



KVG AYUR NEWS

Samskara



Sept. - Nov. - 2013

Volume - 5

Issue - 1

Quarterly

Private Circulation

LATE .. Dr. KURUNJI VENKATRAMANA GOWDA
Founder President



K.V.G. AYURVEDA MEDICAL COLLEGE
AMBATE ADKA, SULLIA, D.K., KARNATAKA



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

प्रज्वलितो ज्ञानमयो प्रदीपः ।



Dr. K.V. Chidananda. M.B.B.S., M.S.,
Gen. Surgeon
F.I.C.S., F.A.I.S., F.R.S.P.H.(London)
President, AOLE (R.), Sullia
Patron



**AMANTRAM AKSHARAM NASTI NASTI
MOOLAM ANOUSHADHAM I
AYOGYO PURUSHO NASTI YOCHAKASTATRA
DURLABHAMII**

Everything under the sun, including the Sun's rays is medicine according to Ayurveda. General public have a notion that Ayurveda uses only herbs as medicine which is not true throughout our texts. We see that substances- usual and unusual are used to relieve the sufferings which tells about the inquisitive and piercing research done by ancient seers in the field of medicine. This issue opens with an article about Rasashatra which teaches about the usage of metals and minerals in therapeutics.

अमन्त्रं अक्षरं नास्ति नास्ति मूलं अनौषधम् I
अयोग्यो पुरुषो नास्ति योजकस्तत्र दुर्लभः II

R.D. Bharadwaj

Dr. Rohini D. Bharadwaj

EDITOR IN CHIEF

Dr. Rohini D Bharadwaj. MD (Ayu)

ASSOCIATE EDITORS

Dr. Udaya Shankar N. MD (Ayu)
Dr. Purushotham K.G. B.Sc., MD (Ayu)
Dr. Venu Gopal Bhat.N. B.Sc., MS (Ayu)

EDITORIAL BOARD MEMBERS.

Dr. Krishna Prakash. MD (Ayu)
Dr. Rajashekar N. MD (Ayu) Phd.
Dr. Hariprasad Shetty. MS (Ayu)
Dr. Yallappa G.K.. MD (Ayu)
Dr. Kavitha B.M. MD (Ayu)
Dr. Kulkarni S. G. MD (Ayu)
Dr. Harshitha Purushotham MD (Ayu)
Dr. Vijayalakshmi P.B MD (Ayu)
Dr. Harshavardhana K.. MS (Ayu)
Dr. Sanath Kumar D.G. MD (Ayu)
Dr. Avinash. K.V. MD (Ayu)
Dr. Bhagyesh.K. MD (Ayu)
Dr. Thasneem MD (Ayu)
Dr. Jayavani. B.N.Y.S.
Mrs. Shashikala D .M.A (San)
Mr. Chandrakumar. M.A
Dr. Sudeepa, M.S (Ayu)
Dr. Raghuveer, M.D.(Ayu) Ph.D. (Ayu)
Dr. Kshithij Chauhan, M.Pharm.(Ph.D.) Ayu

ADVISORY BOARD

Dr. N.S Shettar. MD (Ayu), C.Y.Ed.
Smt. Shobha Chidananda. M.A. (Lit)
Dr. Ashok K. MD (Ayu)
Dr. Leeladhar D.V. MD (Ayu)
Dr. Deenaprakasha Bharadwaj. MD (Ayu)
Dr. Aishwarya K.C. M.B.B.S., M.D.R.D.
Mr. Akshay K.C.(B.E. Arch)
Mr. Jagadish.
B.Sc.(Agri), MBA (Edu.Mangt)

STUDENT EDITORS

Dr. Lakshmeesha K. S. (PG Scholar)
Dr. Suveen S. Babu (PG Scholar)
Dr. Shabila N. Hussain (Internee)
Ms. Sneha K. (UG Scholar)

ASSOCIATE EDITORS



Dr. Udaya Shankar N. MD (Ayu)
Professor



Dr. Purushotham K. G. B.Sc., MD (Ayu)
Reader



Dr. Venugopal Bhat N. B.Sc., MS.(Ayu)
Lecturer

RASAUSHADHI - SPECIAL MEDICINES OF AYURVEDA



Dr Mrs Jyoti Brijesh Gavali

Associate Professor, Rasashastra Bhaishajya Kalpana Department,
K V G Ayurveda Medical College, Sullia.

Rasaushadhi means preparation of medicine in which Rasa (mercury) or Rasa and Gandhak both are used. Rasaushadhi are more effective than plain herbal medicines. Rasaushadhis are required in a lesser dose and are more potent than the latter. These properties make Rasaushadhis more desirable in clinical practice.

Types of Rasaushadhis- There are four major types of Rasaushadhis. 1-Khalvi, 2- Parpati, 3- Kupipakwa, 4- Pottali. We will learn about these kalpas gradually.

1) Khalvi Rasaushadhi : These are prepared in the khalva yantra so the name. It is prepared by adding herbal drugs with Rasa and /Gandhak(kajjali) in the khalva yantra and triturating them together with the bhavana dravya like swarasa, kwath, etc. The only heat given to this preparation is the frictional heat generated by the trituration. The bhavana dravya get mixed homogeneously and the bond of Rasa and Gandhak formed remains for a longer duration as compared to Kajjali.

2) Parpatikalpa : The parpati rasakalpa gains its name due to its appearance like a parpat(papad). The kalpa is prepared by heating the kajjali in a small palika yantra and after liquefaction it is immediately transferred to the kadali patra kept on gomaya(cowdung) and covered with kadali patra and pressure is applied on it. Sometimes instead of using kadali patra, leaves of different plants are used which change the gunadharma of the parpati. e.g Tamra parpati -Arka leaves, Kravyada-rasa parpati- Eranda leaves, Sudharasaparpati- Kuda leaves, Panchamrut parpati- Kawali leaves are used. Parpati is made by giving kajjali small amount of heat. The bond formed between rasa and gandhak is irreversible. The covalent bond in parpati is stronger than the bond in kajjali.

3) KupipakwaRasayana : This is prepared with the help of kupi(glass bottle) and so its name. Kajjali is first triturated and then placed in a kupi and heated in a waluka yantra in the sequence of mruhu agni(150-200 degrees C), madhyam (200-400 degrees C), teevra(400-600 degrees C). Then it is cooled (swangasheeta) and kalpa is obtained after breaking the bottle.

In this kalpa the bond between rasa and gandhaka goes through many chemical stages which should be studied. When mercury is amalgamated with metals, it gets converted into semisolid mass and easily reacts with sulphur to form black sulphide, HgS, and thus it promotes the high temperature reaction with other metals. Most of the chemical reactions involve in Kupipakwa Rasayana preparations are heterogeneous kinetics i.e. reaction between solid-gas or solid-liquid and it is known that the rate of such reactions is proportional to the interfacial area. During such reactions, at first a surface layer of the chemical is readily formed (chemical rate controlled) and afterwards the rate of reaction becomes diffusion, rate controlled and slow. The reactions take place by increasing the primary surface area and secondly by removing the chemical layer formed on the metal particles and thus exposing new metallic surface. These conditions were achieved by intermittent trituration. In solid-solid reaction, trituration increased the chemical rate kinetics. Sublimation is the chemical process, involved in most of the Kupipakwa Rasayana preparation. It is the unique process converting a solid directly into vapour and condensing the vapour into solid state having the same composition. The ancient scholars of Rasashastra (12th cen. AD) may be acknowledged as the pioneers of the sublimation process. The gradual heating pattern, use of sand bath (Valuka Yantra) for indirect and homogeneous heating and long necked glass bottle for providing adequate space for resolidification, should be considered as examples of great knowledge of chemical processes.

4) Pottali Kalpa : These are mostly prepared by three ways.

A- The crude drug with or without kajjali is given bhavana and filled in the kapardika(conch shell). It is filled in sharavasamput and putagni is given.

B- The crude drug and kajjali pishti is tied in cloth and these pottali are fried in gandhak for 24 hrs.

C- The crude drug is tied in the pottali and then heated in milk. This milk is then used as medicine.

The matra or dose of medicine used here is very small as the amount of heat given in this kalpa is maximum. The particle size is very small (few nano metres) and the drug starts its action immediately after taken in the oral cavity.

Please feel free to share your views about the article at jbgavali@gmail.com

A CASE STUDY ON HEMORRHOIDS WITH FISSURE IN ANO

[Treating Surgeon: Dr. Harshvardhan K, MS (Ayu)]



The subject of our case study is Mr. Babu (name changed), 63 years old male who was admitted in our hospital on October 7, 2013. His troubles apparently began 3 months before. Mr. Babu was diagnosed as having “hemorrhoid with fissure in ano”

INTRODUCTION :

Hemorrhoids: hemorrhoids are dilated veins which are occurring in and around the anus and rectum. It is one of the most common and nagging disorders.

Varieties: 1) internal hemorrhoids 2) external hemorrhoids and 3) interno-external hemorrhoids

➤ Internal hemorrhoids: originates from the inferior hemorrhoidal venous plexus, located above the dentate line and are covered by mucosa.

➤ External hemorrhoids: dilated venules of the inferior venous plexus located below the dentate line and are covered with squamous epithelium.

➤ Interno-external hemorrhoids: arise both above and below dentate line.

Internal hemorrhoids are graded again based on the degree of prolapse (Goligher's classification).

➤ 1st degree- anal cushions bleeds but do not prolapse.

➤ 2nd degree- anal cushions prolapse through the anus on straining, but reduce spontaneously.

➤ 3rd degree- anal cushions prolapse through the anus on straining or exertion and require manual replacement into the anal canal.

➤ 4th degree- the prolapse stays out at all time and is irreducible, acutely thrombosed.

Clinical features :

◆ Painless bleeding during defecation (bright red blood). ◆ Itching or irritation in anal region. ◆ Pain or discomfort.

◆ Swelling around the anus. ◆ A lump near the anus, which may be sensitive or painful. ◆ Mucous discharge after passing stool. ◆ Feels like bowels are still full and need to be emptied.

Fissure in ano : results from the longitudinal tear in the lower end of anal canal. Mostly fissure occurs in the anterior part of anal canal and rarely anteriorly. It is initiated by hard stool causing a crack in the sensitive skin of the anal canal.

Varieties : 1) Acute fissure in ano. 2) Chronic fissure in ano

➤ Acute fissure in ano: it is the deep tear in the anal canal with surrounding oedema and inflammatory induration.

➤ Chronic fissure in ano: when acute fissure fails to heal, it will gradually develop into a underground ulcer with continuing infection and oedema. Usually followed with the skin tag known as “sentinel pile”.

CLINICAL FEATURES :

➤ Sharp, biting, burning type of pain and is intolerable.

➤ Severe constipation.

➤ Streaks of fresh blood over the stool or a drop of blood.

➤ Chronic fissure will have sentinel pile at outer end of the fissure.

CASE REPORT :

Presenting complaints: c/o mass per anum and pain during defecation.

History: H/O present illness: patient having severe pain during defecation and mass per anum since 3 months, mass is reducible by the patient manually. And also c/o slight bleeding during defecation.

Treatment history: he had taken allopathic treatment before and complaint have reoccurred.

Personal history : Bowel-constipated, Appetite- normal, Micturation- normal, Sleep – normal

Clinical examinations: Local examination: 3rd degree hemorrhoid with fissure in ano detected
 Per rectal examination: as it is contra indicated in case of fissure, it is not done.

Investigations :

Hb%- 11.4 gm%, TC- 7800 cell/Cumm (N-72%, L-23%, E-04%, M-01%). ESR- 10mm/hr, BT- 3 mins. CT- 4 mins 30 secs., FBS- 98mg/dl., RBS- 135 mg/dl

MANAGEMENT AND TREATMENT

Patient was advised for kshara karma on 8/10/2013.

PRE OPERATIVE PROCEDURES:

- Patient was kept nil by mouth since 10 pm on 7/10/13.
- Part preparation is done.
- Consent taken.
- Soap water enema was given at 10.00 pm (on 7/10/13) and 6.00am (on 8/10/13)
- Inj. Atropine (0.6 mg) IM ½ hour before shift.
- Valium (5 mg).
- IV fluid RL 1 pint (500ml) were given ½ an hour
- Xylocane test dose given before surgery.

OPERATIVE PROCEDURE:

- Position- lithotomic
- Part preparation with betadine and spirit.
- Inj. Calmpose (10 mg) slow IV given.
- Xylocane 2% local anesthesia given.
- 4 finger manual anal dilatation done.
- Hold the hemorrhoid by using protoscope.
- Palasha kshara applied completely over the mass by using darvimukha shalaka
- After 100 matrakala, it is cleaned using nimbu swarasa.
- Diclofenac suppository.
- Anal pack is done by applying betadine and Xylocane jelly over pad.
- Bandaged.
- Patient was shifted to post operative ward.

POST OPERATIVE PROCEDURE:

- Patient was given liquid diet after 30 mins.
- Then medication-

- ❖ Triphala guggulu (1-1-1)
- ❖ Gandaka rasayana (1-1-1)
- ❖ Inj. Gentamycin 40 mg. IV (BD)

Pt was discharged on 11/10/13 and was advised to continue following medications for 7 days.

1. Agnithundi vati (1-1-1)
2. Soothashekara rasa (1-1-1)
3. Swadishta virechana churna (0-0-1 tsp)
4. Triphala kashaya sitz bath (BD)

Patient was advised not to take any spicy and oily foods.

OUTCOME: patient came for follow-up after 7 days and the complaints were reduced. There were no fresh complaints.

DISCUSSION:

- o it can be compared with arshas with parikarthika.
- o Arshas which are soft, deeply situated and projectile can be treated by kshara karma.
- o In anal fissure four finger dilatation can be done.
- o Anal dilatation relaxes the sphincter spaces.
- o After anal dilatation kshara should be applied at the site. Because of scrapping action of kshara, wound heals quickly.

CONCLUSION: Kshara is one of the best treatments in Arsas. It is indicated in 1st & 2nd degree hemorrhoids according to classical reference. Which is soft & not deep seated is indicated for Kshara karma. In this case also ksharakarma is indicated.

By : Dr. Drishya Das & Dr. Annu Paul [Interns K.V.G A.M.C Sullia]

**A COMPARATIVE STUDY BETWEEN AGNIKARMA WITH SUCHI & SIRAVYADHA
IN THE MANAGEMENT OF VATAKANTAKA**



DR. PADMA BHAT, ** DR.HARIPRASAD SHETTY,DR.G.K.PRASAD**

INTRODUCTION:

Pain is the symptoms which interfere with our day today activities, affecting quality of life. A quick remedy is the need of today's fastest era. Vatakantaka, a well known vatavyadhi, produce pain in ankle and heel. This leads to difficulty in walking moreover painful heel disturbs daily routine. Walking on uneven surfaces or excessive walking are the reasons behind this according to Acharyas.

Acharya Vangasena had given importance on Siravyadha & Agnikarma with suchi in the treatment of vatakantaka. Suchi is mentioned as dahanopakarana by Vagbhata and Vangasena specified its use in Vatakantaka. Siravyadha is Chikitsardha in Shalyatantra and both Sushrutha & Vangasena stressed it as treatment modality in vatakantaka.

So there is need to study about both procedures and select the cost effective, safe and effective treatment for the disease vatakantaka.

OBJECTIVES OF THE STUDY:

- a) To study the disease vatakantaka.
- b) To evaluate efficacy of agnikarma with suchi in the management of vatakantaka.
- c) To evaluate efficacy of siravyadha in the management of vatakantaka.
- d) To compare the efficacy of both.

MATERIALS AND METHODS:

Study design: A comparative clinical study.

Treatment plan:

Patients will be assigned into two groups consisting of 15 Patients in each group suffering from Vatakantaka.

- Group A: The patients of this group will be subjected to Agni karma.
- Group B: The patients of this group will be subjected to Siravyadhana.

Duration of treatment:

Single sitting

Follow up- immediately after treatment, 7 days after treatment, and 14 days after treatment

Study duration-15 days.

(f) ASSESSMENT CRITERIA:

The Patients are assessed on Subjective and Objective Parameter with clinical grading.

Subjective - Pain

Objective - Tenderness

Assessment of the condition will be done based on a detailed proforma and will be analyzed statistically before treatment, immediately after treatment, after 7 days and after 14 days.

Study is under progress.

PG SCHOLAR. **GUIDECO-GUIDE DEPT OF SHALYA TANTRA**

**“EVALUATION ON EFFECT OF UPANAHA SWEDA
AND WAX THERAPY IN JANU SANDHIGATA
VATA W.S.R.TO OSTEOARTHRITIS OF KNEE JOINT
A COMPARATIVE CLINICAL STUDY.”**

*** Dr.Lakshmeesha K. S.,** Dr.Sanath Kumar.D.G., *** Dr.N.S Shettar**



INTRODUCTION:

Locomotion gives the independence and ability for survival for every living thing i.e., (ability of using joints and bones). Whenever the power of locomotion is compromised, the person becomes miserable and becomes burden to his family and society. Sandhigatavata is one such disorder where the locomotive functions are affected. Sandhigatavata can be compared with Osteo arthritis as the clinical features simulate each other. Acharya Charaka and Acharya Sushruta has explained SandhigataVata under the concept of GataVata, which is characterised by Sandhi Vedana, Shotha etc.

The treatments of Sandhigatavata include Snehana, Upanaha, Agnikarma, Bandhana, Unmardhana. Here in this clinical study two treatment modalities are considered, Upanaha sweda and Wax therapy. Upanaha is a type of swedana procedure where medicated paste is heated and tied over affected joints. Wax therapy is also a treatment procedure widely practiced by physiotherapists to relieve the pain. Here the melted paraffine wax is poured and tied over the affected painful joints.

OBJECTIVES OF THE STUDY:

- To study about SandhiGata Vata .
- To study about Upanaha sweda.
- To study about the Wax therapy.
- To evaluate and compare the efficacy of Upanaha sweda and Wax therapy in JanuSandhiGataVata.

MATERIALS AND METHODS:

Study design : A comparative clinical study.

Treatment plan:

Patients will be assigned into two groups consisting of 15 Patients in each group suffering from JanuSandhiGataVata.

- Group A : The patients of this group will be subjected to Upanaha sweda .
- Group B : The patients of this group will be subjected to Wax therapy.

Both the groups will be treated for a period of seven days.

Follow up and Duration (Both A & B Group):

Upanaha sweda or Wax therapy-7 days

Follow up- 14days

Total duration - 21 days.

Study is under progress.

* PG Scholar, ** Co Guide, *** Guide & H.O.D Dept of Panchakarma

**“PHARMACOGNOSTICAL, ANALYTICAL AND EXPERIMENTAL
EVALUATION OF K Aidarya (Murraya koeingii Linn.)
W.S.R. TO ITS SHOTHAGHNA (ANTI -INFLAMMATORY) KARMA.”**

DR.HARITHA A H,**DR.AVINASH.K.V,DR.LEELADHAR.D.V**



INTRODUCTION:

The accumulation of doshas between twak and mamsa produces different types of swellings called shotha. Inflammation is defined as a protective tissue response to injury or destruction of tissues, which destroys both, the injurious agent and the injured tissues. Anti inflammatory drugs available in market promises to ease our pain, but are expensive and have adverse side effects. So it is essential to find an inexpensive, effective remedy free from side effects. Charaka and vaghbata has mentioned Kaidarya as one among the effective drugs for sopho. It is deepana, used in garavisham, shopham and vatakaphaja disorders.

According to Vaghbatacharya the best medicine for people living in a locality is that one which grows on that particular location itself. This makes the drug kaidarya so important as it's an essential flavouring element in traditional dishes of south India, so rare to find a home without a curry leaf tree

STUDY DESIGN

D) ANTI-INFLAMMATORY SCREENING

➤ Study objective:-To study the anti-inflammatory effect of Kaidarya (Murraya koeingii Linn.) in albino rats using carrageenan induced hind paw oedema method.

➤ Method:- Carrageenan induced hind paw oedema method.(Winter et al,1962)

PROCEDURE :-

Rats are weighed and made into 3 groups

Group 1:- 6 Albino rats –standard group

Group 2:- 6 Albino rats - control group

Group 3:- 6 Albino rats - test group

➤ The initial paw volume of each rat is noted by liquid displacement in plethysmograph.

➤ The albino rats of 3 groups will be administered with respective drugs

Group 1 - standard;-Ibuprofen-oral administration-1ml/100gm body wt

Group 2 - control;-saline-oral administration-1ml/100gm body wt

Group 3- Test drug (swarasa of leaves of Murraya koeingii Linn.-oral administration.)-1ml/100gm body wt

➤ After 1 hour 0.05ml of 1% of carrageenan is injected into the subplantar region of the left paw of all rats.

➤ The volume of each paw is measured before the carrageenan injection and in regular intervals of 15min,30min,1hr,2hr,3hr,12hr,24hr after the administration of carrageenan by the volume displacement method using a plethysmometer.

OBSERVATION :

The average oedema volumes at regular intervals for control, standard and test groups are calculated separately; they are compared statistically and expressed as % oedema inhibition

RESULT :

Results showed that both test and standard drugs were significant compared to control at 3hrs,12hrs and 24 hrs. It can be said that the efficacy of the test drug is nearer to the standard drug ibuprofen.

PG SCHOLAR**CO-GUIDE GUIDE DEPT OF DRAVYAGUNA**

**“A COMPARATIVE PHARMACEUTICO ANALYTICAL AND
CLINICAL STUDY OF UNMATTATAILA AND ITS MODIFICATION
AS MALAHARA IN VIPADIKA”**

***DR. SHRUTIS **DR.HARSHITHA.M ***DR.SUDHINDRA HONGUNTI**



Vipadika is one such disease which has been included in kshudrakushta, characterized by sputana either in palms or soles or in both with tivavedana.

Trail drug unmattataila is mentioned in Bhaishajya ratnavali kushtaroga chikitsa as one of the remedy for Vipadika. The external measures have excellent results in the form of taila, lepa and malahara. Taila is one such kalpana mentioned in classics which can be used for bahya and abyantara prayoga. Malahara is intended only for external application in dermatological problems using sikta as base for preparation. The study is taken up with the following objectives.

OBJECTIVES OF STUDY

- To prepare unmattataila as per Bhaishajya Ratnavali and unmatta malahara as per Rasatarangini.
- To conduct pharmaceutico-analytical study of unmatta taila and its malahara.
- To carry out clinical trial to evaluate the efficacy of unmatta taila and its malahara in Vipadika.
- To compare results of both.

Pharmaceutical study

Unmatta taila is prepared as per Bhaishajya Ratnavali and malahara as per Rasatarangini. Unmatta beeja used as kalkadravya, manakhanda ksharajala as dravadravya, moorchitakatutaila as snehadravya. Malahara is prepared by unmatta taila and sikta.

Diagnostic criteria –

Diagnosis will be made on the basics of classical lakshanas of Vipadika.

Inclusion criteria-

1. Patients diagnosed as Vipadika on classical lakshanas such as karapada sputana, kandu, vedana, raga.
2. Patients suffering from Vipadika with age group of 18-60 years.
3. Patients of either sex.

Exclusion criteria-

- Patients diagnosed with systemic and infectious diseases, foot ulcers and other skin diseases.
- Patients under other treatments of Vipadika.

Clinical parameters -

- a. Subjective parameters – paanipada sputana, ruja, kandu, daha, raga.
- b. Objective parameters- number of cracks, size of cracks.

Treatment plans

Patients presenting with above complaints are selected and divided in to two groups consisting of 15 patients in each group.

Group A: 15 patients, Unmattataila, External application, At Bed time, 15 days of duration.

Group B: 15 patients, Unmatta malahara, External application, At Bed time, 15 days of duration

Follow up is on 7th day and post treatment follow- up on 21st day.

***P.G.Sholars**Co-Guide ***Guide–Dept. Of Rasashastra & Bhaishajyakalpana K.V.G.A.M.C, Sullia**

VISHAMUSHTI

2nd PROF BAMS (Jr) [2012-2013]



BOTANICAL NAME: Strychnos nux-vomica

FAMILY: Loganiaceae.

VERNACULAR NAME: Hindi-Kuchala, English:Nux-vomica

SYNONYMS: Karaskara, Kupeelu, Vishathinduka.

BOTANICAL DESCRIPTION : An evergreen glabrous tree, Leaves-ovate, Glabrous, Shining, Obtuse. Flowers-greenish white, borne on terminal pubescent pedunculate, corymbore cymes. Fruits-Large, Globose berries, Yellow when ripe. Seeds-Many, about 1.25 cm diameter discoid.

CHEMICAL COMPOSITION : Brucine, Strychnine, Vomisine, Kajine & Novacine, Strychnine & Isostrychnine, Cuchiloride, Loganic acid.

PROPERTIES : RASA : Katu, Tikta, GUNA : Laghu, VIRYA : Usna, VIPAKA : Katu.

KARMA : Kapha-vatahara, Vishaghna, Grahi.

INDICATION: Kandu, Kusta, Vrana, Arsas.

PART USED : Seed, Bark.

IMPORTANT PREPARATION : Agnitundi vati, Vatagajankus ras, Krimimudgara ras, Vishatinduka vati, Vishatinduka taila, Karaskara Ghrta.

AGNITUNDI VATI

2nd PROF BAMS (Sr) [2011-2012]

“Shudhamsutam visam gandham ajamodam phalatrikam |

Sarjiksaram yavaksaram vahni saindhava jirakam || 4||

Sauvarcalam vidangani samudram tryusanam vidam|

Visamustim sarvasamam jambiramlena mardayet ||5||

Maricabham vatim khadedvahnimandya prasantaye |” (Rasamritam)

INGREDIENTS : Purified mercury - 1 part, purified sulphur -1 part, purified visa (Aconitum ferox) - 1 part, ajamoda (Apium graveolens) -1 part, triphala (Terminalia chebula , Terminalia belerica., Emblica officinalis) - 3 part , sarjiksara - 1 part, yavaksara - 1 part, citraka (Plumbago zeylanica) - 1 part ,saindhava lavana (rock salt) -1 part , jiraka (Cuminum cyminum) -1 part, sauvarcala lavana -1 part, vidanga (Embelia ribes.)- 1 part, samudra lavana (sea salt) -1 part, trikatu (Zingiber officinale, piper longum ,piper nigrum) -3 part, Vida lavana (ammonium chloride) - 1part, purified visamusti (Strychnos nuxvomica) - 19 parts

METHOD OT PREPARATION: kajjali of pure mercury and pure sulphur is made. Mix fine powders of all other drugs and apply bhavana (trituration) with jambira (Citrus medica Linn) juice for 7 days. Prepare its pills equal to the size of marica.

DOSE: 1-2 pills twice a day.

ANUPANA: water or buttermilk.

INDICATIONS: Agnimandya, Ajirna, Udarasula, Adhmana, etc.

‘RASAMRITAM’

Final year (Sr)[2010-2011]

Rasamritam is a most popular text of Rasashastra written by Late. Vaidya Sri Yadavji Trikamji Acharya of Bombay in 20th century A.D. As Rasashastra is the pharmaceutical science of Ayurveda, he has included most of the important drugs which are non controversial and which have been experienced by him.

While classifying the drugs of mineral origin he has followed his own pattern instead of following the ancient traditional pattern. Total number of chapters in this book is 9. In Rasashastra, Parada is the main drug, hence it has been described in first chapter named “Rasavijnaniyam”. According to the importance of drugs they are described in 9 chapters and in 9th chapter most popular 66 rasayogas are described. In the end nine appendices are added. While describing a drug various names of drugs in different languages has been given which help in proper identification of drug. It has been followed by brief description of drugs along with properties, general shodhana, marana methods, doses, method of administration etc.

Sri Yadavji has written this text not only with the help of Ayurvedic knowledge but also in the light of modern scientific knowledge. This made this text more acceptable and more useful.

HEMANTA RITU

Dr. Shruti M., P.G. Scholar RS & B.K.

Hemantha ritu is the end of visarga kala. In this season sky is usually clear and unobstructed sunlight and moon light are available. Specially the moon is having more strength. The temperature of nature is cooled by mahendra jala.

This is the best season because the jataragni will be very strong and can digest heavy food also. But the coldness of the season may vitiate vata. So the regimens for the Hemantha ritu is as follows. During Hemantha ritu intake of amla, lavana, and madhura rasas should be increased in progressive order. One should use the snigdha anupa, audaka mamsa fatty animals meat should be used to pacify vata. After that person should drink fermented preparations like Madhya, Sidhu. Madhu, Sugarcane juice. Food which is rich in fats and nava shaali is used. Using of hot water for all purpose is advised. One should undergo viharas such as massage to the body and head, exposure to sunlight, staying in hot rooms, underground, one should sleep on beds, use the blankets made up of heavy wool of slik, use cloths which is heavy and warm. Person should apply thick paste of agaru on his body, should accompany females. Avoid vata increasing and light diet and drinks.

MEMORIES BEYOND DREAMS

8th December 2013, as the sun set in the laps of the mountains & with the rise of blue moon, all of us "The Renegades" glued our eyes on the college gate for our chariot to arrive & take us all round the globe on its wings. There was a rise & fall in our heart beats with every passing bus, and finally there she came 'THE BLUE LAGOON'. The lasers were shining in the dark, like a phoenix emerging from an arch. We all rushed towards it shouting at the top of our voice.

Under the guidance of Dr.Purushottam sir, Dr.Yellappa sir, Dr.Vijayalakshmi mam, Dr.Suveen & Dr.Vineetha, we offered our prayers & giving an auspicious start for our 7 day excursion. Our seniors and juniors waved off their hands & wished us good luck. The whole night we rocked in the bus.

Next day, before the sun woke up, we reached our 1st destination- Kottakal. The kottakal museum was the place where we paid our 1st visit. It tells us the history of the Ayurvedic Legend- P.S.Varier. then we moved into herbal garden where we spent almost 2-3 hours. This visit enlightened our aura of knowledge. Next we visited Arya Vaidya Sala publications, where we purchased many valuable books. After having lunch, we visited pharmacy. After bidding thanks to officials & receiving their blessings, we departed from Kottakal.

On the way to our 2nd destination- Thrissur, we got refreshment from one of our classmate Anjana's home. After which we halted at Hamara Residency at Thrissur.

Next day morning, we left the hotel for Care Keralam at Kinfra Park. It is a cluster of innovation centre. Various instruments like HPLC, HPTLC, LCPMS, GCMS, LCMS & soft gel encapsulation, blister packing & multiple punch machine etc. were introduced to us by the executives like Mr.Simson Jose & his team. Thus Care Keralam changed our views towards Ayurveda. It motivated us to take Ayurveda to show its wonders around the world. It is just a beginning of a wild fire- a spark, which they have ignited within our hearts.

Next we visited Nagarjuna Pharmacy, one of the famous Ayurvedic Pharmacy in Kerala. The most interesting thing about this that we noticed was that we could see the processing units in its full swing. The doctors over there took us around the pharmacy & detailed the functioning of pharmacy & pharmaceutical equipments. in addition to the knowledge, here we were supplied with a kit containing many patent medicines & medical brochures.

Then later we continued our journey to the land of hills- Munnar. On the way with our chilled out hands, we had our dinner at hotel chilies. We felt a change in the altitude as temperature fell steeply. It made us to get into sweaters & clutch each other closer so as to get a bit of warmth into our cold body. Late night, we stepped on the frozen lands of Munnar. Our clattering teeth prohibited us from uttering a single word & so we collected our luggage & rushed our way to Regional 6th regimen hotel. We had a sound sleep on our cozy beds.

Our next halt was at Mysore, where we visited Nandini dairy farm where we were learnt the processing of milk & its products. There we saw different stages like collection of milk from the rural area, followed by its transportation, storage, pasteurization and finally packing. After meeting with the requirements of Karnataka, the rest of the milk is distributed to the other nearby states & a certain amount percentage is supplied to Kottakal also. Then we went to the water purification centre. Here we understood for the first time that how much pains the workers take to purify the water & it available to us at our doorsteps. We realized the value of each drop that we waste carelessly. After going through the various stages of purification like aeration, sedimentation etc. we gave a visit to their quality control lab.

The next venue was at the remnants of the great emperor of South India- Mysore Palace. It has put 4 stars on the beauty of Mysore. It's marvelous painting, crave arts, silver& golden statues, marble floors all left us with our mouth wide open and eyes bulged out. After that we visited the K.R.S Dam (second largest dam in India) along with Brindavan Garden. The musical fountain was the centre of attraction, which dragged spectators like swamps of flies. At last we visited Chamundi hills. The whole way to the temple was lighted up, which rose up our spirituality.

Finally the last day of our trip arrived. The level of excitement was at its peak as we were just about to visit the much awaited Wonder la, but equally sad as our trip was now coming to an end. The whole day we spent in Wonder la. The rides over there took us back into our childhood where we laughed madly& cried carelessly. Those 7 days were the best memorable moments in our lives which we would cherish till our last breath.

On the cold, late night of 15th of December, when the land was being lit in a dim blue light of the moon& the sky twinkled in silver all here& there, we stepped out back onto our land of Sullia. We were back in our college campus and in conflict of some mixed emotions. Our hearts throbbed, throats chocked as we struggled to accept the reality that finally the time was up to put a full stop on our trip.

The dead silence in air covered up all the emotions running through our nerves. But yes there was something which is everlasting in our hearts, the immortal one- The Memories: memories which never die.

By:
2011-12 Batch

ACHIVEMENTS

STAFF ACHIVEMENTS



Dr. Sanath Kumar D. G. giving a talk on Ayurvedic Remedies for common ailments at KVG Polytechnic under the auspicious Red Cross society.



Dr. Venugopal Bhat, Dr. Avinash & Dr. Bhagesh successfully completed teachers orientation programme of Ayush a Short Course on Education Methodology. Dr. Venugopal Bhat receiving certificate on behalf of the Mangalore team of teachers from RGUHS VC Dr. Sriprakash



Rtn. Dr. Purushotham K. G. attended the CME on planning & Implementation of Pulse Polio 2014 conducted by Rotary Club north Mangalore & Dept. of Health & Family Welfare on 31-12-2013.

STUDENT ACHIVEMENTS



Padmanayana M.
(74%)

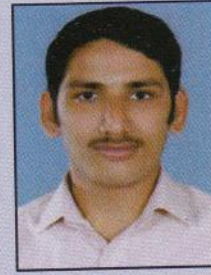


Jithoy P. K.
(73.5%)

Secured First & Second Place in 1st year BAMS.



Dr. Vinitha V. Nair



Dr. Sathesh Warriar



Dr. Tharalakshmi

Secured First, Second & Third Place respectively in oral paper presentation competition held by Himalaya Drug company for the Post Graduate Students.

Dr. Rakesh, Dr. Prasanna Shankar, Dr. Sandeep Viswanath, Dr. Anoop, Dr. Shwetha participated in the competition held by Himalaya Drug company for the Post Graduate Students.

Farewell Day



COLLEGE ACTIVITIES



Health Checkup Camp at Aletty for NSS of NMC Sullia



Kanoonu Saksharatha Abhiyana Vikalachethana Day



Ex. Chief Minister D V. Sadananda Gowda Visited our Agada Tantra Museum.



Ex. Chief Minister D V. Sadananda Gowda Visited our Dravyaguna Museum.



Ex. Chief Minister D V. Sadananda Gowda visit to our College Rasa Shastra Museum



Educational Excursion Team at Carekeralam (Trishur)



Educational Excursion Team at Carekeralam KINFRA Park Trishur



Educational Excursion Team at Kottakkal Arya Vidhyashala



Educational Excursion Team at Nagarjuna Pharmacy Thodupuzha



Educational Excursion Team at Mysore Palace



Nagara Swachatha Andolana on the eve of Founder's Day



December 26th - Founder's Day Celebration

QUIZ

1. Acc to Susruta Slakshna is the property of which panchamahabuta
a) akasha.
b) agni.
c) vayu.
d) jala
2. Acc to Chakrapani, matra of mrudu veerya dravya is
a) 1 karsha.
b) 2 karsha.
c) 4 karsha.
d) 4 pala.
3. Kapi pippali is
a) Piper longum.
b) Piper nigrum.
c) Achyranthes aspera.
d) Asterocanthus longifolia.
4. Plants will not grow in the surrounding area of
a) Ahiphena.
b) Vatsanabha.
c) Vishatinduka.
d) Vishapuspa.
5. shouldn't be taken at night acc to Charaka sootra
a) Dadhi.
b) Matsya.
c) Sakthu
d) Both a & c
6. Karana for samyoga & vibhaga acc to charaka sootra.
a) Dravya.
b) Guna.
c) Karma.
d) Vishesa.
7. Matsya Gandha is a feature of.....
a) Upakusa.
b) Alasa.
c) Urdwagudha
d) Putiasyata.
8. Acc to Astanga Hridaya, rakthamoksha is contraindicated in.....sioroga.
a) Kshayaja.
b) Krimija.
c) Suryavartha.
d) both a & b.
9. Avyaktha is a rasa bheda according to
a) Nimi.
b) Sakuntheya.
c) Kankayana.
d) Dhamargava.
10. Number of types of arsas present in varthma acc to Susruta
a) 1.
b) 2.
c) 3.
d) 4.

Mail the answer at kvgayurnews@gmail.com on or before Feb. 25th

: HOME REMEDIES :

- 1) Asoka twak ksheerapaka can be used in rakta pradara
- 2) Kwatha of dhanyaka can be used in case of netra abhishyanda as eye drops
- 3) Jeerak fried in grita and powdered can be used in adhmana
- 4) Dhattura patra paste is good for swelling (external application)

By Dr. Gouri Shankar Internee

: DISCLAIMER :

1. Editors hold no responsibility for the views of authors.
2. Articles published here in are not to be reproduced any where without the consent of the publishers.
3. Treatments mentioned here are not to be instituted without proper advice by the registered Ayurvedic practitioners.

To,

BOOK POST

PUBLISHED BY : EDITOR, K.V.G. AYUR NEWS
ON BEHALF OF K.V.G. AYURVEDA MEDICAL COLLEGE AND HOSPITAL, SULLIA, D. K.
PRINTED AT : MOHAN GRAPHICS, A.P.M.C. Road, PUTTUR Cell : 9343337043

Contact Address : kvgayurnews@hotmail.com