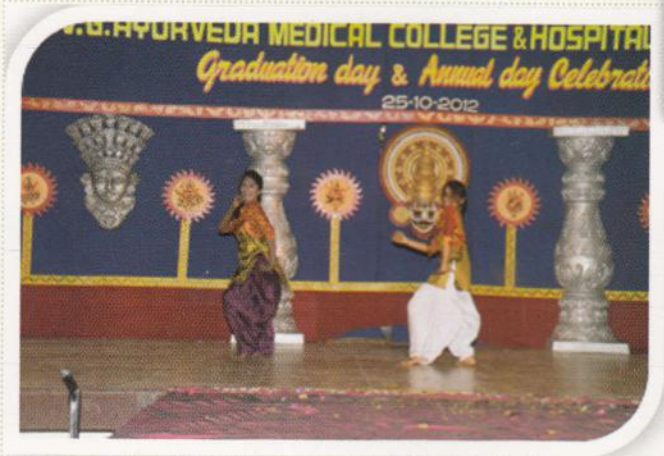
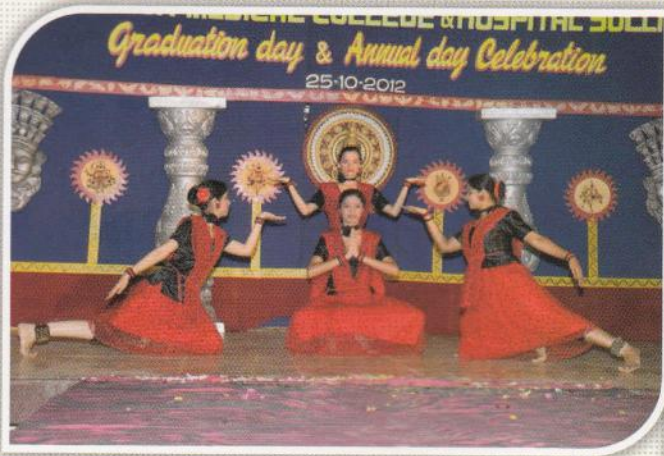
DISTINCTION  
III<sup>rd</sup> Prof. BAMS

DISTINCTION  
I<sup>st</sup> Prof. BAMS

COLLEGE ACTIVITIES



COLLEGE ACTIVITIES



**QUIZ**

1. Dirghanjivitiyam adhayam is described in which of the following sthana of Charaka Samhitha
  - a) Vimana
  - b) Sutra
  - c) Indriya
  - d) Sarira
2. How many padarthas are accepted by Nyaya Darsana.
  - a) 12
  - b) 17
  - c) 18
  - d) 16
3. Splenic artery is the branch of \_\_\_\_\_artery.
  - a) Aortic arch
  - b) Carotid artery
  - c) Ascending Aorta
  - d) Descending aorta
4. Sarpagandha belongs to \_\_\_\_\_family
  - a) Solanaceae
  - b) Apocynaceae
  - c) Achanthaceae
  - d) None.
5. Dauhridavastha kala as per Charaka
  - a) 2nd month
  - b) 5th month
  - c) 3rd month
  - d) 4th month
6. Which of the following is not strigraha
  - a) Skandha
  - b) Sakuni
  - c) Revati
  - d) Mukha mandika
7. Shilajit is prescribed in
  - a) Prameha
  - b) Moothrakrichra
  - c) Both
  - d) Amlapitta
8. According to Charaka the Patana Karma is indicated in
  - a) Nadeevrana
  - b) Pakva sotha
  - c) Kusta
  - d) All the above
9. Length of anjana Shalaka is
  - a) 6 Angula
  - b) 8 Angula
  - c) 10 Angula
  - d) 12 Angula
10. Nasya aushadha Pramana in case of visha roga
  - a) 8 Masha
  - b) 4 Masha
  - c) 1 Masha
  - d) 2 Masha

Mail the answers at [kvgayurnews@hotmail.com](mailto:kvgayurnews@hotmail.com) on or before April 20th 2013

**: HOME REMEDIES :**

1. Take triphala choorna with saindava lavana and keep it in the mouth which reduces the dry cough.
2. Wash the eye with triphala kashaya which can subside all types of conjunctivitis.
3. Prepare the paste of triphala choorna and applied over the scalp, will reduce the dandruff and promotes hair growth.

Dr. Suveen S. Babu, PG Scholar, Dept of RS&BK

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To,

BOOK POST

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