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आज़ादी का  
अमृत महोत्सव

# Sadvaidya

Quarterly Newsletter Of Vishnu Ayurveda College, Shoranur



For Private Circulation Only - JUNE - AUGUST 2022. VOL - 1 ISSUE - 1



## VISHNU AYURVEDA COLLEGE

Government Press P. O., Shoranur - 679 122

Palakkad Dt., Kerala

Phone: +91 7994030042

E mail: [vishnuayurvedacollege@yahoo.in](mailto:vishnuayurvedacollege@yahoo.in). Web: [www.vishnuayurvedacollege.in](http://www.vishnuayurvedacollege.in)





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## **PREFACE**

Vishnu Ayurveda college was established in the year 2002 in the premises of Vishnu Pharmaceuticals and Nursing home which was started in the year 1991. The existing land, buildings, machineries, factory, hospital – the entire properties merged with college and became part of the college. Hence, the college was started with all facilities including hostel facilities for boys and girls. The college is affiliated with Kerala University of Health Sciences, Thrissur. The college campus is having 10.73 acres of land on the main roadside of Palakkad Pattambi road. It is situated in Kulappully in Shoranur Municipality.

The distance from Kulappully junction/bus stand to the college is 1 km and the distance from the Shoranur railway station to the college is 4 km. As a part of the development of the hospital, the college has purchased the nearby Sanjeevani Hospital – a well known/ well established 50 bedded allopathic hospital in 2010. The college is having all infrastructure facilities with almost double area than required according to the norms of NCISM/AYUSH.

The College is functioning under the proprietorship of Dr.M.Indiradevi headed by Dr. P. Ramachandran Nair who is the Director of the College.

## **VISION**

To provide disciplined high quality ayurveda education.

To serve the sufferings by giving medical facility in I.P and O.P. to the poor people.

## **MISSION**

To Create an excellent global ayurveda medical education centre.

To create a platform for excellent traditional ayurvedic treatment.

To start an excellent ayurveda research centre.

## **OBJECTIVES**

To promote the growth and development of ayurveda.

To provide quality medical care at affordable cost to the public.

To provide medical care through ayurvedic systems of medicine to the suffering humanity.

To provide service and facilities of highest order for research, evolution, training, consultation and guidance to ayurvedic system of medicine.



## Director's message



It is my great privilege and pleasure to introduce a new venture **SADVAIDYA** an innovative creation to design youthful ideas of Ayurveda physicians by our journal club. An alternative thought is inevitable to reboot and preserve the authentic traditional Ayurveda. I assure that this attempt will help to update the knowledge about recent advancements in the field of Ayurveda. My best wishes to all the editorial team on launching the quarterly newsletter **SADVAIDYA** which will be an added asset to the institution.

**Dr. P RAMACHANDRAN NAIR.**

MSAM PhD, Ex. Asst. Director (CCRAS)

Founder and First principal,

Vishnu Ayurveda College, Shoranur

## Principal's message



The 1<sup>st</sup> edition of quarterly newsletter **SADVAIDYA** has been made by the staff of our esteemed institution. I am deeply gratified to claim that in these 20 years of our enriching journey of Vishnu Ayurveda College, we are on the way of reaching greater heights. May this attempt mark the growth of Ayurveda and give light to our thoughts and aspiration through the upcoming course of time.

**Prof. Dr M. USMAN SAHIB**

BAMS, MD (Ay)

## Editor's desk



We are very much happy to release the first edition of our quarterly newsletter of Vishnu Ayurveda college, Shoranur named as '**SADVAIDYA**'. Vishnu Ayurveda college, Shoranur is flourishing to new heights of delivering the real ayurveda in fields of learning, teaching, treating and propagating. Sadvaidya represents the purity of physician who is expert in medicine with moral, spiritual and psychological realms. Sadvaidya alone can deliver holistic wellness to suffering humanity. We hope quarterly newsletter becomes a treasure house of ayurvedic wisdom which will enlighten the physicians, learners and public. Propagation of ayurveda is a mandatory duty of physician.

*Sarve bhavanthu sukhnah sarve santu niramayah.*  
Let all be happy and healthy.

Chief Editor:  
**Prof. Dr. Kirathamoorthy P.P**  
BAMS, MD (Ay.)

## CONCEPT OF DAIVAM IN AYURVEDA

**Dr. Usha A.**

Associate Professor, Department of Samhita and Siddhanta



The word '*daiva*' literally means God. It has got other meanings based on the context and according to the scientific discipline in which it has been mentioned. Traditional Indian system of medicine Ayurveda considers ayu or life as a combination of body proper [*shareera*], sensory and motor organs [*indriya*], the mind [*satva*] and the soul [*atma*]. The healthy status of all these components is known as the state of complete health [*dhatu samya* or *arogya*]. For attaining this state Acharya Charaka, the redactor of Charaka Samhita [the Classical text book of Ayurveda] advises three types of treatment modalities. Among them the main one is *daiva vyapashraya chikitsa* [spiritual healing] and others being *yukti vyapashraya* [using internal and external medicines] and *satvavajaya* [counselling]. Chakrapanidatta the commentator of *Charaka Samhita* defines *daiva* as "*daivam adrushtam*". Here the term *daiva* has been used in neutral gender which means *adrushta* or unknown. In Ayurveda *daiva* word has been used in masculine and feminine genders also. So, it is necessary to understand the word meaning of *daiva sabda* used in all the three genders to understand '*daivam*' in Ayurveda.

### Etymology and derivation

The word *daiva* has been derived from deva sabda which in turn has its origin from '*div*' *dhatu* meaning celestial or bright. *Div + ach = deva*, *div + un = daiva*. The word *daiva* has been used in all the three genders. Masculine gender of the word *daiva* – '*daivah*'. In *Sabdakalpadruma* word '*daivah*' defines as one among the types of *vivaha* or marriage, in which daughter is married to a priest who is performing *yajna*. The feminine gender of the word *daiva* - '*daivi*', which means that which is related to God [*deva sambandhi*], denoting one among the *chikitsa* mentioned in vedas (*daivi*, *manushi* and *aasuri*). The neutral gender is '*daivam*' which has got two meanings as per *Sabdakalpadrumam*. One is *devateertam* (that which is sacred to God) and other is *Bhagya* (that which is coming from God). In *Sabdartha Chintamani* neutral gender *daivam* is mentioned as *karma vipaka* [result of deeds] of previous life.



### Various meanings of *Daiva Sabdha*

Relating to God, Divine, Celestial, Fate, Destiny, Luck, Fortune

### Daivam in Ayurveda

The term *Daiva* has been mentioned in the context of

- ▶ *Daivavyapashraya chikitsa* [spiritual healing]
- ▶ *Punarjanma* [rebirth]
- ▶ *Daiva purushaakara vada*
- ▶ As a cause [*nidana*] for some diseases

In the context of *daivavyapashraya chikitsa* Chakrapani comments that the word *daivam* means unknown [*adrushtam*]. The procedures coming under *daivavyapashraya chikitsa* are having effects which cannot be perceived directly [*adrushta phala*]. Their effects cannot be explained on the basis of cause-and-effect relationship [*kaarya karana siddhanta*]. They act by their specific influential effect [*prabhava*] which is said to be unpredictable [*achintya*].

In *Tisraishaneeya adhyaya* of *Charaka Samhita Sutrasthana*, *daivam* has been defined as the actions performed in the previous life which is unavoidable [*apariharya*], eternal [*avinashi*] and continues in this life [*aanubandhika*]; the results of which are enjoyed in this life. ‘*daivam*’ has also been defined by *Atreya maharshi* in *Charaka samhitha vimana sthana Janapadodhwamsaneeya adhyaya*. While explaining the *daiva purushaakara vada*, ‘*daiva*’ is defined as the deeds [*karma*] done by one in previous life. *Purushakara* means the deeds [*karma*] of the present life. So, the word *daiva* in *samhithas* should not always be interpreted as God and should be understood based on the usage and context. Though in general it means term ‘God’, has got other meanings in Ayurveda as unknown [*adrushta*] and deeds of previous life [*purva janmakruta karma*].

In Ayurveda if the conventional treatment using the administration of medicines [*yukti vyapashraya chikitsa*] is not acting in a patient the physician has to consider it as a *karmaja vyadhi or daivaja* [due to deeds of previous life]. In such condition *Daivavyapashraya chikitsa* in the form of mantra [chanting] *Prayashchitta* [atonement] *Niyama* [religious observance] etc should be incorporated in the treatment to get success in treatment.



## A REVIEW ON NAYANA ABHIGHATA W.S.R TO OCULAR INJURIES

**Dr. Saranya M. S.**

Assistant professor,  
Department of Shalakya tantra



### INTRODUCTION

Among all sense organs, eyes are considered to be important. According to *Acharya Vagbhata*, all efforts should be made to protect eyes throughout the life. The word 'nayana' is derived from 'neeyate drishti vishayo anena iti', the object of visual perception and *abhighata* refers to any type of physical assault or trauma. So, any type of trauma to the eyes includes *nayana abhighata*. Ocular structures are always vulnerable to injuries. The worst outcome of injuries is visual morbidity and impairment. Around 3 quarter million patients are annually hospitalized with eye injuries world-wide.

### NAYANA ABHIGHATA

**Nidana:** *Acharya Dalhana* has classified the causes of *nayana abhighata* into *murtha abhighata* and *amurtha abhighata*. *Acharya Videha* included applying *teekshna anjana*, exposure to *vata- atapa- raja- dhuma, keeta- makshika- mashaka sparshana, jala kreeda, ratri jagarana, atilanghana, divakara- agni- chandra- graha- nakshatra grahana*.

**Samprapti:** *Nidana* causes vitiation of *vata* along with *pitta* and *rakta* and affects the *sthanika dhatus* at the site of *khavaigunya*.

**Lakshana:** Profound swelling (*samrambha*), redness (*raga*), acute pain (*tumula ruja*), burning sensation (*daha*), pain (*toda*), swelling (*sopha*), ulceration (*paka*), foreign body sensation (*gharshana*), pain (*vedana*). *Akshi shalya lakshanas* include watering of eyes (*netra srava*), congestion of vessels (*lohita raji*) and difficulty in opening and closing of eyes.

**Sadhya-asadhyatha:** Depends upon the involvement of the *patalas*, if *abhighata* is only to *prathama patala*, it is *sadhya*, *dwiteeya patala* is *krichrasadhya* and if all the three *patalas* are involved, it is *asadhya*. In case of *visteerna drishti, tanu raga, avila darshana*, it is *sadhya*.

**Chikitsa:** Various treatment modalities like *nasya, aasya lepa, parishechana, tarpana, pathya* mentioned in *pithaja-kshataja soola, drshtiprasadana vidhi, snigdha sheeta madhura dravya prayoga. bashpa swedana, netra abhighatahara ghrita, aschyotana with stanya, tarpana with snigdha sheeta dravyas, triphala prayoga, aschyotana, vamana, kshavathu, kantarodha, shiro parisheka, akshi shalya aharana* using *kshouma, baala, jala, vastra, jihwa* can be advocated.

## MODERN VIEW

Ocular injury refers to the damage or trauma inflicted to the eyes by any external means. It includes both surface injuries and intraocular injuries. The injuries can be due to mechanical trauma (blunt or penetrating), chemical agents, or radiation (ultraviolet or ionizing). The most common type of ocular injuries include: foreign bodies, chemical burns, contusions or blunt injuries, perforating injuries, perforated injuries with retained foreign bodies and its common presentations are redness and pain over the affected eyes.

## TREATMENT:

1. Prevent further damage by following measures:
  - Immediate and thorough irrigation with the available clean water or saline delivered through an IV tubing.
  - Mechanical removal of contaminant and necrotic tissue.
2. Maintenance of favourable conditions for rapid and uncomplicated healing by following measures: Topical antibiotic drops, Steroid eye drops, Cycloplegics, Ascorbic acid, Lubricant eye drops to promote healing.

## DISCUSSION:

Ocular injuries always require immediate management. The incidence and prevalence of ocular injuries are increasing at an alarming rate. There are various types of treatment modalities explained by our *acharyas*. *Nasya* is advised as a treatment as it does the *shiroshodhana*. The drugs applied as *lepana* does the *vranaropana*. For the purpose of *amapachana*, *seka* is administered in the early stages. *Tarpana* is indicated to achieve *drishtiprasadana*. As *rakta* and *pitta* are the most vitiated *doshas* in *abhighata*, *raktamokshana* is indicated. To reduce the vitiated *rakta* and *pitta doshas*, *dravyas* having the properties of *snigdha*, *sheeta guna* and *madhura rasa* are used. Thus, the drugs used for the treatment of *nayanabhighata* have anti-inflammatory, anti-bacterial, wound healing, anti-oxidant properties which helps in early wound healing.

## CONCLUSION:

The eye remains a high-risk organ for ocular injuries resulting in visual impairment or blindness. Eye can be adversely affected in the course of sports, in occupational settings, at home or in the battle field. Any type of injury to the eye should be handled at the earliest with extreme and utmost care. The *chikitsa* adopted is based on the *avastha* of the *abhighata* and the predominance of *doshas*.



## AYURVEDIC MANAGEMENT OF DADRU KUSHTA – A CASE REPORT

**Dr. Divya Krishnan R.**  
Assistant professor,  
Department of Agadatantra



*Dadru* is a common skin disease with red, itchy, scaly, circular lesions with central clearing. The signs and symptoms of *dadru* can be correlated with dermatophytosis based on its pattern of spreading, chronicity and morphology of lesions. The typical presentation of this disease is dermatophytes affect the corneal layers of the skin. They have special affinity towards skin, hair and nails. *Dadru* is a *kapha pitta* predominant *kushta* and is also coming under *raktapradoshajavyadhi*. The recurrence of dermatophytosis is very common.

A 40 years old female came to the *Agadatantra* OPD, Government Ayurveda College, Thiruvananthapuram with C/O reddish raised eruptions on her groin and below the neck associated with severe itching for 2 months.

### History of presenting complaints:

Patient was well before two months and noticed sudden onset of reddish raised eruptions associated with itching on the groin and neck. She took allopathic treatment and didn't get any satisfactory result.

**O/E:** Erythematous papular eruptions were present on groin region and neck without oozing. Arcuate shape in groin region and circular in front of neck. On palpation it is raised.

### TREATMENTS GIVEN (ABYANTARA CHIKITSA (INTERNAL MEDICINE))

#### SI No DRUG DOSE ANUPANAM DURATION

1.	<i>Patoladiganakashayam</i>	90 ml 6am ,6pm	-	30 days
2.	<i>Pipplyasavam (Agnideepanam)</i>	25ml bd after food	-	3 days
3.	<i>Mahatiktakamghritam</i>	10 gm HS	-	7 days
4.	<i>Avipathy (Virechanam)</i>	20gm (morning)	Hot water	1 day

### BAHYA CHIKITSA (EXTERNAL TREATMENT)

SI No:	DRUG	USE	DURATION
1.	<i>Samyakadilepam</i> along with <i>takram</i>	External application	30 days
2.	<i>Samyakapatra</i> boiled water	For washing	30 days
3.	<i>Dinesakeram</i>	External application	14 days



**Before treatment**



**After treatment**



**Before treatment**



**After treatment**

Sl. No.	SIGNS & SYMPOMS	B. T	A. T
1.	Scaling	+	-
2.	Redness	++	-
3.	Itching	+++	+
4.	Spreading nature	+++	-
5.	Papules	+++	-



## DISCUSSION

Pungent(*katu*), sour(*amla*), burning sensation producing foods during digestion (*vidahiahara*) causes the alteration of blood pH and increases hotness (*ushnaguna*) of blood causes blood vitiation (*raktadusthi*). *Patoladigana kashayam* has *kaphapitta hara* property as *dadru* is a *kapha pitta* predominant disease. Analyzing the drugs in *patoladigana kashaya* we can find that *patola*, *katurohini* have *kaphapittahara* property, *chandana*, *pata* have *vatakaphahara* property and *guduchi* is *tridosasamanam*.

Analyzing the chemical constituents of drugs, *patola* contains vitamin C, calcium, phosphorous etc. which increases the immunity and structural integrity of the skin. Calcium and vitamin C helps in the differentiation of the keratinocytes. It also helps to prevent the dryness of skin. Vitamin C which is an antioxidant helps to maintain homeostasis of the skin. *Guduchi* also act as an antioxidant and blood purifier. *Katurohini* acts as a mild laxative.

*Mahatiktakaghritam* has *kushtahara* property and intake of ghee (*ghrita*) gives more integrity to cells. Major epidermal lipids consist of ceramide, cholesterol and fatty acids. Ghee also contains free fatty acids, phospholipids, sterols, sterol esters etc. These lipids take part in the integrity of skin. It also reduces the dryness of skin and reduces the chances of entry of bacteria, fungi etc.

*Samyakadilepam* contains *aragwadha* and *vatsanabha*. This yoga is mentioned in *Vishopayogiyam* chapter of *Asthangasangraha Utharasthana*. It is mixed with *takra* and used. Antioxidant and antifungal properties of this lepam helps to destroy the fungus. Antioxidant properties helps skin repair and helps to reduce the recurrence of the disease.

## CONCLUSION

The treatment started with *pipplyasavam* for correction of *agni*. *Shamyakadilepam*, *patoladiganakashayam*, *mahatiktakaghritam* and *avipathy choornam* are very useful in reducing the signs and symptoms of *dadru*. It not only fights against the fungus but also increases the immunity of body.

## A CASE STUDY ON THE EFFECT OF ERANDA DASAMOOOLA NIRUHA BASTI AND JAMBEERA PINDA SWEDA IN GRIDHRASI.



**Dr. Anand D. A.**

Associate Professor,  
Department of Panchakarma



**Dr. Pooja Soni**

House surgeon

Sciatica is the most common disorder which affects the movement, is characterized by constant aching pain in the lumbar region, radiculopathy, weakness and paresthesia caused by irritation of the sciatic nerve creating disability. Low back pain has been enumerated as fifth most common cause for hospitalization and the third most frequent reason for a surgical procedure. There is huge ambiguity in surgical interventions of spinal pathologies with maximum complications and recurrence of symptoms. Failed Back Surgery Syndrome (FBSS) is a term used to describe a clinical entity that has been acknowledged since the advent of spinal surgery. Repeat spinal surgery is a treatment option with diminishing returns, and the resting period is also more after spinal surgeries i.e., 3 - 12 months to return to normal daily activities. So, to improve quality of life in day-to-day activities and to reduce severity of the disease *gridhrasi* (sciatica) an effective treatment which is not invasive has to be incorporated and its efficacy has to be documented. As the condition is *vata vyadhi*, *jambeera pinda sweda* for 7 days and *eranda dasamoola niruha basti* in *yoga basti* schedule was planned. Assessment was done on subjective and objective parameters and significant results were observed.

A male patient aged about 24 years, who is an IT professional, single, had presenting complaints of severe low back pain radiating to left leg, associated with restricted movements, heaviness and numbness. The patient had a long history of constipation, the pain aggravates on standing, exercise, riding two wheelers, sitting for a long time in same position and walking. Patient had a history of fall from bike 3 years before as well as a history of weight lifting. The mode of onset was sudden. O/E tenderness present on L<sub>4</sub> -L<sub>5</sub> level, character of pain is severe, sharp and acute. Lumbar flexion and extension were painful, gait altered due to pain. MRI shows lumbar spondylosis, posterior-central disc bulge L<sub>3</sub> -L<sub>4</sub> and L<sub>4</sub> - L<sub>5</sub>. Posterio-lateral disc protrusion at L<sub>4</sub> - L<sub>5</sub> level.

*Gridhrasi*, an entity enumerated by *shula pradhana*, is one among the 80 types of *nanatmaja vata vikaras*. *Nidana of gridhrasi* is *samanya vata prakopaka nidana*. In the pathogenesis of *gridhrasi*, *vitiated vyana and apana vata* get masked by *kapha*, produces restricted movements. *Kandara* is affected by *vitiated dosha* and the symptom '*sakthi utkshepam nigrhnaati*' (i.e., restricted movement of leg) proves the involvement of *asthi and sandhi*, as *asthi* is the site of *vata* and there is an inverse relation between the two. According to Acharya Charaka, *stambha*(stiffness), *ruk*(pain), *toda*(pricking), and *spandana* (tingling) are the signs and symptoms of *vataja gridhrasi*. *Aruchi* (anosmia), *tandra* and *gaurava* (heaviness) are additional symptoms of *vata kaphaja gridhrasi*.



The symptoms are initially seen at sphik (gluteal region) and then radiating distally to *kati-prishtha* (low back), *janu* (knee), *jangha* (thigh), upto *pada* (feet). As far as the pathological aspect is concerned, there is irritation of the 4<sup>th</sup> and 5<sup>th</sup> lumbar roots and the 1<sup>st</sup> sacral root, which together form the sciatic nerve. Treatment for *gridhrasi* in ayurvedic parlance is effective, simple, safe, and economically affordable. *Snehana*, *swedana*, *basti chikitsa* are applied in *vata vyadhis*. The condition was diagnosed as *vata kaphaja gridhrasi* (sciatica) and the treatments advised were *jambeera pinda sweda* for 7 days, *abhyanga* with *sahacharadi taila* as *poorva karma* for *swedana* and *eranda dasamoola niruha basti* 480 ml in *yoga basti* schedule and *matra basti* was administered with *sahacharadi taila* 60 ml.

Assessment was done on the first day of treatment as well as after treatment on 7<sup>th</sup> day and follow up on 14<sup>th</sup> day.

Assessment criteria	0 <sup>th</sup> day BT	7 <sup>th</sup> day AT	14 <sup>th</sup> Day Follow up
Visual analogue scale	8	5	3
SLR	4	3	1
Oswestry disability score	3	1	1
Sciatica severity index	6	3	2
Bowstring test	10	7	5
Schobers test	2	4	4
Bragards sign	8	6	2
Tenderness	4	1	1
<i>Sthamba</i>	3	2	1
<i>Ruk</i>	4	1	0
<i>Toda</i>	3	1	0
<i>Spandana</i>	3	1	0
<i>Gourava</i>	3	1	0
Walking time test 10m	Not able to walk	30 sec	19 sec

On the basis of this single case study result, the *snigdha sweda* in the form of *jambeera pinda sweda*, *eranda dasamoola basti* and *matra basti* with *sahacharadi taila* can be effectively practiced in the management of *gridhrasi*. There was significant improvement in all the parameters selected for study. No adverse effect was observed either during or after the treatment. Thus, this can be safely practiced. From this study, it is understood that surgical intervention is not the final hope for the patient. As this is a single case study, further evaluation in a larger sample helps more in establishing a standard treatment protocol for *gridhrasi*.



## BOOK REVIEW ~ KOUTILYA ARTHASHASTRA

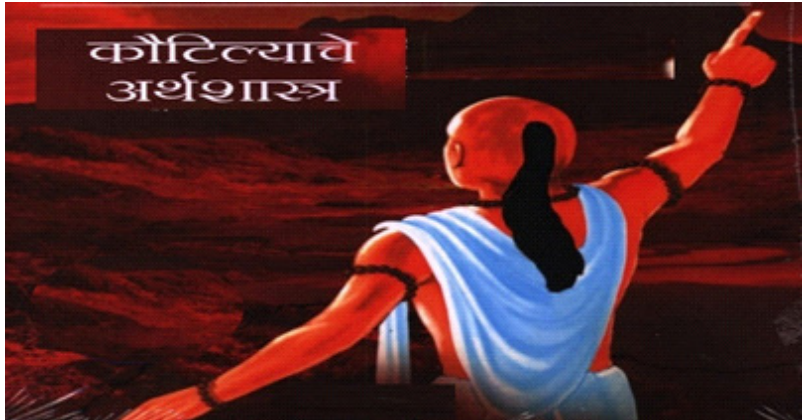
**Dr Adarsh G Das**

Associate professor,  
Department of Agadatantra



The *Arthashastra* is thought to have been written by Kautilya in 300 BCE as a kind of handbook for Chandragupta instructing him how to reign over a kingdom and encouraging direct action in addressing political concerns without regard for ethical considerations. The name comprises the *sanskrit* words *Artha* (“aim” or “goal”) and *Shastra* (“treatise” or “book”) and the goal of the work is a comprehensive understanding of statecraft which will enable a monarch to rule effectively. The title has therefore been translated as the science of politics, the science of political economy and the science of material gain. *Artha* is understood as one of the fundamental aims of human beings in pursuing wealth and social status.

Although the work is commonly credited to Kautilya, this claim has been challenged. The text itself alludes to three authors: Chanakya, Kautilya, and Vishnugupta. Some scholars claim that these are three separate individuals while others mention they are all the same person. This latter view asserts that Kautilya/Chanakya was his family name and Vishnugupta his personal name.



It is composed of brief statement form called sutras in 15 *adhyakshana*, 180 *prakarana*, and 6000 *slokas*. It is about how economy, politics, military strategy and diplomacy of a state should work. Kautilya determines the position of “*varta and danda niti*”. *Varta* describes agriculture, cattle breeding, trade and labour. *Danda niti* is judicial system dealt with civil and criminal laws. Rules and regulations for maintaining health and hygiene were highly appreciated. There were strict rules for physician’s practice and were given a royal privilege. Physicians were highly paid and severely punished for treatment mistakes. They should report government regarding infectious diseases and epidemics. Physicians were classified as experts in general medicine, toxicology, obstetrics & gynaecology, military surgeons, veterinary doctors. Public health and hygiene, daily regimen, ideal diet, testing of food, water etc. using birds and animals, medical jurisprudence, MTP rules, birth and death register etc. were described in this work. Descriptions regarding alcoholic preparations, metals like gold and its method of preparation from the base metals are also seen in arthashastra. Explanations regarding 32 *tantrayuktis*, diseases like *kushta*, *unmada*, *vishuchika* etc were mentioned. Different types of medicinal plants, classification of plants, as *saradaru varga*, *vallivarga*, *pushpavarga* etc. are seen. Thus, we can conclude that during that period there were utmost care regarding the public health. And also, regulatory body and public were aware of their duties and responsibilities very well.





## QUIZ

1. What type of *dhumapana* is indicated after laughing? (A.H)  
(a)mridu (b) madhya (c)teekshna (d)none
2. During *sastra karma* patient should face towards ——— (A.H)  
(a)east (b) south (c)north (d)west
3. *Mandavya tantra* is related with————  
(a)shalyatantra (b)shalakyatantra (c)rasayana (d)koumarabhritya
4. Use of *dhadhi* is contraindicated in ——— ritu.  
(a) sarat (b)hemanta (c)varsha (d)sisiram
5. *Madhu* is included in ——— dravya.  
(a)oudbhidam (b)parthivam (c)jangamam (d)none

Answer key: 1-a,2-a,3-c,4-a,5-c

## GEMS OF AYURVEDA

हेतौ लिङ्गे प्रशमने रोगाणामपुनर्भवे ।  
ज्ञानं चतुर्विधं यस्य स राजार्हो भिषक्तमः ॥  
C. S. Su [9/19]

### Qualities of a royal physician

The physician, who possesses knowledge of etiology, symptomatology, therapeutics and prevention of diseases, is the best among physicians and is fit for becoming a royal physician.

## DRAVYA PARICHAYAM

### GUDUCHI

Botanical Name: *Tinospora Cordifolia*

Family: Menispermaceae



**Description:** Large, deciduous, climbing shrub with greenish yellow typical flowers, found at higher altitude.

**Active components:** Alkaloids, steroids, diterpenoid lactones, aliphatics and glycosides

**Medicinal properties:** Anti-diabetic, anti-pyretic, anti-spasmodic, anti-inflammatory, anti-arthritis, anti-oxidant, anti-allergic, anti-stress, anti-leprotic, anti-malarial, hepatoprotective, immunomodulatory and anti-neoplastic.

**Synonyms:** *Kandodbhava, Chakralakshanika, Chakrangi* etc.

**Rasapanchaka:** *Tikta Kashaya rasa, Guru snigda guna, Ushna virya and Madhura Vipaka*

**Karma:** *Medohara, Jwarahara, Dahaprasamana, Rasayana* etc.

## YOGA PARICHAYAM ~ RASONADI KASHAYAM

रसोनाकारवीकृष्णास्थिराभिः साधितं जलम् ।

पीतमुन्मार्गं वातमनुलोमयति क्षणात् ॥ (Sahasrayogam)

**Ingredients:** *Rasona, Karavi, Krishna, Sthira*

**Common mode of usage:** *Kashaya/kshirapaka*

**Discussion** – This *kashaya* is mainly *kaphavatasamaka*. It is supposed to act mainly in *amashaya*. *Teekshna guna* of the drugs helps in *srotoshodhana*. This *kashaya* is effective in reducing breathing difficulty which is felt just after food intake and in case of overfilled sensation in the stomach.

In clinical practice this *kashaya* is found effective in conditions like GERD, reflux esophagitis, hiatus hernia, cardiac neurosis, absent seizures in children, vertigo, *pakshaghata* etc. In acute gas trouble this *kashaya* with *dhanvantaram gulika* and in achalasia cardia with *mahavilwadi lehyam*.

Research studies shows this *kashaya* has hypoglycemic, hypolipidemic, cardioprotective, antioxidant and anti-inflammatory action in both preventive and curative aspects





## GALLERY



PRAGATI - 2022 BATCH - WELCOME DAY



HOSPITAL NEW BLOCK INAUGURATION



ENVIRONMENTAL DAY - 2022



YOGA DAY - 2022





## GALLERY



MEDICAL CAMP - MANJERI



SANITIZER PREPARATION



12<sup>TH</sup> CONVOCAION CEREMONY  
- 2015 BATCH





## GALLERY



AWARENESS CLASS AT SBI, SHORANUR



STUDY TOUR - 2019 BATCH



STUDY TOUR - SWASTHAVRITTA DEPARTMENT



FACULTIES WITH OUTGOING STUDENTS





## GALLERY



AWARENESS CLASS AT GVHSS KOONATHARA



MEDICAL CAMP AT OTTAPALAM





## NCISM Syllabus Reforms

Two and a half millennia ago India attracted scholars from foreign countries to the universities of Nalanda and Takshasila, but the traffic is other way round now. How come this strange metamorphosis, the educationists are to ponder.

A dispassionate view of things, in an objective manner, convinces us that in the age of technology and materialism, education has lost much of its value and content, in innate mental and moral values.

Education is not something which is inactive dissemination of knowledge, but total transformation of the self in spiritual, mental and physical planes. The word dwija or reborn person in ancient scriptures proclaims the transformation of a person or enlightened new individual.

New ayurvedic curriculum and syllabus envisages this idea and translates the ancient upanishadic way of teaching with the new arrangement of “Bloom’s taxonomy”. Ancient ayurvedic teaching methodology comprises of these four areas namely, Knowledge (Adheeti), Comprehension (Bodha), Skill development (Acharana) and Communication (Pracharana). This is coinciding with the core subjects of Bloom’s taxonomy which also explains about these four areas of teaching practices. Each chapter of Charakasamhita shows how to take class in an order by stating the subject in concise manner (Uddesa) and explaining in the same order accordingly (Nirdhesa). Charakasamhita explains teaching techniques also that are modelling, mistakes, feedback, cooperative learning, experiential learning, student led classrooms, class discussions, enquiry guided instructions in different chapters. These teaching techniques are derived from upanishadic way of teaching which is classified into ten methodologies, that are parallel to modern teaching techniques. The new NCISM syllabus and curriculum design the teaching and learning of Ayurveda into excellence and purity of medicine. Lets hope for a new dawn of a teaching of Ayurvedic science.

**Prof. Dr. Kirathamoorthy P P**

HOD, Dept. of Panchakarma

Chairman,

NCISM Syllabus Reform Committee, AYUSH





# *Sadvaidya*

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E- mail : [journalclubvac22@gmail.com](mailto:journalclubvac22@gmail.com)