

Santhigiri Ayurveda Medical College

NEWSLETTER

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Editorial

Gurucharanam Saranam

We, Santhigiri Ayurveda Medical College, Palakkad pray the Almighty for wellbeing of all and extend all possible human support for easy recovery and restoration of health of the sufferers of Covid 19.

It is hurting and sad to witness the uncontrollable spread of SARS CoV2 globally. Now time has come to rethink on future course of human beings whether to follow the path of our ancient enlightened forefathers or the mad mechanical progression in name of scientific development and globalization. We cannot let off ourselves from our responsibilities and accuse others for our sufferings. Indian society had very healthy continuous celebrations during whole year in name of various festivals which purify not only our internal mind but our physical body and external environment also. But we forgot our ethics and righteous path of our forefathers for many years. We have been facing many natural calamities regularly in every season and every year.

We also forgot our own cultural heritage. In last three four months we have passed through Makarasamkranti in January, S'ivaraatri in February, Holi in March and Ugaadi and SreeRaamanavami in April and going to celebrate further in coming months. If we could follow these festivals with true spirit and understanding viz., purifying our homes with Gomaya, Doorvaa, Agni and milk during Makarasamkranti, purifying our inner mental faculty and physical body by following S'ivaraatrivrata, playing ourselves with medicated decoction of Palaas'a and colorful powders made of Haridraa during Holi, a special dish prepared with Neem, tamarind, jaggery etc during Ugaadi and special Paanaka during SreeRaamanavami with Jaggery, jeeraka, probably we could have protected ourselves from this pandemic.

In times of medical emergencies due to this pandemic for which modern contemporary medicine has no answer to deal, we forgot the value of our own system of health science, Aayurveda, which is time tested for its efficacy and safety. Due to various reasons of our own now many of our elders and others are dying, still we have been

awaiting for an angel to protect us in form of vaccine etc. The scientific science, forgetting its own principles, is trying to use medicines prescribed for HIV, Malaria etc for Covid 19, still the responsible ones are reluctant to use the age old, time tested and safe ayurvedic formulations to prevent and manage this pandemic for want of its scientific data.

Human society in name of progress and development has been destroying this earth and its surrounding sky. This is very evident in this lockdown period of 21 days as many parameters in nature are improving like the holy river Gangaa is getting better in its purity, pollution levels in many cities are falling down (the Himalayas are now visible with naked eyes from Jalandhar), interpersonal relations among family members are improving etc.

Being in academic field, on this occasion one thing we have to discuss is the various difficulties being faced by students' community due to abrupt disturbance of regular academic schedules. We have to develop novel and user friendly teaching methods by which during holidays due to difficult times also effective regular classes can be conducted.

Let's unite ourselves with mind and heart, pray for the blessings of the Protector of this universe for universal peace and strive for the Best, the Love and the Health.

Lokaah samastaah sukhino bhavantu

Om s'aanti s'aanti s'aantih.

Dr. G. Nagabhushanam
Chief Editor

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DEPARTMENT OF ROGANIDAANA AND VIKR'TI VIJNAANA

Covid 19 - Some Facts

**Dr. Divya P
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Introduction

WHO has declared COVID 19 as an ongoing pandemic on 11 March 2020. The disease was first identified in Wuhan, China in late November 2019. Cluster of pneumonia cases began to be reported in Wuhan. The organism was found to be a previously unknown virus. Some cases were very severe. The disease began to spread rapidly all over China and later to other parts of the world with major outbreaks in Europe, Italy, Iran, South Korea. More than 15 lakh cases have been reported all over the globe.

Virology

This infectious disease is caused by the virus strain severe acute respiratory syndrome corona virus 2 (SARS CoV-2), also called novel corona virus pneumonia. SARS CoV 2 genetically clusters with beta coronavirus. It consists of genetic material surrounded by protein material in the form of spikes giving the appearance of a crown, thus the virus got its name corona.

Transmission

Covid virus was first isolated from cases living near seafood and live animal market in Wuhan. Exact origin of virus is unknown. The virus is thought to have zoonotic origin. It is primarily transmitted from cases via droplets. The virus can remain viable on glass, metal and plastic surfaces upto 72 hours. The virus was also isolated from faecal matter though transmission through oral faecal route is rare. It is mostly contagious when people are symptomatic. The time between exposure and onset of disease is five days but may range from 1-14 days.

Signs And Symptoms

Common signs and symptom include fever, dry cough, fatigue, shortness of breath, sore throat, head ache, nasal congestion and diarrhoea. Symptoms are non specific and mimic influenza. Progression of the disease leads to pneumonia, acute respiratory distress, clotting abnormalities, multiple organ failure, septic shock and death.

Pathogenesis

The lungs are most commonly affected. Virus attacks the host cells through the enzyme ACE2, which is abundant in type 2

alveolar cells of the lungs. The protein spikes get attached to the alveolar cells. Respiratory failure and death follows as the alveolar disease progresses.

Diagnosis

The standard diagnostic protocol as published by WHO is reverse transcription polymerase chain reaction (rRT-PCR)-done on samples – nasopharyngeal swab or sputum. Blood samples are also used to confirm the diagnosis. Results are available within few hours. CT scans of chest are done in those who have developed pneumonia. Ground glass opacities are the typical findings. Consolidation, linear opacities and reverse halo signs are common.

Prognosis

Mild cases present with no or few symptoms resembling influenza and recover within two weeks. Severe cases may take three to six weeks to recover.

Risk Group

Children under the age group of 10 are susceptible to the disease although they exhibit only mild symptoms.

Adults aged more than 60 are considered as the vulnerable group and are more prone to develop complications like pneumonia.

The patients having co morbidities like hypertension, diabetes mellitus and cardio vascular disease also exhibit severe symptoms.

People having close contact with the infected persons and those traveled to areas with ongoing transmission are at a great risk of acquiring the disease.

Healthcare professionals exposed to the cases are also at great risk

Prevention

1. self protection – stay home, avoid travel and public activities.
2. frequent washing of hands for at least 20 seconds.
3. avoid touching the eyes, nose or mouth with unwashed hands
4. covering the nose and mouth with mask or tissue while coughing and sneezing
5. social distancing strategies
6. self isolation for those diagnosed.

Aayurvedic Approach

This can be considered as an aupasargika roga. Mild cases exhibit the features of vaata kapha jvara. Severe cases exhibit the symptoms as described in abhinyasa jvara which is considered as incurable.



Bala of the patient has got a great role in the prognosis .
Balavr'ddhikara aahaara vihaara and aushadha can be adopted as a

line of prevention.

Cerebrovascular Accident - An Aayurvedic View

Dr. Remya Raveendran
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Department of Roganidaana and Vikruti vijnaana

Cerebrovascular accident(CVA), stroke or brain attack is classically characterized as a neurological deficit attributed to an acute focal injury of the central nervous system (CNS) by a vascular cause, such as cerebral infarction, intra cerebral haemorrhage (ICH) and subarachnoid haemorrhage (SAH). It is a major cause of disability and 3rd most leading cause of death worldwide commonly affecting the 5th decade of life.

Classification

Stroke can be broadly classified into two

1. Ischemic
2. Hemorrhagic

Ischemic stroke: An episode of neurological dysfunction caused by focal cerebral, spinal, or retinal infarction.

Haemorrhagic stroke may be caused by intracerebral and subarachnoid haemorrhage.

Distribution of stroke

Infarction-70.5%	Haemorrhage-26.6%
Atherosclerotic-6.3%	Intracerebral-13.1%
Lacunar -18.7%	Subarachnoid-13.5%
Cardio embolic-13.6%	
Arterial abnormality-3.8%	
Undetermined-28.1%	

Causes

In age above 50 years

Atherosclerosis of cerebral arteries
Carotid sources of emboli in Ischemic Heart Disease, Arterial Fibrillation
Cardiomyopathies

In age below 40years

Nonspecific aortic arteritis
Meningitis, Brain abscess and other infections
RHD(rheumatic heart disease) & AF(arterial fibrillation)which leads to Embolization
Postpartum cerebral venous thrombosis
Sickle cell disease
Thrombophilia –haematological disorders

Main risk factors

- HTN
- Tobacco smoking
- Low Hb level

Other risk factors

- Dislipidemias
- DM
- Obesity
- Polycythemia
- Oral contraceptives

Pathogenesis

Ischemic stroke

The brain tissue is most vulnerable to ischemia and the sequence of events leading to neuronal death sets in and proceeds rapidly following vascular occlusion. Within 10 sec of arterial occlusion, the patient become unconscious. The electrical activity ceases within 20sec. Maximum affection occurs at the epicenter of the infarcted territory. Towards the periphery where some amount of oxygen may be available from neighboring tissues or collateral circulation the ischemic damage may be less severe. Due to the deficiency of blood flow neurological deficit appear. But the neurons will be viable. If the blood flow increases in this stage, functions return and patient have had a Transient ischaemic attack(TIA). If blood flow falls further, a level reaches at which the process of irreversible cell death starts and a local area of infarction will set in.

Haemorrhagic stroke

Caused by the extravasations of blood into the brain tissue due to the rupture of arteries, veins or vascular anomalies such as AVM(arterio venous malformation) and aneurisms. Usually occur at height of physical activity and emotional outburst. Intra cranial hemorrhage may lead to secondary subarachnoidhemorrhage

Clinical features

The development of clinical feature are according to the artery which become occluded. Mid cerebral artery is the most involved artery in this concern.

Some of the clinical features include:

- Contralateral paralysis of limbs and face (hemiplegia)
- Contralateral hemi sensory loss (hemianesthesia)
- Aphasia (if the lesion is in the dominant hemisphere)



Aayurvedic view

By assessing the symptomatology of the disease it closely resemble with pakshaaghaata, a classical disease explained by samhita as one among the vaatavyaadhi.

The roga pareeksha in aayurvedic view can be done by nidaana pan'caka.

Nidaanam

It can be divided into sannikr'sht'a, viprkr'sht'a, maanasika and aagantu nidaana. Sannikr'sht'a nidaana Vaata prakopa nidaana and vaata vyaadhi nidaana which are responsible for the vitiation of vaata dosha especially the vyaana vaata and to a small extent pitta vardhaka nidaana can be considered as the sannikr'sht'a nidaana. Viprkr'sht'a nidaana Sahaja nidaana and kapha vardhaka nidaana can be considered as viprkr'sht'a nidaana. Maanasika nidaana The Maanasika bhaava like cinta, krodha, s'oka etc will comes under maanasika nidaana.

Aagantu nidaana

In some cases this condition occurs due to marmaaghaata, so it can be considered as the aagantu nidaana.

Poorvaroop

As it is an acute disease, poorvaroop will rarely manifest. Sometimes s'iras'oola and bhrama will be there as poorvaroop.

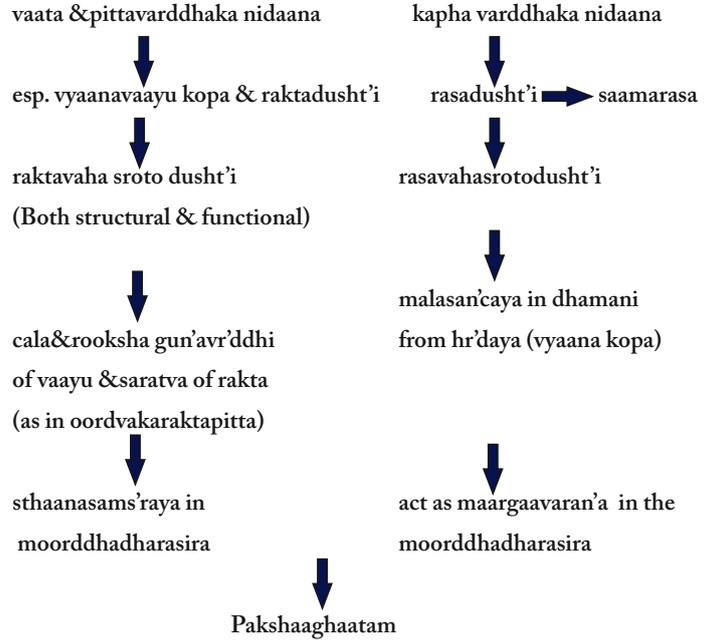
Roopam

The main symptom will be the weakness of one side of the body either right or left. Pain, loss of speech, contracture in one of the feet or hands with piercing pain and distress, unconsciousness, fall

etc are the symptoms observed in patients.

Sampraapti

According to the nidaana we can formulate two different types of pathogenesis



Upas'aya and anupas'aya

Vaata and rakta vardhaka aahaara vihaara can be considered as the anupas'aya where as vaata and rakta s'amana kriya can be considered as upas'aya.

Conclusion

The quality of our life will hamper very much by this disease. So it causes some sort of emotional instability in patients. When we think about the treatment, sampraapti vighat'ana is the treatment. So we have to adopt different treatment protocol for the two types of pakshaaghaata.

Medical Bulletin

HLL Lifecare, RGCB develop low cost coronavirus rapid test kits

Two public sector enterprises - HLL Lifecare Limited, a Central Government Enterprise under Ministry of Health and Family Welfare and the Thiruvananthapuram based Rajiv Gandhi Centre for Biotechnology (RGCB), a National Institute under Ministry of Science & Technology - have separately developed Rapid Diagnostic Antibody kits for Coronavirus detection. The cost effective kits are expected to be in a range around 350 to 500 rupees.

HLL's 'Makesure' kit is a one-step novel IgM/IgG antibody detection from the human serum, plasma or whole blood obtained from the patient with signs and symptoms of respiratory infection. The kit, manufactured at HLL's rapid diagnostic kit manufacturing facility in Manesar in Haryana has been validated and approved by NIV Pune and ICMR for use in India. Those who tested positive in the rapid tests have to undertake the Reverse Transcription-Polymerase chain reaction (RT-PCR) test, to ascertain the novel coronavirus. While the rapid antibody kits give result within 30-45 minutes, the RT-PCR test results may take about a day. RGCB's kit is expected to get approval in a week.

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	अः
r'	rr'	l'	m	h	
क	ख	ग	घ	ङ	
ka	kha	ga	gha	ng	
च	छ	ज	झ	ञ	
ca	cha	ja	jha	na	
ट	ठ	ड	ढ	ण	
t'a	t'ha	d'a	d'ha	na	
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



“We must develop people who know how to learn. That’s the most important competency, underpinning a person’s ability and agility to adapt to fast changing contexts of the 21st century.”

Dr. Manrope
UNESCO International Bureau of Education

Teachers and students worldwide might have understood the significance of the above saying aftermath of COVID-19 outbreak and the following lockdown.

Online teaching has become inevitable during this unusual situation. All that needed was an immediate shift in the attitude at all levels. This method of teaching and learning is a new beginning especially in Medical Education in India. The immediate challenge was that no planning was possible and teachers and students were left with minimum learning materials. There are both advantages and disadvantages and we need to wait to comment upon the outcome of the total programme.

Events

Karmaabhyaasa - National Workshop

A one day national workshop - Karmaabhyaasa on ‘Massage techniques, Marma chikitsa and Bandaging techniques’ was conducted jointly by the Department of Pancakarma and Department of Salya tantra on 6th march 2020 at the college mini seminar hall. The sessions were dealt by

1. Dr. N V Sreevaths, District program manager, AYUSH.
 2. Dr. Saifudeen, Medical director and Consulting physician, Shafi Aayurveda kalari marma chikitsalayam, Thalassery,
 3. Dr. Vinod krishnan, chief physician, Amiya Ayurveda hospital, pattambi.
- Delegates from inside and outside the state, teaching faculties, medical officers, house surgeons and students participated in the workshop.



Guest lecture on Medical Jurisprudence

A guest lecture on medical jurisprudence was conducted for the students of 3rd prof BAMS as part of Agada Tantra curriculum on 13th march 2020. The session was handled by Mr Arun, Advocate.



Hand sanitizer distribution - Break the Chain

Hand Sanitizers made by Santhigiri Ayurveda College Teachers Association were distributed to the auto drivers and shop owners of kodumbu althara, as part of Break the Chain campaign against Covid 19 pandemic.



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