

Santhigiri Ayurveda Medical College

NEWSLETTER

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Editorial

Gurucharanam saranam

Hearty greetings and wishes on auspicious occasion of Dhanvantari jayanti, the incarnation of the Immortality which is being celebrated as National Aayurveda Day. We also wish you all prosperity, happiness and enlightenment on the auspicious occasion of Deepaavali, the festival of lights.

Theme of this years National Aayurveda Day is 'Aayurveda for Longevity'. The theme is very apt as it is one of the aims of ayurveda. The desire for longevity is inherent one for all living beings. In fact, though everyone knows that this life with physical body is going to end some day, still there is an inner understanding that he or she is eternal. Our day to day life is balancing actions and thoughts in between these two points. Through spiritual practice one realizes the latter one and attains the Moksha and for others this life is a continuous journey.

By going through the definition of Aayu as given in our samhita, Aayurveda advocates healthy longevity i.e. Hita and sukha aayu, not just longevity with ill health i.e., Ahita and dukkha aayu. Indian s`aastra state that as dharma decreases the life span also decreases. Here the term Dharma indicates the righteous living in terms of physical, psychological, vocal deeds of an individual as well as the group of individuals . It includes everything from individual's personal life style to social contributions. When an individual or society deviates from the righteous path it results in various individual and social health and other problems like life style disorders, infectious disorders, substance abuse, epidemics, natural disasters etc.

The contemporary modern medical system contributed a lot in managing infectious diseases and along with basic life support system enhanced the lifespan. But this longevity with increased life style disorders resulted in decreased quality of life. Unlike some diseases like cancer which can lead to death many of the diseases like arthritis to dementia result mostly in disability. The need of the hour is not just replacement of organs with artificial ones, but, regeneration, revitalization and arresting the degeneration at right time. This is the area where aayurveda can contribute immensely to

the human society with its holistic and comprehensive principles which are in tune with immediate and distant surroundings from seasons to the celestial bodies and their effects.

Life style disorders can be prevented by dinacarya, r` tucarya, proper food habits, sadvr` tta etc. The degenerative changes can be arrested or delayed by proper intake of Rasaayanacikitsa along with the above said dinacarya etc. Aacarya Cakrapaan` idatta says dinacarya etc can enhance longevity as per the yugadharma, but Rasaayana can enhance ones longevity even for centuries as stated in samhita. Though it is not readily acceptable for current scientific society at present, proper research has to be initiated in this area before disregarding such statements.

Among all existing medical systems it seems only Aayurveda has the potential to answer this problem of lifespan with health span. It has the glory of the past which is to be explored in the light of present technological and other advancements. What we need is churning of the ocean of milk which exists in Mahat (buddhi) once again with collective effort of love, forgetting selfish greed by which only, the lord of Ambrosia, the Dhanvantari reincarnates in heart of everyone.

Lets remind the words of S'aar'n'gadhara aacaarya,

Na jantuh kas'cidamarah pr'thivyaam jaayate kvacit |

Ataomr'tyuravaaryasyaat kinturogaannivaarayet ||

Om Dhanvantaraye namah.

Tamaso maa jyotirgamaya

Dr. G. Nagabhushanam

Chief Editor

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DEPARTMENT OF PAN`CAKARMA

Keraleeya Cikitsaa paddhati-Are we overdoing?

Dr. Arathi P.S.
Professor
Department of Pan`cakarma

The word Pan`cakarma in the title is purposefully omitted as there is nothing like Keraleeya Pan`cakarma. Pan`cakarma are essentially five bio purificatory procedures and these are same anywhere in the world. Procedure enlisted under the name Keraleeya Pan`cakarma Ciktisaa are mostly either baahya snehana karma or svedana karma while some are really unique. Most of these are based on the traditional practices in Kerala though classical references are available for some. One can appreciate the rationale behind each of these treatment modalities and there is no second thought as far as the benefits are concerned.

Aayurveda s'aastra has gained wide acceptance in the last decade and it is the first option for good number of people across the Globe- both for wellness and cure. Role of Aayurveda Cikitsaa sampradaaya of Kerala is very big in this surge towards aayurveda.

The above phenomena brought with it some unfortunate trends too. Commercialization of aayurveda cikitsaa, Keraleeya pan`cakarma cikitsaa in particular, became multifold. Overdoing and irrational selection of treatment modalities either for wellness or for cure is found many times. Multiple treatments are administered simultaneously without considering the avasthaa, deha bala etc. It is a known fact that the temporary success or fame or the monetary gain that one gets through such unethical practices will not last long. But it will definitely send a wrong message regarding the s'aastra as well as those physicians who are genuine.

Role of Lekhana Basti in Dyslipidemia

Dr. Rashin Chandrasekharan
Assistant Professor
Department of Pan`cakarma

Dyslipidemia is defined as a condition with abnormally elevated levels of any one or all lipids in the blood. It is one of the diseases that resulted due to unhealthy lifestyle. Dyslipidemia is the most important atherosclerotic risk factor.

WHO has estimated that dyslipidemia is associated with more than half of global cases of ischemic heart disease and more than four million deaths per year¹. WHO in 2002 reported that high

Every effort therefore, needs to be taken to curb unscientific practices.

One needs to identify the avasthaa of a disease and to determine the cikitsa accordingly. Factors like aama /niraama avasthaa of dosha, samsarga/sannipaata/aavaran'a conditions, prakr'ti, deha bala etc. greatly determine the choice of baahya snehana/svedana and choice of taila, coorn'a etc. for the same. It is our responsibility to educate our patients regarding his/her condition, prognosis, ideal treatment and diet regimen for the avasthaa and treatments to be done for preventing recurrence or for maintenance.

Following verse of Aacaarya Sus'ruta is thought provoking.

apraapte vaa kriyaakaale praapte vaa na kr'ta kriyaa

kriyaabeena atiriktaa vaa saadhyeshu api na sidhyati

Su.su.35

Following approaches will lead even a saadhya vyaadhi in to asaadhyata.

- Giving a treatment when there is no appropriate avasthaa(Taila abhyan~ga in aama avasthaa)
- Not giving treatment when there is a proper avasthaa(not doing lan~ghana in the san`caya avasthaa or not doing s'odhana in bahu dosha avasthaa)
- Kriyaa heena- administering cikitsaa of lower intensity than what is required(administering vicaaran'a snehapaana in a condition that actually needs acchapaana).
- Kriya atirikta- administering cikitsaa of higher intensity than what is required(doing pizhichil in a condition that actually needs abhyan~ga).

cholesterol level is one of the main non communicable disease risk factor in India.

Review of population based studies in India shows increasing mean total cholesterol levels. Recent studies have reported that high cholesterol is present in 25–30% of urban and 15–20% rural areas. This prevalence is lower than high-income countries. The most common dyslipidemia in India are borderline high LDL cholesterol, low HDL cholesterol and high triglycerides. Studies have reported that over a 20-year period total cholesterol, LDL cholesterol and triglyceride levels have increased among urban populations. Abnormal cholesterol levels are estimated to cause 18% of the global Cardio Vascular Disease (CVD) and 56% of the



global Ischemic Heart Disease (IHD). For every 1% increase in cholesterol level there is 1-2% increase in the incidence of coronary heart disease².

There are scattered references available in aayurveda correlating dyslipidemia. Lipids can be easily correlated to that of medo dhaatu. Abnormal composition of medo dhaatu is considered as medo dosha and subsequently as medoroga. It is a condition caused by derangement of agni in general and medo dhaatvaagni in particular leading to improper formation of medo dhaatu in excess, resulting into obstruction to the flow of vaata in srotas. Vaata in turn, aggravates and moves back into the pakvaas'aya causing further excitation of agni requiring frequent meals. Thus the vicious cycle continues resulting into medoroga³.

Treatment is based on severity of the disease and vitiated dosha. Medoroga being bahu dosha dominant condition sams'odhana cikitsa is the preferred treatment modality. Basti is the best cikitsa for vaata vyaadhi, so also for pitta vyaadhi, kapha vyaadhi, rakta in samsarga and sannipaata dosha⁴.

Lekhana basti is mentioned by different aacaarya for santarpan'ottha vyaadhi, kaphaja roga and kaphaavr'ta vaata. The word lekhana itself indicates its action that means scarifying which helps in reducing fat. Thus lekhana is nothing but a process of emaciation. S'aaran~gadhara consideres lekhana in a wide sense i.e. lekhana is a process of drying up or desiccation of all excess dosha, dhaatu and mala. That means the drug which clarifies the protoplasmic contents of tissue cells and thus gradually clears the system of its deranged constituents is known as lekhana. Basti is prepared by following the method of aasthaapana basti.

Drugs used in lekhana basti

Saindhava: Saindhava lavan'a is considered best among all the lavan'a described in aayurveda. Saindhava plays an important role to initiate the absorption of basti.

Madhu: Main role of madhu is to increase the retention time of basti by counteract the irritative property of saindhava. The retention time of irritative substance in rectum may be favoured by making solution as nearly isotonic as possible by using colloidal fluid such as starch water as diluents.

Sneha: By using sneha the fat soluble portion of the drug easily absorbed from the colon. Lipids and lipid soluble substance can easily enter the cell. In this way sneha helps the basti dravya to reach at cellular level.

Kalka: It gives required thickness to the basti. Fresh drug and drug

containing volatile property can be utilized in the form of kalka.

Kvaatha: It is used to get water soluble part of kvaatha dravya. Instead of kvaatha as a drava dravya, ksheera, gomootra, amlakaan`ji, prasanna, maamsarasa etc. are also used either directly or in the preparation of kvaatha itself.

Aavaapa Dravya: They are used some time in order to make the basti either teekshn'a or mr'du and to affect the particular dosha.

Action of Basti Dravya

Saindhava:

- Sookshma gun'a – It reaches up to the micro channel of the body.
- Teekshan'a gun'a – It breaks down the morbid mala and dosha san~ghaata.
- Snigdha gun'a – Liquefies the dosha.
- It reduces the picchila, bahula and kashaaya properties of madhu.
- Helpful for the elimination of basti due to its irritant property.

Madhu:

Yoga vaahitva (catalytic action) and sookshma maargaanusaritra (potency to penetrate into minute channels) of the body helps madhu to play an important role in the actions carried out by nirooha. Honey helps to produce doshotkles'a and expels dosha immediately. Saindhava along with honey is having a major role in producing emulsion form of vasti dravya⁵. Aacaarya Caraka says that basti dravya containing excess of madhu when administered to the person makes him extremely virile. Moreover, it is considered as best kaphahara dravya

Sneha:

Sneha dravya reduces vaata dusht'i, softens the body and disintegrates the adhered morbid materials in the channels of circulation⁶. Owing the snigdha gun'a it produces unctuousness in body, its helps for easy eliminations of dosha and mala. It liquefies the dosha because of its guru –snigdha gun'a and breakdowns the compact mala.

Kalka, Kvaatha and Aavaapa Dravya:

Kalka and kvaatha dravya are the main constituents of the basti dravya. They serve the function of utkles'ana or dosha haran'a or s'amana depending upon its contents and are selected accordingly. They are selected on the basis of dosha, dooshya and srotas; so their main action is sampraapti vighat'ana of roga. Aavaapa Dravya is also used for elimination of particular Dosha.

Gomootra and Yavakshaara:



These dravya have ushn'a, teekshn'a and lekshana property. Researchers have proved that cow urine decreases the LDL and VLDL cholesterol in the serum. The alkaline property of yavakshaara and gomootra is increased by synergistic effect of ooshakaadi gan'a drugs as they also possess similar property.

Basti is the best treatment of vitiated vaata. Moreover, it also has action on the vitiated pitta, kapha and rakta. Basti not only has localized action, but the active principles of basti drugs are absorbed and reach through channels of the body at the site of lesion and bring about systemic action. Mode of action: basti is administration of medicaments in the liquid form or lipid soluble form into rectum stimulates the rectum by distension or it may act systemically after getting absorbed by passive or active diffusion in mucous membrane of rectum, large intestine and small intestine. The absorption of drug through the rectum is taken away in the superior, middle or inferior haemorrhoidal veins and then into portal vein, inferior vena cava and systemic circulation. Active principles of vasti dravya are absorbed through villi of large intestine and are carried away in right left of middle celiac vein to the portal circulation and to inferior venacava. Drugs administered through basti first reaches the pakvaas'aya. Hence they destroy vaata in its moolasthaana. The veerya of basti reaches all over the body through sookshma srotas to alleviate disease situated in other part of body.

Conclusion

Dyslipidemia is the presence of abnormal amounts of lipids in blood due to impaired lipid metabolism and it is a major risk factor for many life threatening diseases like coronary artery disease, diabetes mellitus etc. Dyslipidemia can be correlated to medo dhusht'i.

·In medo dhusht'i primarily there is agni vaishamya and vaata dhusht'i. Sams'odhana basti karma is best to correct vaata dosha.

·Hence Lekshana Basti is highly effective in reducing serum lipid profile, LDL, VLDL, Triglycerides and increase the Serum level of high density lipoprotein (HDL).

Reference:

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determined systemic inflammatory disease of unknown cause. It is characterised by lesions such as red scaly patches, papules and plaques which usually itches and preferentially localized to the extensor surfaces. These lesions varies in severity from minor localised patches to the entire body. It affects 2% of the world's population and 1.02% Indian population.

Patho-physiological events in psoriatic skin lesions

- ✦ Epidermal proliferation: The number of proliferating keratinocytes in the basal layer of the epidermis get increased with loss of differentiation causing thick silvery scales.
- ✦ Expansion of dermal vasculature: The blood vessels in the upper dermis increases in number with more dialation and hyper

Aayurvedic Management Of Psoriasis – A Case Report

**Dr. Sreelakshmi,
Asst. Professor
Dept of Pan`cakarma**

Skin, the largest organ of the body is having direct contact to the outer world. It is in a constant state of growth, where old cells are replaced with newer one. It always get affected by every aspects of our life, from what we eat to where we live, revealing how healthy and how old we are.

Psoriasis, one of the most common dermatological disorders is a chronic relapsing/remitting immune mediated genetically



permeability results in the erythema.

✦ Accumulation of inflammatory cells like neutrophils and T lymphocytes in the dermis and epidermis.

Confirmatory tests

✦ Auspitz sign: This is the phenomenon in which, appearance of small blood droplets on the erythematous surface immediately after the mechanical removal of hyperkeratotic scales from a psoriatic plaque by scratching. The presence of classical silvery white scales and Auspitz sign itself are confirmatory to psoriasis.

✦ Koebner's Phenomenon: The phenomenon of development of psoriatic lesions in the scratch lines during the active phase and is also called as artificial production of the Psoriatic lesion.

✦ Candle grease sign: When a Psoriatic lesion is scratched with the point of a dissecting forceps, candle grease like scale can be repeatedly formed even from the non-scaling lesions.

✦ Skin biopsy: To determine the exact type of psoriasis and to rule out other disorders, skin biopsy from the affected site can be done.

Clinical Variants:

There are five main types of psoriasis: plaque, guttate, inverse, pustular, and erythrodermic. About 90% of cases are plaque psoriasis or psoriasis vulgaris in which lesion shows a silvery centre surrounded by a reddened border.

Aayurvedic perspective

Psoriasis comes under the purview of kusht'ha, an umbrella term that covers many varieties of dermatological disorders in aayurvedic literature. The morphological features are different in each type of psoriasis and it can't be placed in to a single type of kusht'ha. The most prevalent type psoriatic vulgaris can be considered as sidhma type of kusht'ha even though all the features are not full filled.

Similarities between sidhma and psoriatic vulgaris

Sidhma

Psoriasis vulgaris

Sveta taamra varn'a as like daugdhika pushpa	Erythematous lesion
Bahi rooksham antah snigdham & ghr'sht'am rajah kiret	Silvery scales and candle grease sign
Bad prognosis as one among Mahaakusht'ha	Bad prognosis compared to other varieties of psoriasis

Among the two main treatment modalities in Aayurveda such as s'odhana cikitsa and s'amana cikitsa, former is the best choice as there is high dosha vitiation in kusht'ha. The periodical s'odhana mentioned in aayurveda classics- like "pakshaat pakshaat chardana...." and "maasaat maasaat virecana..." is adopted in the

following case.

Case report

A 44 year old male presented with complaints of scaly lesions on both elbows, knees and sacral area with severe itching, since last 3 years. Well demarcated erythematous and scaly patches were seen at the extensor surfaces especially on both elbows, knees and sacral area. Some smaller lesions also were scattered all over the body including scalp. He underwent allopathic management which gave temporary relief only. All the diagnostic criterias like auspitz sign, koebner phenomenon & candle grease sign were well evident and was diagnosed as psoriasis vulgaris.

Eventhough this condition was considered as sidhma (a vaata kaphaja variety of kusht'ha), in this case kapha dosha predominance was seen. Therefore, vamana the first and foremost s'odhana procedure for kaphaja disorders was considered as the first line of management.

Treatments given

Poorvakarma:

· Deepanapaacanam- To attain agnibala, aamapaacana and malas'odhana, gandharvahastaadi kashaayam was given to the subject for 3 days.

· Snehapaanam- After attaining agnibala, snehapaana was done with aragvadhha mahaatiktakam ghr'tam till samyak snigdha lakshan'a were seen; with proper care and concern of pathya-apathya described in classics.

· Svedanam- After snehapaanam, abhyan~ga with vit'paala tailam and mr'du svedana (hot water bath) was done for one day.

Pradhaanakarma:

Patient was given utkles'ana aahaara (peya mixed with milk in the morning, kr'sara at noon, sweet snacks in evening, peya at night followed by 1 glass of milk) on the previous day. Next morning, vamana karma was done in kapha kaala(morning) with madanaphalayoga (madanaphala pippali coorn'am-2.5 gm, vacaa coorn'am- 5 gm, yasht'i coorn'am-7.5 gm, saindhavam-5 gm, honey-as required), after aakan't'hapaana of milk. Patient had samyak vamana lakshan'a ie, 9 bouts, pittaanta vamanam with vomitus amount of 1.3 litres.

Pas'caatkarma:

· Dhoomapaana with haridraadi varti

· Samsarjana krama- followed for 7 days as the s'uddhi was pravara After peyaadi krama, whole body takra dhaara was done for the next 7 days along with internal medications like man`jisht'haadi kashaayam 45 ml twice daily before food, mahaatiktakam ghr'tam 10gm at bed time and vit'paala keram for external application.

Clinical assessment was done using subjective parameters before



treatment, after treatment & follow up period. Significant results were obtained in all the clinical parameters like scaling, itching, erythema etc.

Assessment criteria:

The following 5 parameters were used for clinically assessing the response for the treatment.

1.Erythema, Scaling, Itching, Burning sensation & Dryness.

These signs and symptoms were graded using simple descriptive scale as

Absent -0, Mild - 1, Moderate - 2, Severe - 3, Very severe - 4

Thus a total score out of 20 was obtained.

·Score before treatment- 14 (erythema 3 + scaling 2 + itching 3 + burning sensation 2 + dryness 4)

·Score after vama and peyaadikrama-5 (erythema 2 + scaling 1 + itching 1 + burning sensation 0 + Dryness 1)

·Score after 7 days of takra dhaara- 2.

Patient was discharged and advised to continue the same internal medications for one month. After 1 month, patient got almost complete relief in above parameters. Considering the previous recurrences virecana was done with pat'ola moolaadi kashaayam (90 ml) early morning. Then the patient is advised to have mahaatiktakam ghr'tam(10 gm) & vit'paala keram for external application for the next two 2 months.

Before treatment (Score-14)



After vama karma (Score - 5)



Patient was on follow up for the next 1 year and no recurrence was occurred.

Conclusion:

Psoriasis does not kill the patient, but it is responsible for great deal of unhappiness, depression and social isolation. Even though many treatment options are available, due to its chronic recurrent nature, it is still a challenge. The pan`cakarma cikitsa are very safe and effective in the management of this chronic disease reducing the recurrence rate. The same is evident from the above mentioned case study.

Medical Bulletin

2 out of 3 wild poliovirus strains eradicated

In an announcement by the World Health Organisation (WHO) on World Polio Day (October 24), an independent commission of experts declared that wild poliovirus type 3 (WPV3) has been eradicated worldwide. This follows the eradication of smallpox and wild poliovirus type 2.

There are three individual and immunologically distinct wild poliovirus strains: wild poliovirus type 1(WPV1), type 2(WPV2) and type 3(WPV3). Symptomatically, all three strains are identical, in that they cause irreversible paralysis or even death. But there are genetic and virological differences, which make these three strains three separate viruses that must each be eradicated individually.

After global eradication strategies, out of the three wild polio serotypes, only type one remains (wild poliovirus type 1). This virus remains in circulation in just two countries, Afghanistan and Pakistan.

Sanskrit Alphabets with English Transliteration Key

अ	आ	इ	ई	उ	ऊ						
a	aa	i	ee	u	oo						
		ए	ऐ	ओ	औ						
		e	ai	o	au						
ऋ	ॠ	ऌ		ॡ					अः		
r'	rr'	l'		m					h		
क	ख	ग	घ	ङ							
ka	kha	ga	gha	n~							
च	छ	ज	झ	ञ							
ca	cha	ja	jha	n`a							
ट	ठ	ड	ढ	ण							
t'a	t'ha	d'a	d'ha	n'a							
त	थ	द	ध	न							
ta	tha	da	dha	na							
प	फ	ब	भ	म							
pa	pha	ba	bha	ma							
य	र	ल	व								
ya	ra	la	va								
श	ष	स	ह					क्ष	ज्ञ		
s'a	sha	sa	ha					ksha	jna		

Students' Corner

Role of Sardar Vallabhai Patel in National Integration

**Miss. Chinnu B
IVth year BAMS**

Vallabhai Javerbhai Patel, popularly known as Sardar Patel was an

Indian politician. He served as the deputy prime minister of India, a senior leader of Indian National Congress, founding father of the republic of India. He was an Indian barrister, who played a leading role in the country's struggle for Independence and guided the



integration to unite the Independent India. He is often called Sardar which means the chief in Hindi, Urdu and Persian. He acted as home minister during the political integration of India and the Indo - Pakistani war of 1947.

Sardar Patel effectively handled the integration of India by his diplomatic skill and foresightedness. The problem of amalgamating 562 princely states with democratic self governing India was difficult and delicate. But it was essential to save India from Balkanisation, once the paramountcy of British crown would lapse. Sardar Patel took charge of the states department in July 1947. He sensed the urgent and imperative need of the integration of princely states. He followed an Iron handed policy. He made it clear that he did not recognize any state remains independent and in isolation within India.

Sardar Patel was appealed to patriotic and national sentiments of the princes and unite them to join the forming of a democratic constitution in the national interest. He persuaded them to surrender the defense, foreign affairs and communication n ti the government of India.

He by his tactics broke the union of separatist princes. By August 1947 except Hyderabad, Junagarh and Kashmir acceded to India. He there after carried three fold process of assimilation, centralization and unification of states. The states were amalgamated to form a union and the union was merged with the union of India. He handled the Junagarh and Hyderabad crisis as a seasoned statesman, Navab of Junagarh wanted to accede to Pakistan but the people revolted, Patel intervened and the India government took over the administration. Patel merged it with India by holding a plebiscite.

Patel with an Iron fisted hand subdued the Nizam when the nizam boasted the anti India feeling and let loose the blood both by the Razakars. Patel decided upon the police action. He ordered the army to march into Hyderabad. The nizam surrendered and Hyderabad was acceded to India. Thus Sardar Patel ensured by his calculated methods, the absorption of a multitude of princely states into India union without a civil war. He secured the solidarity of the nation.

Events

Sishyopanayaneeyam



“Sishyopanayaneeyam”(Induction Ceremony) for First Year BAMS students was conducted on 3rd October (Thursday) at our College. Dr. Srikrishnan, Professor & HOD, Department of Agada Tantra, VPSV, AVC, Kottakkal was the Chief Guest, who performed Vidyarambam for the Students and released SAMC Prayer Audio CD.



Medical camp, Lion's Higher secondary School

A Medical Camp was conducted at Lion's Higher secondary school on 6th October 2019 in coordination with Lion's Club, Palakkad. The camp was led by Dr. Athira Asokan, Dr. Sasmitha P, Dr. Ponnamma M P.

World Food Day

On the occasion of World Food Day, Dept. Of Swasthavritta conducted an awareness class on 16th October 2019 for the students of Kozhinjampara arts and science college.

World Sight Day

On the occasion of “World Sight Day 2019”, Various programs were conducted by the Dept of Salakya Tantra on the theme ‘Vision First’ for creating awareness about the importance of sight and eye care. A blind dance was performed by 4th year BAMS students.



SASV Product Awareness Class

An awareness class on Proprietary Medicines of Santhigiri Aayurveda and Siddha Vaidyasala was conducted on 18th October 2019 by Dr. B Rajkumar, Medical Superintendent (ayurveda) and Dr. Brahmadathan, Deputy Medical Officer (Siddha) . The Doctors, House surgeons and final year students participated in the class.





Medical camp, BPCL Pump Pirayiri

A Medical Camp was conducted at BPCL Pump, Pirayiri on 19th October 2019 in co-ordination with Lion's Club. The camp was led by Dr.Santhosh Kumar.

Medical camp, BAR Association, Civil Station

A Medical Camp was conducted at BAR Association Hall in Civil Station, Palakkad on 23rd October 2019 in co-ordination with Advocate's Association, Palakkad. The camp was led by Dr. Janai Remyaprabha, Dr. Santhosh Kumar, Dr. Sasmitha P and Dr. Athira Asokan..

National Aayurveda Day Celebration



The 4th National Ayurveda Day was celebrated on 24th and 25th October 2019. The celebrations began with an inaugural function. The Dept. Of Swasthavritta arranged for a lunch based on pathyaahaara for the students and staff of the institution. The Teachers and Students participated in the Aayurveda Day celebrations public rally and performed Yoga demonstrations and Flash mob in the theme Aayurveda for Longevity in various parts of Palakkad in association with Department of ISM Government of Kerala, DMO office, Palakkad, AMAI and National Ayush Mission.



Rashtriya Ekta Divas Celebrations

On the occasion of Rashtriya Ekta Divas (National Unity Day), the college conducted elocution and essay writing competition on 31st October 2019 on the topic "The role of Sardar Vallabhbhai patel in national integration". The students and staff took the Unity Pledge to commemorate the Unity Day.



Tribute to Dr. Prakash Mangalasseri

Dr. Prakash Mangalasseri, HOD Dept of Panchakarma, VPSV Aayurveda College Kottakkal passed away on 10th November 2019 at the age of 45 years. He has done his graduation from Kottakkal and post graduation in Kayachikitsa specialty from Gujarat Ayurveda University with high academic credentials. He was declared as best outgoing student by Kerala Ayurveda Pharmacy in 1998



and his research thesis was selected for Best Thesis Award in 2002 by Institute of Indian Medicine Pune. He was the Director of Kottakkal Ayurveda School of Excellence (KASE) an initiative of KASRS.

He was invited speaker and conducted workshop on "Pain management in Diabetic neuropathy" in 2nd Ayush International Conference held at Harvard Medical School, Boston USA in May 2017. He was an Invited speaker in Herbal Diabetes 2016, International Seminar on Diabetes held at Beijing, China. He was Conferred Athreya Award in 2019 for excellence in the field of Aayurveda by the Government of Kerala.

May his soul rest in Peace...

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Our Address :-

Santhigiri Ayurveda Medical College
Olasseri P.O, Kodumba (via)
Palakkad, -678 551
Kerala, India
Ph: +91 491 2574574
www.samc.santhigiriashram.org
www.santhigirionline.com

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