

Santhigiri Ayurveda Medical College

NEWSLETTER

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Editorial

Gurucharanam saranam

Greetings and wishes on auspicious occasion of Vijayadashami, the celebration of triumph of the good over the evil. We pray Jagajjanani, the Mother of this total cosmos for her blessings to all beings.

Its also an occasion of satisfaction and celebration for all of us as we have successfully completed 12 issues of Newsletter. On this occasion we wholeheartedly thank everyone who supported, guided and encouraged through out this journey. We hope to continue this journey further with your unconditional love and support.

On 2nd October, we all celebrated 150th birth anniversary of Mahatma Gandhi, the Father of Nation. His vision and mission of Truth & Non-violence to get independence from the brutal British gained a very special place in the history of the world.

On this special occasion lets go through his experiments with truth in his life time with reference to health and health care systems. He was not an admirer of any particular medical system which is away from natural healing, either the western or the eastern. Gandhiji's faith in treatment with earth, water and diet is so immense that he used to practice them on himself, his family members and his fellow followers. He used to practice those treatment modalities in cases of wounds, fevers, dyspepsia, jaundice and other complaints. Though he himself boasted as quack, there were many followers consulting for various health issues even in Sabarmati As'ram as his experiments and experiences were unbiased and truthful.

In context of Brahmacharya, he says "Renunciation without aversion is not lasting." This is a guiding principle to save all human beings from all types of bad habits and addictions in all spheres of life. It is impossible to practically live in the principle of 'prevention is better than cure' unless we understand the above mentioned principle of Mahaatmaa. In the same context Babu says, 'Brahmacharya means control of the senses in thought, word and deed'. He further advises a simple way to control the sensual passions by observing the fasting and diet control i.e., limited, simple, spiceless and if possible uncooked food. These are the words of great importance in this present society of excess worldly pleasures among the young generation. Nowadays this young generation, of whose aim should

be learning for the better future, is suffering from many physical and mental disorders like, obesity, cardiovascular disorders, endocrinal disorders, drug addictions, depression, anxiety etc.

Gandhiji says, 'I believe that man has little need to drug himself. Nine hundred nintynine cases out of a thousand can be brought around by means of all regulated diet, water and earth treatment and similar household remedies.' He says that by consuming unnecessarily all kinds of vegetable and mineral drugs for every little ailment, man becomes slave of his body, loose self control and ceases to be a man. These teachings have a great value in present time of excess drugging and unnecessary medical examinations.

Gandhiji's views on human's supremacy over animals is quite ideal as he advocates that higher should protect the lower, not prey upon them. I wondered why he had that much aversion towards cows or buffalos milk to accept as a regular food inspite of many health issues in which he was advised by medical professionals to take milk for recovery. At last he accepted to take goat's milk in order to save himself from chronic dysentery. It is his vow of non-violence which made him not to accept cow's or buffalo's milk as food as he came to know that there were very cruel practices of milking in which the innocent animals were subjected to painful practices. And also he came across the aphrodisiac property of milk which made him to refuse cow's milk or buffalo's milk as he was practicing Brahmacharya. Later he himself said that mind is at the root of all sensuality and mere dietary restrictions are not going to help anyone. In his own words, Gandhiji declares, 'for those with weak digestion and for those who are confined to bed there is no light and nourishing diet equal to that of milk.'

Gandhiji thought diseases are the results of one's own wrong deeds and should take responsibility so that they can be lessons to learn right living.

On teaching methodology Gandhiji's principles are worth to be followed. He says, 'youngsters should not be asked to do what the teachers did not do, and therefore, when they were asked to do any work, there was always a teacher co-operating and actually working with them and youngsters learnt cheerfully.' He was always against corporal punishments on youngsters. On teacher and student



relationship he says, 'if I was to be their real teacher and guardian, I must touch their hearts, I must share their joys and sorrows, I must help them to solve the problems that faced them and I must take along the right channel the surging aspirations of their youth.'

Bowing at the lotus feet of Mahatma Gandhiji, our 'Rasht' rapita` for his blessings we urge all of us to go through his teachings and apply them in our lives.

Asato maa sadgamaya

Dr. G. Nagabhushanam
Chief Editor

CONTENTS

1. COMPARITIVE STUDY OF AAMAVAATA AND RHEUMATIC FEVER - DR. K M JOSE
2. CLINICAL PARALLELS BETWEEN AAMAVAATA AND VAATARAKTA - DR. K M JOSE
3. A BIRD'S EYE VIEW ON AUTISM SPECTRUM DISORDERS - DR. BEEGUM YASMINA HUSSAIN
4. MEDICAL BULLETIN
5. EVENTS

DEPARTMENT OF KAUMAARABHR'TYA

Comparative Study Of Aamavaata And Rheumatic Fever

Dr. K M Jose,
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Department of Kaumaarabhr'tya

Aamavaata

Aamavaata is a dreadful disease of current era. Affliction of this disease is mostly confined to children and young adults though Aayurveda texts do not mention regarding the age group that is prone to get this condition. It is not only a disorder of the loco motor system but also a systemic disease and is named after its pathogenic constituents which are aama and vaata.

The symptoms of Aamavaata are identical to rheumatism including rheumatoid arthritis and rheumatic fever but a major similarity is seen between Aamavaata and rheumatic fever. The main criteria for comparison are the presence of fever, multiple joint pain and cardiac problems in both these conditions.

Nidaana and Sampraapti

Viruddhaahaara, lack of exercise, doing exercise immediately after having snigdha food are the main reasons for Aamavaata. Aama is formed in the aamaas'aya due to these aetiological factors and by the influence of vaayu it reaches kaphasthaana(uras or hr'daya). Aama becomes more vidagdha in hr'daya and due to the influence of vyaanavaayu it enters into the dhamani. The dosha again vitiates aama, makes it naanaavarn'a and picchila. It will produce symptoms like daurbalya and hr'daya gaurava. This aama is said to be atidaarun'a which is the causative factor of many diseases. From the dhamani this aama enters the trikasandhi and produce stiffness of body. This is called aamavaata.

Signs and symptoms

Agnimaandyam, aruci, tr'shn'a, aalasyam, gauravam, jvara, apaaka s'oonata of an~ga are the main symptoms of this disease.

In pitta predominant condition there will be rise in temperature along with redness of the affected parts, in vaata predominance increased pain and in kapha predominance stiffness, heaviness and itching of the affected parts are seen.

In the advanced stage, the symptoms become more severe and produce

- ♦ Pain and swelling in hands, legs, ankle joints, pelvic joints, knee joints, thigh, vertebral column etc.
- ♦ Praseka(excessive salivation)
- ♦ An~gamardam(whole body pain)
- ♦ Aruci(anorexia)
- ♦ Gauravam(heaviness of body)
- ♦ Vairasyam(distaste)
- ♦ Utsaahahaani(lassitude)
- ♦ Daaha (burning sensation)
- ♦ Bahumootrata(polyuria)
- ♦ Kukshis'oola(abdominal pain)
- ♦ Nidraaviparyayam(insomnia)
- ♦ Tr't'(excessive thirst)
- ♦ Chardi (vomiting)
- ♦ Bhrama (giddiness)
- ♦ Hr'tgraham (weakness of heart)
- ♦ Vit'bandham (constipation)
- ♦ Aantrakoojana (abnormal sounds in abdomen)



◆Aanaaham (distension of abdomen)

Among these, pain and swelling in joints (poly arthritis) needs special attention due to its characteristic feature i.e. migratory poly arthritis in which pain and swelling tends to move from one joint to another; one improves as another becomes worse..

Upadrava of aamavaata

Mainly there are two diseases which are considered to be most important upadrava vyaadhi of aamavaata.

·Hr'droga

·Sandhigatavaata

*Hr'droga

In aamavaata heart is affected even before there is joint involvement or even before the manifestation of the symptoms there will be heaviness of heart. The causative factor of the disease, aama is produced in the aamaas'aya and from there it reaches the hr'daya under the influence of vaayu causing hr'daya gauravam. From hr'daya aama reaches the sandhi through dhamani and actual symptoms of aamavaata are manifested.

*Sandhigatavaata

Even if it is not as severe as hr'droga, this also may make the patient to suffer a long period. If aamavaata is not completely cured with proper vaatahara treatments, it may give rise to sandhigatavaata, with pain and swelling of the joints.

Rheumatic Fever

Rheumatic fever is a connective tissue disorder which shows much resemblance to aamavaata. The incidence of rheumatic fever is greater in children and young adults. Recurrences are frequent, unless prophylactic management is given.

It is a complication of streptococcal throat infection characterised by wide spread inflammatory reaction of the fibrous tissue of joints, heart and other organs. It is now recognized that, heart is first affected rather than the joints ie, it licks the joint and bite the heart.

It is mainly a disease of childhood and about 95 % occurs below 20 years. Child usually suffers from tonsillitis and sore throat which are replaced by chorea and finally a heart murmur with very rare joint manifestations. About 95% of heart diseases in childhood are rheumatic.

Aetiology

Beta Haemolytic streptococci is the causative organism of rheumatic fever.

Pathology

The connective tissue of body such as joints, muscles, tendons, heart valves etc. are affected. The hallmark of rheumatic fever is Aschoff nodules which may be found in the interstitial tissue of the heart most frequently under the endocardium.

Clinical features

- Fever: usual in acute attacks accompanied with anorexia etc.
- Tachycardia: this tends to be out of proportion to the degree of fever.
- Poly arthritis: the large joints are principally affected. E.g. knee, ankles, shoulder, elbow, wrist. There is migrating poly arthritis i.e.; pain tends to move from one joint to another. In severe cases joints become hot, swollen, red and very tender.
- Rheumatic nodules: they are situated subcutaneously over bony prominences such as elbows, back of hands and knees etc.
- Chorea: The majority of children with chorea shows evidences of rheumatic fever. The clinical features suggest involvement of basal ganglia.
- Blood: A polymorphic leukocytosis 10000 to 15000 cells per cu.mm is common in acute stage. ESR is raised. A high ASO (Antistreptolysin 'o') titre rising above 200 units is common. Rheumatic fever is violent but short lived storm during which intense treatment with steroids can provide maximum protection until the storm blows over. The situation is entirely different with regard to rheumatoid arthritis; here the storm refuses to blow over. Rheumatic fever has got much resemblances to Aamavaata.
- Joints: Both in rheumatic fever and aamavaata large joints are first affected. The characteristic migrating poly arthritis is met with aamavaata. Also rheumatic fever produces no residual effects in the joints once the acute attack is over. In aamavaata also no deformity is produced in the joints.
- Fever: High and sustained fever is a common feature of both aamavaata and rheumatic fever.
- Carditis: One of the most important symptom of rheumatic fever is carditis, inflammation of heart. Heart is affected first in aamavaata too. During the sampraapti period itself hr'dgaurava is produced in aamavaata. Hr'dgaurava may lead to hr'tgraha.
- Polyuria: polyuria is a feature of rheumatic fever. Corresponding to this bahumootrata is seen in Aamavaata.
- Abdominal pain: Severe abdominal pain is present in rheumatic fever. Similarly kosht'has'oola is a major symptom of aamavaata.



Other general features of rheumatic fever such as malaise, anorexia, loss of weight, constipation, loss of appetite, excessive thirst etc. are seen in aamavaata. Also the brain may be affected in rheumatic fever and patient suffers from chorea with its involuntary muscular movements. Even if nothing is mentioned about this type of involuntary movements in aamavaata, they exhibit symptoms

which are confined to brain like bhrama and moorccha.

Conclusion

Features of aamavaata and rheumatic fever are compared and we can almost come to conclusion that both these conditions can be correlated to each other.

Clinical Parallels Between Aamavaata And Vaatarakta

Dr. K M Jose
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	Particulars	Aamavaata	Vaatarakta
1	Age	Mainly children and young adults	Generally over 40 years
2	Onset	Acute, rarely gradual	Gradual but sometimes acute
3	Causative factors	Aama and vaata	Vaata and rakta
4	Joints primarily involved	Joints where 3 bones articulate i.e. Large joints like knee, elbow etc.	Small joints like MCP,PIP,DIP
5	Involvement of hr'daya	Hr'daya is involved even before joints	Hr'daya is rarely involved
6	Joint lesion	Inflammatory condition	Degenerative changes
7	Features of arthritis. ·Exacerbations and remissions ·Symmetrical involvement. ·Shifting character ·Morning stiffness	Not common Not symmetrical Exhibit shifting character Not present	A usual phenomenon Symmetrical joint involvement No shifting character Characteristic feature
8	Deformity of joints	No residual pathological effects	Deformity common
9	Agnimaandya	Characteristic feature	Not common
10	Sleep	Insomnia	Not disturbed
11	Fever	Hyperpyrexia	Low grade pyrexia
12	Aruci	One important symptom	Not a definite symptom
13	Gaurava	Heaviness of body present	Not present
14	Muscle wasting	General body emaciation	Wasting of muscles adjacent to affected joints
15	Polyuria	Present	Not Present
16	Thirst	Increased Thirst	Normal
17	An~gamarda	Pain all over body present	Not present
18	Prognosis	Completely curable	Curable in early stages and yaapya in later stages



A BIRD'S EYE VIEW ON - AUTISM SPECTRUM DISORDERS

**Dr. Beegum Yasmina Hussain,
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Autism spectrum disorders are one of the grave disorders in the present era without a permanent solution and promising management. It is a neuro developmental disorder defined by deficits in social reciprocity, communication and by unusual restricted repetitive behaviour. The clinical features can vary from individual to individual in both degree of severity and variability of the clinical presentation. In the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), there were three separate names for ASD (Autistic Disorder, Asperger syndrome and PDD-NOS) but according to DSM-5, there is just one category: ASD.¹

The term autism was first coined by Eugen Bleuler in 1908 for severely withdrawn schizophrenic patients. Later in 1943, the American psychiatrist Leo Kanner used the term "early infantile autism" to describe children who lacked interest in other people. Hans Asperger, an Austrian paediatrician described in 1944, another group of children with similar behaviours with milder severity and higher intellectual abilities. Since then, his name has become attached to a higher functioning form of autism, Asperger syndrome. It was not until the 1980s that the term pervasive developmental disorders was first used.

The occurrence of ASD has shown an alarming increase in the past decade. About 1 in 59 children has been identified with autism spectrum disorder (ASD) with a male predominance of 1:4 according to estimates from CDC's Autism and Developmental Disabilities Monitoring (ADDM) Network². The prevalence rate in India is calculated as 1 in 500 or 0.20%.³

No study has conclusively proven the exact cause till date in spite of various research studies regarding the aetiology of ASD. The aetiologic theories have changed over the years. Various researches clearly indicate that the aetiology is multi-factorial with a strong genetic basis and the possible factors are genetic, developmental i.e. prenatal-natal-postnatal factors and environmental factors⁴. New theories about the cause of Autistic Spectrum Disorders have also been developed besides these. Among children conceived using assisted reproductive technology (ART), about 0.8% of those born as singletons (only one baby carried during the pregnancy) and about 1.2% of those born as a twin or multiple were diagnosed with ASD. Children conceived using ART were more likely to be diagnosed with ASD if intra cytoplasmic sperm injection (ICSI) was used compared to conventional in vitro fertilization⁵.

The major clinical features as per DSM-5 criteria are diminished social interaction, impaired language and restricted repetitive behaviours.

Deficits in social emotional reciprocity may range from abnormal social approach and failure of normal back and forth conversation to reduced sharing of interests and emotions or failure to initiate and respond to social interactions.

Deficits in non-verbal communicative behaviours used for social interaction includes poorly integrated verbal and non-verbal communication, abnormalities in eye contact and body language, deficits in understanding and use of gestures, total lack of facial expressions and non-verbal communication.

Deficits in developing, maintaining, and understanding relationships like difficulties in adjusting to suit various social contexts, difficulties in imaginative play or in making friends and absence of interest in peers.

Restricted, repetitive patterns of behaviour, interests, or activities like stereotyped or repetitive motor movements, use of objects (lining up toys or flipping objects) or speech (echolalia, idiosyncratic phrases).

Hyper- or hypo reactivity to sensory input or unusual interests in sensory aspects of the environment (e.g. apparent indifference to pain/temperature, adverse response to specific sounds or textures, excessive smelling or touching of objects, visual fascination with lights or movement)⁶.

Several structured instruments have been used for screening for ASD. The Checklist for Autism in Toddlers (CHAT), Modified-Checklist for Autism in Toddlers (M-CHAT), Childhood Autism Rating Scale (CARS) and Social Responsiveness Scale-Parent and Teacher (SRS) are some of them. Specific tools commonly used in the assessment include the Autism Diagnostic Interview-Revised (ADI-R) and the Autism Diagnostic Observational Schedule (ADOS).

ASDs are life long chronic disabilities. No medications are currently established to treat ASD core symptoms. However several groups of medications including atypical neuroleptics have been used to treat associated behavioural problems such as aggression and self-injurious behaviors eg- Risperidone and aripiprazole. Research has shown that the most effective therapy is use of early intensive behavioural interventions like ABA (Applied Behaviour Analysis) and TEACCH (Treatment and Education of Autistic and Related Communication Handicapped Children) which helps to improve the functioning of the affected child like language development, social responsiveness, imitation skills, and appropriate behaviours⁷. These behavioural techniques should begin early in the pre-school period



and be followed by highly individualized educational intervention in the school.

Aayurvedic Perspectives

Autism Spectrum Disorders come under purview of unmaada, a term that represents broad classes of mental ailments in aayurvedic literature. Unmaada is defined as the derangement of manas (mental functioning) buddhi (application of the acquired knowledge), samjna (perceptions), jnaana (experiences), smr'ti (memory), bhakti (emotional adhesions), seela (conditioned activities), ceshta (behavior) and aacaara (socio cultural activities)⁸.

The causes of ASD can be explained as

- Sahaja - Beejadusht'i (genetic factors) which may have occurred due to the non-congenial diet and regimen of the parents before conception.
- Garbhaja - Improper diet & regimen of mother and psychological stress during pregnancy.
- Prabhaavaja - Unknown causes explained as a curse or the after effects of the unrighteous deeds done in the past.

Non-congenial diet & regimen and psychological stress in such susceptible children will have an add on effect for manifestation of the disease.

Similarities between clinical features of unmaada and ASD

Vatika unmaada

- Always running about Parisaran'am ajasram
- Repeated movements of eye brow lips chin hands feet and other organs (an~ga vikshepam)
- Frequent utterance of uncontrolled sound and voice (satatamaniyataanaam ca giraamutsarga)
- Excessive screaming, dancing, singing, using of musical instruments at improper places or occasions (asthaana prayoga of nr'tya geeta hasita)
- Mimicking of veen'a, flute, conch shell etc (s'abdaanukaran'am)
- Desire for rare edible food materials (lobhas'ca abhyavaahareshu alabdheshu)
- Unusual use or play with objects (alan~karan'am analan~kaaritair dravyai)

- Hyper activity
- Repetitive & Stereotyped hand and eye movements
- Oddity in speech
- Fond of music, dance etc., screaming without any reason
- Echolalia
- Eating disorder (child likes limited food items only)
- Unusual play with objects like lining up of toys, flipping objects

Paittika unmaada

- Angerness in inappropriate situation (amarshakrodhasamrambhas'ca asthaane)
- Unusual mood or emotional reactions in inappropriate situation

Autism spectrum disorders

- Making injuries to self and others (sveshaam paireshaam vaa abhihananam)
- Kaphaja unmaada**
- Stay in one place, liking of loneliness (sthaanamekades'e)
- Silence, less talkative (alpavaakyata)
- Aversion towards food (alpaahaaras'eelata)
- Dislikes personal hygiene and cleanliness
- Sleepy (svapnaatyata)(s'aucadvesham)
- Self injurious behaviour
- Autism spectrum disorders**
- Solitary play
- Delayed speech, or loses previous ability to say words or sentences
- Eating disorders or limited interest in food
- Dislike for personal hygiene
- Unusual sleeping habits

Researches show that autistic children exhibit dysbiosis (loss of equilibrium of gut micro biota), metabolic derangements resulting in production of toxins. Both these can be understood in terms of agnimaandya at jat'haraagni and dhaatvaagni level resulting in production of aama.

Disorder management should be aimed on improving the quality of life of the patient and a great consolation to the family members as ASD's are lifelong condition or yaapya. The condition requires pharmacological and non pharmacological managements acting at the physical, mental and spiritual planes. Adravya cikitsa or non pharmacological managements like daiva vyapaas'raya, satvaavajaya, aacaara rasaayana, dinacarya, sadvr'tta, yoga, praan'aayaama along with other interdisciplinary therapies like behavioural therapies, speech therapy contribute a pivotal role in the management of ASD.

Pharmacological managements can be administered as s'amana, s'odhana, and rasaayana according to the clinical condition. S'amana management primarily aims at aamaharan'a in kosht'ha or dhaatu level by deepana and paacana. Proper formation of rasadhaatu is of prime importance as preen'anam citta preeti is the main function of rasa dhaatu. After that the medicines explained in unmaadaprakaran'a and those having action at the level of manas or buddhi can be chosen according to the condition.

S'odhana can be done either in very severe conditions or as a poorvakarma of rasaayana cikitsa. It should be remembered that these children are of aparipakvadhhaatu and sukumaara and s'odhana karma should be executed very cautiously as mr'du s'odhana only. Rasaayana cikitsa, the unique concept of aayurveda has its effect even at the level of manas and can be used for long term. Rasaayana cikitsa especially medhya rasaayana can do wonders in improving the quality of life of such individuals. Apart from these various external therapies like s'iropicu, s'irolepa, s'irodhaara, dhoopana,



dhoomapaana etc can also be administered accordingly for the reduction of symptoms.

There is no promising management in modern counterpart till date for this most prevalent behavioural disorder. We need to explore the possibilities in aayurveda because various modes of management in aayurveda along with other interdisciplinary measures enhances the quality of life of the child.

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Medical Bulletin

Ban on e-cigarettes

The Union Cabinet approved the promulgation of the Prohibition of Electronic Cigarettes (production, manufacture, import, export, transport, sale, distribution, storage and advertisement) Ordinance, 2019 with immediate effect. As a result, anyone violating it will be imprisoned for up to one year or fined up to ₹1,00,000 or both for the first offence. Storage of electronic-cigarettes shall also be punishable. Besides health concerns, the government is concerned that e-cigarettes can "seriously undermine and derail the government's efforts to reduce the prevalence of tobacco use".

The ordinance will need to be approved by Parliament when it meets in November.

Electronic nicotine delivery systems (ENDS) or non-combustible tobacco products are known by many names - vapes, e-hookahs, electronic cigarettes and e-pipes. E-cigarettes may be manufactured to look like traditional cigarettes and are marketed as tobacco-free nicotine delivery devices. Instead of burning tobacco leaves like in traditional cigarettes, an e-cigarette, which is a battery-operated device, produces aerosol by heating a solution containing nicotine among other things. The device contains nicotine and flavours in the form of liquid which is primarily composed of solvents such as glycerol and/or propylene glycol. The aerosol containing a suspension of fine particles and gases simulates cigarette smoke. Following a puff, the aerosol is delivered to the user's mouth and lungs and the rest is exhaled.

Vaping is seen as an alternative to smoking which can help you quit, but its impact on health is still not fully known. But like traditional cigarettes, e-cigarettes too deliver ultrafine particles and nicotine deep into the lungs, which is then absorbed by the blood. India has more than 100 million adult smokers, making it a huge potential market for e-cigarette companies. Envisioned as a tool to combat tobacco addiction, electronic cigarettes and other vaping products have become a major problem and increase the risk of youth adopting them. India is the world's second-largest consumer of tobacco products after China, and more than 900,000 people die in the country each year from tobacco-related illnesses

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		अं		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			



Events

Medical camp - Lion's School, Palakkad

Medical Camp was conducted at Lion's higher secondary school, Palakkad on 1st September 2019 in coordination with The Lions Club International, Palakkad. A team of doctors led by Dr, Sasmitha P, and Dr. M P Ponnamma along with House Surgeons and paramedical staff participated in the camp which benefitted more than 60 patients.

Ayurwhiz 4 State Level Quiz - Third place winners

Our House Surgeons - Dr. Nihal and Dr. Vidyamol have secured Third Place in the State Level Quiz Competition (Final) "AYURWHIZ-4", Conducted by Himalaya Pharmaceuticals at Amrita School of Ayurveda, Kollam on 4th September, 2019.



Flood Relief

A team of 38 final year students, 6 House Surgeons together with Dr. Arun Prasad, Dr. Rashin Chandrasekhar, Dr. Arun Babu and Dr. Jose participated in the Post Flood Relief medical camp and distribution of medical kit at Chungathara Grama Panchayat, Nilambur, Malappuram organized jointly by AMAI and ISM Dept

Felicitation for AIAPGET 2019 Rank holders

Santhigiri Ayurveda Medical College management and teachers association conducted felicitation program for the former students who got admission for PG Course through AIAPGET-2019



KUHS Interzone Kho Kho Championship

The Women's Kho Kho team of SAMC became the first runner up in KUHS interzone Kho Kho championship held on 18.09.2019 at Jubilee Mission Nursing College Ground.

Medical camp - MMUP School, Puthupariyaram

A medical camp was conducted at MMUP school, Puthupariyaram, Palakkad on 21st September 2019 in coordination with Athura sevana sahaya souhrudha samithi and Kerala Pradesh Gandhi Darshan. A team of doctors led by Dr. Sasmitha P, Dr. Vivek Vaidyanathan and Dr. Sooraj S along with House Surgeons and paramedical staff participated in the camp.



Tatvasamvaadam

A monthly clinical discussion among faculties under a common platform was initiated in the month of September under the name Tatvasamvaadam. The programme makes room for case discussion, clinical experience sharing and evidence based documentation. The topic for September was Hypothyroidism by Dr. Vishnu K.R.

Resource persons at Panchakarma Workshop

Dr. Krishnanand and Dr. Jose KM represented SAMC in a workshop on "OP Level Panchakarma & Keraleeya Chikitsa Krama" conducted at Ayurbathaniya Hospital, Thrissur organized by AMAI.

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