SOUVENIR

First National Conference of

BHARTIYA SANGYAHARAK ASSOCIATION

(Association of Anaesthetists of Indian Medicine)

8th-9th March, 1997

Section of Sangyaharan, I.M.S., B.H.U., Varanasi

INAUGURAL EDITION

Journal of

Sangyaharan (Anaesthesia)

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BHARTIYA SANGYAHARAK ASSOCIATION
(Association of Anaesthetists of Indian Medicine)
Section of Sangyaharan, Department of Shalya-Shalakya
Faculty of Ayurveda, Institute of Medical Sciences
Banaras Hindu University
Varanasi

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VC/1176
December 22, 1996

Dr. D.N. Pande
Organising Secretary
First National Conference of Association
of Anaesthetists of Indian Medicine
Operation Theatre Block (Indian Medicine)
S S Hospital
Banaras Hindu University

Dear Dr Pande

I gladly accept the privilege of being the Patron of the First National Conference of Association of Anaesthetists of Indian Medicine scheduled on March 8-9 1997 here at Banaras Hindu University.

It shall be an honour to **inaugurate** the function as well on **March 8, 1997**. I wish that the First National Conference under your dynamic leadership shall be a great success.

With regards

Yours Sincerely

HARI GAUTAM

TEXAS TECH UNIVERSITY HEALTH SCIENCES CENTER at EL PASO

School of Medicine
Department of Anesthesiology
4800 Alberta Avenue
El Paso, Texas 79905-1298
(915) 545-6560

11 February 1997

Dr. S.B. Pandey
Chairman
First National Conference of Association
of Anaesthetists of Indian Medicine
B.H.U. Varanasi
928/2 Ganeshpuri Colony
Susuwahi, VARANASI

Dear Dr. Pandey:

Thanks for your letter of invitation for your First National Conference of Association of Anaesthetists of Indian Medicine.

I am also grateful to you for asking me to be the "Guest of Honor" at this conference. However, I regret that I, unfortunately, cannot attend this meeting because of lack of time. It takes usually two to three months to arrange for leave and to make the travel arrangements.

Anyway, I wish you and the Society to have great success on the occasion, and in the future. Also, do not worry about anything else. I am also enclosing a short message for the souvenir.

Thanks again with best wishes.

Sincerely,

Phool Chandra, M.D.
Associate Professor

Enclosure

PHOOL CHANDRA, M.D.
EL PASO, TEXAS, U.S.A.

It gives me great pleasure to know that the Association of Anesthetists of Indian Medicine are holding their First National Conference at B.H.U. Varanasi on March 8th-9th, 1997, under the able guidance of Dr. S.B. Pandey.

Dr. Pandey my former colleague, happens to have a unique knowledge of both, Indian Medicine and modern (Westernized) anesthesia techniques. Therefore, I am quite certain that this First National Conference of Anesthetists of Indian Medicine will provide a forum for exchange of ideas and excellent education for all Indian anesthetists.

I wish the Association and other colleagues, great success in the future in their commendable endeavors.

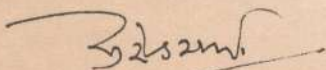
MESSAGE

I am happy to know that the specialist of Sangyaharan (Ayurveda) are celebrating 1st Conference in the Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi. Although Sushruta Samhita do mention some references on Sangyaharan, but after that, till the first half of 20th Century there was no practice of Sangyaharan, while practising of surgery by the Ayurvedists.

With the revival of Shalya and Shalakya practices and post- graduate studies in Banaras Hindu University under the leadership of Late Prof. P.J. Deshpande, surgical procedures also extended in the Stree Roga (Gynaecology) and Prasuti Tantra (Obstetrics) relating practices of Ayurveda. The assistance of Sangyaharaks were very well appreciated in all the surgical interventions, practiced by the Ayurvedic specialists. Therefore simultaneous efforts were started to revive and develop the Sangyaharan speciality in the Department of Shalya-Shalakya, Banaras Hindu University. Their efforts have succeeded to produce Sangyaharaks to facilitate any surgical procedure.

There is a big scope of this speciality of Ayurveda to develop safe Vednashamak (Analgesics), Shamak (Sedative) and Nidrajanak (Hypnotics) and resuscitative measure suitable to the needs of the day. There is also a necessity to develop some techniques, safer Ayurvedic Sangyahar medicines as well as medicines to minimise the dosages and side effects of available anaesthetic drugs.

This National Conference of Ayurvedic Sangyaharak's will be a landmark to accelerate the training and research in this area. I wish all the success of the convention.



(S.K. Sharma)

S. R. BOMMAI

मानव संसाधन विकास मंत्री
भारत
नई दिल्ली - ११०००१

MINISTER OF
HUMAN RESOURCE DEVELOPMENT
INDIA
NEW DELHI - 110 001

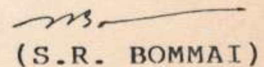
February 25, 1997

MESSAGE

I am happy to learn that the First National Conference of Association of Anesthetists of Indian Medicine is being organised at Varanasi on 8th & 9th March, 1997.

Our national Goal of 'Health for All by 2000 AD' will be reality when all the organisations and individuals in the system of medicine work in a coordinated and integrated way complimenting and reinforcing efforts with vision for Healthy India. The availability of various developed facilities and services to all sections of the Society should be also one of the main concerns. The events of such kind will provide an opportunity for the participants to discuss all the vital aspects, bring forth solutions and suggest specific measures to be adopted to achieve the desired objectives.

I extend my greetings to the organisers, participants and convey best wishes for the success of the Conference.



(S.R. BOMMAI)

The Prime Minister

KATHMANDU
NEPAL

February 25, 1997

Message

I am happy to learn that the first National Conference of Association of Anaesthetists of Indian Medicine is being held in the holy city of Varanasi from March 8, 1997. It is my privilege to send a message for the success of this august gathering of learned persons, research scholars in oriental medicine especially in anaesthesia, one of the least explored areas of Ayurvedic field.

It is my sincere hope that the deliberations and interactions that would take place in the meeting will definitely pave the way for further development of Sangyaharan (Anaesthesia). I would like to remark that India is the mother of all ayurvedic medicine and has been striving forward for the development of this medicine to alleviate the cause of human suffering in the entire world for centuries. But the lack of organised efforts & initiation, the development in this field of Sangyaharan (Anaesthesia) is lagging behind other sectors, even though BHU is modestly engaged in research and development of this area by mobilising its scholars and medical scientists for the last two decades. I hope, this conference will be meaningful in generating awareness not only in India but to other parts of the world including our country, Nepal.

I am fully confident that the conclusions being derived from this discussions will be for the benefit of the entire world.

Finally, I wish a happy and successful completion of this conference.

Sher Bahadur Deuba

(Sher Bahadur Deuba)

VIPLOVE THAKUR

AYURVEDA

राज्य मन्त्री,
हिमाचल प्रदेश सरकार,
शिमला-171002.

MESSAGE

I am glad to know that 1st Indian National Conference of the Association of Anaesthetists of Indian Medicine is being organised at Banaras Hindu University.

The conference would attract a galaxy of Anaesthetists including eminent experts in the field of Indian Medincine. I hope, the occasion will provide an opportunity for fruitful and relevant deliberations on the latest development and research in the field of Indian medicine besides various other aspects.

I wish the conference a great success.

Sd/-
(Viplove Thakur)
Minister of State for Ayurveda

निदेशालय, आयुर्वेद विभाग
राजस्थान, अजमेर

क्रमांक/सामा ३/भा०चि०के०प्री०/६७/५६४२

दिनांक ६.२.६७

श्री डी० ऐन० पाण्डे
औरगनाईजिंग सैकेट्री
एफ० एन० सी० ए० ए० आई० एम०
वाराणसी

विषय : प्रथम राष्ट्रीय कान्फ्रेन्स के आयोजन बाबत ।
प्रसंग : आपके पत्रांक ५.१२.६६

मान्यवर,

उपरोक्त विषयान्तर्गत आपके पत्र क्रं० दिनांक ५.१२.६६ के संदर्भ में निवेदन है कि आप द्वारा प्रथम नेशनल राष्ट्रीय कान्फ्रेन्स आफ एसोसियेशन एनथेटिक्स आफ इण्डियन मेडिसिन का दिनांक ८ व ६ मार्च १६६७ को आयोजन किया जा रहा है । यह प्रसन्नता का विषय है । मैं संगोष्ठी की सफलता की कामना करता हूँ ।

सदभावी

राम भरोसी मिश्र
निदेशक

Prasata Kumar Gupta
MBBS (Cal), MD (BHU), Ph.D (Belgast) DARCS (London)
Ex. Professor & Head
Deptt. of Anaesthesiology
State Medical College
Burdwan (W.B.)

14, Manmatha
Dutta Road
Calcutta - 37
Phone 5567015

25th Jan, 1997

Dr. S.B. Pandey
Chairman
First National Conference of Association of
Anaesthetists of Indian Medicine

MESSAGE

I am glad to know that you are holding a National Conference in Banaras Hindu University on 8-9th March, 1997

My best wishes for the success of the Conference

Yours Sincerely,

P.K. Gupta

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Prof. Vaidya Shriram Sharma
Ayurvedacharya
Founder Fellow National Academy of Ayruveda
Special Executive Magistrate
Ex-President All India Ayurvedic Congress
Chairman C.C.I.M., New Delhi

MESSAGE

To
Dr. D.N. Pandey
Organising Secretary
First National Conference of Anaesthesia

Respected Dr. Pandeyji,

I am very glad to know that you are organising First National Conference of Association of Anaesthetists of Indian Medicine.

The Nation which was creater of Surgery and leader of the science and art of surgery is now laging behind due to our failure in equiring the knowledge of Anaesthesia (Sangyaharan).

I am sure, that delabrations and decisions of the conference will go longway to revive our forgotten science of Anaesthesia (Sangyaharan) and incourage our doctors who practicing Anaesthesia (Sangyaharan).

I send my best wishes for the conference and wish the conference a great success.

Yours sincerely

(Vd. Shriram Sharma)

INSTITUTE OF MEDICAL SCIENCES
BANARAS HINDU UNIVERSITY
VARANASI - 221 005, INDIA

Date : February 17, 1997

I am glad that the Section of Sangyaharan, Department of Shalya Shalakya, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, is organising the first National Conference of the Association of Anaesthetists of Indian Medicine (Bharatiya Sangyaharak Association) on 8th and 9th March 1997. It is my privilege to welcome the delegates and guests attending the conference.

The medical needs of a growing population inevitably deserve a combined approach. I am sure, the conference attended by the pioneers of both the system i.e. allopathic and Indian medicine will come out with many practical suggestions. I am glad that the work in this direction is being done in our Institute. I am confident that this conference will provide an opportunity to exchange their views and experience. The deliberations in the scientific meetings will prove valuable in advancing the speciality of Sangyaharan.

I wish the conference a grand success.

(V.P. Singh)
Director

DEAN

FACULTY OF MEDICINE
INSTITUTE OF MEDICAL SCIENCES
BANARAS HINDU UNVERSITY
VARANASI-221005 (INDIA)

दिनांक फरवरी २१, १६६७

संदेश

प्रिय डॉ० डी०एन० पांडे,

मुझे यह जानकर अपार हर्ष हो रहा है कि आयुर्वेद संकाय के शल्य-शालक्य विभाग में आपके कुशल नेतृत्व में ८-६ मार्च १६६७ को संज्ञाहरण एसोसियेशन की ओर से राष्ट्रीय गोष्ठी का आयोजन हो रहा है।

संज्ञाहरण विज्ञान शल्य क्रिया का एक महत्वपूर्ण अंग है, इसके प्रभाव में शल्य क्रिया करने से शल्य चिकित्सक एवं रोगी दोनों को लाभ होता है ।

चिकित्सा विज्ञान के इस उन्नत युग में निसंज्ञा विषय ने भी बहुत से अन्वेषण और उन्नति की है । आशा है संगोष्ठी में आये विद्वानों के ज्ञान, अनुभव तर्क और शोध पत्रों की प्रस्तुति से सबका ज्ञानार्जन होगा और आयुर्वेद चिकित्सा पद्धति में नवीनीकरण होगा ।

संगोष्ठी में आये हुए चिकित्सकों, विद्वत्जनों का हार्दिक अभिनन्दन और गोष्ठी की सफलता के लिए अनेकानेक शुभकामनाएं ।

(प्रियम्वदा तिवारी)
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आधुनिक चिकित्सा संकाय एवं
भूतपूर्व निदेशक, चिकित्सा विज्ञान संस्थान
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FACULTY OF AYURVEDA
INSTITUTE OF MEDICAL SCIENCES
BANARAS HINDU UNIVERSITY
VARANASI - 221 005, INDIA

Date : 14.2.1997

MESSAGE

I am glad to learn that the Conference of 'Association of Anaesthetist of Indian Medicine' is being organized by Dr. D.N. Pandey, Department of Shalya Shalakya, Institute of Medical Sciences, Banaras Hindu University. Recent megashift in the role of anaesthetists and expending frontiers of scientific knowledge in the field adds to the significance of this conference. I have no doubt that the Section of Sangyaharan, Department of Shalya Shalakya, Faculty of Ayurveda, IMS, BHU will provide an ideal setting for the gathering of experts drawn from the country.

Varanasi has since time immemorial been attracting scholars and seekers of knowledge from all over the country. The distinguished gathering of anaesthetists in this conference is going to be one more significant event in this tradition.

My best wishes for the success of the Conference.

(G.P. Dubey)
Dean

Prof. L.M. Singh
A.M.S., Ph.D.
Fellow of National Academy of Ayurveda
Delhi, India
Former Dean, Faculty of Ayurveda
B.H.U., Varanasi
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Old Bagmati Bridge
Sinamagal
P.O. Box. 2931
Kathmandu
Phone : 00977-1-472594

MESSAGE

It gives me an immense pleasure to welcome the delegates attending the First National Conference of the "Bhartiya Sangyaharak Association" being organised by the Section of Sangyaharan, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University on 8th and 9th March, 1997. I am glad to know that the Scholar of Indian Medicine working in the field of Sangyaharan are making efforts to contribute and enrich the armamentorium of Anaesthesiology.

I am sure that this conference shall provide excellent opportunity for the practitioners of this science to exchange their experiences and views to increase the safety of the patients undergoing surgery.

I compliment the organising secretary Dr. D.N. Pande and his team for tremendous efforts that they have made to make this conference a grand success.

(L.M. Singh)

Tribhuvan University

Institute of Medicine

Office of The Dean

Tel. : 4-12040, 4-10911, 4-13729
Telgram : INSTIMED, Kathmandu
Post Box No. 1524
Maharajgunj
Kathmandu, Nepal

Date : Jan 16, 1997

MESSAGE

Dr. D.N. Pandey
Organising Secretary
First National Conference of Association of
Anaesthesists of Indian Medicine
928/2 Susuwahi
Varanasi (U.P.)

Dear Dr. Pandey

Greetings from Nepal-the heavenly above of the saints and sages who have lived with Ayurveda since time immemorial in this Himalayan Kingdom.

I am pleased to know that Association of Anaesthesists of Indian Medicine is going to organise First National Conference at the holy city of Varanasi from March 8-9, 1997. Further I am delighted to hear that the organizing committee is trying to leave the imprints in the form of souvenir.

On behalf of the Tribhuvan University, Institute of Medicine, I would like to extend heartfelt felicitations and wish a very successful meeting. Let this meeting bring the galaxy of scholars of this region and foster the idea of "Vasu Daiva Kutumbakam".

P.C. Karmacharya, MD
Dean

Nalin Thaker
Director, Indian System of
Medicine & Homeopathy
Gujarat State, Gandhinagar

MESSAGE

It is a matter of great pleasure to learn that your Institution is going to organise a conference on SANGYAHARAN (Anesthesia). There had been a "DHANVANTARY SAMPRADAY" dealing specially with surgical branch of Indian Medicines in which ACHARYA SUSHRUT was one of the pioneers. So naturally the Science of Anesthesia might have developed to its Zenith in ancient era as it is supplementary to any type of surgery.

Being Director of I.S.M. (AYURVEDA), I am happy to know about your right step in this direction. I think it is a first attempt of its own kind. I hope the participants will come to some fruitful conclusion and thus can offer their Valuable contribution to our science as our nee-Scientist engaged in field of surgery find themselves handicapped owing to lack of our own Anesthesia.

I wish every success to the conference and all the participants taking part in it.

Director
Indian System of Medicine & Homeopathy
Gujarat State, Gandhinagar

Dr. K.R. Sharma
A.B.M.S., D.Ay.M., Ph.D.,
F.I.AP. (U.S.A), F.R.A.S (Lond.)
Ex-Professor and Head
Deptt. of Shalya Shalakya
Institute of Medical Sciences
Banaras Hindu University
Varanasi - 221 005

Residence :
"SUPTA KUTIR"
N 9/31, B-4, PATIA
Brij Enclave Ext.
P.O. Bajardiha
Varanasi - 221 109
Ph. 316050

Date : 18th Feb. 1997

MESSAGE

Dear Dr. Pande,

I am happy to learn that the Bharatiya Sangyaharak Parishad (Association of Anaesthetists of Indian Medicine) is organising its First National Conference at the Section of Sangyaharan, Department of Shalya Shalakya, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University on 8th and 9th March, 1997. The practitioners of Indian Medicine are occupying even the remotest areas of the country and cover a larger field of service. The concept of Sangyaharan in Indian Medicine is of recent origin and this conference will definitely percolate the knowledge of this new concept into the remote places. It will also help the practitioners of Indian Medicine to serve better by introducing the services of Sangyaharan available to them whenever required. The Association is doing commendable work in this direction and also in the upliftment of the standards of medical services in the country and the Ayurvedic education.

I wish the conference all success.

(K.R. SHARMA)

Justice G.S. Chaubey
Patna High Court
PATNA, BIHAR

Date : Feb. 20, 1997

Thank you for your kind invitation to attend the First National conference of the Association of Anaesthetist of Indian Medicine (Bhartiya Sangyaharak Association) to be held in the Banaras Hindu University, Varanasi on 8th and 9th March of this year.

The integrated knowledge of Indian systems of Medicine and allopathic Medicine has the unique advantage of combining the best, in all the available systems. I am sure, the conference will come out with many practical suggestions in the direction.

I offer my greetings and good wishes to all those who participate in this I National Conference of AAIM and wish their deliberations all success.

(G.S. Chaubey)

Jt. A.N. Chaturvedi
President
Consumers Grievances
Redressal Commission
Bihar State
PATNA

Dated Feb. 23, 1997

MESSAGE

I am happy to know that 1st National conference of Bharatiya Sangyaharak Association is being held at Varanasi on 8th and 9th March, 1997.

I send my best wishes to the organisers and the attending delegates for the meaningful success of the conference and do hope that its deliberations will go a long way in achieving the national target of 'Health for all'.

(A.N. Chaturvedi)
President

सोमनाथ पाण्डेय
महाप्रबन्धक
S. N. Pandey
GENERAL MANAGER

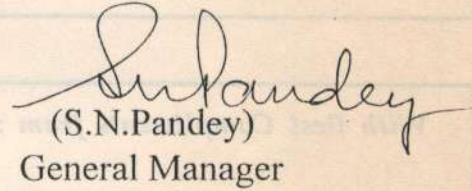
पूर्वोत्तर रेलवे
गोरखपुर-273012
NORTH EASTERN RAILWAY
GORAKHPUR-273012
Fax. : 0551-333842
✆ 333041(O)
333074 (R)

MESSAGE

It gives me immence pleasure to learn that First National Conference of Association of Anaesthetists of Indian Medicine is being organized at Benaras Hindu University, Varanasi on March 8 and 9, 1997.

Such programmes play a vital role in keeping anaesthetists abreast with the latest developments in the medical field. It is hoped that the deliberations during the conference would enrich the knowledge and experience of anaesthetists which, in turn, benefit the suffering humanity.

I wish the Conference a grand success.



(S.N.Pandey)
General Manager

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क्षीर सागर स्वीट्स

सोनारपुरा, वाराणसी

Editorial

It is a great honour and proud privilege for the Anaesthetists of Indian Medicine of Varanasi to host the Ist National Conference of the 'Bhartiya Sangyaharak Association (Association of Anaesthetists of Indian Medicine) in this old holy city of varanasi, the abode of Lord Vishwanath. We extend hearty welcome to the Guests, delegates, their families and friends visiting varanasi to attend this historic meet.

Kashi, has been the classical seat of learning and wisdom, for centuries and has been infusing the message of truth and fulfillment to all visitors. While a number of cultures have risen and fallen down, a number of cities disappeared in the abyss of the time, varanasi continues to grow and follow its effectless traditions in which, probably it is unique of its kind. The reputation of kashi as a seat of medical education was established in 1000 B.C. Divodas Dhanvantari, the King of Kashi was an expounder of Sushruta Samhita. Sushruta, who compiled the teaching of Kashiraj Divodas Dhanvantari as Sushruta Samhita was one of his twelve students.

The Varanasi conference of AAIM has historic importance in many ways. This specialist association being one of the most dynamic and professional in the field of medicine, is now confronted with responsibility of sharing in the patients management delivery system in the country. The delegates has to come out with fruitful action programme to meet the challenge. The tranquility- atmosphere of varanasi will provide favourable surrounding for cool thinking and policy decision for the future action.

It is very difficult task to ignore the truth that the historic sologan given by W.H.O., of 'Health for Al By 2000 A.D.' is a challenge for India. Now, at all levels, it is accepted that the goal can not be achieved only by the existing medical structure of orthodox allopathic medicine. It is insufficient, for the vast poor population of this country, which is unparallel not only in its socio-economic environments but also in the temperament. This serious problem is very well realised by the government but the policy making machinery being in the hands of orthodox allopathic doctors, the efforts was not made to develop the reasonable modus operandai in this direction. They donot want to give appropriate recognition to the doctors of Indian Medicine, due to their vested interest.

The sincere, suitable and honest solution of these problems were advocated and adopted long back by the national leaders. Mahamana Madan Mohan Malviya established Banaras Hindu University in the second decade of this century combining the best of 'Pratichi' and 'Prachi'. He had the foresight to show the path of integration of ancient Indian values with the technological developments of the west. In medical education, the establishment of the Ayurvedic College by him, was an example. It was unique institution at that time where Ayurveda was to be taught incorporating allopathic. Thus, Mahamana Malviya was founder of the integrated system and this Banaras Hindu University can claim to be the birthplace of integrated medicine.

At present, we have Institute of Medical Sciences in Banaras Hindu University, established and guided to its present position by its founder and former Director, Padmashree Prof. K.N. Udupa. This institute is unique in that it has Faculties of Modern Medicine (allopathic) and Indian Medicine under one umbrella with equal opportunities for both Faculties in imparting education and service to higher level. In fact, conceptually this institution can be said to be the epitome of Integrated Medicine. Faculties of this Institute, Modern as well as Indian Medicine are actively participating in the scientific deliberations of this convention. I am sure, that the exchange of ideas and experience, scientific deliberations and discussions will definitely update the knowledge of the Sangyaharak's participating in the conference. I and the other members of the editorial board wish all the best for the fruitful deliberations of this National Convention which may brighten the future of Sangyaharan as a discipline and the fate of its man power stock.

I am thankful to Dr. D.N. Pande, Organising secretary of Varanasi meet for inviting me to edit souvenir cum Ist issue of the official Journal of the Association. We are financially too much handicapped and handful of fellow workers in producing it and hence couldn't receive its expected shape. I apologize for the short comings.

Dr. S.B. Pande
Chief Editor

"Presidential Speech"

Friends,

"EKAM SHASTRAM ADHIYANO NA VIDHYAT SHASTRA NISCHYAM !
TASMAT BAHUSHRUTA SHASTRAM VIJANIYAT CHIKITSAKAHA !! "

(Su. Su. Adhy. 4-7)

Said Sushruta 3000 years back. Today same thing applies to the Anaesthetists. There are number of incidences mentioned in our Granthas depicting the details of operative procedures. I am sure they must have used proper anaesthetic techniques for undertaking such operations. We do get some references of Sangyaharan in Samhitas, but we are not in a position to detail out same at the moment.

As the fast developing surgical branches are accepting and utilizing new advances in different branches of sciences. We also have to accept and adopt new things from allopathic medicine including Anaesthesia and contribute something useful from the Indian Medicine to the armamentorium of Anaesthesia to cope up with the demands.

Some useful work in Anaesthesia branches in some of the Indian Medicine Institutions like Banaras Hindu University, Varanasi, Pune, Mumbai etc. is being done but they are all in a scattered way. Now the demand of the time is that they should be provided an excellent opportunity to exchange their views, thoughts and personal experiences to bring their beneficial results in lime light. Hope this particular forum will definitely be of a great help in furnishing the chance to both allopathic and Indian Medicine scholars working in the field of sangyaharan to update their knowledge through scientific deliberations and discussions.

In this regard I am proud to say that the Sangyaharan section of the Banaras Hindu University is the pioneer institution. The type of clinical and experimental research work carried out here in the close collaboration with the modern Anaesthesiology department, is an ideal one, to be followed by all the institutions of the country. Not only in the field of research, but the method of teaching and training of the post graduate students in Sangyaharan, had drawn attention of all the Indian Medicine Institutions of the country and had also attracted the central council of Indian Medicine, a central govt. body, to start the same course in different Institutions of Indian medicine.

Lot of work has been done here in Banaras Hindu University itself, with meagre finance and manpower. It is, therefore, essential for giving maximum support and assistance for developing the Sangyaharan subject in our country in a big way. Till date the mother department, Shalya-Shalakya, nourishes us, respects us, criticizes us and finally recognizes us if we deserve.

I am a fortunate person to have been elected as a President of this Prestigious society, the first one of its type in the country. I feel elated to be present as the Head of the society in this conference, on the land of Sushruta. Words will be insufficient to thanks my colleagues, who have provided me the opportunity to head the organisation.

I know, the most competent expert like Dr. Shashi Bhushan Pande, Retired. teacher from Banaras Hindu University is present amongst us, who is more suited for this. If I am not wrong, it can be said that he is the main architect of the present Sangyaharan set-up, both research and teaching, in the country. He is the founder and main driving force behind the whole movement. However, being modest, he has

passed on the responsibility to me. I accept the same with all humility at my command and assure you to carry on the task efficiently, of course with your help.

Many good organizations are born in this great city so is our organisation. I do congratulate the multiple parents of this new child which I am sure will grow fast under your care. Let me congratulate the parents of this organisation Dr. S.B. Pande, Dr. D.N. Pande and many others and wish them good luck.

Friends, wherever you are, you can always spare a fraction of your time and a part of your earnings for your own association in a true spirit. How you do, I leave unto you. At the end I would like to appreciate & also like to increase my stake for this noble work as well as to strengthening the association.

Let me remind you about the characteristics of a good physician.

"SARVATRA MAITREE, KARUNA ATURESHU
NIRAMDEHESHU NASHU PRAMODHA !
MANSI UPEKSHA APKRUTIM EVA
VAIDHYASYA SADVRITTIM ALANKAROTI!!"

No other things to say down now except my best wishes for this movement.

M.N. Chaudhary
G.F.A.M. (Bom.), F.F.A.M. (Bom.)
President
Bhartiya Sangyaharak Association

From the Desk of Organising Secretary

It is the moment of my life when I feel that I have partially fulfilled the objective of my life. By organising this First National Conference of the Association of Anaesthetists of Indian Medicine and by publishing the Souvenir with an Inaugural edition of the Journal of Sangyaharan, I have paid up partially 'GURU-RINA' of my 'Guru Ji - Dr. S.B. Pande.

When I joined the faculty of Ayurveda as a M.D. (Ay) scholar in Sangyaharan speciality I attended some conferences, an idea to organise a conference of this speciality came to my mind, I always thought that with the help of other Post graduate Colleges we can start a new development in Ayurveda and can produce a new thing for the benefit of humanity. It was the time when most of the general mass were not aware of this fact that surgery was at peak of its glory in ancient time and Sangyaharan (Anaesthesia) was a part of all the surgical procedures.

Contribution of Indians in the field of Surgery is now very well recognised by the world intellegentia. Now 'Sushruta' is recognised as 'Father of Surgery'. By and by when we go through Sushrut Samhita we found that surgical principles and surgery had achieved a good shape in that period. These points compel us to think that there might be a very good knowledge of Sangyaharan (Anesthesia) also. Many incidences and references prove this fact.

In this direction, first of all Prof. K.N. Udupa made some efforts to explore a new scientific method of research to develop the Ayurveda in a new shape. Prof. P.J. Deshpandey established Shalya Shalakya in a new model and gave it name and fame in world. It was the result of his constructive approach in the field of surgery that a new era appears. He gave many new ideas to do work. He started to think that we should also try to explore some Sangyaharan drabya in Ayurvedic texts, because the type of surgery, which were mentioned in the classics could not be possible without anaesthesia. On the same line Prof. P. Chandra and Prof. K. Pandey of the Department of Anaesthesiology thought and took initiation to start research work in the field of Ayurveda to search some indigenous drugs and procedures, helpful for anaesthesia. They encourage Dr. S.B. Pande, A.B.M.S., Ph.D. working as anaesthetists in the department of surgery to do research in this field and to find out some benificial indigenous medicine in the field of Sangyaharan. Prof. P. Chandra always emphasized that Faculty of Ayurveda should also develop it's own Sangyaharan section and should start it's training and teaching in an integrated system with Dr. S.B. Pande as a nucleus. This new model will certainly enhance the knowledge of anaesthesiology and also increase the safety margin. Another thing which forced the Faculty to start teaching of Sangyaharan, was the problem of our Post-graduates of Shalya-Shalakya and Prasuti Tantra posted in different Ayurvedic colleges. They were not able to do anything in the absence of Sangyaharan. Therefore the Faculty members realised the utility of Sangyaharan and by sincere efforts of Prof. L.M. Singh, Prof. P.V. Tewari and Prof. G.C. Prasad, Faculty could able to start a P.G. course in Sangyaharan speciality.

During last thirty years of its useful existence, the Sangyaharan section has grown from strength to strength and now it was realised that an Association of such workers should be formed. This association will develop a consciousness among Ayurvedic, as well as allopathic people to develop research work in the field of Sangyaharan and to explore some safe premedicant, analgesic and anaesthetics. The aim of the association is of three fold - Sangyaharan, Pain and Palliation : One who select for work in any one of the above field may be our member. There are many organisation who are working separately but we will work jointly because every one's aim is only one - 'To provide Painless living, either by Sangyaharan or Analgesic or through palliation. Ultimately 'Pain' is the basic problem which we have to conquer. The person who is suffering from any painful condition needs attention of a Doctor-Vaidya or Hakim. He will be obliged with a person who will make him free from 'Pain'; either he is an Ayurvedic man or Allopathic man. He will never mind if he

will get total relief with safety. Safety is the main considerable point and our goal is to provide safety by means of indigenous products. As we are Indian, our national language is Hindi, we must have a national medicine. The integrated system of our model would be the 'National Medicine'. National Medicine includes Ayurveda, Yunani, Siddha and western medical knowledge with modern technology. The teaching and training of such type of medical education may be started since school-life. In this way we would be able to develop our national medical education which will be perfectly useful to our society. Our ancient scientist never made a boundary for knowledge. They always emphasised to get knowledge from all sides and to collect it according to need of time for human being.

In all these connections we started to approach learned persons of this field and organised this conference to think over there points. I will be happy if my efforts would be able to draw the attention of world intelligentsia towards the development of Indian Medicine in the field of Sangyaharan (anaesthesia). This faculty was established by Pt. Madan Mohan Malviya and was one of the first faculities to be created in Banaras Hindu University. This faculty was intended to impart and develop knowledge in the ancient science of health. This knowledge was reinforced and rejuvenated with the help of modern science and technology. Accordingly the teaching and research in Ayurveda focussed on developing a modern approach. Due to this integrated approach, the research in Ayurveda has made tremendous development. Many new fields were recognised for research. In this direction continuous efforts made it possible that now we can say that we can certainly contribute in this field of science. This conference will focus on different points to work and to explore some procedures, principle and drugs in this field. We will exchange our knowledge with each other. We will think on many problems in this conference. Stress hypertension and diabetes are the global problems. We the anaesthetists face these problems many time and it is very difficult to manage the patients. Painful condition of critically ill patients due to malignancy need our attention. These patients are lying helpless to die. Therefore we want to draw attention of anaesthetists regarding 'Pain' and 'Palliation' at same time at par. The effort to provide the dying patient a painless death, is our aim. We have to take this responsibility because we are the real person who are dealing with 'Pain' No doubt social worker, a physician, a surgeon, a radiotherapist or a priest is equally helpful to these dying patients, but we have to take leadership in this field. I am sure Ayurveda can contribute by it's ancient knowledge with modern technology.

At last I want to express special thanks to Guruji Dr. S.B. Pande, Prof. K. Pandey and Prof. A. Lal who always gave me guidance in every moment. I am thankful to Dr. P. Bhattacharya, Dr. L.D. Mishra, Dr. K.K. Pande and other colleagues for their sincere help. This all had been possible due to the help and support of my students, they are really deserve my thanks. I am also thankful to all the members of the Scientific and Organising committees of this conference who helped me from time to time in organisational work.

I extend my special thanks to the donors for this conference due to their generous help this programme was possible.

At last but not the least I want to express my thanks to the resource persons, guest and delegates for sparing their valuable time for this conference.

I pay my special thanks to Shri Jalan for providing venue for IInd day programmes and for providing breakfast and lunch for our delegates.

I am sure that the participants will enjoy these two days stay in Varanasi and will excuse me for any inconvenience which they face here. I will welcome their views regarding the conference.

Jai Hind

Dr. Devendra Nath Pande
Organising Secretary

BHARTIYA SANGYAHARAK ASSOCIATION (AAIM) AN INTRODUCTION

K.K. Pandey

HONY. Secretary, Bhartiya Sangyaharak Association, (Association of Anaesthetists of Indian Medicine)

I feel that new undergraduates of Indian system of medicine and the non-members of the association will be interested to know about the Bhartiya Sangyaharak Association (Association of Anaesthetists of Indian Medicine). Hence it is my humble attempt to explain to you what AAIM is.

The institutionally taught and trained graduates of the Indian system of medicine, by virtue of their combined knowledge of Ayurveda/unani and Allopathy, have pursued their studies further and acquired their skills in different specialties like Shalya, Shalakya, Sangyaharan (Anaesthesia) etc. Some of us were able to undertake the postgraduate studies and get qualifications in a particular speciality. As an Indian Medicine specialists, many have proved their worth by rendering services in various capacities in towns and villages both.

In the early part of sixties before the birth of CCIM, the Maharastra faculty of Ayurveda, Govt. of Maharastra started a postgraduate diploma course in Sangyaharan, conferring the degree of FFAM (Bombay). Our reverent teacher Dr. S.B. Pande the then anaesthetist, Department of Surgery College of Medical Sciences B.H.U. was closely associated with that course as an expert and examiner After the constitution of the CCIM, the course was closed. But by that time budding of Sangyaharan was started in the nursery of the Department of Shalya-Shalakya, Faculty of Ayurveda, IMS, BHU, under the supervision and inchargeship of Dr. S.B. Pande. Gradually starting with one question of Sangyaharan in IV question paper of M.D./M.S. (Ay.) Shalya Shalakya course, came to one full paper and consequently ended with M.D. (Ay.) Sangyaharan course separately. With the improvement in facilities, now the B.H.U. is awarding Ph.D. degree in Sangyaharan also, which added one more feather in the cap of Sangyaharan section. Till date more than Twenty (20) postgraduates (M.D.) of Sangyaharan and more than four (4) Ph.D. from B.H.U. are working successfully in the institutions or doing private practice.

However, the specialists of Sangyaharan still lack the proper recognition for his qualifications or for his speciality service, though approved and admired by us in particular and the public as general. They are successful practitioners. Having seen their success in the society, the orthodox of both the systems i.e. Ayurvedic and Allopathy started misguiding the authorities and rulers. This may ultimately result in creation of various problems.

To overcome many of the problems the specialists of Sangyaharan of Uttar Pradesh, Orissa etc. met on .... at Varanasi under the chairmanship of Dr. S.B. Pande and decided to set up an organisation as Bhartiya Sangyaharak Association (Association of Anaesthetists of Indian Medicine). A national adhoc governing council was constituted under the presidentship of Dr. S.B. Pande to contact the Sangyaharak's from every corner of the country and to get the Association registered after framing the aims, objects and the bye-laws of, the association. In consequence of the association was registered on 14th Nov. 1996, under the Societies Registration act 1860. As the work of the association was going on smoothly, a serious problem arised before the adhoc committee in the

form of resignation of Dr. S.B. Pande from the post of president due to his personal reasons, ultimately on his proposal Dr. M.N. Chaudhary of pune was elected as the president. However, Dr. S.B. Pande agreed to continue as member of the Governing committee.

The aim and objects of the association is to improve teaching and training of Sangyaharan in undergraduate and postgraduate institutions of Indian Medicine all over the country. To draw the schemes for the development of Sangyaharan, Vedanashamak aspect of medicine and Palliative care of the patients. To study and improve the academic knowledge, working conditions, social status of the postgraduates and practitioners of Sangyaharan all over the country and abroad. To organise symposia, workshop dialogues, teaching programmes, health camps on the aspects of pain, palliation and Sangyaharan.

As per directive of the adhoc committee the first convention of the Association of Anaesthetists of Indian Medicine is going to be held on 8-9th March 1997 at Banaras Hindu University Varanasi. Many scientific Programmes including free papers, guest lectures, panel discussions etc. are arranged in the conference. Hope the Chairman and the Secretary of the organising committee with their colleagues will not leave any stone unturned for the convenience of the participants.

At the last I am happy to say that today AAIM is the only organisation of the institutionally trained and qualified practitioners of Indian System of Medicine, who have gone under the conjoint study of Ayurveda/Unani/Siddha and Allopathy for a stipulated period after inter science examination.

JAIHIND

SECTION OF SANGYAHARAN IN FACULTY OF AYURVEDA, B.H.U., VARANASI

D.N. Pande

Lecturer, Incharge, Section of Sangyaharan, Deptt. of Shalya-Shalakya, Faculty of Ayurveda, I.M.S., B.H.U.

Section of Sangyaharan is a viable unit of faculty of Ayurveda at present. It was a continuous and sincere efforts of many person e.g. Prof. P. Chandra, Prof. K. Pandey, Prof. A. Lal, Prof. P.J. Deshpandey, Prof. L.M. Singh, Prof. P.V. Tiwari and Prof. G.C. Prasad. It took a shape due to initiation of Dr. S.B. Pande, A.B.M.S., Ph.D., Reader, Department of Shalya-Shalakya. Initially Dr. S.B. Pande was appointed as Anaesthetist in the Department of Surgery-Ph.D. degree was awarded to him by B.H.U. under supervision of Prof. P.J. Deshpandey and Prof. K. Pandey. A new era started with this moment and a new research model was established in Ayurveda. At the same time they realised it's utility in Ayurveda and in Allopathy both. The department of Shalya-Shalakya framed a separate board of studies in this speciality for it's development and gave a separate position as section of Sangyaharan. Dr. S.B. Pande was the founder Incharge of this division. The section of Sangyaharan was started to conduct M.D. (Ay) course in this speciality. One speciality paper was introduced by the board of studies for these scholars. This model was continued since 1989 when a separate degree of M.D. (Ay) Shalya Sangyaharan for this speciality, with all the four question papers was introduced by Faculty of Ayurveda, M.D. (Ay) Shalya-Sangyaharan. Nomenclature of the degree was unfortunately changed as MS. (Ay) Shalya-Sangyaharan in 1993. From very beginning of this section upto 1995, all the teaching training and research was going on under collaboration of Department of Anaesthesiology, Faculty of Medicine. In the meantime Dr. S.B. Pandey retired and myself joined as M.O. Anaesthesia (I.M.) subsequently on 16th March 1993 as Lecturer-Sangyaharan (Anaesthesiology) in the Department of Shalya - Shalakya. I was bound to takeover the charge of Dr. S.B. Pande as Incharge of the section of Sangyaharan. It was a difficult task for a new comer. But I accepted the challenge. But it was my bad luck that the Department of Anaesthesiology regret to continue the collaborative programme due to unknown reason and was unable to keep the laison. Now I became alone to face the problem. The routine and Emergency services of Shalya-Shalakya and Prasuti Tantra was to be faced by me with the help of only one M.O. Anaesthesia (I.M.), - Dr. K.K. Pandey. Keeping in mind the difficulty, Department of Prasuti Tantra provided a Sr. Resident to minimise the load. The sister department Prasuti Tantra assured to provide one more lecturer in due course of time and some more Sr. Residents for smooth running of Sangyaharan services. In anticipation to get these hands I kept to continue the routine and emergency services sincerely but unfortunately till now the posts are vacant due to lack of interview and I am facing deep crisis of hands to face the problem. The hospital records prove that emergency score of operations of department of Prasuti Tantra is higher and is putting too much load. The situation becomes very pitiable during vacations roster when only one consultant is available on duty. It is not humanly possible to continue the duty round the clock daily for months with single handed. No doubt, section of Sangyaharan is a most viable unit of Faculty of Ayurveda but it is working under pressure and tension due to sort of hands which was not previously when the work was handled in the collaboration of Modern Anaesthesiology Department. Now for smooth running of this section, the vacant posts should be filled up on the basis of top priority and some new post be created. We are not only providing anaesthesia services but we are providing service to

our Medical Wards. At the same time we have the research work responsibility not only for the M.D./Ph.D. Scholars but to contribute something fruitful in the field of Sangyaharan for the suffering humanity. Therefore we need hands for the development of this speciality.

Present Position in Faculty

Lecturer - One
M.O. Anaesthesia, S.S. Hospital - One
Sr. Resident (Deptt. of Shalya Shalakya) - One, One Post Vacant
Sr. Resident (Deptt. of Prasuti Tantra) - One Post Vacant
Lecturer (Deptt. of Prasuti Tantra) - One Post Vacant
Junior Residents - Ist Year - 1 + 1 Sponsored
Junior Residents - IInd Year - 1 + 1 Supernumerary
Junior Residents - 3rd Year - 1 + 1 Sponsored and 2 Supernumerary
Total - 8 Junior Residents at Present
Ph.D. Scholar - 2

Working Facilities

O.P.D. - Sangyaharan Vedanahar Clinic - 3 days per week; O.T. - Six days

Emergency Services (O.T.) - Round O'clock to the Department of Shalya Shalakya and Prasuti Tantra.

Achievement

This section is one of the best section of the Faculty of it's own nature at national level. Nearly 30 Post-graduates are produced by this section and are holding different positions in the country. Many of them are practising as Anaesthetists in different hospitals. Recently section has received modern equipments to enhance the safety margin during anaesthesia. The section has developed on the principle of Ayurveda a model research work in of Sangyaharan. The section conducts special studies in the area of premedication, Analgesia, pre-operative preparation of the patients to enhance the post-operative safety of the patients. The work on post-operative pain is going on. The section started it's pain clinic and pre-anaesthetic check-up clinic (Sangyaharan-Vedanahar Clinic) in 1995 and thus providing better patient care.

The achievement of the section may be summarised as below :

1. Ph.Ds produced - 4
2. M.D./M.S. (Ay) produced - 26
3. Research Paper Published - 60
4. Patient operated under anaesthesia during routine services :
   Shalya O.T. & Prasuti O.T. - 526 cases
5. Patient operated under anaesthesia during emergency services : 159

At he same time several calls to Kaya-Chikitsa Ward were attended by consultants and residents of Section of Sangyaharan.

Development Required

A separate Emergency Operation Theatre with adequate staff, I.C.U. facility and a well equipped laboratory for emergency services, strengthening of staff position, laboratory technician and attendant, Junior resident and Senior residents and supporting infrastructure as proposed in IX plan are the essential requirements of the section to meet the needs of the day.

FROM THE HEAD DEPARTMENT OF SHALYA SHALAKYA

Prof G.C. Prasad

Head, Department of Shalya-Shalakya, Faculty of Ayurveda, I.M.S., B.H.U., Varanasi

1. HISTORICAL ASPECTS OF STATUS OF INDIAN MEDICINE AT B.H.U.

Considering the total health delivery system in our country the founder of this university late Pt. Madan Mohan Malviyaji established and started Ayurvedic College with the curriculum of integrated system of Medicine and Surgery. Though number of Medical Colleges were existing in different part of the country during that period, But being a National leader he accepted the challenge to project our National Heritage and culture for its advancement with the help of scientific technology by incorporating modern system of medicine also. This was the first centre in the country of it's kind which gave new direction and actually required medical services at grass root level to the large community. Unfortunately the under-graduate course was closed and MBBS course was started in the year 1963 over the ashes of old Ayurvedic college.

2. STARTING OF POST GRADUATE COURSE IN INDIAN MEDICINE

After closure of under graduate course, the Post-graduate Institute in Indian Medicine & Research (PGIM) was established in 1964 with the help of Ministry of Health & Family Welfare by the great efforts of late Padmsree Prof. K.N. Udupa, Director, IMS and late Dr. C. Dwarkanath, Director composite drug research system of ministry of health. Initially the MD (AY.) degree was started in SHALYA, SHALAKYA in addition to other degrees of the faculty.

The department had produced nearly 200 MD (AY)/MS (AY) P.G. Student since, 1964. Most of our students have been appointed in different colleges as LECTURER, READER & PROFESSOR, some of them joined research centre and working as R.O., S.R.O., ASSTT. DIRECTOR, DEPUTY DIRECTOR AND some have joined administrative post like DEAN, DIRECTOR of the provinces and adviser-Govt. of India.

3. NEED TO START SANGYAHARAN

Our students appointed in almost all the teaching Institutions and Hospitals of the country, were facing great problems in utlising the benefit of their teaching & training they received at this centre, due to lack of facilities of Sangyaharan. At the same time anaesthetist of Modern side were not tune or aware the modalities o Ayurvedic concept, and its mode of action. Under the circumstances they also feel embarrassing to provide anaesthesia to our students. Besides, large number of complains have lodged by our P.G. Students, received the degree, regarding such performance which becomes futile exercise in their routine Medical-Surgical services and also in teaching & training to their own students of the subjects. Number of post were lying vaccant due to non availability of proper candidates of Sangyaharan particularly who are acquainted with Ayurvedic concepts and modalities. In view of this a joint board of studies of faculty of Ayurveda was held in the year 1985 where it was felt necessary to start P.G. Course in Sangyaharan at this centre who can fulfill the requirements of teaching & training of SHALYA SHALAKYA in all the Ayurvedic Institution of the country. This resolution was then passed by the faculty, academic council and executive council under the chairmanship of Prof. R.P. Rastogi the then Vice-Chancellor, BHU.

4. INITIATION OF TRAINING COURSE

Initially Prof. P. Chandra, F.F.A.R.C.S. (Lond), Ex. Head of the department of Anaesthesiology and subsequently Prof. K. Pandey, Ex. Prof. & Head emerties Professor of Anaesthesiology had realised the potentialities of Indian System of Medicine and emphasised for enriching this system by extending the utility in modern anaesthesia. This is the system by which India may become self dependent of anaesthetic drugs provided serious thought and extensive research may carried out. In view of this they produced anaesthetists persons belonging to Indian Medicine who later on received Ph.D. degree on the subject related to Ayurveda in addition to their practical training. Based on these fruit full experimental results it was felt necessary to extend the teaching & training programme in Indian System of Medicine leading to MS (AY) degree. This was instituted for further research and contribution to nation including advancement of this system of medicine in the field of Sangyaharan to make the India self sufficient on anaesthetic drugs in days to come. This would be only possible if the students are fully aware of the basic fundamental of anaesthesia, its modality, advance technology and pharmacology of known available drugs.

The pattern of education and research being continued at post- graduate level particularly to find out break through in anaesthetic drugs by Ayurveda which is full of such literature. Besides, efforts are also being made to minimise the during

5. AWARDED Ph.D. DEGREE

S. NO.	TITLE OF THE WORK	NAME OF THE SCHOLAR	YEAR	SUPERVISOR
1.	Evaluation of some indigenous drugs as adjuvants in anaesthesia (An experimental and clinical study).	Dr. S.B. Pandey	1977	Prof. P.J. Deshpande & Prof. K. Pandey
2.	Ether anaesthesia in relation to Dehprakriti.	Dr. Gundevia F.S.	1978	Prof. P.J. Deshpande & Prof. K. Pandey
3.	Further studies on Poorva KARMA in anaesthesia.	Dr. D.N. Pande	1990	Dr. S.B. Pande
4.	Role of Medhya Dravyas in Sangyaharan (anaesthesia).	Dr. K.K. Pandey	1994	Prof. G.C. Prasad & Dr. S.B. Pande

6. AWARDED M.D. (AY.)/M.S. (AY.) DEGREE

S. NO.	TITLE OF THE WORK	NAME OF THE SCHOLAR	YEAR	SUPERVISOR
1.	Role of certain indigenous drugs Shankhpushpi and Jalanimba as medicant before anaesthesia	Dr. Lalta Prasad	1977	Prof. P.J. Deshpande & Dr. S.B. Pande
2.	Free fatty acid and blood glucose studies after use of galanimba and shankhpushpi as preanaesthetic agent.	Dr. S.N. Pant	1978	Prof. P.J. Deshpande & Dr. S.B. Pande
3.	Studies on certain indigenous drugs as Anaesthetic agent.	Dr. (Km.) H. Kaur	1979	Prof. P.J. Deshpande & Dr. S.B. Pande
4.	Studies on role of Parsika Yavani (H. reticulosis) as pre- anaesthetic agent.	Dr. A.K. Dixit	1980	Dr. S.B. Pande
5.	Duration effect of muscle relaxant effect in different Prakriti.	Dr. C.B. Verma	1982	Dr. S.B. Pande
6.	Role of Jalanimba and Parsika Yavans as premedication in local anaesthesia.	Dr. Y.P.S. Rao	1984	Dr. S.B. Pande
7.	Role of Jatamansi in anaesthesia.	Dr. P.K. Gulati	1985	Dr. S.B. Pande

S. NO.	TITLE OF THE WORK	NAME OF THE SCHOLAR	YEAR	SUPERVISOR
8.	Studies on Poorva Karma in relation to anaesthesia	Dr. D.N. Pande	1986	Dr. S.B. Pande
9.	Studies on Poorvakarma in relation to anaesthesia	Dr. S. Bhatta	1988	Dr. S.B. Pande
10.	Clinical evaluation of some indigenous drugs as analgesic in surgical cases.	Dr. A.K. Rai	1989	Dr. S.B. Pande
11.	Application of anaesthesia in the management of Gudaroga with special reference to ksharsutra.	Dr. B.C. Senapati	1990	Dr. S.B. Pande
12.	Evaluation of Ashwagandha (W. somnifera) as Pre- anaesthetic agent.	Dr. K.K. Pandey	1991	Dr. S.B. Pande
13.	Studies on the alcoholic extract of Ashwagandh as preanaesthetic medication (an experimental and clinical study).	Dr. S. Sharma	1992	Dr. S.B. Pande
14.	Studies on halothane anaesthesia in relation to dehprakriti	Dr. C.K. Dash	1992	Dr. S.B. Pande
15.	Comparative clinical study of Brahmi and Aswagandha as preanaesthetic medicant	Dr. A. Dutta	1993	Dr. S.B. Pande
16.	Clinical evaluation of Manduk Parni (C. asciatica) in anaesthesia	Dr. S.R. Manchala	1994	Dr. S.B. Pande
17.	Clinical studies on an indigenous compound (Nirgundi, Erand and Bhringaraja) as analgesic in post operative pain	Dr. R.K. Ghosh	1995	Dr. D.N. Pande
18.	Biochemical studies on Parsika Yavani as premedicant.	Dr. K. Lal	1995	Dr. S.B. Pande
19.	Evaluation of Bhrahmi as preanaesthetic agent in relation to dehprakriti.	Dr. R. Asthana	1996	Dr. D.N. Pande

and post anaesthetic trauma after using various modalities prescribed in Ayurveda and asses the requirements and response scientifically with the help of advance technology.

The Sangyaharan Section of department of SHALYA SHALAKYA has significantly contributed as fallows. Which is self explanatory.

The above statements significantly reveal the essentiality, potentiality and feasibility of introduction of this specialised branch for the development of Ayurveda in general and Shalya Shalakya particularly. I am sure and hopeful that this branch could explore many materials from Ayurveda to make the India self sufficient in days to come.

SUSHRUTA THE PIONEER IN THE FIELD OF SANGYHARAN (ANAESTHESIA)

*K.K. Pandey, **D.N. Pande

*M.O. Anaesthesia (IM) S.S. Hospital, I.M.S., B.H.U.

In modern time, the growth and scope of anaesthesia has enormously expended with the introduction of new drugs, techniques, apparatus and equipments. Today, anaesthesiology is regarded as a major practice of medicine. The scope of the anaesthesiologist has broadened significantly even out-side the operation theatre. An anaesthesiologist is concerned with various problems in medical wards, intesitive care units and in pain clinics. They are also better consulted in the management of various drug poisoning cases, narcotic intoxication and in the treatment of life- threatening diseases. The management of fluid therapy, blood transfusion problems, supervision of inhalational therapy and resuscitation of the patients are some of the services concerned with the anaesthesiologists to perform. In this respect, the anaesthetist seems to be a better physician with fair surgical and medical knowledge and a good physiologist and pharmacologist with super specialized technical ability and skill.

Several references regarding the practice of surgery in ancient India are found in vaidic litreture and also in Samhita Period. The ancient illustrious exponent of surgery in India 'Sushruta' has mentioned several types of Surgical operations in his treatise. In Surgery, There is bound to be a certain amount of Pain. In modern medical era Science has developed a large number of drugs and techniques to provide painless surgery. In ancient India also the surgeons had adopted a number of measures to eradicate pain during Surgery. Thus the science of hypnosis was known to our ancient surgeons and they were using this technique in some form or the other to make the patient unconscious during surgical operations.

On the basis of available references we are of the openion that the techniques of analgesia and anaesthesia was known to our ancient Surgeons. The Drugs and the techniques used by them to provide anaesthesia have not been cataloged so for due to various unknown reasons. But in support of the Practice of the anaesthesia in ancient India, the evidences provided by some of the Surgical operations, which are not possible without producing unconsciousness may be quoted here.

Sushruta the father of Indian Surgery has described many types of surgical operations and he has advised to give madya (wine) to the patients before surgery, only to those who were accustomed, to minimise the pain during operation. As we see the basic role of an anaesthetists is to provide safe and painless surgery, making the patient unconscious where it is required. He is also suppose to resuscitate the patient due to any medical problems. The pain management and palliative care is also another part which an anaesthetist is performing now a days successfully.

If we go through the Sushruta's treatise. We can find that Sushruta was not only an eminent surgeon in ancient period but he was also the pioneer in the field of Sangyaharan too. He has mentioned pre operative preparation and its importance in individual surgical procedures, drugs not only to minimise the pain during surgical operations and post-operative period but in traumatic and other painful conditions. He has also mentioned the resuscitative measures in cases of life threating disease like Dagdha, Dhumopahat, Ushnavathata (Sun stroke) Mada, Murchha, Sanyasa, Unmada, Apasmara, Hicca & Swasa etc. For the management of Poisoning cases he has separately described Visha Chikitsa Chapter, where he has mentioned to resuscitate animal, herbal and miniral poisoning cases.

Thus in nut shell we are of opinion that Sushruta was the pioneer in performing Surgery, anaesthesia, pain management and resuscitate the patients during ancient India. He was not only an expert and eminent surgeon but was also an anaesthetist of that period.

SURGERY IN PRASUTI TANTRA (OBSTETRICS) ETHICAL LEGAL AND EDUCATIONAL ISSUE

Dr. Dwivedi M.

Department of Prasuti Tantra, I.M.S., B.H.U., Varanasi

Very often we are questioned by our modern medical colleagues "we are performing obstetrical operations you too." The Ayurvedic professionals who are involved in obstetric practice are also in dilemma. Expectation of the patient and behaviour of the doctors differ from country to country and culture to culture. In older days there was only one system of health i.e. Ayurvedic care system, which gained the full confidence of the people, not only in India but almost whole of the Asia. Surgery was also practiced as a distinct speciality. Sushruta Samhita is a text, related to various practical midwifery, management of normal and abnormal (labour and delivery of the foetus by surgical interventions. All these are systematically described in this text; written many centuries before the Christ. The concept, regarding obstetrical surgery is no more different with the western view and thus still alive e.g. there is a great emphasis of doing any surgery after taking the consent of the patient or attendants. Empty stomach is an other essential pre-requisition for obstetrical surgery. Preoperative preparations have got their own importance. Sterilization of the operative place and instruments is elaborately described. Scrubbing of the surgeon and assistant is also given equal importance. Use of antiseptic and pain relieving drugs are also mentioned. The post operative management specially wound care is described well. Sushruta had a clear concept of wound healing and its complications. In the book "Story of wound repair" whipple remarks will sufficient stress that Sushruta was a pioneer in Anaesthesia also. He speaks Henbane (Hyocyamus nigra) and Indian hemp (cannabis Indica) as a means of producing insensibility to pain. Sushruta was also of the opinion that student should enrich their knowledge constantly, acquire wisdom and develop their originality. Operative experiences and technical skills that are reaped out of deligent apperticeship.

One thing very important that he advocates, students should not only know their subjects but he must be aman of culture of wide general knowledge of keen understanding of men and times in which he lives. Today we can realise that dictated norms of western culture in allopathic obstetrics become the cause of dissatisfaction to many women and hence they prefer to change the doctor.

Due to special way of teaching i.e. teaching by personal contact of student and teacher not from book alone, many things are not available in black and white specially various effective techniques for performing to surgery. There are also so many unexplored area which needs research trial and scientific (modern) justification.

We can not overlook the benefits of allopathic medicines but they have got their own hazards too. Everyone will accept that the modern medicine has progressed due to embarrassment of modern technology followers of Shuddha Ayurvedic practice should not hesitate in adopting modern technology.

We the Ayurvedic obstetricians have obligation to protect our ancient valuable traditions and medicine. We have so many suggestions and medicine to practice obstetrics and gynaecology.

By virtue of that knowledge, though we can successfully manage the perinatal period in majority. Yet sometimes we do come across the situation when there is a

limit of Ayurvedic medicine, prefer to refer to the patient to allopathic doctor for the relief. Same attitude we should adapt when we deal with the postnatal management but the situation is different when we deal with the management of labour. Even after excluding the cases which requires planned L.S.C.S. there is always a chance of precipitating urgency for L.S.C.S. operation in normally progressing labour. Obstetricians of both system of medicine (Allopathic and Ayurvedic) are of the opinion that medicines have very little role in managing the normal labour. I will like to code the medical news letter "Medical Times, Mumbai, vol XXVII No. 2 Feb. 97" going on to the active management of labour Dr. Basket Said that there is a lot of incidental evidence that active management when applied in a uniform, way in units, reduces the Caesareau section route. However, there is no evidence based medicine yet that the package as a whole works except for same individual component "Ironically", he noted "a continuous companion not necessarily a full trained nurse but a companion with same degree of training is the only thing that has shown in randomise trial to make a difference."

When the question is related to patient care dealing obstetrician can disregard the any interfering thing and one can go to any extent in managing the problem and to give relief the suffering. Willfully no body neglect his patient but even after this every obstetrician thinks the patient as a potent litigant after the implementation of CPA 96 to medical professionals.

Can any body even think of performing operative procedure like caesarian section with out giving her even regional analgesia/Anaesthesia. In my personal view I think that in ancient days some kind of technology/therapy was being practiced for putting a women in semiconscious/ unconscious position which is not mentioned is books due to so many reasons. But any how at present we have devoid of that skill and it will take a long time to come with the ayurvedic remedies with that level. Because we have to work under ethical and legal restrains.

Labour is a physiological process, performing surgery is a technique (which also requires a thorough study and proper training) and even wound healing is also a physiological phenomenon. No drug is required unless it is contaminated. So we can manage the normal or abnormal labour, with the guide lines and remedies mention in Ayurvedic texts which were written by Indian authors protecting socio-cultural back ground of India. We should also consider the obstetrical service in relation to present economical back ground of country.

Though we can manage obstetrical and gynaecological problems to a accountable extent with Ayurvedic remedies in majority, yet there is not only the question of social service, social justice should be taken care of. Ethics starts where law stops. Are we not responsible for successful management of those 5-10% of cases which incidentally falls in head of Surgical intervention. We all aware about our health care infra-structure of the country. Obstetrician can predict the fetomaternal damage by delaying the delivery of the foetus. Are we not in need of help of anaesthesia services to cope up with the situations.

At last the knowledge of Ayurvedic science and service of Ayurvedic obstetrician can be utilized only if we are provided the equal access of resources (in term of money and other facilities) allopathic obstetrician are being.

ROLE OF AYURVEDIC PRINCIPLES AND MEDHYA DRUG (BRAHMI) IN PALLIATIVE CARE

Dr. Sharma S., Pande D.N.

Section of Sangyaharan, I.M.S., B.H.U. Varanasi

"The concept of palliative care is based on the belief that even if the cure has become impossible, there is still a good deal that can be done for the victims of incurable diseases. The principle and practice of palliative care evolved from our involvement with cancer patients, many of whom in the course of disease suffered from pain, requires relief. Gradually it was realised that pain relief was not the be-all and end-all of care in terminal cancer. There were other symptoms, both physical and Psychological which called for relief with equal urgency if pain relief had to be worth while." These lines, of the organising secretary of first International conference of IAPC, inspired us to contribute something worthy from Ayurveda for the sufferers of incurable diseases.

In reply to a question (Can Psychological factors really inhibit the action of morphine ?) Robert Twycross & Sylvia Lack, in their booklet Titled "oral morphine in Advanced cancer" (second Edition) replied that the Morphine (or any other opiod) should be given only within the context of comprehensive biopsychosocial care. If psychological factors are ignored, pain may well prove intractable. They gave an example of 55 years old man with recently diagnosed cancer of oesophagus, was still in pain despite receiving slow release morphine tablets 6000 mg (100 mg x 60) twice a day. Fallowing inpatient admission to a hospice, he became pain- free on 30 mg twice a day and diazepam 10 mg at bed time. He returned home, converted the spare bedroom into workshop, and was able to spend many happy hours there. The key to success was listening, explaining and setting positive rehabilitation goals.

The first step is to break the vicious cycle of pain, sleeplessness, exhaustion, increasing pain and agitation. Achieving a good night's sleep may require a night sedative or anxiolytic and morphine, at least initially. If the patient is clinically depressed, an antidepressant should be considered. It is however, not easy initially to distinguish between exhaustion (because of pain and sleeplessness) and *depression*. With morphine responsive pain, lack of success with morphine combined with an anxiolytic or night sedative is one pointer to depression.

The above story gave me a close view of the whole picture to analyse the real problem of the palliative care patient.

Introduction of Ayurveda - It's Principle

Ayurveda is considered to be a divine gift to the mankind for prolonging healthy, happy and fruitful life by alleviating their sorrows. It has been serving the vast majority of suffering humanity from the time immemorable. Ayurveda consists of two words "Ayu" meaning life and means science or knowledge. Literally, Ayurveda means the science of life. This covers the art of living. It is not only science to deal with the health of individuals, rather it is a philosophy, it is sociology, it is also a culture a religion and a faith.

The objective of Ayurveda is maintenance of the metabolic equilibrium of human psychosomatic machine and restoration of the same to normal if the homoeostasis is upset or disturbed by undesirable factors. The Health (Swasthya) is defined as :

समदोषः समाग्निश्च समधातुमलक्रियः ।
प्रसन्नात्मेन्द्रियमनाः स्वस्थ इत्यभिधीयते ।।

Sus.S.Su. 15/48

(a) well balanced metabolism (Dhatu Samya) plus
(b) a happy state of the being, the senses and the mind (Prasanna - Atma - Indriya - Manaha). Senses here means the five organs of perception (Smell, taste, sight, touch and hearing) coupled with the five organs of action, namely mouth, hands and feet and organs of speech, excretion and reproduction.

Regarding incurable diseases (i.e., याप्य and प्रत्याख्येय) the following description is found in Ayurvedic literature.

शेषत्वादायुषो याप्यमसाध्यं पथ्यसेवया ।
लब्धाल्पसुखमल्पेन हेतुनाऽऽशुप्रवर्तकम् ।।१७।।
गम्भीरं बहुधातुस्थं मर्मसन्धिमाश्रितम् ।
नित्यानुशायिनं रोगं दीर्घकालमवस्थितम् ।।१८।।
विद्यात्द्विदोषजं, तद्वत् प्रत्याख्येयं त्रिदोषजम् ।
क्रियापथमतिक्रान्तं सर्वमार्गानुसारिणम् ।।१९।।
औत्सुक्यारतिसंमोहकरमिन्द्रियनाशनम् ।
दुर्बलस्य सुसंवृद्धं व्याधिं सारिष्टमेव च ।।२०।।

Ch. Su. 10

The Palliative disease, though incurable, does not cut the life span and the patient gets some relief by observing the wholesome routine, but the trouble aggravates shortly even by the slight cause. This produces anxiety, uneasiness and disorders of consciousness, destroying the (function of) the sense organs, quite advanced having developed fatal signs particularly in weak patients.

India's first hospice at Bandra, Bombay has shown that 70-80% of their patients suffer from moderate to severe pain as the presenting symptom.

Oral administration of analgesics (Non Narcotic/Narcotic) in adequate doses and at a regular interval by the clock is the most important method of treating terminal cancer pain.

WHO 3 step ladder method is an important guide in treating patients with oral analgesics and adjuvant drugs. Coedine in combination with paracetamol is a useful drug at 2nd and oral morphine is the drug used at 3rd step when weaker narcotics fail to control pain.

Besides pain other symptoms needing treatment in terminal stages are nausea, vomiting, depression, anxiety, sleeplessness, constipation, Itching, Bedsores etc.

Good pain relief spares the patient from agonising suffering and miserable death. There are many factors which influence the perception of pain such as anxiety, fear of hospital or nursing home, fear of pain, worries about family and finance, fear of death, spiritual unrest, uncertainty about future, Depression due to loss of social position, loss of job prestige and income, loss of role in family, insomnia and chronic fatigue, sense of helplessness, disfigurement, anger due to unavailable doctors, uncommunicative doctors, therapeutic failure, friends who do not visit. Other symptoms and adverse effect of treatment give physical and mental stress, degree of which depends on the psychosomatic constitution of the patients also.

So, for the good pain relief patient require adequate analgesics along with some adjuvents. Ayurveda could contribute a lot to fulfill the requirement of adjuvant part in real sense by its principle of three types of therapies i.e. Spiritual, Rational and Psychological.

त्रिविधमौषधमिति-दैवव्यपाश्रयं,युक्तित्यपाश्रयं,सत्त्वावजयश्च ।
तत्र दैवव्यपाश्रयं मन्त्रौषधिमणिमङ्गलबल्युपहार होमनियम प्रायश्चितन्तोपवासस्वस्त्ययनप्रणिपातगमनादि, युक्तिव्यपाश्रयं-पुनराहारौषधद्रव्याणां योजना, सत्त्वावजयः - पुनरहितेभ्योऽर्थेभ्योमनोनिग्रहः ।

Ch.S.Su. 11/54

The spiritual therapy consists of recitation of mantras, wearing roots and gems, auspicious acts, offering gifts, oblations, following religious percepts, atonement, fasting, invoking, blessings, falling on (the feet of) the Gods, Pilgrimage etc. The Rational therapy consists of rational administration of diet and drugs. Psychological therapy is restraint of mind from unwholesome objects.

AMONG THE REMEDIES WHICH IT HAS PLEASE TO ALMIGHTY GOD TO GIVE TO MAN TO RELIEVE HIS SUFFERINGS NONE IS SO UNIVERSAL

AND SO EFFICACIOUS AS OPIUM
-SYDENHAM, 1680.

Here I dare to replace opium by Ayurveda in the above statement because Ayurveda includes the use of opium also. We have realised that drugs only couldn't achieve perfect pain relief. While this could be done by holiastic approach of Ayurveda through its three types of therapies (above said).

Rationality behind the three types of therapies

Ayurveda believes in the Philosophy that a person having underanged mind, intellect, potency and power and looking to his well being here and in the world hereafter, should pursue three desires step by step such as :

1. desire for life
2. desire for wealth
3. desire for the other world

Out of these desires one should follow the desire to live first. Because on departure of life, everything departs. This can be maintained by observance of the code of conduct for the healthy and carefullness in alleviation of disorders in the diseased. Here after, one should pursue the desire for the wealth. Next to life it is wealth which is to be sought. Hence one should make efforts to achieve these by means of such works which are not discarded by the promoters of life. So one should start such work to live a long life with honour.

There after one should pursue the third desire for the other world. Here is doubt, Why ? because whether we shall be reborn after departing (from this world) or not. The background of such doubt is that some scholars devoted to perception only have accepted negativism because rebirth is imperceptible. While others hold rebirth only on evidence of scriptures. Here the wise person should give up negativistic approach and also vacillation Why ? because the scope of perception is very limited while that of imperception is large, which is known by scriptures, inference and reasoning, Moreover, the sense organs which are instruments of perception, are themselves imperceptible.

This philosophy of three desires in the order would be proved very useful in palliation also for setting SERIES OF SMALL POSITIVE REHABILITATION GOALS for the patients. At least in Indian perspects it would be very useful and easily acceptable. The aim is to involve the individual physically and psychologically in a wholesome routine. Which will create interest in his life.

The spiritual practices described in Hindu religion will convince the patient psychologically to accept these positive rehabilitation goals and will remove the fear of death from the patient. This could easily be achieved by doing spiritual practice and fallowing "Bhagwad Gita" which also supports the philosophy of the above mentioned third desire for the other world.

"Gita" occupies an important place in sanskrit literature. It contains divine words uttered by Lord Krsna. In it Lord Krsna has preached an epitomic sermons full of profound thoughts which are inaccessible to a person.

In the second chapter Lord Krsna gave a very useful solution to get rid of sorrow and worries i.e. A person can get rid of sorrow and worries if he firmly adopts one of the two methods, he should either attach importance to discrimination or perform his duty.

All the bodies which are visible are perishable while the soul abiding in them is imperishable. As the body leaving childhood becomes young and then leaving youth becomes old, so does the soul, leaving this body, enter into another body.

वासांसिजीर्णानि यथाविहायनवांनि गृहाणाति नरोऽपराणि
तथाशरीराणि विहायजीर्णान्यन्यानि संयातिनवानि देही।।

Gita 2/22

As a man discarding worn out clothes, puts on new ones, so does the embodied soul, casting off worn-out bodies, enter into new ones. All the favourable and unfavourable circumstances are transitory,

they are perishing every moment. If a person realizes this fact, he will be totally free from turmoil, sorrows and worries. If a person does his duty by being equanimous (स्थितप्रज्ञ) without caring whether it will be completed or not, whether it will bear fruits or not, there can't be any turmoil.

जातस्य हि ध्रुवो मृत्युर्ध्रुवं जन्म मृतस्य च ।
तस्मादपरिहार्येऽर्थे न त्वं शोचितुमर्हसि ।।

Gita 2/27

Death is certain for the born and rebirth is inevitable for the dead. You should not therefore grieve over the inevitable.

Role of Brahmi

In Ayurveda, a group of Medhya drugs widely used either alone or in combination for the treatment of psychic disorders. Apart from this they have been used for the purpose of RASAYANA (Rejuvenative and restorative purposes) for improving the function of Medha (Intellect) including Dhi (Perception), Dhriti (concentration) and Smriti (Memory). Among this group of drugs Brahmi (Bacopa monniera) is very useful for palliation because of its unique therapeutic efficacy of having Nootropic action along with experimentally proved anticancerous, anti-anxiety properties.

Nootropics has been reputed to stimulate the brain in a more specific way such that learning is facilitated and the cognitive decline associated with aging or disease is overcome or retarded (Heise 1978). Although a general mechanism of action has yet to be elucidated, in experimental animals these drugs all prevent the disruption of memory consolidation that is produced by seizures or anoxia. The relationship of this action to their hypothesized therapeutic effect is unclear :

In comparison to modern anxiolytic drugs Brahmi offers :

- Faster action in depression with anxiety
- Superior anxiolytic action : Nootropic action.
- Relative freedom from drowsiness
- Unique dual anxiolytic and antidepressant action
- Freedom from anticholinergic side effects.

By resolving anxiety Brahmi restores tranquility, Reinstitute mental Poise, Revitalises emotional health, reinstates positive mental make up, reinvigorates physical performance and revives social activities.

The description of Brahmi in brief is as follows :

Ayurvedic Name - Brahmi
Latin Name - Bacopa monniera (linn) Pennell
Synonym - Herpestis monnieri
Family - Scrophulariaceae

The Plant and its distribution

It is a small prostrate herb with ascending branching. The leaves are serrate, entire oblong or obviates 2.5 x 0.6 cm long with obscure veins, flowers solitary, axillary with white or liliac, companulate corolla and capitate stigma. The fruit is an ovoid capsule with persistant style.

The plant grows wild on damp places and marshy land in the major part of plains of India.

Chemical Constituents

Earlier workers have reported the isolation of the alkaloids brahmine[1] and herpestine[2] and a mixture of three alkaloids from the leaves[3]. Mannitol and Saponins[4,5] were reported later. Subsequent work described isolation of some C_{27}, C_{29}, C_{31} hydrocarbons and betulic acid from this plant material[6]. A systematic examination has resulted in the isolation and identification of two saponins designated as bacoside A&B[7].

Biological Actions of Brahmi In Experimental Animals

Fallowing actions have been proved over experimental animals.

Tranquilizer in rats and dogs, smooth muscle relevant and antispasmodic action

have been reported by many workers.[8,9] Anticancerous property has also been reported in animals.[10a,b,c] Treatment with this plant produced improvement in maze learning of albino rats.[11]

Clinical Effects of Brahmi

Clinically this plant is also used for dermatosis, anaemia and diabetes.[12]

Its use in boils and as a blood purifier,[13] Brain tonic and to sharpen dull memory have also been high lighted by many research workers. This is used in catarrhal complaints, also as a safe cardiac tonic,[14] gives relief to patients suffering from anxiety neurosis,[15] its juice along with ginger juice, sugar and bark extract of Moringa oleifera given in GIT disorders.[16]

Its leaves decoction is useful in cough[17] & in rheumatism.[18]

According to Ayurvedic texts-

वयसः स्थापिनी ब्राह्मी मेधायुःस्मृति वर्द्धिनी ।।१५६।।

Ayurveda Saukhyam of Todarananda

ऐन्द्री तु जलनिम्बाख्या तिक्तोष्णा दीपनी सरा ।

मेध्या हृद्या च कुष्ठघ्नी ज्वरघ्नी कफ वातजित ।।

आचार्य प्रियव्रत शर्मा (द्रव्यगुण विज्ञान)

ब्राह्मी तिक्तरसोष्णा च सरा वातामशोफजित ।

(राज निघण्टु)

Apart from its nootropic and anticancerous properties it also relieves constipation and improves digestion so helps in Dhatu poshan. It also acts as an antihistaminic, improves renal functions, useful in cough, Laryngitis and in pyrexia also.

These therapeutic properties enables Brahmi in true sense a adjuvant for palliative care.

In this way the quality of life of palliative care patients will certainly be improved and this will prove a land mark in palliative care.

Ayurveda is a rich store house of therapeutically effective drugs and these gems are to be selected with due care for mitigating the miseries of suffering humanity.

At last I feel it useful to remember one verse in sanskirt i.e.

अमन्त्रमक्षरंनास्ति नास्ति मूलमनौषधम् ।

अयोग्यः पुरूषोनास्ति योजकस्तत्र दुर्लभः ।।

There is no letter which is not a mantra (incantation); there is no root which is not a medicine and there is no human being who is not useful. Only their yojaka (Co-ordinator) is a rare commodity.

References

1. Bose K.C. and Bose N.K. J. Indian Medical Association 1931, 6.
2. Basu N.K. and Lawsal P. Investigation on Indian medicinal plants. 11. Hydrocotyle asiatica Quart. J. Pharm. 1947, 20, 137.
3. Basu N.K. and Walia J.S. Chemical investigation of the leaves of Hespestrics monniera. Indian J. Pharm. 1944, 6, 84.
4. Shastry M.S., Bhalla, N.S. and Malhotra, C.L. Chemical investigation of Herpestis monnieri, Indian J. pharm. 1959, 21, 303.
5. Rastogi R.P. and Dhar M.L. Chemical examination of Bacopa monnieri wettst. J. Scient. Ind. Res. 1960, 19B, 455.
6. Brown I. and Martin smith, M. constitution of Bacopa monnieri (L) pennel. J. Chem. Sco. 1960, 2783.
7. Chatterji N., Rastogi R.P. and Dhar M.L. Chemical examination of Bacopa monieri. Wettst. Part I.
8. Malhotra, C.L. and Das, P.K. Pharmacological studies of Herpestis monnieri (Brahmi) Indian J. Med. Res. 1959, 47, 294.
9. Aithal H.N. and Sirsi M. Pharmacological Investigation of Herpestris monnieri. Indian J. Pharm. 1961, 23, 2.
10. (a) Indian J. Exp. Biolo. 1966, 4, 216.&
    (b) Indian J. Exp. Biolo. 1967, 5, 36 &
    (c) Indian J. Exp. Biolo. 1969, 7, 250
11. Indian J. Physicolo. A.llied Scien. 1976, 30, 88.
12. Acta Phytother. 1972, 19, 141.
13. J. Res, Indian, Hed. 1973, 8(1), 82.
14. Bull. Bot. Soc. Bengal, 1972, 26, 25,
    Bull. Bot. Soc. Bengal, 1975, 29, 27
15. J. Res. Ind. Med. 1979, 14 (3-4) 1,8
    J. Res. Ayu & Siddha. 1980, 1, 133.
    Probe, 1980-81, 20, 201.
16. J. Econ. Tax. Bot. 1981, 2, 181.
17. Bull. Bot. Surv. India, 1973, 15, 19.
18. Indian Drugs. 1977-78, 15, 145.
19. Heise G.A.. 1978 - Facilitation of memory and coguition by drugs, Trends Pharmacol. 1978, 202, 390-402.

EVALUATION OF MEDHYA DRAVYAS IN PRACTICE OF SANGYAHARAN (ANAESTHESIA) - AN EXPERIMENTAL STUDY

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INTRODUCTION

In anaesthesia practice tranquilizers and sedatives are used as pre-anaesthetic medication to supplement the anaesthetic agents and to minimise the postoperative complications. Ayurvedic literature the Medhya Dravyas having sedative and tranquilizing properties are used for the treatment of Psychosomatic and mental disorders. Thus the Medhya Dravyas Ashwagandha (W. Somnifera), Brahmi (B. Monnieri), Shankhpushpi (C. Pluricaulis) and Jatamansi (N. Jatamansi) were selected for experimental study on albino rats to see the efficacy and tranquilizing action in anaesthesia practice as sedative. Modalities of the study were as follows : (1) To find out the effective and safe dose of the trial drugs, (2) To study the changes in behavioural and motor activity, (3) Potentiation of Barbiturate hypnosis and (4) Potentiation of ether anaesthesia.

MATERIAL AND METHOD

Drugs were used in the form of Ghansatva and dose of the drugs were calculated as per text. For each experiment 24 albino rats of either sex were taken and randomly divided into four equal groups. Calculated effective and safe doses of the drugs were dissolved in water and administered orally with the help of Ryle's tube. Following parameters were adopted to evaluate the changes in behavioural and motor activity : Dullness, Drowsiness, Postural instability, sedation and loss of righting reflexes.

OBSERVATIONS

It was observed that all the four trial drugs proved their central Nervous system depressant action in the effective doses of Ashwagandha (40 mg), Brahmi (20 mg), Shankhpushpi (40 mg) and Jatamansi (40 mg) per 100 gm of rats. Ashwagandha and Brahmi were observed more potent than Shankhpushpi and Jatamansi in their effective doses.

Further in other experiment potentiation of Barbiturate hypnosis, were also studied in the lower and effective doses of the trail drug along with the standard anaesthetic dose of Pentobarbitone (4 mg per 100 gm of rats). It was observed that Ashwagandha and Brahmi were more potent than Shankhpushpi and Jatamansi to potentiate barbitone hypnosis. Both Ashwagandha and Brahmi along with half of the standard dose of Pentobarbitone (2 mg per 100 gm of rats) have potentiated the hypnosis more than the standard anaesthetic dose of Pentobarbitone. Moreover, Pentobarbitone alone in the dose of 2 mg per 100 gm of albino rats had no hypnotic effect (Table 1 & 2).

Table 1. Showing the effect of Sod. Pentobarbitone (SPB) 4 mg and scheduled doses of trial drugs per 100 gm of rats.

Groups	Mean time of onset of action (min.)	Mean Sleeping time (min.)
I SPB	11.50 ± 1.378	85.00 ± 11.40
II SPB + Agh	4.67 ± 0.816	228.00 ± 22.28
III SPB + Brm	6.50 ± 0.837	193.33 ± 12.11
IV SPB + Shp	7.50 ± 1.050	165.90 ± 20.41
V SPB + Jtm	8.83 ± 1.169	133.33 ± 8.16

(Agh - Ashwagandha, Bramhi - Shp. Shankhpuspi, Jtm-Jatamansi)

Table 2. Showing the effect of trail drugs in their scheduled dose with 50% reduced SPB dose (2 mg per 100 gm of rat).

Groups	Mean time of onset of action (min.)	Mean sleeping time (min.)
I SPB	–	–
II SPB + Agh	7.33 ± 0.816	178 ± 0.63
III SPB + Brm	8.50 ± 1.050	145 ± 14.49
IV SPB + Shp	9.33 ± 12.110	130 ± 7.07
V SPB + Jtm	10.50 ± 1.043	105 ± 6.33

On statistical comparison between the groups regarding onset of action it was highly significant ($P < 0.001$) in all the groups, whereas the difference was only significant between the group IV vs V, while comparing group III vs IV the different was not at all significant.

On statistical comparison of duration of

sleeping time between the groups it was observed highly significant in all except group III vs IV, III vs V and IV vs V ($P < 0.001$) where it was significant only.

The mean induction time with the 50% reduced dose of Sod. Pentobarbitone it was highly significant when compared statistically between the groups II vs IV and II vs V whereas the difference was not significant between the group III vs IV and it was found only significant between the groups II vs III, III vs V and IV vs V.

While comparing the mean sleeping time between the groups it was highly significant between all the groups except group II vs III and III vs IV where the different was only significant.

In another study, trial drugs in the half of their effective doses (Ashwagandha 20 mg, Brahmi 10 mg, Shankhpushpi 20 mg and Jatamansi 20 mg per 100 gm of rats) along with standard Pentobarbitone dose (4 mg per 100 gm of rats), showed significantly quick onset of action and prolonged the sleep more than the standard dose of Pentobarbitone alone. Thus, the toxic manifestations of the Pentobarbitone can be avoided by reducing its therapeutic dose and can achieve better result (Table 3).

Table 3. Showing the Potentiation of SPB with 50% reduced doses of trial drugs.

Groups	Mean time of onset of action (min.)	Mean time of Sleep (min.)
I SPB	11.50 ± 1.378	85.00 ± 11.40
II SPB + Agh	5.50 ± 0.548	205.00 ± 13.42
III SPB + Brm	7.50 ± 0.836	170.00 ± 11.40
IV SPB + Shp	8.67 ± 1.370	148.33 ± 9.83
V SPB + Jtm	9.83 ± 1.720	125 ± 10.95

Comparing the mean time of onset in the Potentiation of Sod. Pentobarbitone with 50% reduced dose of the trial drug between the groups it was found highly significant statistically between the groups I vs II and II vs IV whereas the difference was not significant between the groups II vs V and IV vs V, rest all the groups showed significant differences.

While comparing the mean sleeping time between the groups the difference was highly significant in all except groups III vs IV and IV vs V where it was significant only.

The effect of the above mentioned Medhya drugs were also studied in Potentiation of ether anaesthesia. Further, Ashwagandha and Brahmi were observed more potent in this respect than Shankhpushpi and Jatamansi. Both Ashwagandha and Brahmi had prolonged the duration of Anaesthesia, consuming less amount of anaesthetic drug. Thus minimising the toxic effect of ether. The amount of anaestheti: drug can be correlated with the time taken for induction of action (Table 4).

Table 4. Showing the effect of trial drugs in potentiation of ether anaesthesia.

Groups	Mean time of onset of action (min.)	Mean time of Sleep (min.)
I SPB	5.50 ± 1.050	3.83 ± 0.753
II SPB + Agh	3.50 ± 0.836	7.16 ± 1.169
III SPB + Brm	4.33 ± 1.030	6.50 ± 0.547
IV SPB + Shp	4.50 ± 1.050	6.10 ± 0.752
V SPB + Jtm	4.83 ± 0.753	5.83 ± 0.752

The effect of trial drugs in potentiation of ether anaesthesia was found highly significant between the groups I vs II ($P < 0.001$) whereas it was significant between the groups I vs III and II vs V, rest of the groups showed insignificant differences statistically.

Comparison of mean recovery time was found highly significant between all the groups except group II vs IV where it was only significant, where as there was no any significant difference between groups III vs IV, III vs V and IV vs V statistically.

Conclusion

1. Ghansatva of Medhya drugs, Ashwagandha, Brahmi, Shankhpushpi and Jatamansi produced central nervous system depression in effective doses of 40 mg, 20 mg and 40 mg per 100 gm of albino rats respectively.
2. Trial drugs significantly potentiated Pentobarbitone induced hypnosis even in the half of the effective doses. Ashwagandha and Brahmi are more potent than Shankhpushpi and Jatamansi in this regard.
3. Medhya drugs also potentiate the quick onset of action and duration of ether anaesthesia in albino rats. Thus the trial drugs are capable to minimise the toxic effects of anaesthetic agents in long term.

LASERS AND ANAESTHESIA

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LASER stands for Light Amplification by Stimulated Emission of Radiation. In essence, laser is a "Source of Light". Thus it is an aggregation of Photons like all other light sources. The Laser differs from most other light sources, as a laser beam consists of intense energy. Due to this, it has become widely accepted and much sought after modality specially for its surgical applications. Rapid proliferation in the medical use of laser has been interrupted by and possibly lead to occasional severe complications. Hence a need to consider various applications and implications of laser in and around operating rooms.

HISTORY

Maxwell proved in 1864 that light is an electromagnetic wave. Planck in 1900 established that the light has a photoelectric effect too i.e., it has color and brightness. Einstein in 1905 first developed a conceptual frame work known as "Quantum mechanics", which became the theoretical basis of laser action. Later in 1917, he explained the mechanism of spontaneous and stimulated emission of photons. Laser was first used in 1960 as Ruby laser. It was used in medicine first in 1964. Presently it has wide application in medicine, industry, telecommunication and defence. In defence, it is used in LIDAR (Radar utilizing laser energy).

PHYSICS OF LASER

Consider two very conventional sources of light energy - a candle and a torch. A candle is a poor source of light as it emits photons randomly in all directions. A torch is a better source, as it emits photons, mostly in one direction and nearly parallel to each other. A laser beam is an intense light as it emits identical, perfectly coherent and excited photons, whose movement is controlled in one direction. The laser can send and concentrate all the energy to smallest area or target sites thereby making the emission most powerful.

Laser consists of a power supply, an active medium and an optical cavity.

Spontaneous Emission

Defined as natural emission of a photon on decaying of an excited electron. It requires no external agent and the direction of the emitted photon is uncertain.

Stimulated Emission

The process of stimulation of a photon into a high energy photon and its subsequent emission. It requires an external photon and the direction of both the photons is same and they are in phase thereby carrying more energy.

Laser Types

A frequent error on the part of the practitioner is the assumption that all laser devices are the same. Lasers have different names and effects depending upon the lasing medium used e.g. a solid , gas or less commonly a liquid. CO2, Krypton, Argon and Excimer are examples of a gas laser. The Ruby, YAG and Nd : YAG (Neodynium - industrial diamond) are examples of solid type. The Nd:YAG is a very versatile laser, which provides deeper tissue penetration and haemostasis due to an Iceberg effect. It can be transmitted more efficiently through flexible fibre tubes.

MEDICAL USE

Laser may be used as scalpels and electrocoagulators. They are well suited for micro surgery and surgery at difficult to reach sites. The intense heat produced by laser, causes rapid vaporisation of tissues leading to almost dry surgery, associated

with lesser postoperative pain and oedema and better healing. A few important medical applications are as following :

1. Airway (including bronchoscopic) surgery
2. Treatment of the cancer of head, neck and breast.
3. Radial Keratotomy and other ophthalmic applications.
4. Gynaecological, urological, vascular, plastic, dental and surface surgery.
5. Endoscopic procedures.
6. Newer applications
   — Medical X-ray, Laser angioplasty, Specific tissue targeted lasers.

LASER HAZARDS

1. The primary concern during laser use is combustion due to thermal effect which may result in fire or explosion.
2. Atmospheric contamination with the plume of smoke and fine particulates produced by vaporization of tissues due to laser radiation. The laser plumes may effect the lungs and are also suspected to have mutagenic and teratogenic effects.
3. Misdirected laser may cause vessel/viscera perforation and damage to meighbouring structures.
4. Venous gas embolism may be caused specially by YAG laser.

SAFETY CONSIDERATIONS

Safety regulations stipulate that only qualified and trained personnel handle the laser machine. It is imperative that the instrument is checked frequently and maintained in perfect order and the machine is locked in OFF mode while not in use. It should be realized that both the patients and the operating room 9O.R.) personnel, specially those exposed to chronic laser radiation are at risk. Following measures are adopted by the anaesthetist to improve safety further and make laser operations less hazardous.

1. Avoiding flammable materials e.g. eye ointment, plastic eye patches, plastic tubes, drapes and adhesive.
2. Protection of eyes with wet pads, kept wet throughout.
3. Use of wet cloth towels to drape the immediate area.
4. Entry into O.R. during laser application is restricted to minimum required and all personnel present are advised to use protective eye glasses.
5. The area around laser machine, anaesthesia machine, operating table and potential skin contact are kept dry.
6. ETT and Cuff : One should avoid the use of ETT specially in short procedures where venturi Jet ventilation is well suited. It is desirous to use specially made fire proof tubes, with saline filled cuffs. Among the fire proof tubes, three types of metal tubes e.g., steel, aluminum spiral and laser flex tube have been used. The aluminum tube has an outer covering of silicon and a unique self inflating sponge filled cuff, which prevents deflation following a puncture. This is the most popular variety among metallic laser tubes. A metallised foil - taped (aluminum, copper or plastic) PVC tube is also laser resistant. However, the plastic tape provides protection only against CO2 laser. Water in the cuff has a cooling effect in its vicinity and if there is a leak in the water filled cuff due to an ignition the spill of water helps to quench a small cuff fire, in contrast, the leakage of air from a conventional air filled cuff aids combustion. The surgeon should be requested to cover the visible cuff area with moistened cotton pledgets.
7. Availability of a bucket of clean water for dipping a burning tube and extinguishing fire. Half to one litre of sterile water and large syringes should also be available, in case the airway needs to be flushed with water.
8. Use of specially designed smoke evacuators at the surgical sites, for preventing dissemination of laser plumes.
9. The laser application is avoided during the use of flammable anaesthetics and materials and vice-versa.
10. Ensuring adequate ventilation and suction.

ANAESTHETIC AGENTS AND REDUCTION OF FLAMMABILITY

The main emphasis is on using intravenous drugs and avoiding or reducing the inhalational anaesthetics, as much as possible. The anaesthetist should exercise caution while using oxygen with nitrous oxide. It is desirable that oxygen, when necessary, is used as a 25-30% mixture in Helium. If Helium is not available, the concentration of oxygen in the inhaled mixture is reduced to minimum safe level by continuous measurement of oxygen concentration (FiO_2) and blood saturation (SaO_2).

AIRWAY CONTROL

Above general considerations hold good for many of the laser procedures under general anaesthesia. In addition, most of the infraumbilical procedures may be done under regional techniques. The only laser application which directly affects the airway management is for airway surgery. Broadly there are three problems in such cases :

1. Competition for space between the surgeon and anaesthetist. This may be resolved either by using a smaller endotracheal tube (ETT) or a vetilating bronchoscope. There is an emerging trend of using venturi Jet ventilation, thereby avoiding intubation altogether. Alternatively the ETT may be extubated and re-intubated intermittently.
2. Post surgical oedema of the airway leading to difficulty in breathing. This is treated by liberal use of steroids and keeping the patient in sitting/ semi-sitting position after recovery from anaesthesia.
3. Irregular respiratory movements during laser surgery in unparalyzed patients may disturb the accurate application. Use of muscle relaxants and controlled ventilation will facilitate the synchronization of the laser impulse.

INTRALUMINAL FIRE

Though the incidence of fire inside the ETT is rare, but it is potentially a fatal risk. It is true that all the tubes are vulnerable to laser fire, a few like ordinary red rubber tube, are more resistant. The fire inside an ETT may lead to :

A. Thermal injury by direct exposure.
B. Chemical Burn. Bronchospasm, Oedema and loss of surfactant due to inhalation of smoke.
C. The melting and burning ETT material may block the airway.

MANAGEMENT

1. Prevention by observing above mentioned precautions in the use of ETT etc.
2. Stopping all the anaesthetic agents and carriers including oxygen and removal of the ETT.
3. Flushing the space with sterile water, doing repeated suction and giving steroids.
4. Bag and mask ventilation with 100% oxygen, reversal of residual paralysis and earliest restoration of adequate spontaneous ventilation. Alternatively, venturi jet ventilation using a metal cannula or the technique of intermittent extubation, may be used.
5. Change to sitting position, when it is safe.
6. Added precaution is needed in a patient of difficult intubation, where the ETT is removed over a long intubating guide and another tube is re-inserted over the guide.

SUMMARY

Lasers provide a useful, new tool in the surgical armamentarium, for which the anaesthetists must with increasing frequency prepare their patients and themselves. As the anesthetists are both a member of the team and a potential target of stray radiation, it is their professional duty to protect the patients, O.R. personnel and themselves from the unwanted effects of laser. For this purpose, a thorough understanding of laser and anaesthesia related concerns during laser surgery is essential. The risks of laser can be minimised by common sense and preconsidered contingency plans.

STRESS & HYPERTENSION AND ITS MANAGEMENT AN AYURVEDIC APPROACH

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Introduction

It is now beyond doubt that the stress plays an important role in aggravating several disorder and disease states prevailing in todays society. Though in last few decades it has gained much importance in relation to the study and the research work among the scientist. It was known and accepted with it's manifests at the time of Charka. To define the stress it can be describe as wide range of physiological and biological changes that take place in the physical body, either an acute or chronic conditions that are induced by various psychological or physical factors or a combination of these factors and that are perceived by the organism as a threat. Hypertension is one of them. It is a disease which is responsible for premature deaths in many cases and in other it leaves a person with a poor quality of life. Its well known complications namely coronary heart disease, Congestive heart failure, stroke, Hypertensive nephropathy, retinopathy etc. are appearing as the major killer especially in the senior residents. Essential hypertension till date could not be explain in term of actual etiopathogenesis. Hence also known as idiopathic or primary essential hypertension. Among the diseases reportedly caused by the persistent stressful conditions include the hypertension also. This is why it is the high time to pay much attention about how to overcome the stress related disorders including hypertension.

A critical and unbiased study of the classical Ayurvedic text reveals that although H.T.(Hypertension) was not recognised as a separate clinical study But primarily they were definitely concerned to attain the Hitayu and sukhayu (Ch. Sut, 1/41) and in fact concept of long life and happy life was paid by the initiators of Ayurvedic Science. As we know the patient of H.T. without treatment can't enjoy a happy and long life, proves that in ancient days it was indirectly managed by various means. It is also note worthy that possibly due to the assymptomatic and some times non specific symptomatology and so also because of the non availability of the measurement scales of Blood pressure Ayurvedic Scholars did not mention this disease in a separate manner. To look into the role of stress in the manifestation of various diseases with especial reference to the Hypertension and so the management in Ayurvedic views the chapters, viz. vata aggravating mental factors, swasthvritta, seasonal measure to mention Doshic equilibrium, Rasayan - including Achar rasayan, and the known antihypertensive ayurvedic drugs, are worth seen.

Management

Here we will discuss about how to manage the stress and hypertension in brief with help of textual principles concealed by the ancient acharyas. Initially this part can be grouped into three viz., preventive aspects, non pharmacological measures and the pharmacological treatment.

Preventive aspects

Among the two ultimate goal of ayurveda the first is "*Swasthya-Rakshnam*" i.e. to make it sure that the healthy person remain through the age. It is why more and more emphasis has been laid on the preventive aspects. To encounter the stressful conditions ancient scientists exhorted to follow the *Rituacharya* and

Dincharya in fact these were the code o conduct during these days, in brief few textual points are being concreted here as such so as to overcome the stressors and thereby the hypertensions.

1. One should perform sandhya twice a day.
2. One should happy, apply scent, wear good dress, comb the nair, always apply oil to the head, ears, nostrils and feet.
3. Take initiative in wishing.
4. Have delightful face.
5. Offer oblation.
6. Perform religious ceremonies.
7. Donate.
8. Honour the guests.
9. Speak timely beneficial, measure sweet words.
10. Be self-controlled and virtuous.
11. Envy in action but not in the result thereof.
12. Be careful and fearless.
13. Be bashful and wise.
14. Having faith in God.
15. Devoted to the teachers who have attained spirituals perfection and are advanced in modesty, intellect, learning heredity and age.
16. One should always acquit himself in an auspicious way and display good manner.
17. Stop exercise before exertions.
18. Be friendly to all creatures.
19. Reconcile the angry.
20. Console the frightened.
21. Be merciful to poor.
22. Be truthful and be predominantly of compromising nature and tolerant to wards unpalatable words uttered by others.
23. Be controlled of intolerance. [ch.sut. 8/18]

Besides these use of rasayan and timely purification of the body e.g. virechan in the Sharad and Vaman in Vasant e.t.c. will be of high values.

Practices of yoga which according to charak is the complete treatment for the suppression of all types of vedama (ch. sha. 1/137) should done. *Shavasan* and *meditation* in these connection may prove as corner stone in avoiding the stressful conditions. Researches have proved that relaxation to the body and mind helps in decreasing the adrenocortical activity (Karemlaeker 1969) and daily practice of yogasan were reported to have the quality to help a person to maintain a perfect hemostasis of the body and mind (Udupa 1978; Khorote M.C. 1989) it was further reported that Shavasana reduces sympathetic nervous activities and reduction in blood pressure and also generalised reduction in neurohumers. Experimentally it was proved that oxygen demand has rescued during deep meditation. Thus it can be said that these all measures are appropriate and inexpensive methods of regenerating bioenergy to attain excellent health and by controlling the emotions such person can cope up with the stressful condition successfully.

Treatment

Although it is clear that a person runs with the sad code of conducts won't be affected of the stresses and its consequents including hypertension but if one makes indulgence in terms of *Asarmendryarth Samyog, Pragyapradh* (Intellectual errors) and *parinam* (consequence) (ch.sut.11/43) then he may become diseased or in other way stressors may induce the pathogenesis of the illness.

To assess the grade and intensity of the stress following questions possed by Holidays 1943 will have to be adapted.

1. "Why did the patient becomes ill in the manner he did ?"
2. "What kind of person is he, that he should behave in this way ?"
3. "Why did he become ill when he did ?"

and then correlation of psychiatric problem with the visceral should be obtained. In relation to the H.T. which in case of stress induced is most of the time periodic and transitory, hence possibly such patients should first be care gorse as mild,

moderate and severe hypertensive. It has revised its earlier classification and grade of hypertension according to fifth reported of the joint national committee on detection, evaluation and treatment of hypertension 1993 is as below.
generally stress induced H.T. remains within mild limit and here probably non pharmacological treatment should be advised and above that, and in case of failure to obtain a satisfactory response patient should be switched for pharmacological treatment.

Non-Pharmacological measures

On the basis of classical references and the recent researches we recommend the following measures to be applied to encounter the stress and related H.T.

1. As for as possible all the spicy materials and the tamasik aahar stated in the book should e avoided.
2. Any sort of smoking should be stopped completely and permanently.
3. Regular physical exercise of mild to moderate degree to be said more specific morning walk for four to five Km. should be practiced.
4. Regular practice of shavasan should be done.
5. Half an hour time in a day should be spend on meditation/prayers.
6. Vegetarian diet should be encouraged with low salt intake.
7. Normal sleep, sexual acts and nutritional diet should be insured, all the diet of such patients should contain all the six Rasas in normal ratio cited by the Acharyas.
8. One should keep himself in happy mood.
9. Week end should be kept for rest.
10. At least twice in a year pic-nic programme should be charted out.
11. Regular use of Rasayan drugs.
12. Follow up of the code of conducts mentioned earlier.

Pharmacological treatment

Beside the drug treatment patient should be subjected for *Shadhan therapy* so as to eliminate the aggravated dosha caused by the stress response can be eliminated according to the body constitution and temperament and also the keeping the views of his/her age, sex etc. vaman, virechan and vasti should be selected. However, vaman should never be performed in the patients having moderate to severe grades of hypertension.

After shodhan, *Shaman therapy* (Drug treatment) should advised. Drug selection must be done keeping the view of stress and the hypertension. It will be far better for the patient apply the holistic approach. The drug should be selected from the list given below.

CATEGORY	SYSTOLIC In hg	DIASTOLIC In hg
Normal	< 130	< 85
High Normal	132-139	85-89
Hypertension (Stage 1)	142-159	92-99
Mild (Stage 2)	160-179	100-109
Moderate (Stage 3)	180-209	110-119
Severe (Stage 4)	> 210	> 120

The Plants with Anti Hypertensive Activity According To I.C.M.R. New Delhi

Achyranthus aspera
Ailenthus exeelsa
Aristolochia bractéata
Arundo donax
Bacopa monniera
Cassia absus
coculus hirsutus
Convolvulus pluricaulis
Coucuma longa
Emblica ossficinalis
Ficus bengalensis
Hibiscus rosa-sinensis
Holarrhena anti dysentrica
Inula resemosa
Irisensata
Jasminium officinal
Leptadenia reticulata
Lluffa echinata
Mammea longifolia
Merremia gangetica
Messua ferrea

Mimusopes elengi
Moringa oleifera
Mucuna pruriens
Nardostachys jatamansi
Nigella sativa
Nictanthes arbor-tristis
Ocimum sanctum
Piper bettle
Piper longum
Plantago ovata
Pterocarpus marsupium
Rawolfia serpentina
Terrebulus terrestris
Terminalia arjuna
Withania somnifera

Other Drugs

Makardhvaj bhasm
praval bhasm
Praval pisti
Mukta shukti bhasm
Shvet Parpati

Dose duration and vehical should be strictly flowed as per the recommendations and the requirement. In all the patients non- pharmacological measures should be advised along with the drug therapy.

Conclusion

After going through the earlier points we can say that concept of stress and hypertension is already available in Ayurvedic literature, management part has also been dealt nicely by the Ayurvedic scholars and if all the recommendation are adapted. There is no reason that we can't manage the stress and hypertensive patient with Ayurvedic measures. We are already conducting a clinical study on hypertensive patients by using both Ayurvedic pharmacological and non-pharmacological regimens for the treatment of Essential H.T. We feel that other interested researchers would also prove into this area.

क्रिस्टल क्रेडिट्स कार्पोरेशन लिमिटेड

दि क्रिस्टल हाउस, साउथ एक्स पार्ट-II, नई दिल्ली - ११००४९
दूरभाष : ६२२४९६३/६४६७५८६/६८४५६३६ फैक्स : (०११) ६४८३०१८

तल्लीताल, नैनीताल - २६३ ००२,
फोन - (०५९४२) ३५३५२ ३६६०६, फैक्स - (०५९४२) ३५५४८.

१२ राज्यों में कार्यरत

उत्तर प्रदेश का पहला और एक मात्र मान्यता प्राप्त

गैर-बैंकिंग कार्पोरेशन

निरन्तर प्रगति एवं विश्वास का प्रतीक

AROMA THERAPY : A PROBABLE FOR ANAESTHESIA AND PAIN

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Aroma Therapy is increasingly popular as approach to healing with natural substances which are favoured by the public and make it possible for the lay person to attempt self-therapy, Aroma therapy, as we observe today, is originated in 1937 with publication of a work of Rene-Maurice Gattefossa (1), of France. There is no doubt that this practice for many centuries in our Vedic and Puranic literature. The Rgveda (VII.59.12) could be an example :

Tryambakam yajamahe sugandhim pusti vardhanam
Urvarukamiva bandhanan mrtyor muksiya mamamritad

The correlation of fire, fragrant smoke and divine grace, leading to earthly prosperity and immortality was well entrenched in the Vedic age.

There is no doubt that Gottefossa created a system of Aroma therapy which is based on modern scientific thought and experimentation. He understood Aroma therapy as medical form of therapy with a basis formed by those essential oils whose effects were well tried and researched and the properties of which could be seen as equal to conventional drugs of the time. Aroma therapy as Gottefossa understood it was a classical allopathic therapy based on the concepts of conventional medicine in which an essential is first of all used to treat a disease and which is ingredient (complex mixture of essential oils may be oriented).

Though an alternative form of medicine but is used for different therapeutic uses and it is not possible to talk about all of them within practical limit of this paper. The two aspects which would and concern with present conference be covered are as follows : (1) Anaesthesia and (2) Pain.

At present except certain synthetic molecules like Chloroform or Ether, there exist no anaesthetic agent which could work through inhalation. But, there exist equally good possibility for use of certain essential oils or volatile components so produced from different natural herbs during burning, heating etc. There happens to a number different natural herb/essential oil which are good for sedative purpose. Similarly, if a nice aroma is used that will help in the beginning for giving a nice sound sleep and later on in high dosage for anaesthetic purpose. Such aroma could be blend natural, nature-identical or of natural and/or synthetic molecules. In the present paper at Table 1, I am depicting a list of certain essential oils/herbs or aroma which could probably used for the purpose. There is need to work/study these aroma or a judicious blend of them which normally produces a synergistic effect. In fact it is multi- disciplinary work where co-ordination of agronomist, botanist, technologist, perfumer, doctors, pharmacologist and last but not the least industrialist is required.

Table 1.

Common Name	Botanical Name
Nutmeg oil	Myristica fragrans
Coriander oil	Coriander sativum
Basil oil	Ocimum sanctum
Bhanga	Cannabia indica
Datura	Datura alba
Khurasani Ajowan	Hyosyamus niger
Ashwagandha	Withania somanifera
Ahiphen	Opium papaver somniferum
Jatamansi	Nardo stachys jatamansi
Macl	Myristica fragrans
Kewda	Pandonus odasatissimus Peme

INDIGENOUS DRUGS DESCRIBED IN AYURVEDIC LITERATURES FOR THE MANAGEMENT OF ANXIETY

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The task of defining anxiety is explicit terms, and a difficult one. Most of us have an intuitive appreciation of what anxiety is, based largely on direct experience with obtrusive and usually quite unpleasant inner state the term signifies. The main causes behind anxiety are biological, psychological and environmental events.

When we are considering the humoral theory in the ancient Indian medicine, Ayurveda is considered to be the science of life. According to this total concept of life includes both man and his environment. It emphasises that the well being of man does not consist in the maintenance of good physical health alone, but also includes the mental and spiritual health.

Life is never static, it continuously undergoes changes to adapt it self to the environmental changes. Such a continuous activity of body and its psychogenic constitution is brought about by three essential humors of life known as vata, pitta, kapha. Amongst them vata seems to be closely related to central nervous system and is the most important humor which moves fast and controls the other two humors. Pitta resembles the sympathetic nervous system and kapha to the histamine and its derivatives such as kinin. Life is more dependent upon vata than anything else in the body. It helps to receive the massage from the environment by the pancha Budhindroya and transmit it to various centres of the brain and to other parts of the body. The other two humors become disturbed after the vata has become deranged.

In Ayruvedic texts, causes of anxiety is described as mansik-vikruti. Derangements of Rajas and Thamas which are the morbidic factors affecting to mind produce manasik-vikruti like Raga, Krodha, Lobha, Irrshaya, Chintya, Shoka, Bhaya, Harsha, Murcha, Bhrama, Kshobha, Glani, Moha and Arati. These factors cause to Psychic disorders and then it leads to somatic disorders also.

A large number of drugs have been described in the texts of Ayurveda for the management of Psychic disorders. The ways and means which help or are beneficial for Medha or Buddhi can be designated as medhya, and these drugs have classified under the heading of Medhya Dravyas, and suggested that they might having anxiolytic properties. According to Ayurveda texts Dhi (Perception), Dhriti (Niyamatmika) and Smriti (Smarana) are separate entities from Buddhi, but these are functional units of intellect and combination and integration of all leads to Pragya, Buddhi or Medha.

In Ayurveda Medha aspect has been enlightened at various places, quoting Medhya Rasayanas to maintain and modify Medha or Buddhi. While describing the drugs Charaka has primarily classified them into two heads, drugs for improving vitality (Urjaskara Rasayana) and drugs for the treatment purpose (Vyadhimirjatkara). Majority of drugs or compounds described in Rasayana Chapter also have Medhya Property along with their value as Rasayana. The most common drugs are Ashwagandha (Withania somnifera), Brahmi (Bacopa monnieri), Shankhpushpi (Convolvulus pluricaulis), Jatamansi (Nardostachys Jatamansi), Vacha (Acorus calamus), Shatawari (Asparagus recemosus), Guduchi (Tinospora cardioforlia), Kapikachchu (celestrus Paniculata), Bala (Side cardifolia).

SANGYAHARAN - A NEED OF ADVANCED MEDICINE

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'Painless life' is the moto of medical science It's Achievement is the ultimate goal and step forward in this direction is the milestones of sangyaharan.

Oldest literature of human civilization viz Veda and Purana suggested will power and consciousness control by meditation; yoga and raised self esteem as a method of isolating oneself from his surrounding. In Jagrat state one is fully conscious and responsive to his environment. In Swapnawastha one remains indifferent to his surrounding but can be brought back to senses of surrounding easily. In the sushptawastha a person remains in a state of stuporous trance and recovery to normalcy is very difficult. During this state all painful pleasant sensation vanish and one is restricted to deep insight (Kaivalyopnishat B). It is possible only when consciousness (Atma) is in complete association of Puritan Nadi. During recovery from this state only pleasant delirium of the stage is remembered.

But these stages can be achieved by long practice by oneself and the role of vaidya is very little.

In ancient epics like Mahabharat & Ramayana several methods, mantra & drugs have been mentioned for reliving pain during most unfavorable and highly painful condition Vishalyakarni deserves special mention amongst them.

In Charak and Sushrut samhita medicated Madhu, Ghrit & Madyapan Turmeric etc. have been mentioned to alleviate pain in painful & anticipated painful condition.

But unfortunately the practice and methods of these pain reliving measures like mantra; yoga, meditation and drugs and acquisition of their knowledge traditionally discontinued.

The present systematic and more acceptable method of pain management in most painful condition is restricted to one and half century old study world wide collective thinking have started with the advent of telecommunication & printing media. So it is high time to verify ancient and traditional view in terms of modern parameters as well & acceptable globally.

Present day achievement of balanced anaesthesia by reflex suppression with analgesic neurosis and relaxation using combination of drugs to achieve them separately in varying degree according to requirement. The combination is highly advocated to minimise the disadvantages of single drug overdose & smooth easy recovery. Discovery of dissociative anaesthesia, has also proved the existence of ancient view of partial dissociation from ones surrounding.

Snehan & Swedan alter the fat content of body quantitatively and qualitatively to a great extent and can modify the outcome of fat soluble drugs. Similar Vaman, Virechan & Vasti alter the water content of different compartments of body and can charge the action of water soluble drugs. Thus Panchkarm can be incorporated into sangyaharan and its application in poorvakarma (Preparatory period) & Paschatkarm (follow up) may be highly effective and to a limited extend during intraoperatively.

Similarly Acupressure & Acupuncture are gaining popularity and its correlation with the concept of 'Marmasthan' can be done. It will open new dimension to the field of Sangyaharan and make the concepts of marma more acceptable.

With the advent of position emission Tomography which is based on three

dimensional reconstruction of brain section using positron - emitting radionuclides. By utilisation of a number of individual radionuclides and radiolabeled moieties it provides an opportunity to measure quantitatively regional cerebral blood flow blood volume, oxygen metabolism; glucose transport and metabolism, and neurotransmitter metabolism and also permits neurotransmitter receptor localization. PET can provide spatial resolution approach 3-5 m definition in sequential slices. Thus using present day available drugs to in achieving the best way of balanced anaesthesia and to delineate the hyperactive and less active area of brain may be precisely described in near future and help us to understand the concept of 'Puritan nadi. After localising the area of brain during effective balanced anaesthesia the reversible and non invasive method of deactivating & hyperactivating like different frequency of wavelength can be carried out in experimental animals & followed up. These non invasive methods of depolarization e.g. Laser; sound wave and infrared to other rays can be attempted & on their successful application co-relation with the ancient way of palliation like mantra; bhaja etc. well understood & explained.

Thus sangyaharan by incorporating Panchkarm & Non invasive methods of Pain management and palliative care can be highly useful for desirous people and extend the scope of Sangyaharan in near future.

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CONCEPT OF MADYAPAN IN ANCIENT LITERATURE

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The action of Madya was clearly known to our ancients according to it is nature and consumption. Madya had played an important role as anaesthetics since ancient time, however, our ancient surgeons have advised madyapana before operation only to those patients who were accustomed to such drinks and were unable to tolerate surgical pain. The present article reviews the concept of madyapana in ancient classical literature.

Sushruta, the father of Indian surgery, has advise to give madya to the patients before operation to increase the pain threshold and to make patient unconscious during surgery. Madya is a narcotic analgesic and makes the patient insensible to painful stimuli. Charaka has also mentioned the use of madya to relieve the pain of labour and also for the extraction of foreign body. Sharangadhara has also defined the madakari drug as these are tamoguna pradhana which inhibit the sensory and motor functions. Charaka and Sushruta both have defined the properties of madya which are just antagonistic to those of ojus like Laghu, Sukshma, Ruksha, Tikshma, Ashu, Vishad Vyavayee, Vikashi, Amla and Ushna. However, sushruta has not mentioned Laghu and Amla properties. Because capacity of Bala is depend upon both type of ages which may be protoplasm and nucleoplasm of the cells of the body. Madya, because of antagonistic property of ojus, affects physical and mental capacities of individuals. It has impairs the sensory functions of the brain.

The main sites of action of alcoholic drinks (Madyapana) are Raktavaha srotas (blood vessel and fine capillaries). Rasavaha srotas (intracellular spaces containing lymphatic system) and Manovaha srotas (sensory and moton pathway).

In Ayurvedic texts, the following four stages of intoxication effects of Madyapana have been mentioned which are very much similar to the four stages of modern anaesthesia.

In the Ist stage (Stimulation or refreshing stage) an individual feels mental and physical well being and happiness. Sadness and happiness is the natural property of 1 manas. After madyapana due to manasik Avashad (slight central nervous depression) at that time feeling of sadness reduces and feeling of happiness promoted, imagination becomes brighter, feeling elevated, intellect clearer. This stage may be compared with Ist stage of modern anaesthesia, where the patient remains conscious can hear and see and feels dream like state. Pain is progressively abolished during this stage. In the IInd stage (stage of excitement) patients intellect, memory, speech and other activities are impaired. Patient behave like incense person. This stage may be compared with IInd stage of anaesthesia where the patient may shout struggle, and hold his breath, muscle tone increases, Jaws are tightly closed, heart rate and B.P. may rare.

In the IIIrd stage patient mental balance is lost. The subject talks, laughs, runs, and cries without restraint, but gradually he losses control over these function also, can compared with IInd stage of anaesthesia.

In IVth stage patient becomes completely insensible, to any stimuli. An individual appears like a dead person due to complete loss of sensory and motor functions but death does not occur. This

stage may be compared with IIIrd stage of anaesthesia where most of the surgical operation are performed. An individual does not feel pain and all the reflexes are abolished.

In Asadhyavastha lips hang down, skin becomes cold but internally there is feeling of warmth in the body. Besides this tongue, gums and lips become cyanosed. According to modern concept if the madyapandose is very large there is complete insensibility, narcosis, muscular relaxation with involuntary passage of urine and stool and subnormal temperature. Finally the patient dies from respiratory paralysis. This stage can be compared with medullary paralysis.

Above discussion reveals the fact, madyapana in safer doses to the patients before surgical operation use to be given only to increase pain threshold, which ultimately produce unconsciousness. Charak has suggested that madyapana can be avoided by keeping the senses under control and by following codes of right conduct. Thus resultant physical and mental disease can be thrown away. Nivrttah Sarvamadyebhyo naroyasca Jitendriyah Sarira Manassairdhiman Vikarirna sa Yujyate (Ca. Chi 24/206).

JALAN CLINIC

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शेखर आयुर्वेद

शास्त्रोक्त एवं अनुभूत आयुर्वेदिक औषध निर्माता
भगवानपुर, वाराणसी - २२१ ००५

म्यूकोना ग्रेन्यूल — अतिसार, पेचिस
एस० बी० ग्रेन्यूल — शक्तिवर्धक
ल्यूकोलैक्स पावडर — स्त्री रोग
मार्लेक्स पावडर — कब्ज

EVALUATION OF JATAMANSI AS PREMEDICANT
(A Biochemical Study)

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The primary requirement of safe and satisfactory surgery is to abolish pain during operation. This unsolved question always arose before surgeons even in the period of Sushruta (). They were using various pain relieving drugs and applying procedures, with the available resources at hand for painless surgery. A thorough study of literature reveals that people in ancient days and techniques which were used in pre-operative period, during operation and post operative period.

Keeping in view the above factor in mind, a research was made in ancient Ayurvedic literature, where number of drugs were available which fulfill the qualities of ideal premedicant and grouped under Medhya Dravya out of which several drugs had been proved very effective Department experimentally and clinically.

In this study *Jatamansi* was selected for further studies in relation to its side effects, which is well proved and safe pre-anaesthetic drug during the course of anaesthesia by previous workers (Dr. Gulati P.K. and Dr. Pande S.B. 1984).

MATERIAL AND METHODS

Aqueous extract of Jatamansi rhizome power was made by evaporating the water under waterbath patients were divided randomly into equal groups. Containing 20 in each.

Control group 1-20 patients - premedicated with injection Atropine sulphate 0.6 mg 1m 60 minutes before operation and Tab Promethazine hydrochloride 50 mg orally 90 minutes before induction of anaesthesia with sips of water orally.

Trial group II-20 Patients - premedicated with by Atropine Sulphate 0.6 mg 1m 60 minutes before operation and capsule Jatamansi Ghansatva (Aqueous extract) (500 mg) orally with sips of water 90 minutes prior to induction of anaesthesia as a premedicant.

Surgical procedure - Appendicectomy

Anaestheisa - G.A. with O_2 + N_2O + F + her with spontaneous Vent with Boyle's apparatus by Magill's open circuit.

To evaluate the biochemical Changes in both the groups 3 blood samples, before premedication 90 minutes after the premedication and just after completion of anaesthesia were collected for biochemical analysis.

OBSERVATION AND RESULTS

Desirable and undesirable effects

Table 1. Evaluation of desirable and undesirable effects after premedication

Effect	Group I				Group II			
	Present		Absent		Present		Absent	
	No.	%	No.	%	No.	%	No.	%
Sedation	15	75	5	25	18	90	2	10
Apprenhension	7	35	13	65	2	10	18	90
Excitement	NIL	NIL	NIL	NIL	NIL	NIL	NIL	NIL

The effect like presence of sedation apprehension excitement were also clinically evaluated in the patients of Group I as well as in Group II during 60 to 90 minute after giving

premedication. The presence of sedation and apprehension in Group I patients were 75% and 35% respectively. No patients of Group I did show the sign of excitement after premedication.

Similarly the presence of sedation and apprehension in Group II patients were 90% and 10% respectively during the period. No patients of Group II had excitement after premedication like Group I patients.

Effect of Premedicant on the course of subsequent anaesthesia

Induction time

Table 2 Comparison of induction time (in minutes) between the different groups

Groups	Mean Induction Time (in min)	Statistical comparison of mean induction time Group I vs II		
		t value	p value	Remark
I	7.85 ± 1.56	1.55	> 0.05	N.S.
II	7.85 ± 1.56			

The mean of Induction time was found 8.6 ± 1.5 and 7.85 ± 1.56 respectively in the patients of group I and group II.

On statistical comparison no significant change in mean induction time was found between the group I & II. So it was concluded that the mean induction time were also identical for all the patients of Group I & II.

The total anaesthetic time in both the groups were 81.7 ± 5.76 and 83.55 ± 6.7 minutes respectively in groups I and II, which were identical on statistical comparison.

The quantity of volatile ether consumed

Table 3 Statistical comparison of quantity of volatile ether consumed (in ml.) By different groups of patients during I.O.P.

Groups	Volatile Ether Consumed (in millilitre)	Statistical Comparison I vs II		
		t value	p value	Remark
I	152 ± 11.524	2.81	> 0.01	Significant
II	140.5 ± 14.244			

The quantity of volatile ether consumed in ml during intra operative period by Group I & II patients were such as 152 (SD ± 4.52) and 140.5 (SD ± 14.2) respectively. The quantity of Ether consumed by Group I & II patients were statistically compared among themselves. As the amount of Ether consumed by Group I patient were much more in comparison to Group I patients so there statistical comparison bear significant value at the level of 'p' value < 0.01 (Ref. Fig. VIII).

The excitatory phenomenon and emetic sequelae if present during subsequent course of anaesthesia were recorded and clinically evaluated. The excitatory phenomenon was quite absent in Group I & II during I.O.P. But the vomiting was present 10% among Group I patients and it was quite absent in Group II patients during this period.

Biochemical Changes

The mean Blood Sugar level in mg% 71.95 ± 7.46 and 77.5 ± 18.958 respectively before and after premedication the patients of group I where as it was found to be 73.93 ± 9.042 and 79.05 ± 15.295 respectively before and after premedication in the patients of group II

on statistical comparison no significant change in Blood sugar was found in between the group I vs II at both the level (before premedication and after premedication).

Table 4 Statistical change of comparison of blood sugar level in mg% before premedication and during recovery period within Group I & II

Groups	Blood Sugar Level in (mg%)		Statistical Comparison I vs II		
	Before Premedication (mg%)	During Recovery period (mg%)	t value	p value	Remark
I	71.95 ± 7.46	91.3 ± 17.510	4.96	< 0.01	H.S.
II	73.93 ± 9.042	87.95 ± 13.986	3.76	< 0.01	S

The mean of blood sugar level before premedications and during recovery of Group I patients were e.g. 71.95 (SD ± 7.46) and 93.1 ± 17.5 respectively. Similarly the blood sugar level in mg% of Group II patients before premedication and during recovery ware e.g. 73.93 ± 9.04 and 87.95 ± 13.98 respectively. On comparing statistically it was found that there was highly significant rise of Blood Sugar level during recovery period in comparison to before premedication in both the groups.

The biochemical changes like blood urea, serum creatinine, serum cholesterol and liver function tests (Vandenberg's reaction, serum bilirubine, serum alkaline phosphatase etc) are carried on during the study in each and every cases. The changes of these biochemical parameters are assessed by comparing the values during recovery period with the values of before and after premedication in control as well as in trial groups. The changes of blood urea, serum creatinine and liver function tests were in significant in both the groups.

The emetic sequelae if any were clinically evaluated in the patients of Group I & II during recovery period. There were 15% and 5% emetic sequelae found in Group I & II patients respectively.

SUMMARY AND CONCLUSION

In this study Jatamansi (Nordostachys jatamansi) has been taken as one of the trial drugs with expectation of extra advantage over synthetic drugs or to minimise their toxic or adverse effects.

The study was carried on the following manner.

1. Effect on premedication
2. Effect on subsequent anaesthesia
3. Effect on post operative recovery period.

On the basis of above observation of our clinical study it can be concluded as below.

Conclusion

1. Jatamansi Ghansatva is a safe and effective premedicant.
2. It produces good sedation.
3. It reduces apprehension and anxiety.
4. It reduces Ether consumption during induction and maintenance of anaesthesia.
5. It reduces recovery period and makes it safe without emetic sequalae.
6. It does not effect the normal biochemical changes of body. Thus it has no toxicity.
7. It has some hypoglycemic effect against the hyperglycemic effects of Ether.

In short it can be concluded that Jatamansi (Nordostachys jatamansi) is a safe premedicant having no side effect or toxicity. A further study to explore it's manifold utility is required.

EXPERIMENTAL STUDIES ON AN INDIGENOUS DRUG NIRGUNDI (*Vitex negundo*) AS ANALGESIC

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AIM OF STUDY

The effective management of post-operative pain is a matter of great concern for the anaesthesiologists Reliance is still placed on the narcotic analgesics like morphine which in spite of being potent analgesic has undesirable side effects like sedation, nausea, vomiting, respiratory depression and addiction which restricts, if not contraindicates its use.

In recent years, many attempts have been made to find out a narcotic on a non-narcotic analgesic that would not cause respiratory depression and addiction as an alternative to morphine. Keeping in view the above facts a search was made in Ayurvedic literature where a large number of drugs have been mentioned possessing the analgesic properties. Among them the drug Nirgundi (Vitex negundo) was selected for present experimental study to find out effective dose and their efficacy as a potent analgesic and other effects if any.

MATERIALS AND METHODS

I. [a] ANIMALS

The experiment have been conducted on adult healthy wister strain albino rats weighing between 150-200 gm for tail flick-method, 50-60 gm for Hot-plate method and albino-mice weighing between 25-30 gm of either sex for writhing test.

[b] GROUPING OF ANIMALS

In experimental study the animals were divided into six groups with six animals in each group and the study was carried out extensively on following parameters :

1. Rat tail Hot wire technique, described by Davis and co-workers (1946) using a techno-analgesiometer
2. The hot-plate method of Eddy and Leimbach (1953).
3. Writhing test of mice (Witkin et al., 1961).

II. TRIAL DRUGS

1. The yield of the alcoholic extracts of an indigenous drug Nirgundi (V. negundo) was 10% (100 gm of V. negundo will yield 10 gm of alcoholic extract).
2. Preparation of intraperitoneal injection of alcoholic extract of indigenous drug as follows :
   (a) Prepare 0.5% w/v of Sodium carboxy methyl cellulose (Sodium CMC) suspension in distilled water (freshly prepared). Initially wet the powder with two drops of glycerine, triturated it added 5 ml of distilled water, then add small amount in increasing order while triturating.
   (b) After preparing the suspension added desired amount of drug i.e. alcoholic extract of the indigenous drug to it and triturated followed by stirring for 1 hour to make a homogeneous solution.
   (c) Add 0.1% (0.1 mg in 100 ml) propyl paraben (preservative) to the prepared suspension.

The studies were conducted by administering alcoholic extract of *Vitex negundo* intraperitoneally (i.p.) one day prior to the experiment and at the day of experiment except in writhing test where it was given orally in same above said.

OBSERVATIONS AND RESULTS

Shown in Table 1, 2 and 3.

Table 1. Showing Antinociceptive activity of *V. negundo* in different doses using tail flick method.

Gp. No.	Group (n=6)	Mean latent period of tail flick response (sec) ± S.E.				
		Initial	After 15 min	After 30 min	After 45 min	After 60 min
1.	Control (Vehicle)	4.10 ± 1.12	4.43 ± 1.11	5.13 ± 0.98	5.48 ± 0.95	4.73 ± 089
2.	V. negundo (50 mg/kg)	4.92 ± 0.99	5.23 ± 1.22	5.59 ± 0.89	5.68 ± 1.28	4.98 ± 0.96
3.	V. negundo (100 mg/kg)	5.33 ± 1.08	5.54 ± 1.57	9.62 ± 1.86	10.22 ± 1.84*	6.44 ± 2.09
4.	V. negundo (200 mg/kg)	5.17 ± 0.99	5.49 ± 0.99	11.66 ± 1.38*	11.08 ± 0.99*	6.61 ± 2.02
5.	Morphine (1.5 mg/kg)	5.41 ± 2.1	14.46 ± 2.78*	16.43 ± 3.05*	10.24 ± 0.89*	5.57 ± 1.63
6.	V. negundo (200 mg/kg) + Morphine (1.5 mg/kg)	4.46 ± 0.89	14.09 ± 1.22**	15.98 ± 2.06**	12.39 ± 1.59*	7.04 ± 2.33

*Significant; **Highly significant; Values without superscripts are insignificant.

Table 2. Showing Antinociceptive activity of *V. negundo* in rats in different doses using Hot-plate method.

Gp. No.	Group (n=6)	Mean reaction time (sec) ± S.E.				
		Initial	After 15 min	After 30 min	After 45 min	After 60 min
1.	Control (Vehicle)	3.42 ± 0.98	1.58 ± 0.02	1.09 ± 0.21	0.73 ± 0.11	0.59 ± 0.13
2.	V. negundo (50 mg/kg)	3.39 ± 0.86	1.56 ± 0.09	1.22 ± 0.41	1.18 ± 0.18	0.96 ± 0.48
3.	V. negundo (100 mg/kg)	3.85 ± 0.46	1.60 ± 0.75	1.30 ± 0.39	1.99 ± 0.13**	1.65 ± 0.13**
4.	V. negundo (200 mg/kg)	3.36 ± 0.32	1.75 ± 0.08	1.70 ± 0.09*	1.92 ± 0.19**	1.75 ± 0.21**
5.	Morphine (1.5 mg/kg)	3.49 ± 0.26	1.90 ± 0.04*	1.94 ± 0.03*	1.61 ± 0.10**	1.62 ± 0.13**
6.	V. negundo (200 mg/kg) + Morphine (1.5 mg/kg)	3.89 ± 0.86	1.91 ± 0.04*	1.99 ± 0.02*	1.85 ± 0.08**	2.01 ± 0.12**

*Significant; **Highly significant; Values without superscripts are insignificant.

Table 3. Showing effect of *V. negundo* in different doses on writhing test in albino mice.

Gp. No.	Group (n=6)	Number of wriths/30 min.	
		Mean	± S.E.
1.	Control (Vehicle)	70.50	3.26
2.	V. negundo (50 mg/kg)	66.33	1.67
3.	V. negundo (100 mg/kg)	60.12	2.36*
4.	V. negundo (200 mg/kg)	55.03	3.49*
5.	Aspirin (165 mg/kg)	30.09	1.99**
6.	V. negundo (200 mg/kg) + Aspirin (165 mg/kg)	26.01	2.00**

*Significant; **Highly significant; Values without superscripts are insignificant.

DISCUSSION

Observations and results were made for the antinociceptive activity of vitex negundo, on the following parameters

A. Effect on Morphine Induced Analgesia

(a) The analgesic activity of the indigenous drug and effect on Morphine induced analgesia were observed by using tail flick method.

(b) Different doses of indigenous drug was used to study the analgesic activity and effect on Morphine induced analgesia, observed by using hot-plate method.

B. Effect on Aspirin Induced Analgesia

Different doses of indigenous drug was used orally to evaluate the analgesic activity and effect on aspirin (orally) induced analgesia by using writhing test in albino mice.

It is obvious from Table 1 and 2 that the alcoholic extract of vitex negundo did not show any significant response during the whole observation. Where as it was significant in the dose of 100 mg/kg after 45 minutes and in the dose of 200 mg/kg after 30 minutes, 45 minutes and 60 minutes, only in Hot-plate method. The potentiation of morphine induced analgesia with the vitex negundo in the dose of 200 mg/kg was statistically insignificant. The potentiation o morphine induced analgesia in Hot-plate method with V. negundo in the dose of 200 mg/kg was significant after 60 minutes.

It is obvious from Table 3 that V. negundo in the dose of 50 mg/kg did not show any significant inhibition on stretching reflex (writhing). Where as it was significantly inhibited writhings in the dose of 100 mg/kg and 200 mg/kg, respectively. The potentiation of aspirin induced analgesia with the V. negundo in the dose of 200 mg/kg was statistically insignificant (Table 3).

The rat tail flick technique the thermic stimulation method and acetic acid induced writhing paradigm have been extensively used to assess the antinociceptive activity of a large No. of pharmacological agents. These methods have been retained their popularity because of their sensitivity, specificity and reproducibility. In addition, centrally acting antinociceptive agents, with well defined effects on multiple neurotransmitter system, give a comparable positive response in the tail flick and hot- plate technique. In contrast, peripherally acting analgesia agents are effective only when evaluated by the writhing test (Bhattacharya et al., 1975; Bhattacharya et al., 1986). It is thus evidenced that the observed antinociceptive effect of indigenous drug is may be due to its central action or peripheral action. It would be rather premature to hazard and explanation in terms of neurotransmitters involved, since practically every known neurotransmitter; opoid and non-opoid have been involved in antinociception was not proved. Co-agent, neurochemical studies can only resolve the issue that is the need of today's clinical and experimental researches on indigenous drugs.

SUMMARY AND CONCLUSION

The observations and results of the present study were primarily conducted with aims to evaluate the analgesic activity of indigenous drug V.negundo can be summarized as follows with relevant conclusions

1. Alcoholic extract of Vitex negundo showed its significant antinociceptive effect in the dose of 200 mg/kg.
2. Alcoholic extracts of Vitex negundo, did not show any significant potentiation of the aspirin induced analgesia, using writhing test in the dose of 200 mg/kg for each trial drug.

The above mentioned trial indigenous drug have been used since long for the treatment of pain. Encouraging results of the above mentioned Experimental observations and the results of previous workers suggested that the drug could be used clinically as an analgesic compound.

However, there is an urgent need to evaluate the mechanism involved in their effects in order to rationalize what remains an empirical use of the indigenous drug.

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Abstracts

MEDICINAL PLANTS - PROSPECTIVE ROLE IN SANGYAHARANA

Vimal Kumar Arora, Dr. K. Shankar Rao

Department of Ras Shastra, Post Graduate Institute of Ayurveda, Chitrakoot (Satna) M.P.

Revealing Ayurvedic Literature some references are available in the field of Sangyaharana. It is a well known fact that during ancient period surgery was at the peek of its glory. Ancient Scholars had been Successfully performed several operations such as Leprotomy, Rhinoplasty, Operations for bladder stones, Cataract, Heamorhoids, Fistula and obstructive foetus. There are some references of pre operative measures and to use some drugs before operations.

This paper is an effort to collect these references, to select some drugs of Indian medicine, to probe in critically about their properties and prove their importance scientifically in the field of Sangyaharana.

EXPERIMENTAL STUDIES ON INDIGENOUS ANALGESIC DRUGS

Pandey P.S., Pandey K.K.**, Upadhyay O.P.†, Pandey D.N.**

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The management of pain has been a challenge since the birth of human being. Although many experimental and clinical researches have been done so far on various synthetic and semi-synthetic analgesic drugs but none of these are devoid of untoward effects.

Keeping in view of these facts a search was made in the texts of AYURVEDA where a large number of drugs have been mentioned for the management of pain. The present study was performed on albino rats to evaluate the efficacy of some of the indigenous analgesic drugs for relief from pain and their side effects if any.

EVALUATION OF JATAMANSI AS PREMEDICANT (A BIOCHEMICAL STUDY)

Dr. Sharma P.K., Dr. Mishra L.D., Dr. Pande D.N.

Section of Sangyaharan, Faculty of Ayurved, I.M.S. B.H.U., Varanasi.

In this study Jatamansi (Nordostachys jatamanasi) has been taken as one of the trial drugs with expectation of extra advantage over synthetic drugs or to mimimise their toxic effects.

The study was carried on following manner : (a) Effect on premedication; (b) Effect on subsequent anaesthesia; (c) Effect on post-operative recovery period. On the basis of above observation of our clinical study it can be concluded as below.

It produces good sedation and is capable in allaying anxiety and apprehension. It has no cardiovascular depressant properties. It curtails requirement of volatile anaesthetic agent Ether and thus is helpful in quick and safe recovery when used as premedicant. Jatamansi as an adjuvant in anaesthesia doesn't effect the normal biochemical changes in the body. However, it shows some short of hypoglycemic response against Ether induced hyperglycaemia.

ROLE OF AYURVEDIC PRINCIPLES AND MEDHYA-DRAVYA (BRAHMI) IN PALLIATIVE CARE

Dr. Sharma S., Dr. Pande D.N.

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Brahmi (Bacopa monniera) is a well known Ayurvedic drug to cure several mental diseases. Usually terminally ill cancer patients suffer from insomnia, anxiety, fear, sadness and depression. In these mental disorders Brahmi can play an important role to relieve these problems. Thus it may be beneficial and helpful to enable the patients to lead a better quality of life during illness.

YOGA NIDRA AND ITS POTENTIAL IN THE FIELD OF ANAESTHESIA

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Hypnosis is a complex mental phenomenon that has been defined as an artificially induced modification of consciousness characterized by heightened focal concentration and receptively to suggestions. Ancient yogic philosophy, describes that a sort of artificial sleep or trance state can be obtained by exerting the effect of one's Pranie energy over others or oneself, which is called Yoga Nidra and that the person's mind in this state becomes extremely suggestible and malleable, which can be made to act as desired. The trance state may be light, medium or deep. In a light trance, there are changes in motor actively such that the person's muscles can feel relaxed and paresthesia can be induced. A medium trance is characterized by diminished pain sensation and partial or complete amnesia. Deep trance is associated with induced visual and auditory experiences and deep anaesthesies. Time distortion occurs at all trance levels but is most profound in the deep trance. It has been used to induce anaesthesia in various minor operations e.g. Tooth extractions, child birth etc., and there are a few instances in which hypnosis alone has been used as an anaesthetic or analgesic for major surgery led by certain medical boundations. Some of the well known figures who used hypnosis for this purpose were James Braid, Lie'beault, J.M. Bramwell (1980) etc. The technique involves post hypnotic suggestions of absence of pain, though analgesia can sometimes be attained even when the subject is not very responsive to sleep suggestions. Hypnotic anaesthesies is rarely so deep as to sustain on it for long operations, it can however be used to support chemical anaesthesia, permit smaller doses of anaesthetic agent and promote more rapid action on subject. Another dimension of the use of hypnosis can be in lessening of pain as a palliative care in incurable diseases.

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COMPARATIVE STUDY OF 'BRAHMI' VS PHENERGAN AS PREMEDICANT IN RELATION TO ETHER ANAESTHESIA

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In these studies two groups e.g. Group I & II of patients were selected for D.C. & B.T.L with narrow age limits between 25 to 35 years. The Group I is the control one premedicated with the atropine 0.60 mg I.M. and phenergan 50 mg orally 60 minutes before surgery and patients belonged to Group II were premedicated with Inj atropine 0.60 mg I.M. and "Brahmi" G.S. orally 60 minutes before surgery. All the patients were induced and maintained with oxygen (3 lit), nitrous oxide (5 lit) and ether on spontaneous respiration on Magill's open circuit. This paper reveals about the comparative changes in haemodynamic status of the patients after premedication during I.O.P. and recovery period as well as the mode of induction recovery consumption of volatile agent ether and changes of blood sugar level in relation to different Dehprakriti.

CONCEPT OF PREOPERATIVE MADYAPAN IN ANCIENT LITERATURE

Dr. Mishra S.K., Dr. Pandey K.K., Dr. Pandey D.N.

Section of Sangyaharan, Deptt. of Shalya Shalakya,I.M.S., B.H.U., Varanasi

References of our ancient literature reveal that surgery was at the peak of it's crowning glory during that period. In the texts of Ayurveda it is mentioned at many places to give madya (wine) to the patients before undergoing surgery to passify the pain.

In the texts of Ayurveda stages of Madyapana is described very clearly which resembles with the Guedle's classification of ether anaesthesia. It seems that they might be using Madya with the same knowledge as it is being used in the practice of Anaesthesia. The matter will be discussed and presented.

CONCEPT OF "PRAKRITI" AND ITS RELATION TO SANGYAHARAN (ANAESTHESIA)

**Sah, Ganga Sagar, ***Verma, Madhu, **Dr. Dash C.K.*

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"Prakriti" has significant role in Sangyaharan. It has been widely analysed by many scientist of ancient times like Charak, Sushruta, Vagbhatta etc. taking its different aspects of variation regarding morphology, physiology and psychological factors etc. of total human being. So, the determination of "Prakriti" of a patient before induction of anaesthesia foretells about the modes of induction, maintenance and probable haemodynamic status as well as presumes the detoxification, metabolism, excretion of anaesthetics and behavioral patterns to anaesthetics irrespective of their body weight, which are usually being accounted in recent times. This paper enlightens theoretically the different aspects of "Prakriti" in relation to Sangyharan (Anaesthesia).

BRAHMI AS AN INDIGENOUS PREMEDICANT

Dr. Bhusal C.P.[*] *Mishra L.D.*[**] *Pande D.N*[*]

[*]Section of Sangyaharan, Department of Shalya - Shalakya,[**] Department of Anaesthesiology, I.M.S., B.H.U., Varanasi

Brahmi is a well known indigenous drug which is being used in various mental disorders since long time. Ancient text claimed it as 'Medhya - Dravya' and used it to enhance the memory also. It has been experimentally and clinically proved an ideal premedicant. Keeping the view in mind an effort was made to search out its utility in practice of anaesthesia with volatile anaesthetic agent i.e., ether. The results were very encouraging which will be discussed at the time of presentation of this paper in the conference.

MANAGEMENT OF UPPER RESPIRATORY TRACT OBSTRUCTIONS

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Upper respiratory tract consisting of nasal and oral cavities, pharynx, larynx and trachea. Any compromise on this path may lead to inadequate alveolar ventilation and if significant leads to death of individual.

Many condition leads to obstruction of passage according to pathological conditions, emergency or general non-emergency measures are to be adopted.

In classical texts of Ayurveda many condition are mentioned, causing obstructs to respiratory passage as Shatghani Mans stan Gallogn etc.

In similar way for management now a days various procedure adopted as ETI, Tracheostomy. They are required in various conditions obstructions as well as non obstructions. Their advantages and complication are to be submitted in this paper.

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MANAGEMENT OF PAIN IN FISTULA-IN-ANO

Dr. P. Hemantha Kumar, Dr. M. Sahu*†

*Department of Shalya Shalakya, †Department of Shalya Shalakya, I.M.S., B.H.U., Varanasi.

FISTULA-IN-ANO, considered second to Haemorrhoids in importance among all Ano-rectal abnormalities and is prevalent all over the world. The Ano-rectal Speciality Clinic of Shalya Shalakya Department, S.S. Hospital (I.M.), B.H.U., has reported Fistula-in-ano as 2.34% of all Surgical attendance during the period of 1990-1995.

The KSHARA SUTRA therapy was practised and used in since long with great success and practically with no recurrences. But some of the problems are faced during the course of Kshara Sutra therapy. The important problem faced in Kshara Sutra therapy is least acceptability i.e., Kshara is highly irritant and cause moderate to severe burning pain. It is the great disadvantage and one of the reason that some of the patients left the treatment.

The important causes of PAIN in Fistula-in-ano during Kshara Sutra therapy are Mechanical trauma, Irritant content of the preparation, inflammatory component and apprehension.

Considering the above problems, we tried to find out a preparation i.e., ARAGVADHADI SUTRA (Aragvadh, Haridra, Aguru, Madhu and Grita) which is less irritant, least painful, can be collected and preserved easily, better acceptability and finally effective in the management of Fistula-in-ano. SUSHRUTA, the Father of Indian Surgery, has been used this preparation in the form of Varti for treatment of Bhagandara (Fistula-in-ano) with great success.

REVIEW ON VEDANASTHAPAKA DRAVYAS

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There are certain herbal drugs which can be proved effective for the purpose of analgesia during surgery. Charaka has described a group of ten drugs as *VEDANASTHAPANA* AMONG fifty mahakashayas. These drugs are supposed to have the analgesic property. Besides this Sushruta has also highlighted similar drugs in *Lodhradigana*. Moreover, most of the drugs described as in *Nyagrodhadi gana* by Sushruta and in *Sanjna Sthapana* of Charaka are also having similar properties.

Sharma (1975) has finally evaluated these groups and described 38 drugs as *Vedanasthapana (Analgesics)* which consists most of the drugs from the above groups. Keeping above facts in the mind it seems convincing that Ayurvedic literature is full of such type of drugs which can replace modern analgesics used during surgery. For proper scientific evaluation a pharmacological and Clinical study is essential to clarify the pharmadynamics and therapeutic efficacy of these drugs.

Present paper deals with an uptodate data of these drugs with textual references and proposed scientific study.

USE OF AYURVEDIC MEDICINAL PLANTS FOR MANAGEMENT OF COMFORTABLE LABOUR

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In obstetric practice there is an increased demand from the patients to have an easy and safe confinement labour. This is necessary in present circumstances not only to give relief to the patient from distressing pains but also to make it comfortable to the attendant midwives and the obstetrician. Management of pain is a post by anaesthesia which plays an important role in painless with pleasant effort.

Since the time immemorial various substances have been used to produce some degree of insensibility.

In the present paper we will discuss the role of analgesia for comfortable labour and various indigenous drug used for this purpose in length and breadth from retrospective angle.

VASTI TREATMENT WITH ADJUVANTS IN ORDER TO TREAT DIFFERENT UROLOGICAL DISORDERS - AN ANALGESIC PROPERTY OF THE THERAPY

Dr. Rai R.N.

Govt. Ayurvedic Dispensary Haripur, Ballia.

Vasti treatment was given with its adjuvant therapy in different urological disorders in the patients of B.P.H., U.T.I. and urethral syndrome.

The therapy showed considerable analgesic property in these cases.

OROFACIAL PAIN IN THE ELDERLY AND ITS MANAGEMENT

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The orofacial pain has its importance as it leads to problems in taking food and drink and in maintaining verbal communications in the society. In acute painful conditions the problems remain for short period and the persons are returning to normal life style after its management. But in cases of chronic orofacial painful conditions the problems may generate the complications like poor nutritional status deranged psychological and social well-being. The elderly persons are much more affected with these complications due to one or other reasons. Hence, these chronic painful conditions of orofacial region are discussed in this article for proper evaluation of the etiological factors and their modes of management.

Chronic Orofacial pain in the elderly may present as pain or discomfort in rest or functions. The common painful conditions are dental pain, mucosal disorders, burning mouth syndrome and the discomfort due to the restorations and prostheses. Their diagnosis and different modes of managements are discussed. The role of indigenous medicines is also highlighted as the conservative and well-accepted method of management among the elderly. At last, the suggestions regarding this is expected from the participants.

STRESS AND HYPERTENSION AND ITS MANAGEMENT - AN AYURVEDIC APPROACH

Dr. Umesh Shukla, Dr. Vijay Sheel Upadhyay

P.G.I. of Ayurveda, M.G.G.V., Chitrakoot, Satna (M.P.)

Modern era has gifted us prosperity and newerer means of happiness for a joyful life but at the same time fast developing life style and atmosphere has left the society in stressful conditions, resulting into various types of psychic and psycosomatic disorders. Increase incidence of the hypertension has also been blamed many times as the resultant of such conditions. Ayurveda explores in detail about how to over come the stressful situations. With the help of Ayurvedic principles and recommended drugs a study on hypertension is under progress.

COPING STRATEGIES DURING STRESS

Dr. A. Indrajith Walawe

Sri Lanka

Life would be simple indeed, if our needs were automatically gratified. As we know many obstacles, both personal and environmental, prevent this ideal situation. Such obstacles place adjustive demands on us and can eventually lead to stress. The term stress has typically been used to refer both the adjustive demands placed on an organism and to the organism's internal biological and psychological responses to such demands. Adjustive demands or stressors, stem from a number of sources. These sources represent three basic categories : Frustration, conflict and pressure. They are closely interrelated.

In reviewing certain general principles of coping associated with stress, it is helpful to conceptualize three interactional levels. On a biological level, there are immunological defenses and damage-repair mechanisms; on a psychological and interpersonal levels, there are learned coping patterns, self-defenses, and support from family and friends; and on a sociocultural level, there are group resources, such as labour unions religious organizations, and law enforcement agencies.

The failure of coping efforts at any of the above levels may seriously increase an individual's vulnerability on other levels. For example, a breakdown of immunological level may impair not only bodily functioning but psychological functioning as well : chronically poor psychological coping patterns may lead to peptic ulcers or other diseases; or the betrayal from members of a group on which a person depends may seriously interfere with his or her ability to satisfy basic needs.

In coping with stress a person is confrounted with two challenges;

(a) to meet the requirements of the stressor,

(b) to protect the self from psychological damage and disorganization.

Stress is a fact of life and our reactions to stress can give us competencies we need such potentialities which are not likely to develop unless one is challenged to do so. If certain demands are too severe for our coping resources, stress can be damaging as well as debilitating. Severe stress can exact a high cost in terms of lowered efficiency, depletion of adaptive resources wear and tear on the system and in extreme cases may lead to severe personality and physical deterioration - even death.

REFERENCES OF VEDANAHAR DRABYA IN AYURVEDA

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Department of Shalya-shalakya, I.M.S., B.H.U., Varanasi

Vedana is an emergency in Medical field. According to Ayurveda it is due to predominance of Vata-doshas. Visiation of Vata- doshas takes place in the body. According to site they produce symptoms of pain.

In Ayurvedic Texts various medicinal plants along with some Rasa- aushadhi has been described as Vedana-hara. Most of them has found very much potent as Vendna-hara. They do not produce any adverse effect in the body. They can be used safely in pregnancy, old age, postoperative, and for long duration also.

ROLE OF STRESS IN HYPERTENSION

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Hypertension is a psychosomatic disorder. It has direct relationship with physical strain and mental stress. This concept is described in Ayurveda, which is as ancient as the history of mankind. It is the belief of our ancestors that the diseases of physical somatic and mental origins may affect one another. It means that the somatic focus may developmental symptoms and vice versa. It is also evident here that the relaxation practices which are particularly meant for mental trauma may alter the level of hypertension of these patients. Apart from this these techniques have potentiation effect with the drug therapy.

Present paper deals with a consolidated approach and probable pathophyiology of this disease.

मानसिक तनाव एवं आयुर्वेद : आज के परिपेक्ष में

डा० संपूर्णानंद तिवारी

राजकीय आयुर्वेद कालेज, भागलपुर

आज के परिपेक्ष में मानव का आहार विहार सभी अव्यवस्थित एवं प्रदूषित हो गया है । दिनचर्या, ऋतुचर्या के बारे में समुचित ज्ञान न होना, और उनका पालन न करना तथा वर्तमान सामाजिक, आर्थिक एवंआधुनिक परिवेश में आहार द्रव्य, जीवन शैली तथा विभिन्न प्रकार के पर्यावरण प्रदूषण जन्य कुप्रभाव, मानसिक तनाव उत्पन्न करने के मुख्य कारण है ।

वर्तमान समय में भी आयुर्वेद में वर्णित सद्वृत का पालन करना, समुचित आहार-विहार का पालन करना तथा प्रज्ञापराध से बचना तनाव कम करने तथा विभिन्न रोगों से बचने में महत्वपूर्ण भूमिका निभा सकतें हैं ।

INDIGENOUS DRUGS DESCRIBED IN AYURVEDIC LITERATURES FOR THE MANAGEMENT OF ANXIETY

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The task of defining anxiety in explicit terms is a difficult one. Most of us have an intuitive appreciation of what anxiety is, based largely on direct experience with obtrusive and usually quite unpleasant inner state the term signifies. The main causes behind anxiety are biological, Psychological and environmental events.

In Ayurvedic texts, causes of Anxiety is described as Mansik-Vikriti. Derangements of Rajas and Tamas which are the morbidic factors affecting to mind, produce Mansik-Vikruti like Raga, Krodha, lobha, Irrshya, chintya, Shoka, Bhaya, Harsha, Murcha, Bhrama, Kshobha, glani, Moha, and Arati. These factors cause to Psychic disorders and then it leads to somatic disorders also.

A large number of drugs have been described in the texts of Ayurveda for the management of Psychic disorders. The Pioneers of Ancient Indian medicine have classified these drugs under the heading of Medhya Dravyas, and suggested that they might having anxiolylic properties.

JYOTISHMATI (CELASTRUS PANICULATUS) : AS A BEHAVIOUR MODIFIER IN HYPERACTIVE CHILDREN.

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Jyotishmati, in Ayurvedic text, is believed to enhance cognitive functions and modifying general behavioural characteristics in normal children being Medhya. The present paper reports the efficacy of Jyotishmati in modifying hyperactive behaviour (Attention deficit hyperactive disorder) in children.

Forty five children were selected with in age range between 6-10 years, having symptoms on the basis of Conner's hyperactive behaviour rating scale based on teachers and parents questionnaire. These children were further subjected to various related psychological test i.e. R.C.P.M. (Raven's colour progressive matrix), B.G.T. (Bender Gestalt test - Koppitz), Reaction time Audio-visual (FM 1500) and EEG (Alpha and Beta wave). The hyperactive children (A.D.H.D.) were divided in two groups (a) Experimental and (b) Control. Experimental (n=30) were provided Haxen extract of Jyotishmati (dose 20 mg/day) mixed with Lactose powder in capsule form and control (n=15) received Lactose powder only in capsule (Placebo) for three month.

The comparative statistical analysis of both groups revealed significant improvement in children of experimental group on Conner's hyperactive behaviour rating scale ($p < 0.001$). The cognitive function R.C.P.M. also revealed statistically significant ($p < 0.02$) improvement. Immediate memory span (I.M.S.) and reaction time also revealed tendency of improvement in experimental group as compared to control group. B.G.T. which is used to asses neuropsychological functions across perceptual motor function, also revealed positive changes in experimental group. Activity of Alpha and Beta waves in E.E.G., which denote neurophysiological functioning, revealed positive outcome with Jyotishmati being resultant as relaxation and stability.

ROLE OF DARUHARIDRA ON EPISIOTOMY WOUND

Dr. Debkala, Prof. P.V. Tewari

I.M.S., B.H.U.

During process of expulsion of the child, the external genital area of the woman is very often firm, to prevent this unwanted wound of external genitalia and also certain foetal and maternal complication an iatrogenic wound (Avakritocchinna vrana) i.e., episiotomy is created. Owing to its closed proximity with external and urethral meatus, this very much vulnerable for getting infected, causes swelling, pain, tenderness and fever etc. It's management is mainly local dressing antiseptic ointment with systemic use of anti inflammatory drug.

Thus, Daraharidra selected for its study in episiotomy wound. The drug collected from Nepal was identified as Berbens asiatica and its stem bark has been used in the form of ghanasatwa and decoction. The ointment from ghanasatwa was prepared.

The woman delivering in prasuti labour room having been given episiotomy by one obstetrician, not having any impediment likely to influence wound healing, were divided in two groups. In the cases of one group - The wound was washed with the hot saline followed by application of metranidazole gel, In another group Daruharidra decoction and Daruharidra ointment was used for washing and application purpose.

The cases were followed for 10 days - pain, swelling tenderness of the wound area fever and duration of wound healing were the parameter of assessment daruharidra gave very encouraging result, which will be present in the paper.

MEDICINAL PLANTS IN DIABETIC NEUROPATHY

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Complication of Diabetes Mellitus like Diabetic Retinopathy, D. Nephropathy, D. Cardiomyopathy are most devastating in nature. D. Neuropathy is one of them. Lack of knowledge regarding its correct pathogenesis makes its treatment very difficult. We approached its pathogenesis on the basis of principles of Ayurveda and selected medicinal plants (Dasamula) as it appears to combat against the pathological factors involved. Self control method was adopted in this study. Dasamula ghana Satva was prepared and administered to patients in a dose of 500 mg three times a day. Marked and significant improvement in objective signs and subjective symptoms was observed after therapy. Statistically significant improvement in electrophysiological studies (Motor Nerve Conduction Velocity) have also been recorded in all the patient after the treatment.

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PARAMETER OF ANAESTHESIA IN SURGICAL CASES WITH SPECIAL REFERENCE TO PSYCHOSOMATIC DISEASES

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Ayurveda is the science that imparts all the knowledge of life. The science which describes signs of health, and factors responsible for its maintenance, as well as aetiological factors, pathogenesis, clinical manifestation, diet and drugs in disease states. Ayurveda dealt with natural properties of all the basic elements and their combinations i.e., heat of fire, fluidity of water, lightness of gases, flower and fauna, herbal plants etc. have not changed from the beginning of universe and will remain constant. Hence the science of life which describes the properties of various objects i.e. food, air, drugs in the universe and their effect on human life would not change forever.

In the present era Anaesthesia branch of learning play vital role in surgery. First of all the Physician checkup the patient in the light of his pre and present diseases. After the satisfaction from all side he recommended for surgery. Our old classic like Charak and Sushruta Samhita fixed some parameters for checking the patient before operations. Particularly we find out the Psychosomatic diseases. If patient have mental disorder, fits, alcoholic diseases, epilepsy, generally we can not permit for operation. It is said that one can not think of a better donation then giving life back to a dying patient.

The prime duty of a specialist is to guide the Physician or surgeon in the management of his patient wherever his advice is sought. He will be called upon and will have to take over the entire responsibility and management in cases of serious, constitution and by advising the right diet, activities and way of life, curing the fits, blood pressure abnormalities, anxieties, depression, he should prepare his patient for operation and to lead a happy, healthy and vigorous life.

In our paper I would like to state that Physician and Surgeon both play important role in present scenario in surgery. According to our ancient classic we will describe all parameters of Anaesthesia and psychosomatic disease in details.

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