

Santhigiri Ayurveda Medical College

NEWSLETTER

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Editorial

Gurucharanam Saranam

On behalf of Santhigiri Ayurveda Medical College, Palakkad we greet everyone a blessed Holi, the festival of colors. The celebrations on this auspicious occasion of Holi are having very much relevance in present health scenario world wide. Traditionally we celebrate this occasion with pouring decoction of flowers of Palaas'a, powders of various colors in which Haridra is the main component and both are known for their antifungal, antimicrobial and other beneficial activities.

The human society is facing a serious health problem due to COVID -19 globally. The latest updates as on 9th March 2020, 2.20 pm on COVID-19 shows 98 countries affected with 1,07,671 confirmed cases out of which 3654 deaths, 60659 recovered cases and remaining under treatment. The trend shows that it is spreading rapidly to other parts of the globe both the poor and the rich. The deadly disease came to light when a case of pneumonia of unknown cause detected in Wuhan, China was first reported to WHO Country Office in China on 31 December 2019. The outbreak was declared a Public Health Emergency of International concern on 30 January 2020 by WHO. In India the total confirmed cases jump to 43.

Though internationally a great effort is underway, it is becoming difficult to contain it. It is the time to think on current practices of prevention and management of epidemics, correct those practices if needed and explore new strategies to prevent and manage in order to save the human community without any prejudice.

Covid - 19 is caused by Novel Coronavirus, a group of Coronaviruses, family of Coronaviridae, sub family of Orthocoronaviridae. Corona viruses cause diseases among mammals and birds with varying symptoms like diarrhea in cows (Bovine corona virus BCV) and upper respiratory symptoms in chicken (infectious bronchitis virus). In human beings, it causes common cold and respiratory issues and generally it is not lethal. Symptoms of Covid-19 are fever, tiredness and dry cough. Some may have body pains, nasal congestion, running nose, sore throat or diarrhea. More than 80% of patients don't need any medical

treatment and 1 out of 6 patients become seriously ill and develop acute dyspnoea. The aged people and others who are suffering from systemic diseases like heart problems, kidney problems, liver problems etc are more likely to develop serious illness and mortality. Regular washing of hands, maintaining a minimum distance of 3 feet from others, avoid touching mouth, nose and eyes, keeping good respiratory hygiene, self isolation if feeling unwell, awareness on latest updates on Covid-19 etc are some of the preventive measures.

There is no vaccine or specific antiviral drug for Covid-19 and symptomatic treatment and supportive care are the only management strategies at present. Time has come to rethink on antimicrobial remedial medical practice in containing and managing clinical conditions due to microbial infections. Antiviral drugs act by inhibiting replication of viruses and antibiotics by destroying or slowing down the growth of bacteria. The real problem is that any antiviral drug cannot control or destroy any bacterium and any antibiotic cannot control or destroy any virus and these microbes become resistant to these drugs by mutations over a period of time. Corona virus is having seven strains viz., HCoVand -229, HCoV-OC43, SARS-CoV, HCoV-NL63, HKU1, MERS-CoV and the latest Covid-19. We are unable to control the Covid-19 epidemic with already existing drugs for first six strains of corona viruses. In aayurveda and other Indian systems of medicines there are many drugs or ingredients of drugs like Gud'oocee, Haridra, Aamalakee, Pippalee, Nimba which have antibacterial, antiviral and/or antifungal activities along with other actions like anti-inflammation, immunomodulation etc. The same medicines can be used not only for human beings but other animals and plants also. So far there are no reports of any microbial resistance to these formulations of indigenous systems.

In this universe all living beings including microbes try to be alive, the basic instinct of Ahamkaara from which everything in this phenomenal world is evolved, inspite of facing many life threatening situations by adopting themselves. Developing antimicrobial drugs targeting any very specific structural or functional aspects of



microbes is not going to serve the need as we are giving them ample scope and also forcing them to adopt by means of mutations etc. The history of antiviral and antibacterial drugs itself is an evidence for this statement. Pumping new drugs as per the mutations of the microbes is not going to serve the problems of present and future health issues.

So it is high time that with open mind the advantages of basic principles laid down in Aayurveda and other Indian Systems of Medicine in treating and preventing health issues are discussed, understood, propagated and utilized at global level for the

betterment of humankind.

Lokaah samastaah sukhino bhavantu

Dr. G. Nagabhushanam

Chief Editor

CONTENTS

1. AAYURVEDIC MANAGEMENT OF ALOPECIA - DR ARUN N P
2. ADVERSE EFFECTS OF FORMALDEHYDE EXPOSURE - DR. INDULEKHA
3. MEDICAL BULLETIN
4. EVENTS

DEPARTMENT OF RACANAA S'AAREERA

Aayurvedic Management of Alopecia

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Introduction

Hair remained a symbol of charm and power for centuries. It's every single man and woman's dream to adore beautiful hair. Ancient world sculptures and portraits showcased many hairstyles depicting beauty and power as we see in pictures of Mughal and Budha. Nowadays our looks and hair are becoming overwhelming to such an extent that we cannot even think of hair loss. Unfortunately, alopecia like autoimmune diseases are causing much harm to some people causing even disturbance in their mental health. It is thus hardly surprising that people with excessive hair loss often seek medical help. In this article I would like to share my treatment experiences with alopecia totalis, alopecia areata and scalp dermatitis.

Life Cycle of Hair:

Healthy men and women generally have 80 000 to 120 000 vital terminal hairs on the scalp. Hair is composed of keratin and is produced in the hair follicles. All hair follicles go through repeated cycles of growth and rest.

During the growth (anagen) phase which is 2–6 years long, a hair grows at a rate of about 0.3 mm per day or 1 cm per month. The maximum attainable hair length depends on the duration of the anagen phase. A brief transitional (catagen) phase follows and then a rest (telogen) phase lasting 2–4 months, after which the hair falls out.

Hair growth cycle:

Each of the 100 000 hairs on the head independently goes through a growth cycle consisting of three phases: anagen (3–6 years), catagen (1–2 weeks) and telogen (2–4 months).

History-taking in a patient with hair loss:

A complaint of “hair loss” may refer to either of two things: an increased amount of hair falling out daily (effluvium) or visible hairlessness (alopecia). Every day up to 100 hairs normally fall out. It is important to ask patients about the drugs they are taking. Women should be asked about gynecological factors such as the initiation or discontinuation of hormonal contraceptive drugs. Highly toxic factors such as chemotherapeutic drugs can induce severe follicular damage causing hairs to break off in their follicles within one to three weeks. Structural changes can occur in which originally straight hair regrows as curly hair or vice versa.

Increased daily hair loss is called “effluvium”; visible hairlessness is called “alopecia.”

Physical examination:

Inspection of the scalp (capillitium) reveals whether there is a visible reduction of the amount of hair (alopecia) and if so, in what pattern. Any inflammatory redness or scaling should be noted as psoriasis and eczema can cause effluvium. Dermatoscopic examination of the scalp is helpful as well.

Laboratory tests for diffuse effluvium:

In patients with effluvium of unknown cause, laboratory testing should be performed to exclude in particular, the following:

- Iron deficiency (ferritin)
- Thyroid dysfunction (TSH, T3, T4)
- Stage II syphilis (TPPA test).

Syphilis is very rarely detected but omitting to take the relevant



history or to perform the TPPA test in a patient with hair loss can have serious consequences for the patient and for the physician as well if neurosyphilis should later develop.

Types of Alopecia

Androgenetic alopecia

Androgenetic alopecia is the most common type of hair loss affecting up to 70% of men and 40% of women. Histological examination reveals diminished size of terminal hair follicles in genetically predisposed areas of the scalp, shortening of hair growth phases and decreased thickness of hair shafts. The pattern of hair loss is characteristic: in men receding temporal hairlines and hair loss in the region of the whorl at the back of the head (Norwood–Hamilton type); in women - diffuse midline thinning on the top of the scalp (Ludwig type).

Androgenetic alopecia in men is ascribed to genetic variants of the androgen receptor. The gene for the androgen receptor lies on the X chromosome; thus a man's tendency to develop androgenetic alopecia in later life can be inherited in the maternal line.

Alopecia areata

Alopecia areata ("baldness in a circle") often arises suddenly; it usually affects a round patch of scalp at first and then spreads in a centrifugal or multilobular pattern. This disorder has a genetic component. Alopecia areata affecting the entire scalp is called alopecia areata totalis; that affecting the entire body is called alopecia areata universalis. Acute alopecia areata begins with marked diffuse hair loss. Alopecia areata has a lifelong incidence of 1–2% and is the third most common type of hair loss after androgenetic and diffuse alopecia.

This condition is associated with other inflammatory and autoimmune diseases including atopic eczema, Hashimoto's thyroiditis, Graves' disease, and vitiligo.

Prognosis

The following factors imply a worse prognosis:

- Onset in childhood
- Extensive involvement and long duration
- Ophiasis type (nuchal involvement)
- Nail involvement (pitting; sandpaper nails)
- Atopic dermatitis and autoimmune disease
- Positive family history.

The condition is thought to be due to an autoimmune reaction

because scalp biopsies from patients with alopecia areata have revealed dense infiltration of lymphocytes and other immune cells in the deepest part of the hair follicles (bulb and dermal hair papilla). The hair follicles are reversibly damaged mainly by cytotoxic T lymphocytes and cytokines (interferon, interleukin-2, and interleukin-15 receptor β); in consequence, the hair falls out. It remains unclear why and when alopecia areata arises, why the hair a few centimeters away from an area of alopecia grows normally, and how spontaneous remission comes about. Emotional and physical stress are thought to precipitate alopecia areata but this has not been scientifically confirmed. The condition does not seem to be explicable as the product of an infection or a toxic environmental influence.

Alopecia areata takes a highly variable course, manifesting itself clinically in any of the following ways:

- A single small focus that resolves spontaneously
- Multiple simultaneously present areas of alopecia, including some with regrowth of hair, and others newly arising
- Multiple large foci often confluent, that can persist for years
- Total hair loss that persists for decades.

One-third of patients have a spontaneous remission within six months of the initial manifestation; 50–80% is asymptomatic after one year.

Treatment- modern concept

The treatment of alopecia areata depends on the severity of involvement. If the disorder is mild and does not cause the patient very much distress, waiting for a spontaneous remission is a sensible option. Treatment with zinc, Topical corticosteroids, intralesional injection of triamcinolone crystals are also in practise. The most effective treatment is topical immune therapy with diphenylcyclopropenone or squaric acid dibutylester.

Aayurvedic management

Aayurveda considers the disease as indralupta. Srotorodha at the hair root is the main nidaana of Alopecia. So the line of treatment is constructed in such a way to eliminate the kapharodha and promote the growth of hair follicle. The treatment principles that can be used are kr'mihara cikitsa, kusht'hahara cikitsa, lekhana cikitsa, virecana, rakta mokshan'a (pracchaana and jalooka), rasaayana and also kes'a samrakshan'a cikitsa and its poshaka cikitsa. Since kes'a is the dhaatumala of asthi, correction in the quality of asthi dhaatu is very essential.



For kr'mihara we can use nimbaadi kashaaya, kr'mighna vat'i, candras'ooradi kashaaya etc. Guggulutiktaka kashaaya, nimbaamr'taasava, aaragvadahaarisht'a, khadiraarisht'a can be used as kusht'a hara cikitsa according to the condition. Sr'n~ga bhasma, loha bhasma, aya bhr'n~garaaja tab , saptaamr'ta loha can be used for kes'a and asthipusht'i. Guggulutiktaka ghr'ta, bhallaataka ghr'ta, tiktaka, mahaatiktaka ghr'ta can be used for snehapaana and virecana can be done with avipatti coorn'a, maan'ibhadra gud'a, eran'd'a taila according to the condition. Externally udvartana and lekhana should be adopted for the purpose of srotoshodhana at hair follicle level. For oil application Maalatyaaadi kera, naarasimha oil, kes'apushpa etc are the drug of choice.

I have got an opportunity to treat my mother who developed Alopecia Totalis at the age of 60. Her patches started over occipital region. She became completely bald within 6 months and also lost her eyebrows. Steroids didn't work for her and soon she switched to aayurvedic treatment. She stucked to the aayurvedic regimen and followed my instructions strictly. After following s'odhana treatment a hair oil with asana kashaaya and bhr'n~garaaja svarasa with tila, jambu, sahadara, triphala coorn'a prepared in tilataila is tried. Same coorn'a has been made into fine powder for hair pack. After 6 months hairs started to regrow and within 2 years complete regrowth of hair was observed.

Procedure

Poorvakarma- Abhyan~ga using appropriate oil and mild steam.
 Pradhaana karma- Patient's head is cleaned with triphala kashaaya.
 Pracchana (blood letting) done with insulin syringe or scalpel.
 Immediately after this hair pack is applied over scalp and left for 30 minutes. Head was then washed using thaali powder. This process was repeated once in a month till hair follicle appeared.

Adverse Effects of Formaldehyde Exposure

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Formaldehyde is an anxious gas which is extensively used as a tissue preservative of cadavers in anatomy halls. Formalin is the aqueous solution of formaldehyde. After evaporation from embalmed bodies it turns into fumes and is responsible for harmful effects. Therefore, laboratory staff and students are at high risk of different clinical complications due to the continuous exposure to formaldehyde.

Pas'caat karma-Hair oil is used regularly for 30 min before bath. Pathyaahaara like tila, yava, godhooma, leafy vegetables and fruits were suggested.

Pathya- sesame seeds, wheat, leafy vegetables, carrot, beetroot, ghee, gooseberry, orange, pappaya, grapes, almond nuts, dates etc.

Apathya- sour salt and spicy foods, pickles, sauces, vinegar, curd, packed food etc.

Conclusion

Alopecia which is a chronic dermatological disorder has few physically harmful effects but its impact on the psychological aspect of the patient is serious leading to high level of anxiety and depression. So its management is crucial for the overall wellbeing of the person. Modern medical management for the disease is minimal and not fruitful for many. At this junction aayurvedic management with parasurgical procedure, effective hair strengthening and reviving medicines gives a ray of hope for the alopecia patients. By following the aayurvedic protocol for alopecia we can observe healthy scalp with new buds of hair follicles. So approaching the hair fall as the end result of dearrangement of the metabolic function referred by agni in aayurveda of the body system is the key to get rid of this messy alopecia problems.



Routes of Exposure

1) Inhalation-- Most of the formaldehyde exposures occur by inhalation . Formaldehyde vapor is readily absorbed from the lungs. In cases of acute exposure, formaldehyde will most likely be detected by smell. Low dose acute exposure can result in headache, rhinitis, and dyspnea; higher doses may cause severe mucous membrane irritation, burning, and lacrimation, and lower respiratory effects such as bronchitis, pulmonary edema, or pneumonia. In Sensitive individuals it may produce coughing, tightening in the chest, a sense of pressure in the head and palpitations and asthma, even at very low doses. Formaldehyde vapors are slightly heavier than air and can result in asphyxiation.



2) Skin --Formaldehyde is absorbed through intact skin and may cause skin irritation or allergic dermatitis. After a few days of exposure, a sudden inflammatory skin reaction may develop on the eyelids, face, neck, scrotum, and flexor surfaces of the arms. Other surfaces of the body may also be involved, sometimes after years of repeated exposure. Children are more vulnerable to toxicants absorbed through the skin because of their relatively larger surface area: body weight ratio.

3)Eye Contact--Ocular exposure to formaldehyde vapors produces irritation and lacrimation. Depending on the concentration, formaldehyde solutions may cause transient discomfort and irritation or more severe effects, including corneal opacification and loss of vision.

4) Ingestion--Ingestion of as little as 30ml (1 oz.) of a solution containing 37% formaldehyde has been reported to cause death in an adult. Ingestion may cause corrosive injury to the gastrointestinal mucosa, with nausea, vomiting, pain, bleeding, and perforation. Corrosive injuries are usually most pronounced in the pharyngeal mucosa, epiglottis and esophagus. Systemic effects include metabolic acidosis, CNS depression and coma, respiratory distress, and renal failure.

Is Formaldehyde a carcinogen?

Formaldehyde has been shown to induce a rare form of nasal cancer in animals (Fischer 344 rats and B6C3F1 mice). Although humans and animals may differ in their susceptibility to specific chemical compounds, any substance producing cancer in experimental animals, particularly in more than one species, should be viewed as a potential cancer-causing agent in humans also. Formaldehyde has also demonstrated mutagenic activity in several body systems.

How to replace formaldehyde?

Even though traditionally formaldehyde was used to preserve bodies worldwide, now most of the countries have raised concerns or stopped using formalin due to its adverse effects..

Plastination is another novel method of body preservation where the body water and fat is replaced by silicone resins or epoxy polymers. This is a very advanced way of preserving bodies as the cadavers are odorless, more durable, can be touched but less flexible. However, plastination is a method that could be used to preserve dissected specimens for a long time ,allowing some amount of tissue mobility and it is very suitable to be used in preparing museum specimens. The plastinized specimens could be just left in room temperature and the students could handle the specimens and learn anatomical structural relations. However, it is

an expensive process and tissue dissection would not be possible after plastination.

How to minimize the exposure to formaldehyde?

To minimize formaldehyde exposure in gross anatomy laboratories, NIOSH recommends the following:

- Awareness--Students and instructors should be aware of the potential health hazards of formaldehyde.
- Ventilation-- should provide a minimum of five air changes per hour to help lower formaldehyde concentrations.
- Personal Protective Equipment (PPE)-- Limit physical contact with the cadaver and released liquids by using PPE. Our clothing, lab coat, apron, surgical mask, gloves and safety glasses, are all examples of PPE. Those who use contacts must clean the lens daily to prevent hardening due to chemical exposure. Latex gloves do not provide the same level of protection as nitrile gloves. Do not re-use gloves. Change them after 15 minutes of continuous use. Double-gloving prolongs use time.
- Personal hygiene – After completing work in the dissection hall, remove PPEs and wash thoroughly with mild soap and water. Washing should be careful and deliberate, ensuring thorough cleaning of any possible exposed skin. If you suspect that you have been exposed during the dissections, stop what you are doing, remove protective equipment and wash carefully.
- Waste disposal – All disposable PPE must be disposed as medical waste. Gloves and disposable aprons must be placed in the medical waste containers. They should not be pushed down in the bio hazard waste bins. The human tissue that becomes waste during dissection is collected in a red container at the end of the dissecting table and is disposed at the end of the semester with the cadaver.
- Environmental health and safety – The College is committed to maintain a safe and healthy environment for everyone who works and lives within its facilities. The authorities should monitor the use, storage, and disposal of hazardous materials. They also must educate the staff, faculty, and students about the proper handling of these materials and about the actions to be taken in the event of an accident.
- Do not allow formaldehyde containing liquids to puddle on the floor. Absorb puddles with paper towels. Dispose the paper towels in the lidded trash container. Make sure that the lid of the drain bucket located under the dissection table is closed.
- Properly cover the cadaver after finishing dissection. This will reduce the release of formaldehyde into the hall.



Medical Bulletin

Bird flu confirmed in Kerala, state on high alert

The cases have been reported from two farms in West Kodyathur and Vengeri in Kozhikode district on 7th March 2020. It was confirmed through the tests conducted at the National Institute of High Security Diseases, Bhopal, Madhya Pradesh. Bird flu or avian influenza is referred to the infection of birds by H5/H7 strains of avian influenza Type A viruses. Infected birds can shed the virus through their saliva, nasal secretions and faeces. All domesticated birds and hens within one-km radius of the bird flu-infected areas are to be culled. Nearly 200 trained staff in as many as 25 rapid response squads of five each are in process of culling an estimated 12000 birds mostly chicken besides turkey and love birds. Health authorities advise to avoid close contact with birds, pets and maintain proper hygiene practices. Improperly cooked meat and eggs should be avoided.

Woman dies of Monkey fever in Wayanad

A 48-year-old woman died of Kyasanur Forest Disease (monkey fever) at Kozhikode Government Medical College Hospital on 9th March 2020. KFD is caused by a member of the virus family Flaviviridae. Hard ticks (Hemaphysalis spinigera) are the reservoir of KFD virus and once infected, remain so for life. Rodents, shrews and monkeys are common hosts for KFDV after being bitten by an infected tick. Transmission to humans may occur after a tick bite or contact with an infected animal, most importantly a sick or recently dead monkey.

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

Behavioral Disorder in Children - Guest lecture



A Guest Lecture was conducted at the college on the topic "Behavioral Disorder in Children" by Dr. Sreekumar Retired DMO, Kozhikode on 12th February 2020. The doctors, house surgeons and students of 3rd Year and Final Year BAMS participated in the session.



Rhithambara- Magazine release



The College Magazine "Rhithambara" of the college union 2018-19 was released on 12th February 2020 at a function organized at the college auditorium. Chief Guest of the Programme was renowned Novelist, Shri Mundur Sethumadhavan. Principal Dr. G Nagabhushanam, Staff editor Dr. Krishnanand, student editor Kum. Aarathy Nandakumar and Sri. Suresh Valamaruthur who did the design and layout, addressed the gathering expressing their efforts and the highlights of the magazine.



Ardram Health Awareness Programme



As a part of Ardrum Project, a Kerala government health initiative, Santhigiri Aayurveda Medical College Palakkad conducted a Health campaign for the students of 6th standard of Senior Basic School, Olassery, Palakkad on 14th February 2020 from 10am to 1pm. Dr. Deepthi Nair, Associate Professor, Dept of swastha vrutha, handled the practical yoga training session, with the support of house surgeons Dr.

Swedha and Dr. Nayana which highlighted the role of yoga in health promotion. Dr. Syam Chandran, Asst. Professor, Dept of shalakya tantra conducted vision screening with the help of house surgeons. Dr. Beegum Yasmina Hussain, Asst. Professor, Dept of Kaumarabruthya took an awareness class on general health, grow and development of children for the parents of 6th standard students





Inauguration of Renovated Hospital Building

The inauguration of the renovated hospital building was conducted on 26th February 2020. The function was chaired by Principal Dr. G Nagabhushanam. Ms. Remya Haridas, MP Alathur inaugurated the renovated second floor of Santhigiri Ayurveda Medical College Hospital. Kodumbu Panchayat President Smt. Shailaja inaugurated the new Prasuti tantra OT and labour room, and Palakkad Municipal Chairperson, Smt. Prameela Sasidharan inaugurated the new Digital X Ray unit at the hospital. Swami Vandanoor njanatapaswi, Dr. Janani Remyaprabha njana thapaswini, Sri Sukeshan, Sri Muraleedharan Karat, Sri. Suresh Kumar, Dr. Sreejith, Dr. Sruthy N Raj and other dignitaries felicitated the function.



KUHS Interzone Arts fest 2020

Our students participated in KUHS Inter Zone Arts Fest which was conducted from 17th to 20th February 2020 at Kozhikode Medical College and brought laurels to the institution.

1. Hindi Essay Writing - 3rd Prize (Ms. Anaswara P - 2017 Batch)
2. Pros n Cons - A Grade (Ms. Shahanaz - 2017 Batch)
3. Oppana - 1st Prize



Medical Camp - Lion's School

A medical camp was conducted on 1st March 2020 at the Lion's Higher secondary school Palakkad in association with Lion's Club International, Palakkad Chapter. The team of doctors and house surgeons were led by Dr Sasmitha and Dr Ponnamma.

Participations & Visits

P K Rajan Memorial football tournament 2020

Our students participated in PK Rajan Memorial Inter Ayurveda Football Tournament 2020, organised by the council for Ayurveda students of Kerala on 11th February 2020 at APJ Abdul Kalam Ground, Tripunithara. Match was lost against SN Ayurveda College. Gokul G Nair was selected as the Best Promising Player of the match.



AMAI State Conference

The Doctors, House Surgeons & Final year students of Santhigiri Ayurveda Medical College attended the annual state conference of Ayurveda Medical Association of India at Kottakkal on 23rd February 2020. Our college students received a token of appreciation for our active contribution in flood relief activities at Nilambur after the 2019 floods.



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