

Dr. D. N. Pande - III

# SANGYAHARAN SHODH

August 1998

Volume 1, Number 1



## संज्ञाहरण शोध

*An Official Journal of*  
**BHARATIYA SANGYAHARAK ASSOCIATION**  
(Association of Anaesthetists of Indian Medicine)



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All members attending IInd National Conference of Bharatiya Sangyaharak Association (A.A.I.M.) at Puri and presenting research work are requested to send their article for publication in the Journal 'Sangyahan Shodh'. Kindly cooperate and contribute in publication of Journal which is the mouth piece of our Bharatiya Sangyaharak Association.



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## Editorial

After so many years, we still do not know the real mechanism of Sangyahan (Anaesthesia). Since Sushruta period till today continuous efforts are made to explore the mysteries of anaesthesia (Sangyahan), but still today we do not, know-'What anaesthesia is ?'

Bharatiya Sangyaharak Association (Association of Anaesthetists of Indian Medicine) born with it's aim to develop an awareness amongst the Ayurvedic world for doing researches in this field and to strengthen the Sangyaharak's (Anaesthetists of Indian Medicine) Status amongst the Ayurvedic Physicians and surgeons. We often see that the same drugs in the same dose acts differently in different individuals. How do these things happens and why ? Is there any role of 'Prakriti' ? Does the individual body constitution effect the behavior of drugs and so many other aspects are unfold still today. These questions are still waiting to be solve. Our Journal 'Sangyahan Shodh' is making an effort to publish all these researches of this field for the benefit of our other researchers and Sangyaharaks (Anaesthetists). Our ultimate goal is to popularise our own system of medicine 'Ayurveda' for Pain, Palliation and Sangyahan. It is making a chain between all the workers of these fields.

In the present issue I congratulate to the organisers of Second National Conference of A.A.I.M., Puri (Orissa) for grand success. The efforts made by them were highly appreciated. The gathering of delegates and blessings of dignitaries were itself a matter of proud for us. The discussion and quarries made by the delegates, showed their real interest in our science and association too. I congratulate specially Dr. N.P. Das, Chairman Organising Committee and Dr. B.C. Senapati, Organising Secretary for their successful organisation.

The next conference will be held at Pune in October, 1999. I hope that our members will act according to our general body decisions made on 21.03.98 and will create some new advances in this field. We hope that all the members doing work in the field of Pain, Palliation and Sangyahan, will inform their activities and development to each other by means of our journal. I invite you all to send your case reports and research papers for publication in the journal.

Jai Hind

D.N. Pande  
Chief Editor



# SANGYAHARAN SHODH

August 1998

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## Conference Proceedings

### Second National Conference of Bharatiya Sangyahaarak Association, Puri, Orissa

21st March 1998

#### 9.00 A.M. : Inaugural Function

सम्माननीय मुख्य अतिथि श्री बिघ्नराज पटेल, आई०ए०एस०/ भूतपूर्व सदस्य रेवेन्यू बोर्ड उड़ीसा, सम्मानित अतिथि श्री अटल बिहारी मोहन्ती एवं श्री नितेन चन्द्र, कलेक्टर एवं जिलाधीश, पुरी, मुख्य संरक्षक महाराजा आर०एन० भंजादेव - अध्यक्ष, उड़ीसा आयुर्वेद फाउन्डेशन, संरक्षक - डॉ० एस० बी० पान्डे, मुख्य वक्ता श्री नारायण प्रसाद दास, निदेशक, भारतीय चिकित्सा पद्धति एवं होमियोपैथी उड़ीसा, प्राचार्य गोपबन्धु आयुर्वेद महाविद्यालय डॉ० बी०के० जय सिंह तथा संगोष्ठी समिति अध्यक्ष - डॉ० एन० पी० दास ने मंच पर अपना आसन ग्रहण किया । तत्पश्चात भगवान जगन्नाथ जी को मुख्य अतिथि ने माल्यार्पण कर एवं दीप प्रज्वलित कर संगोष्ठी का उद्घाटन किया । सभी अतिथियों का स्वागत बैज लगाकर एवं पुष्पाहार से किया गया । तत्पश्चात् धन्वन्तरि वन्दना, आयुर्वेद महाविद्यालय की छात्राओं ने प्रस्तुत किया ।

स्वागत भाषण डॉ० बी०के० जयसिंह, प्राचार्य गोपबन्धु आयुर्वेद महाविद्यालय द्वारा किया गया । तत्पश्चात डॉ० एस० बी० पान्डे जी, संस्थापक अध्यक्ष व संरक्षक भारतीय संज्ञाहारक एसोशिएशन ने संगोष्ठी आयोजन के उद्देश्य व परिचय से सभी को अवगत कराया ।

जिलाधीश - पुरी - श्री नितेन चन्द्र जी ने अपने भाषण में आयुर्वेद के प्रति अपना सम्मान व स्नेह प्रकट करते हुए आयोजनको के प्रति आभार व्यक्त किया ।

निदेशक, भारतीय चिकित्सा एवं होमियोपैथी श्री नारायण प्रसाद दास, उड़ीसा ने अपने भाषण में सभी अतिथियों का स्वागत करते हुए आयुर्वेद में रचनात्मक खोज करने का आवाहन किया जिससे आयुर्वेद अपनी प्रामाणिकता सिद्ध कर सके ।

मुख्य संरक्षक-महाराजा श्री आर०एन० भंजादेव जी ने आयुर्वेद के प्राचीन ग्रंथों में संज्ञाहरण विषय का ज्ञान अवश्य था प्रतिपादित करते हुए इस क्षेत्र में आयुर्वेदज्ञों को और अधिक ध्यान देने का आवाहन किया । उन्होंने अपनी तरफ से हर तरह का सहयोग देने का आश्वासन दिया ।

मुख्य अतिथि श्री विघ्नराज पटेल जी ने अपने सारगर्भित भाषण में आयुर्वेद के प्रति निष्ठा प्रदर्शित करते हुए इस क्षेत्र में नवीन विधाओं को समाहित करने का आवाहन किया ।

अध्यक्ष, भारतीय संज्ञाहारक एसोशिएशन - डॉ० एम०एन० चौधरी जी ने अपने भाषण में सभी आयोजनकों के प्रति अपना आभार प्रकट किया एवं अपने एक साल के कार्य के प्रति अपने सहयोगियों को धन्यवाद ज्ञापित किया ।

अध्यक्ष, संगोष्ठी आयोजन समिति - डॉ० एन०पी० दास जी ने सभी अतिथियों का स्वागत करते हुए संज्ञाहरण की आवश्यकता पर बल दिया एवं कहा कि आयुर्वेद में शल्यतंत्र की उन्नति संज्ञाहरण बिना नहीं हो सकती है ।

तत्पश्चात 'निश्चेतक भाष्कर अवार्ड' स्थानीय संगोष्ठी संयोजन समिति की ओर से डॉ० एस०बी० पान्डे जी को प्रदान किया गया ।



भारतीय संज्ञाहारक एसोशिएशन का सर्वोच्च पुरस्कार 'अश्विनौ अवार्ड - १९६८' डॉ० एम०एन० चौधरी, वर्तमान अध्यक्ष को प्रदान किया गया ।

तत्पश्चात् संगोष्ठी संयोजन समिति की ओर से श्री विघ्नराज पटेल, श्री नारायण प्रसाद दास, श्री नितेन चन्द्र, महाराज श्री आर०एन० भंजदेव, डॉ० बी०के० जय सिंह, डॉ० डी०एन० पान्डे एवं डॉ० के०के० पान्डे को स्मृति चिन्ह प्रदान कर सम्मानित किया गया ।

सभा के अन्त में भारतीय संज्ञाहारक एसोशिएशन की ओर से अपने दो सदस्यों डॉ० सी०के० दास एवं डॉ० संजीव शर्मा को संज्ञाहरण के क्षेत्र में शोध कार्य हेतु पी० एच० डी० उपाधि प्राप्ति हेतु एसोशिएशन का स्मृति चिन्ह देकर सम्मानित किया गया ।

डॉ० बी०सी० सेनापति, आयोजक सचिव ने धन्यवाद ज्ञापन में सभी अतिथियों, अध्यापकों व छात्रों के प्रति आभार प्रकट किया तथा गोष्ठी को सफल करने में सभी के योगदान को याद किया व कृतज्ञता प्रकट की ।

आयोजन समिति के अध्यक्ष डॉ० एन०पी० दास जी ने भारतीय संज्ञाहारक एसोशिएशन के उपाध्यक्ष डॉ० डी०एन० पान्डे को अपने विचार प्रकट करने हेतु आमंत्रित किया । डॉ० डी०एन० पान्डे ने पूर्व वक्ताओं की शंकाओं का निराकरण करते हुए बताया कि आयुर्वेद में शल्य का ज्ञान अति प्राचीन है तथा संज्ञाहरण बिना शल्यकार्य असंभव है । अतएव संज्ञाहरण विधा प्राचीन काल में भी थी तथा आधुनिक समय में हमारा प्रयास इस विद्या को पुनर्जिवित करने का है । इस हेतु हम आधुनिकतम तकनीकी ज्ञान का भी समायोजन करते हैं एवं इस प्रयास में हैं कि इसे समग्रता प्रदान कर सकें । संज्ञाहरण का उद्देश्य मात्र बेहोश करना न होकर हर तरह से वेदनाशमन करना है, आत्ययिक स्थितियों में रोगी को संजीवन कर्म करना तथा कैसर व एड्स जैसे जटिल रोगों में मृत्यु पूर्व पीड़ा का शमन कर सुखद व आसान जीवन देना है । डॉ० के०के० पाण्डेय, सचिव, भारतीय संज्ञाहारक एसोशिएशन ने भी अपने उद्गार में एसोशिएशन के उद्देश्यों पर प्रकाश डाला । उन्होंने बताया कि गत एक वर्ष में एसोशिएशन ने महत्वपूर्ण उपलब्धियाँ प्राप्त की हैं । संज्ञाहरण का पाठ्यक्रम C.C.I.M. ने स्वीकृत कर लिया है तथा C.C.I.M. की एजूकेशन कमेटी ने हर आयुर्वेद कालेज में एक संज्ञाहरण के व्याख्याता का पद सृजित करना स्वीकृत किया है । अब राज्य सरकारों का यह दायित्व है कि इस क्षेत्र में विशेष ध्यान दें ।

### 1.00 P.M. : Dr. G.B. Ghaneker Memorial Oration

Speaker	:	Dr. N.P. Das Ex-Principal, G.B. Ayurved College, Puri (Orissa)
Chair person	:	Prof. L.M. Singh Ex-Dean, Faculty of Ayurveda, B.H.U. Ex-H.O.D., Shalya-Shalakya, B.H.U.

डॉ० एन०पी० दास जी ने अपने स्मृति व्याख्यानमाला में डॉ० जी०बी० घाणेकर जी के जीवन वृत्त पर प्रकाश डालते हुए उन्हें महान शिक्षक, महान चिकित्सक तथा महापुरुष बताया । श्री गोविन्द भाष्कर घाणेकर जी की स्मृति व्याख्यान के अगले चरण में डॉ० दास ने संज्ञाहरण की उपयोगिता पर प्रकाश डालते हुए इसे आयुर्वेद के विकास हेतु बहुत ही आवश्यक बताया । व्याख्यान सम्पूर्ण रूप में इस अंक में दिया जा रहा है ।

व्याख्यानमाला के अन्त में प्रो० एल०एम० सिंह जी को डॉ० एस०बी० पान्डे जी ने स्मृति चिन्ह प्रदान कर सम्मानित किया । प्रो० एल०एम० सिंह जी ने डॉ० दास के व्याख्यान की प्रशंसा करते हुए उन्हें व्याख्यानमाला का स्मृति चिन्ह प्रदान किया ।



### Scientific Session A : 2.00-3.00 P.M.

Chairman	:	Dr. S.B. Pande
Co-Chairman	:	Dr. J. Nath
Key note lecture	:	Prof. P.K. Gupta
		Ex. H.O.D. Anaesthesiology
		Calcutta Medical College

प्रो० डॉ० पी०के० गुप्ता जी ने अपने व्याख्यान में 'Progress of Anaesthesia since 1846' विषय पर विस्तार से प्रकाश डाला । इस विषय के अन्तर्गत आयुर्वेद के योगदान पर भी प्रकाश डाला ।

व्याख्यान के पश्चात् प्रो० एम०एन० चौधरी, अध्यक्ष भारतीय संज्ञाहारक एसोशिएशन ने डॉ० पी०के० गुप्ता को स्मृति चिन्ह प्रदान कर सम्मानित किया ।

### Scientific Session B : 3.00-5.00 P.M.

Chairperson	:	Dr. Mamata Sharma
Co-Chairperson	:	Dr. S. Bhat
		Asst. Prof. Udupi Ayurveda College, Karnataka

इस सेशन में निम्नलिखित पत्र पढ़े गये -

1. Cardiopulmonary Resuscitation - Dr. P.R. Mishra, B.H.U.
2. Aroma Therapy in Ayurveda - Dr. D.N. Pande, B.H.U.
3. Critical Analysis of Sangyasthapana Mahakashaya - Dr. K.K. Pande, B.H.U.
4. Scope of Panchakarma in the management of Insomnia - Dr. Deva das, Puri, Dr. C.K. Dash, Puri
5. Role of Jatamansi in Sangyahan - Dr. P.K. Sharma, B.H.U.
6. Medhya Drabya in Ayurveda - Dr. S.B. Chaurasia, B.H.U.

सभी शोध पत्रों पर वैज्ञानिक चर्चा हुई तथा अन्त में डॉ० एम०एन० चौधरी साहब ने डॉ० शर्मा व डॉ० भट्ट को स्मृति चिन्ह प्रदान किया ।

### 6.00 - 7.00 P.M.

भारतीय संज्ञाहारक एसोशिएशन की आम सभा डॉ० एम०एन० चौधरी की अध्यक्षता में हुई जिसमें निम्नलिखित एजेन्डा रखे गये तथा सर्वसम्मति से निम्न निर्णय लिए गये ।

### MINUTES OF THE MEETING (Held on 21.03.98 at Puri, Orissa)

General body meeting of the members of the association was held on 21.03.98 at 6.00 PM in Hotel Panth Niwas at Puri-Orissa, under the chairmanship of Dr. M.N. Chaudhary, President A.A.I.M. The following members attended the meeting.

- (1) Dr. M.N. Chaudhury, (2) Dr. D.N. Pandey, (3) Dr. K.K. Pandey, (4) Dr. S. Bhatt,
- (5) Dr. B.C. Senapati, (6) Dr. Sanjeev Sharma, (7) Dr. C.K. Dash, (8) Dr. P.K. Sharma,
- (9) Dr. P.R. Mishra, (10) Dr. S.K. Mishra, (11) Dr. R. Asthana, (12) Dr. S.B. Chaurasia,
- (13) Dr. S.B. Pande.



#### **AGENDA NO. 1**

To pass the minutes of subject committee meeting held on 20.03.98.

#### **RESOLUTION**

The minutes of the subject committee meeting was read in the house :

- (i) Minutes of the meeting held on 14.03.98 was discussed in the house and unanimously confirmed.
- (ii) The decision of Award committee was read in the house and confirmed unanimously.
- (iii) Letter of Dr. D.N. Pande regarding Junior Scientist award in his late father's memory was read in the house and the proposal was accepted unanimously with the following modification that the donated money shall be deposited in the Association in a separate account in the name of Award. The account will be operated by the authorities of the association per rule.

#### **AGENDA NO. 2**

To discuss the next conference venue.

#### **RESOLUTION**

It was unanimously resolved that the next conference of AAIM will be held at Pune, Maharashtra in the month of Oct. - Nov., 1999. Dr. M.N. Chaudhary and Dr. D.P. Puranik will take over the responsibilities to conduct the conference.

#### **AGENDA NO. 3**

To pass the audited account of association including 1st national conference of the association held on 8th-9th March, 1997. The accounts were already passed by executive body 18.12.97 and subject committee meeting on 20.03.98.

#### **RESOLUTION**

The audited account of the association was presented by the treasurer of the association Dr. R. Asthana, Organising secretary 1st national conference Dr. D.N. Pande and Treasurer, Org. Committee Dr. K.K. Pandey and was passed unanimously.

#### **AGENDA NO. 4**

To write a letter of appreciation to the organising secretary and chairman of 2nd national conference of AAIM.

#### **RESOLUTION**

It was unanimously resolved that the letter of appreciation should be written to the members of the organising committee of 2nd national conference of AAIM for organising successful conference of the association.



#### **AGENDA NO. 5**

Amendment in the resolution no. 2 of executive body minutes held on 14.03.98.

#### **RESOLUTION**

The matter was discussed in the house and it was resolved unanimously that in the mentioned resolution this should be added that the donated money for the awards shall be deposited in the name of the particular award. The account will be operated by the authorities of the association as per rules.

#### **AGENDA NO. 6**

Regarding the selection/election of executive members

#### **RESOLUTION**

It was unanimously resolved that the members of the executive body shall be elected or selected by the general body meeting.

At last vote of thanks was raised by Dr. K.K. Pandey to the chairman of the meeting and Dr. S.B. Pande patron A.A.I.M. for smooth conduction of the meeting.

**22nd March 1998**

#### **Scientific Session C : 9.00 A.M.**

Chairperson : Dr. D.N. Pande  
Co-Chairperson : Dr. B.B. Behra, Mayurbhanja

इस सत्र में निम्नलिखित शोध पत्र पढ़े गये :

1. Kati Basti and Matra Basti in the management of Sciatica - by Dr. S.S. Bhat, Udupi.
2. Studies of Ashwagandha under epidural Anaesthesia - by Dr. G.S. Shah, B.H.U.
3. Painless dental extraction by Jalandhara Bandha - by Dr. B.C. Senapati Puri.
4. Vedanashamak Drabya in Ayurveda - Dr. Panigrahi, Puri.

सभी शोधपत्र अत्यन्त रोचक थे तथा उपस्थित वैज्ञानिकों के ध्यान आकर्षित किये । डॉ० नित्यमोपालबन्दोपाध्याय, भूतपूर्व प्राचार्य राजकीय आयुर्वेद कालेज पटना, डॉ० माहेश्वर दास, व्याख्याता शारीर, पुरी तथा डॉ० पाणिग्रही ने कई वेदनाहर द्रव्य इस क्षेत्र में बताये ।

अन्त में डॉ० एन०पी० दास, अध्यक्ष संगोष्ठी समिति ने डॉ० बेहरे को स्मृति चिन्ह प्रदान किया ।

#### **11.00 a.m. to 2.00 p.m. - Valedictory Function**

Chairpersons : Dr. M.N. Chaudhary  
Dr. S.B. Pande  
Dr. D.N. Pande  
Chief guest : Dr. N.G. Bandopadhyay  
Chairman-Org. Com. : Dr. N.P. Das

उपस्थित सभी डेलीगेट्स ने पुरी संगोष्ठी के दौरान जिन-जिन विषयों पर विचार विमर्श हुआ था तथा जिनपर



उन्हें आवश्यक जानकारी चाहिए थी प्रश्नों द्वारा मंचासीन डॉ० एस०बी० पाण्डे एवं डॉ० डी० एन० पाण्डे के सामने रखा । डॉ० एस०बी० पाण्डे एवं डॉ० डी०एन० पाण्डे ने सभी प्रश्नों का समाधान किया ।

अन्त में अपने कन्क्लूडिंग व्याख्यान में डॉ० डी०एन० पाण्डे ने संगोष्ठी आयोजन समिति के चेयरमैन डॉ० एन०पी० दास तथा संयोजक सचिव डॉ० बी०सी० सेनापति के प्रति सफल आयोजन हेतु आभार प्रकट किया । साथ ही सभी स्थानीय आयोजकों का भी हृदय से आभार प्रकट किया तथा सभी का आवाहन किया कि वे जो भी संगोष्ठी में विचार हुए तथा निष्कर्ष निकले उन पर अमल करने का प्रयत्न करें तथा शासन पर इस हेतु दबाव भी डालें । संगोष्ठी ने तीन रिजोलूशन पास किये -

1. आयुर्वेद के स्नातक अपने ज्ञान को बढ़ाये व आधुनिक चिकित्सा के सभी विषयों को पढ़ें ।
2. आयुर्वेद के सभी स्नातकों को आधुनिक औषधियों का उपयोग करने का अधिकार प्राप्त है क्योंकि वे इनका अध्ययन करते हैं । इस हेतु पाठ्यक्रम को और भी आधुनिक बनाया जाय ।
3. सभी संस्थायें अपने यहाँ होने वाले शोधों को प्रकाशित करें तथा एक दूसरे को बताया जाय ।

इस सभी विषयों पर C.C.I.M. का ध्यान आकर्षित किया जाय तथा प्रत्येक आयुर्वेद महाविद्यालय में संज्ञाहरण का एक प्रभाग खोला जाय जिससे आयुर्वेद में शल्य विद्या का विकास हो सके । अन्त में भारतीय संज्ञाहरण एसोशिएशन की तरफ से बेस्ट पेपर एवार्ड डॉ० पी०आर० मिश्रा, जूनियर रेजिडेन्ट IIIrd Year B.H.U. को दिया गया । भारतीय संज्ञाहारक एसोशिएशन की तरफ से अच्छे आयोजन के प्रति आभार प्रकट करते हुए डॉ० एन०पी० दास, डॉ० बी०सी० सेनापति तथा डॉ० देवदास को स्मृति चिन्ह प्रदान किया गया ।

सभा समाप्ति डॉ० एन०पी० दास व डॉ० बी०सी० सेनापति द्वारा धन्यवाद ज्ञापन के साथ हुई ।



## स्व० आचार्य भाष्कर गोविन्द घाणेकर स्मृति व्याख्यान

डॉ० एन०पी० दास

भूतपूर्व प्राचार्य, गोप बन्धु आयुर्वेद महाविद्यालय, पुरी (उड़ीसा)।

दिनांक २१.०३.१९६८

काशी हिन्दू विश्वविद्यालय के पुरातन आयुर्वेदिक कालेज के चिरस्मरणीय प्रोफेसर, आचार-विचार एवं व्यवहार में पूर्णतः एकरस, भारतीय संस्कृति के परिपालक एवं तदनुकूल वेशभूषा के धारक आधुनिक चिकित्सा विज्ञान एवं आयुर्वेद के तलस्पर्शी विद्वान्, आदर्श अध्यापक परमादरणीय पुण्यश्लोक तथा वीतराग मनस्वी, कर्मयोगी एवं तपोनिष्ठ आयुर्वेदाचार्य, बी.एस.सी. तथा एम.बी.बी.एस. उपाधि से अलंकृत परम गुरु की पुण्यस्मृति में यह सत्र समर्पित है। स्व० आचार्य डॉ० भाष्कर गोविन्द घाणेकर महोदय जी के बारे में दो शब्द कहने के पश्चात् हम इस सत्र का व्याख्यान 'संज्ञाहरणशास्त्र की आयुर्वेद में उपयोगिता' विषय पर देंगे।

### परमश्रद्धेय

राष्ट्रभक्ति से ओतप्रोत तथा स्वातन्त्र्य-उद्घोष की वीरप्रसूभूमि महाराष्ट्र प्रान्त के पुणे मण्डल के जुन्नर तहसील के अन्तर्गत राजुरी ग्राम में ४ जुलाई, १८६७ में सौ. मथुराबाई तथा स्व. गोविन्दराव के पुत्र के रूप में जन्म लेकर तता षोडश वर्ष की अवस्था में ही मात-पितृ सुख से वंचित हो आपने अपनी कुल परम्परा के अनुसार सारस्वत साधना कर अपने को अनुकरणीय, चिरस्मरणीय एवं महनीय बनाया है।

### चिकित्सा विज्ञान के ऋषिकल्प तपस्वी

आपने १९१६ में फर्ग्युसन कालेज, पुणे से बी.एस.सी. उत्तीर्ण कर ग्राण्ट मेडिकल कालेज, बम्बई से १९२५ में एम.बी.बी.एस. उपाधि प्राप्त कर ग्रामीण जनता के नैरुज्य प्रदानार्थ संकल्प लेकर चिकित्सा की सेवावृत्ति का अवलम्बन किया, किन्तु १९२० में पुणे से काशी की यात्रा पैदल चलकर ४१ दिन में पूर्ण कर महामना मालवीय जी द्वारा स्थापित हिन्दू विश्वविद्यालय के दर्शन से प्रभावित हो काशी आने का संकल्प कर अपने जीवन की सार्थकता को यथार्थता में परिणत कर स्पृहणीय कार्य किया है।

### आराध्य अध्यापक

आयुर्वेद विभूति स्व. आचार्य यादव जी त्रिक्रम जी के अनुरोध पर महामना मालवीय जी द्वारा अध्यापनार्थ आमन्त्रित हो १५ सितम्बर, १९२८ को आयुर्वेद महाविद्यालय में स्वस्थवृत्त एवं विकृति विज्ञान के अध्यापक के रूप में प्रवेश कर सेवानिवृत्तिकाल (४ जुलाई, १९५७) तक आधुनिक चिकित्सा विज्ञान के विषयों को हिन्दी भाषा में पढ़ाने का सफल एवं स्तुत्य प्रयास इतिहास की यशोगाथा का संवाहक है।

### आयुर्वेद के सतत उपासक

वाल्यावस्था से ही संस्कृत ज्ञान की पृष्ठभूमि के कारण तथा आयुर्वेद महाविद्यालय के वातावरण से प्रभावित होकर आपने निखिल भारतवर्षीय आयुर्वेद विद्यापीठ, दिल्ली से १९३१ में 'आयुर्वेद विशारद' तथा १९३३ में 'आयुर्वेदाचार्य' परीक्षा उत्तीर्ण की तथा सर्वप्रथम आने के कारण स्वर्णपदक से अलंकृत हुए। इस उपलब्धि से



प्रभावित हो आपने आयुर्वेद के गहन अध्ययन का संकल्प लिया ।

### **ग्रन्थ प्रणयन के कोविद युग पुरुष**

आपने विश्वविद्यालय के तीन दशक के अध्यापन काल में 'स्वास्थ्य शिक्षा पाठावलि', स्वास्थ्य-विज्ञान, जीवाणु विज्ञान, जीव रसायन चिकित्सा, औपसर्गिक रोग (खण्डद्वय), रक्त के रोग, मूत्र के रोग, काशी वाराणसी दर्शन, वैद्यकीय सुभाषित, आत्मनिवेदन तथा सुश्रुत संहिता की टीका सहित एक दर्जन ग्रन्थों का प्रणयन कर साहित्य की अविस्मरणीय समृद्धि की है ।

### **सुश्रुत संहिता के वैज्ञानिक टीकाकार**

सुश्रुत संहिता पर 'आयुर्वेद रहस्य दीपिका' टीका लिखकर महामहोपाध्याय डॉ० कविराज गणनाथसेन के 'शारीरे सुश्रुतो नस्तः' इस कथन का प्रतिवाद 'शारीरे सुश्रुतः श्रेष्ठः, नहि नस्तः कथञ्चन । व्याख्याने तु परं कस्त इति मे निश्चिता मतिः' इस रूप में करने के लिये आपने वैदुस्यपरक निष्ठा, आस्था एवं श्रम से टीका लिखकर सुश्रुत के मौलिक विचारों की आधुनिक चिकित्सा विज्ञान के आलोक में अप्रतिम व्याख्या की है । सूत्र, निदान एवं शारीर स्थान पर लिखी गई इस टीका ने आयुर्वेद के मौलिक गौरव को अक्षुण्ण बनाया है और पाश्चात्यों द्वारा आयुर्वेद के प्रति निष्ठा एवं संशोधन की भावना को जागृत किया है । इस टीका ने आपको 'यादव चन्द्रदिवाकरौ' प्रशस्ति प्रदान कर महर्षि एवं सूत्रकारों की श्रेणी में आसीन करा दिया है ।

### **पारिभाषिक शब्दावली के आय प्रणेता**

पाश्चात्य चिकित्सा विज्ञान के पारिभाषिक शब्दों का हिन्दी भाषा में प्रथम रूपान्तरित करने का श्रेय आपको ही प्राप्त है । भारत सरकार की तकनीकी पारिभाषिक शब्दावली निर्माण समिति के विशेषज्ञ के रूप में आपका यह योगदान अप्रतिम है ।

### **शिष्य बत्सल**

हिन्दू विश्वविद्यालय के आयुर्वेद महाविद्यालय में आधुनिक स्वस्थवृत्त एवं विकृति विज्ञानका अध्यापन तथा चिकित्सालय में नैदानकीय प्रयोगशाला में तज्ज्ञ के रूप में सेवा करते हुए अपने अनेक शिष्य उत्पन्न किये जिनमें स्व. राजेश्वरदत्त शास्त्री, स्व. आचार्य विश्वनाथ द्विवेदी, कविराज ब्रजमोहन दीक्षित, स्व. आचार्य दामोदर शर्मा गौड़, स्व. आचार्य यदुनन्दन उपाध्याय, स्व. डॉ० के०एन० उडुप, आचार्य प्रियव्रत शर्मा, डॉ० गंगासहाय पाण्डेय, स्व. डॉ० प्र०ज० देशपांडे, स्व० डॉ० एल०वी० गुरु प्रभृति प्रमुखतः उल्लेखनीय है । शिष्यों के प्रति आपका वात्सल्य अप्रतिम रहा है ।

### **पुण्य श्लोक परम गुरु**

आपकी यशोगाथा, आपका ऋषितुल्य जीवन, आपकी शिष्यवत्सलता, अध्यापन कला, आयुर्वेदसूत्र व्याख्यान शैली, तपोनिष्ठा, ज्ञाननिष्ठा एवं कर्मनिष्ठा युग-युग तक स्मरण की जाती रहेगी और आने वाली पीढ़ी उसके अनुसरण के लिए प्रयत्नशील होगी ।

### **संज्ञाहरण शास्त्र की आयुर्वेद में उपादेयता**

आयुर्वेद अद्यतन रूप में अपनी पुरातन गौरव को प्राप्त करने जा रहा है । संभवतः निकट भविष्य में आयुर्वेद भारतीय चिकित्सा पद्धति होने का संपूर्ण विश्व में गौरव प्राप्त करेगा । भारतीय चिकित्सा पद्धति अपने आप में



एक समग्रता प्राप्त पद्धति होगी । इस पद्धति में एक साथ चिकित्सा की सभी धारयें आयुर्वेद, योग, यूनानी, सिद्ध होमियोपैथ तथा एलोपैथिक समाहित हो जायेगी । आयुर्वेद अपने नवीन कलेवर में पारद की तरह सबको ग्राह्य कर संसार को प्रकाशित करेगा । किन्तु ऐसी स्थिति प्राप्त करने के लिए हमें कठिन श्रम करना पड़ेगा । कुछ अपने पुरातन विस्तृत ज्ञान का स्मरण करना पड़ेगा, उन्हें खोजना पड़ेगा तभी हम आयुर्वेद का हित कर सकेंगे । आयुर्वेद की शल्य चिकित्सा अत्यन्त विकसित व सफल श्रेष्ठ विधा थी । यह सर्वविदित तथ्य है कि सुश्रुत ने अश्मरी, मूढगर्भ, व्रण, प्रनष्ट शल्य, अर्श, भगन्दर एवं संधान कर्म आदि का शल्यकर्म जन्यपक्ष विद्वत्तापूर्वक वर्णन किया है । ये सभी शल्य कर्म पीड़ादायक थे तथा पीड़ानिवृत्ति का उपाय अवश्य सुश्रुत को ज्ञात था वरन् ये कर्म अत्यन्त दुष्कर होते । वेदना का भी सुश्रुत ने यथास्थान वर्णन किया है तथा मर्मों के बारे में भी वर्णित किया है । इससे आभास होता है कि तत्कालीन युग में संज्ञाहरण एवं संज्ञाहारक द्रव्य किसी न किसी रूप में अवश्य थे । आज इस द्रव्यों व विधाओं को खोजने की आवश्यकता है । काशी हिन्दू विश्वविद्यालय के संज्ञाहरण प्रभाग में इस दिशा में विगत ३० वर्षों से काम चल रहा है तथा काफी सफलता मिली है । संज्ञाहरण पूर्व देने वाली सहायक औषधियाँ एवं वेदनाशामक कई औषधियाँ खोज ली गई है तथा उनका व्यवहारिक उपयोग हो रहा है तथा आधुनिक संज्ञाहारको की विषाक्तता पर भी नियंत्रण इन औषधियों से पाया जा सकता है । आज आयुर्वेद के शल्यशाखा - शल्य - शालाक्य - प्रसूति तंत्र आदि का विकास पूर्णरूपेण संज्ञाहरण पर टिका हुआ है । यदि हम चाहते हैं कि आयुर्वेद में इन अंगों का प्रभावपूर्ण विकास हो तो हमें संज्ञाहरण के विकास की ओर ध्यान देना होगा । हर महाविद्यालय व स्नातकोत्तर संस्थान में इस विषय के विद्वानों की नियुक्ति व इस विषय पर अध्ययन प्रारंभ करना नितांत आवश्यक है । आज तक शल्य - शालाक्य एवं प्रसूति तंत्र का प्रभावपूर्ण विकास न होने का एकमात्र कारण संज्ञाहरण विधा का अभाव है । जिस संस्था में इस विधा की समुचित व्यवस्था किया गया है वहाँ शल्य-शालाक्य व प्रसूति तंत्र का स्वतः विकास हुआ है । आज संज्ञाहरण केवल बेहोश करने का शास्त्र नहीं रह गया है वरन वेदनाशमन के क्षेत्र, जीवन रक्षक विधियों (Intensive Care) में तथा कैंसर व एड्स जैसी भयंकर रोगों से ग्रस्त मानवता की रक्षा में लगा हुआ है । आयुर्वेद की सम्पूर्णता इसी पर निर्भर है । अतः आज हमें इस ज्ञान का प्रचार प्रसार करने का बीड़ा उठाना है । इसके लिए सोचना है तथा व्यवस्था करनी है तभी कल हम विश्व में गौरव प्राप्त कर सकेंगे ।

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## संज्ञाहरण विज्ञान का वैज्ञानिक इतिहास : सिंहावलोकन

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### प्रस्तावना

आयुर्वेद का चरम लक्ष्य स्वस्थजनों के स्वास्थ्य की रक्षा एवं रुग्णप्राणियों के रोगों का प्रतिकार करते हुए आयु या जीवन की वृद्धि एवं रक्षा करनी है। यही उद्देश्य संज्ञाहरण विज्ञान का भी है। संज्ञाहरण विज्ञान के अन्तर्गत पूर्वकर्म (Preanesthetic assessment and Premedication) जिसमें निद्राजनन, वेदनास्थापन, संज्ञास्थापन एवं शूलप्रशमन आदि औषधियों का प्रयोग, प्रधानकर्म (Subsequent anesthesia during surgery) इसमें संज्ञाहर, पेशी-शैथिल्यकर एवं वेदना शामक औषधियों का प्रयोग, पश्चातकर्म (Post-operative management) इसमें वेदनास्थापक, शोथ हर, संज्ञास्थापक, छर्दि-निग्रहण (Anti-Emetics) एवं हिक्कानिग्रहण (Anti-Hiccough drugs) का प्रयोग, उपशामी चिकित्सा (Palliative care), आत्ययिक चिकित्सा (Emergency treatment), पंचकर्म चिकित्सा, योग-चिकित्सा, विष विज्ञान (Toxicology), एक्यूपेशर तथा एक्यूपंचर (Accupuncture) आदि के साथ-साथ शारीरिक एवं मानसिक स्वास्थ्य को भी समाहित किया गया है। इस प्रकार यह विज्ञान युगानुरूप विद्यार्थियों की बुद्धि एवं प्रवृत्ति के अनुसार तथा सुस्पष्ट अध्ययन हेतु आयुर्वेद के एक अभिन्न अंग के रूप में आलोकित एवं विभूषित हो रहा है। संज्ञाहरण विज्ञान के ऐतिहासिक पृष्ठभूमि को अध्ययन की दृष्टि से अधोलिखित रूप में वर्गीकृत किया गया है :

१. वेदकालीन संज्ञाहरण विज्ञान।

२. संहिताकालीन संज्ञाहरण विज्ञान।

३. अन्य ग्रन्थों में संज्ञाहरण विज्ञान।

४. आधुनिक कालीन संज्ञाहरण विज्ञान।

अब हम संज्ञाहरण विज्ञान के ऐतिहासिक तथ्यों का विस्तार से वर्णन करेंगे।

### १. वेदकालीन संज्ञाहरण विज्ञान

#### (क) ऋग्वेद

- (१) 'मधुविद्या विशारद' मृतशरीर में प्राण संचरण (Cardio pulmonary resuscitation) के विशेषज्ञ होते थे। (ऋ० १०।१०६।६)।
- (२) अश्विनी कुमारों ने अत्यधिक 'सोमरस' का पान किए वध्नऋषि की रक्षा की। (ऋ० १।११२।१५)।
- (३) शिर के सन्धान (Transplantation of Head) का स्पष्ट वर्णन है, इस प्रक्रिया में सम्मोहन से संज्ञाहरण दिया गया था। (ऋ० १।११७।२२)।
- (४) अश्विनीकुमार द्वौ अंगप्रत्यारोपण (Transplantation) तथा संजीवनी विद्या (Cardiopulmonary Resuscitation) में पारंगत थे।



५. ऋग्वेद का नवम मण्डल 'सोम' के वर्णन से भरा पड़ा है इसी 'सोम' से 'सोमरस' तैयार किया जाता था। सोमरस की निर्माण विद्या पर कोई प्रकाश नहीं डाला है। 'सोमरस' का सेवन शल्य क्रिया की वेदना को सहने की क्षमता प्रदान करता हो जिससे शल्य क्रिया सरलता से सम्पन्न हो जाती थी, ऐसा माना जा सकता है।

#### (ख) यजुर्वेद

यजुर्वेद में संज्ञाहरण विज्ञान का उल्लेख अत्यल्प एवं अस्पष्ट है।

#### (ग) अथर्ववेद

आयुर्वेद अथर्ववेद का उपवेद है। संज्ञाहरण विज्ञान के सन्दर्भ में अधोलिखित अंश उद्धृत है :

- (१) 'सोम' को औषधियों में सर्वश्रेष्ठ माना गया है। वेद में सोम की प्रशस्ति की गयी है एवं सुरापान को निन्दनीय कहा गया है। (अथर्व० ६।७०।१)।
- (२) तीर (ARROW) या चोट से बने ब्रण के लिए सिलाची (लाक्षा) अचूक औषधि कही गयी है। यह वेदनाशामक (Analgesic) एवं व्रणरोपक थी। (अथर्व० ५।५।४)।
- (३) सुरा एवं मद्य निर्माण के भी सन्दर्भ मिलते हैं। इनका प्रयोग रोगी को मूर्च्छित करने के लिए किया जाता था। (अथर्व० २।२५।१४)।
- (४) स्त्री की श्रोणि में शूल उत्पन्न करने वाले राक्षसों (Causative organisms) का इन्द्र नाश करें। (अथर्व० ८।६।१३)।
- (५) क्षतज रक्तस्राव (Accidental Haemorrhage) में लाक्षोदक सेक का वर्णन मिलता है।
- (६) मूत्रावरोध में शलाका से मूत्र, प्रसव विकार में योनिभेदादि आत्ययिक चिकित्सा का वर्णन है। (अथर्व० ७।७८।१-६)।
- (७) धैर्य, सान्त्वनादि के द्वारा रोगी के रोग निवारण से पूर्व उसका मनोबल ऊँचा रखते थे, जिससे रोगी को कष्ट न हो। (PRE ANESTHETIC VISIT AND DISCUSSION)।
- (८) गर्भाशय भेदन के द्वारा प्रसव का संकेत मिलता है। वेदनाशान्ति एवं प्रसव पीड़ा कम करने हेतु मन्त्र चिकित्सा का उल्लेख मिलता है। (अथर्व० १।११।५)।
- (९) सर्पविष नाशन के लिए मंत्र अवलोकनीय है। अपामार्ग, तौदी, वरुण आदि औषधियाँ विषघ्न (ANTIDOTE) कही गयी हैं। (अथर्व० १०।४।१-२६)।
- (१०) अत्यधिक रक्तस्राव में आत्ययिक चिकित्सा हेतु धमनी बन्धन (LIGATION OF ARTERY) कहा है। (अथर्व० १।१७।१-३)।

#### २. संहिताकालीन संज्ञाहरण विज्ञान

प्रारम्भिक काल का अध्ययन करने से यह ज्ञात होता है कि आयुर्वेद की अनेक संहिताओं की रचना विभिन्न महर्षियों द्वारा हुयी है। जिनमें सुश्रुत संहिता, चरकसंहिता, भेलसंहिता, काश्यपसंहिता, अष्टांग संग्रह एवं अष्टांग हृदय प्रमुख हैं। मध्यकाल में शारंगधर संहिता तथा आधुनिक काल में भावप्रकाश आदि की रचना हुयी। इन्हीं संहिताओं में संज्ञाहरण विज्ञान से सम्बन्धित विषय वस्तु को खोज कर प्रस्तुत किया जा रहा है।

#### (क) सुश्रुत संहिता

- (१) नासासन्धान (Nasoplasty) और कर्णपाली सन्धान (Earplasty) की विधियाँ सुश्रुत की अनुपम



देन हैं । इस शल्य क्रिया में तीव्र वेदना स्वाभाविक है, परन्तु इसके लिए संज्ञाहरण औषधि प्रयोग का उल्लेख नहीं है । वेदनाशामक एवं शोधहरण औषधियों के प्रयोग का वर्णन है ।

(२) आत्ययिक चिकित्सा (Emergency Treatment) के सन्दर्भ में निम्नलिखित अवस्थाओं का वर्णन है :

१. दग्ध (Burns) - उष्णवातातपदग्ध (Sunstroke), शीतवर्षा निलहत (Frost Bite), इन्द्रवज्रदग्ध, धूमोपहत् (Smokes), (सु०सू० १२) ।

२. उदकपूर्णादर (Drawing) (सु०सू० २७।१०) ।

३. बाहुरञ्जलता पाश (Hanging and Strangulation) (सु०सू० २७।११) ।

(३) शूल रोगों का विस्तृत वर्णन एवं चिकित्सा (Pain Management) का उल्लेख मिलता है । (सु० उ० ४२।७४-१४१) ।

(४) विषों (Poisons) का विस्तृत वैज्ञानिक वर्गीकरण एवं चिकित्सा व्यवस्था का कल्पस्थान में वर्णन किया है । फेणाशम (Arsenic), हरताल (AS<sub>2</sub>S<sub>3</sub>), वत्सनाभ (Aconite Poisoning) आदि के विष जन्य लक्षण एवं उपचार का विस्तृत वर्णन है ।

(५) जलसंत्रास (Hydrophobia) का वर्णन अलर्क विष में किया है ।

(६) सुश्रुतसंहिता सूत्रस्थान १७वें अध्याय में संज्ञाहरण (Anesthesia) का स्पष्ट उल्लेख करते हुए कहा है कि "शस्त्रकर्म करने से पूर्व रोगी को हितकर भोजन खिलावेँ और जो वेदना न सह सके उसे, यदि मद्य सेवन का अभ्यासी हो तो, तीक्ष्ण मद्य पिलावेँ (Medicated Alcohol) । रोगी अन्न सेवन से मूर्च्छित नहीं होता और मद्य के नशा से शस्त्र की पीड़ा को नहीं जानता । रोगी का आभ्यन्तरीय प्राण, बाह्य प्राण के गुणों से मिलकर दोनों में अविरोध होने के कारण शस्त्रकर्म के समय अच्छी तरह से पञ्चमहाभूतात्मक शरीर को धारण करता है ।" (सु०सू० १७।१५-१७) ।

(७) सुश्रुत ने शस्त्रकर्मों से पूर्व सामान्य निर्देश देते हुए कहा है कि मूढगर्भ, उदर, अर्श, अश्मरी, भगन्दर, मुखरोग आदि व्याधियों में शस्त्र कर्म से पूर्व भोजन निषिद्ध है । डल्हण का मानना है कि भोजन सेवन से अन्नकोष्ठ के पूर्ण होने पर शस्त्र प्रवेश में कठिनाई अथवा आतुर की मृत्यु हो सकती है । यहाँ पर आचार्यों ने इस बात का उल्लेख नहीं किया कि यदि रोगी ने भोजन कर लिया है तो शस्त्रकर्म में होने वाली अत्यधिक पीड़ा के कारण वमन (Vomiting), पुनर्वमनग्रहण (Regurgitation) एवं हृदय गत विकार से, अनुकूल स्थिति प्रतिकूल हो जायेगी एवं आतुर की मृत्यु भी हो सकती है । यह एक प्रकार से पूर्व संज्ञाहरण निर्देश (Preanesthetic Order) का स्पष्ट उदाहरण है ।

(८) मूढगर्भ को शस्त्र छेदन की विधि से निकालने से पूर्व स्त्री को आश्वासन (Assurance and Encouragement) देने का स्पष्ट निर्देश दिया है । इस प्रकार आश्वासन से स्त्री को वेदना सहन करने की शक्ति मिलती है और शस्त्रकर्म आसानी से हो जाता है । यह Preanesthetic Discussion का एक उदाहरण है ।

(९) मूढगर्भ में उदरविपाटन करने का सुश्रुत ने स्पष्ट निर्देश दिया है एवं संज्ञाहरण का उल्लेख नहीं किया है । इस प्रकार की जटिल शल्यक्रिया बिना संज्ञाहरण (Anesthesia) के सम्भव नहीं लगती है, हो सकता है, शास्त्र अक्षम हों या शल्य विशेषज्ञ होने के कारण संज्ञाहरण विज्ञान के



बारे में वर्णन करना उनकी विद्वता का असम्मान हो एवं आत्म संतुष्टि के विरुद्ध हो ।

(१०) मद्यपान के सामान्य प्रभाव को 'मद' कहते हैं । इसके अतिरिक्त अतिथि मद्यपान से उत्पन्न होने वाले चार प्रकार के विकारों का भी वर्णन आया है यथा -

१. पानात्यय (मदात्यय) २. परमद ३. पानाजीर्ण तथा ४. पानविभ्रम । (सु० उ० ४७)

(११) सुश्रुत ने चिकित्सास्थान २६वें अध्याय में 'सोम' नामक औषधि का विस्तृत वर्णन किया है । 'सोमरस' का सेवन करने वाले मनुष्य की आयु अग्नि, जल, विष, शस्त्र और अस्त्र नष्ट करने में समर्थ नहीं होते । इससे यह स्पष्ट होता है कि सुश्रुत इसी 'सोमरस' का उपयोग संज्ञाहरण (Anesthesia) के लिए करते थे ?

#### वक्तव्य

उपरोक्त उदाहरणों के आधार पर महर्षि सुश्रुत को शल्यतंत्र के साथ-साथ संज्ञाहरण विज्ञान का भी पितामह कहा जाना चाहिए क्योंकि इस विज्ञान के प्रारम्भिक वैज्ञानिक उल्लेख एवं प्रयोग का श्रेय महर्षि सुश्रुत को ही जाता है । अतः हमें यह पूर्व विश्वास है कि विद्वत समाज भारतीय संज्ञाहरण विज्ञान का पितामह महर्षि सुश्रुत को ही स्वीकार करेगा ।

#### (ख) चरक संहिता

चरक संहिता मूलतः कायचिकित्सा का प्रधानतम ग्रन्थ है । शल्यचिकित्सा का बहुत अधिक वर्णन नहीं मिलता है, फिर भी संज्ञाहरण से सम्बन्धित कुछ उद्धृत अंश निम्न है :

(१) चरक चि० २४।३६-४० में मद (Alcoholism) की विशेष चर्चा की गयी है । इसकी चार अवस्थाएँ बतायी गयी हैं । मद की तृतीयावस्था में नष्ट संज्ञा (Unconsciousness) हो जाना, ऐसा लक्षण बताया है, जिसका उपयोग शल्य निर्हरण हेतु किया जा सकता है ।

(२) महर्षि चरक के अनुसार आमगर्भ (Immature fetus) के निकल जाने पर गर्भकोष्ठ की विशुद्धि, अर्ति-विस्मरण (Alleviation of pain) तथा प्रहर्षण के लिए (Elevation of mood) औषधियुक्त सुरा, मद्य एवं अरिष्ट देने का निर्देश किया है । इसे स्त्री की सामर्थ्यनुसार ही दें । (च०शा० ८।३१) ।

(३) चरक संहिता सूत्रस्थान में ५० महाकलायों का वर्णन किया गया है । उनमें से वेदनास्थापन (Anodynes), शूलप्रशमनीय (Analgesics), संज्ञास्थापन (Resuscitatives), विषघ्न (Antidotes) एवं छर्दिनिग्रहण (Anti-emetics) आदि महाकलायों का वर्णन संज्ञाहरण विज्ञान के शोध (Research) एवं चिकित्सीय उपयोग हेतु सर्वथा उचित है ।

#### (ग) अष्टांग संग्रह एवं अष्टांग हृदय

(१) शूल प्रधान वातविकारों में एरण्ड तैल एवं लसुन का प्रयोग बताया है ।

(२) विषों (Poisons) का चिकित्सीय उपयोग वाग्भट ने ही सर्वप्रथम बतलाया है । (अ० सं० उ० ४८)

(३) सविष अन्न की परीक्षा के लिए स्वरूप-परीक्षण, अग्नि परीक्षण तथा जान्तव परीक्षण इन तीनों का विस्तृत वर्णन किया गया है ।

(४) मूढगर्भ प्रकरण में दो विष्कम्भ नामक मूढगर्भ को शस्त्रसाध्य कहा गया है, परन्तु संज्ञाहरण हेतु



औषधि का वर्णन नहीं है । (अ० ह० शा० २)

वाग्भट के काल तक शल्य क्रिया वेदना युक्त होने के कारण इसका प्रचलन सीमित होता गया, जिसमें प्रमुख कारण एक तीव्र संज्ञाहारक औषधि की अनुपलब्धता रही है ।

#### (घ) शारंगधर संहिता

शारंगधर संहिता का काल १३-१४वीं शताब्दी माना जाता है । इसमें संज्ञाहरण विज्ञान से सम्बन्धित अधोलिखित अंश वर्णित हैं :

- (१) अहिफेन (Opium) का प्रयोग वातनाशन (Pain management) हेतु रोगों में किया जाता था ।
- (२) श्वसन क्रिया (Physiology of Respiration) का स्पष्ट वर्णन यही मिलता है । Oxygen को विष्णुपदामृत (अम्बरपीयूष) कहा है ।
- (३) चिकित्सा में विषों का प्रयोग काफी बढ़ गया था । वत्सनाभ, शंखिया तथा विषमुष्टि आदि के योग वर्णित हैं ।
- (४) अण्डकोश वृद्धि (Hydrocele) में सिरादाह, यकृतप्लीहावृद्धि में तत्स्थानीय दाह का विधान कहा है किन्तु संज्ञाहरण का स्पष्ट उल्लेख नहीं किया है ।
- (५) हृदयशूल में श्रृंगभस्म, गृध्रसी में शेफाली एवं परिणामशूल में विष्णुकान्ता का प्रयोग कहा है । वेदना शमन (Pain management) हेतु औषधियों का वर्णन है किन्तु संज्ञाहरण हेतु औषधि का वर्णन नहीं है ।

### ३. अन्य प्रसिद्ध ग्रन्थों में संज्ञाहरण विज्ञान

#### (क) रामायण

बाल्मीकि रामायण में, लक्ष्मण को शक्तिबाण लगने के पश्चात् मूर्च्छित हो जाने पर, राजवैद्य सुषेण द्वारा हनुमान से लक्ष्मण की जीवन रक्षा के लिए निम्नलिखित औषधियाँ लाने के लिए आग्रह करना -

- (१) संजीवकरणी (२) विशल्यकरणी (३) सावर्ण्यकरणी (४) सन्धानी

उपरोक्त औषधियों को कूट पीस कर जब लक्ष्मण की नासिका में प्रविष्ट कराया गया तब तुरन्त ही शल्य से विमुक्त, वेदनारहित लक्ष्मण पुनः संज्ञा युक्त हो, पूर्णस्वस्थ हो गये । अतः इस वर्णन से यह स्पष्ट होता है कि शल्य क्रिया के लिए संज्ञाहरण द्रव्यों (Anesthetic Drugs) के प्रयोग के पश्चात् संज्ञास्थापक द्रव्यों का उपयोग चिकित्सा के लिए होता था, परन्तु समयानुसार उचित संरक्षण एवं शास्त्रोक्त न होने के कारण समस्त विद्याएं विलुप्त होती गई ।

#### (ख) भोज प्रबन्ध

भोज प्रबन्ध (६०० A.D.) में वर्णन है कि एक बार राजाभोज शिरःशूल से पीड़ित हुए, राजवैद्य ने स्पष्ट कहा कि शल्य क्रिया से ही राजा स्वस्थ हो सकते हैं । तत्पश्चात् 'सम्मोहन चूर्ण' से राजा को संज्ञाहरण (Anesthesia) दिया गया और इसी औषधि के प्रभाव के कारण ही राजवैद्य ने राजा भोज का कपाल खोलकर वेदनारहित शल्य चिकित्सा की एवं शिरःशूल से पीड़ित राजा को पूर्णरूप से स्वस्थ कर दिया । सम्भवतः वर्तमान में संज्ञाहरण (Anesthesia) का सर्वप्रथम वर्णन यही पाया गया है ।

#### (ग) बौद्धग्रन्थ

बौद्धग्रन्थों (महायान/हीनयान) में सम्राट अशोक के बद्धगुदोदर की चिकित्सा के लिए 'सम्मोहितं



उदरपाटिलतम्' कहा है । अर्थात् पहले सम्मोहन से संज्ञाहरण (Anesthesia) देकर ही शल्य क्रिया की गयी, परन्तु विधि स्पष्ट नहीं है ।

#### वक्तव्य

उपरोक्त उद्धरणों से यह तो स्पष्ट हो गया है कि अष्टांग आयुर्वेद का अंग शल्यतंत्र संज्ञाहरण विज्ञान की उन्नति के साथ ही उन्नति कर सकता है, ऐसा वर्तमान में सिद्ध हुआ है । आधुनिक शल्यक्रिया संज्ञाहरण विज्ञान के कारण ही इतनी विकसित हो सकी है । आयुर्वेदीय संज्ञाहरण विज्ञान की ऐतिहासिक भूमिका को नगण्य कहना धृष्टता होती । जिस शल्यतंत्र का इतिहास इतना सुदृढ़ रहा हो, संज्ञाहरण विज्ञान भी अवश्य ही विकसित रहा होगा । समयानुकूल अवसरों पर अक्रियाशीलता ने इसे अत्यल्प और अविकसित बनाये रखा, वर्तमान अवश्य ही उज्वल एवं प्रेरणाप्रद है ।

#### ४. आधुनिक कालीन संज्ञाहरण विज्ञान

काशी हिन्दू विश्वविद्यालय में स्थित आयुर्वेद संकाय के शल्य-शालाक्य विभाग के अन्तर्गत संज्ञाहरण अनुभाग, अपने ३० वर्षों की निः स्वार्थ तपस्या एवं सच्ची लगन से निम्नांकित विषयों (संज्ञाहरण से सम्बन्धित) पर शोध (Research) कर आयुर्वेदोक्त औषधियों की श्रेष्ठता को प्रमाणित कर उनका संज्ञाहरण विज्ञान के उपयोग की दिशा में निरन्तर प्रयास प्रस्तुत कर रहा है :

शल्य चिकित्सा में संज्ञाहरण विज्ञान : इसके तीन भाग है यथा -

##### (क) पूर्वकर्म (As preanesthetic Medicants)

शल्य कर्म से पूर्व संज्ञाहरण औषधियों के रूप में कुछ ऐसे ही द्रव्यों का प्रयोग हो रहा है, जिससे रोगी शल्यक्रिया से पूर्व भयरहित, शोकरहित, शान्त एवं सहयोगी हो जाता है । निम्नांकित आयुर्वेदोक्त औषधियाँ, आधुनिक संज्ञाहरण पूर्व औषधियों के प्रयोग की तुलना में श्रेष्ठ हैं यथा -

१. ब्राह्मी घनसत्त्व २. जटामांसी घनसत्त्व ३. अश्वगंध घनसत्त्व ४. जलनिम्ब घनसत्त्व ५. पारसीक यवानी घनसत्त्व ६. मण्डूकपर्णी घनसत्त्व ७. शंखपुष्पी घनसत्त्व ८. वचा घनसत्त्व ।

पूर्वकर्म के अन्तर्गत ही पंचकर्म की श्रेष्ठतम उपयोगिता सिद्ध हो चुकी है । शल्यकर्म से पूर्व पंचकर्म होने पर रोगी संज्ञाहरण एवं शल्यकर्म जनित उपद्रवों को न प्राप्त कर शीघ्र ही शारीरिक एवं मानसिक स्वस्थता को प्राप्त करता है ।

##### (ख) प्रधानकर्म (During Subsequent Anesthesia)

विभिन्न अध्ययनों में यह पाया गया है कि जिन रोगियों में शल्यकर्म एवं संज्ञाहरण पूर्व आयुर्वेदोक्त औषधियों का प्रयोग पूर्व संज्ञाहारक औषधि के रूप में प्रयुक्त किया गया, उनमें शल्यकर्म आरम्भ होने से व्याधि के मूलकारण के निवारण तक संज्ञाहरण (Anesthesia) में प्रयुक्त इन औषधियों के कारण रक्तचाप, नाड़ीगति, श्वसनगति, हृदयगति एवं शारीरिक ताप में होने वाले परिवर्तन लगभग नगण्य रहे । कई शोधों (Researches) के पश्चात् यह निश्चित किया गया कि देहप्रकृति (Body Constituents) के आधार पर संज्ञाहरण द्रव्यों की विशिष्ट मात्रा भिन्न-भिन्न देहप्रकृति पर भिन्न-भिन्न होती है ।

##### (ग) पश्चात कर्म (Post Anesthesia Management)

शल्यकर्म के उपरान्त रोगी को संज्ञाहरण से पूर्व की अवस्था में तत्काल नहीं लाया जा सकता है । परन्तु यह देखा गया है कि आयुर्वेदोक्त औषधियों से Premedicated रोगी संज्ञाहरण से वापस अपनी



सामान्यानस्था में बिना किसी उपद्रव के आ जाता है । वमन, श्वासावरोध, अल्पाक्सीयता तथा श्वशनाल्पता नहीं होती है ।

शल्यकर्म के पश्चात् वेदना (Pain Management) शान्ति के लिए निर्गुण्डी, एरण्डमूल एवं भृंगराज घनसत्त्व के मिश्रण का उपयोग बहुतायत से हो रहा है । आयुर्वेदोक्त वेदनाहर द्रव्यों में आधुनिक वेदनाशामक औषधियों की तरह न कोई श्वासावरोध (Respiratory Depression) होता है न ही व्यसन (Addiction) होता है । संज्ञास्थापन के लिए (For Resuscitation) वचा, जटामांसी एवं चोरक का प्रयोग किया जा सकता है । इसी प्रकार निद्राजनन के लिए सर्पगंधा एवं Narcosis के लिए अहिफेन एवं भांग का प्रयोग । शूल प्रशमन (Analgesics) जिनका प्रयोग शल्यकर्मोत्तर वेदना शान्ति हेतु प्रयोग किया जा रहा है निम्न है : पारसीक यवानी, गुग्गुल, एरण्ड, तगर, निर्गुण्डी, देवदारू, रसोन, गोरक्ष, वेतस, कदम्ब, भृंगराज, दशमूल, मेथिका, रास्ना, पद्मक एवं मुचकुन्द आदि ।

शारीरिक स्वास्थ्य, मानसिक स्वास्थ्य तथा सामाजिक स्वास्थ्य के लिए भी उपयोगी आयुर्वेदोक्त औषधियाँ

जैसे : ब्राह्मी, वचा, कुष्माण्डबीज, शंखपुष्पी तथा हरिद्रा आदि पर शोध कार्य चल रहा है । वर्तमान समय में प्रयुक्त होने वाला Narcotic वेदनाहर द्रव्य समाज के लिए एक अभिशाप बन गया है । समाज का युवावर्ग इन द्रव्यों का उपयोग व्यसन के रूप में बड़ी मात्रा में कर रहा है जिससे युवापीढ़ी बहुत से दुरगामी रोगों से ग्रसित होता जा रहा है एवं हमारा समाज इससे बुरी तरह प्रभावित हो रहा है । इस क्षेत्र में आयुर्वेदोक्त औषधियों का प्रयोग वेदना शमन (Analgesics) के रूप में सफलता पूर्वक किया जा रहा है । आयुर्वेदोक्त औषधियों के सेवन से शारीरिक क्षमता एवं मानसिक स्वास्थ्य दोनों की समुचित रक्षा होती है । इसीलिए राष्ट्र की युवापीढ़ी को इस दुष्प्रभाव से बचाने के लिए इन आयुर्वेदोक्त औषधियों के प्रयोग को तन-मन तथा धन से प्रोत्साहन एवं संरक्षण देना होगा जिससे सम्पूर्ण मानव समाज सुदृढ़ एवं प्रगतिशील बने और इसका उत्थान अबाध गति से होता रहे ।

### उपसंहार

संज्ञाहरण विज्ञान एक सम्पूर्ण विज्ञान है । इस प्रकार यह स्पष्ट होता है कि अष्टांग आयुर्वेद में अल्पवर्णित अंग, संज्ञाहरण विज्ञान नई विधा से परिपूर्ण होकर नवयुग में नवस्फूर्ति के साथ अपनी छटा से सम्पूर्ण संसार को आलोकित कर रहा है । आशा ही नहीं पूर्ण विश्वास है कि आयुर्वेदोक्त सिद्धान्तों व आधुनिक भौतिक संसाधनों के समन्वय से सम्पूर्ण मानव समाज लाभान्वित होगा एवं साथ ही आयुर्वेद की गरिमा भी बढ़ेगी । काशी हिन्दू विश्वविद्यालय, वाराणसी के चिकित्सा विज्ञान संस्थान अंतर्गत आयुर्वेद संकाय का प्रसूतितंत्र एवं शल्य शालाक्य विभाग इस दिशा में सार्थक प्रयास प्रस्तुत कर रहा है ।



# Non Medical Treatment for Stress and Hypertension

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Although in most cases of hypertension the cause is obscure some cases are secondary to recognisable disease. Essential hypertension is the name given to the type for which no cause can be found. The main incidence falls between the age of 40 and 60 years and it is often serious condition. Heridity is important. It has been estimated that if parents have hypertension, the incidence of the disease in the children is about 45% and if one parent has hypertension the incidence is about 30%.

## Pathogenesis

In most cases of hypertension the high blood pressure must be secondary to increased peripheral resistance. it has been shown that this increased resistance occurs chiefly in the arterioles and is more severe in the renal vessels than elsewhere.

Blood pressure is a result of the interaction between the cardiac output and the peripheral resistance. This can be expressed in the equation forms.

Thus, Blood pressure = Cardiac output x Peripheral Resistance.

If one of these two factors increases and the other does not decrease proportionately (or if both increase), the blood pressure goes up.

If such a condition persists for a long time, the person is said to suffer from "high blood pressure". According to W.H.O. criterion a pressure of 160/96 mmHg. or more should be termed as high blood pressure. But more and more doctors now consider 140/90 mmHg. also as high blood pressure. In fact, the lower the pressure, the better for a person. The wards of Dr. William Kennel, Direction of the World-renowned "Framingham Heart study" are suggestive. He says, "An ideal blood pressure would be the lowest pressure you could achieve without going into a shock. People with low blood pressure may some times Complain that they feel tired all the time, but they live to 120 years.

High blood pressure is of two types i.e., (1) Essential (simple) and (2) Secondary. More than 90% of patients suffer from Essential hypertension.

As per the extensive surveys carried out in a number of countries, almost 25% of the population suffers from high blood pressure, and the incidence is rapidly rising.

## 1. Heridity

Most experts believe that heridity does play a role in causing high blood pressure. That the incidence of this disease is double than normal in kins of persons with high blood pressure.

A few researchers believe, it is not heridity but environmental factor which cause high blood pressure. In what way and to what extent do heridity factors act is still not clear. In short if exciting environmental factors are not play heridity can have no influence.



## **2. Mental Tension**

All researchers accept the role of mental stress and negative thinking in the development of high blood pressure.

In an experiment, too many mice were forced into a single cage. This over crowding led to mental tension in mice which in turn led to high pressure in them. When such a situation was allowed to continue for some time, the high blood pressure become established i.e., the pressure did not drop even after the mice were removed from the cage.

Mental tension leads to an excessive secretion of catecholamine (Adrenaline and Nor-adrenaline) inside the body. These secretions undesirably stimulate the catecholaminergic nerve endings in the brain stem to cause a rise in the blood pressure.

The incidence of high blood pressure in persons who are too ambitious or who exercise too much self-control or who suppress their emotions i.e., who consciously refrain from expressing their feelings and in workoholic persons has been found to be much higher than in others.

Mental stress stimulate the secretion of certain undesirable juice inside the body, which increase the oarteriolar resistance and causes high blood pressure.

### **Non Medical Treatment**

#### **1. Change of Outlook and Life style**

High blood pressure is a result of fast and competitive modern life.

If you possess a tense personality, straight away implement efforts to change your mental attitude. This may be difficult, but it is not impossible. Understand and accept the "Theory of Karma of Bhagwat Geeta". Work hard, but do not expect returns. Do not compete with the clock. Make no resolutions like, "I should complete all these jobs by to-day, or I shall finish this work in this much time. Do not take office work to your home. Give some time of the day to your parents, your wife and your children. Let sunday remain a resting day. Enjoy 2-3 weeks vacation every year.

#### **2. Restrict Salt intake**

The connection between high blood pressure and high salt intake is well known.

#### **3. Reduce your Weight if you are Obese**

High blood pressure and obesity are intimately related many a time, blood pressure drops merely by reducing weight.

#### **4. Take exercise and do Yogasanas**

That right exercises and yogasanas reduce blood pressure is a proven fact. Exercises like walking, Jogging, Swimming, cycling etc are beneficial. A person should choose exercises according to his age and his strength. Yogasanas are extremely beneficial to patients of high blood pressure. Dr. K.N. Udupa has proved that 'Shavasana' is beneficial in resistant blood pressure cases. Apart from shavasana, other Asanas like Padmasana, Vajrasana, Yogamudra, Dhanurasana, Paschimottanasana, Konasana, Matsyasana and Matsyendrasana should be practiced regularly. However, Shirshasana is contraindicated in high blood pressure.

#### **5. Correct diet**

A person with high blood pressure should consume a low sugar, low saturated fat,



low salt and low calorie diet. Calcium and potassium have also been found to be useful in bringing down the blood pressure. Besides a vitamin like substance calorie also reduces blood pressure.

#### **6. Give up Alcohol**

It is a proven fact that blood pressure comes down in a few days after a person stops drinking. If a person continues to drink, other measures to reduce blood pressure usually fail.

#### **7. Stop Smoking**

Tobacco spreads up Atherosclerosis. It is not only desirable, rather very essential that a person waiting to bring down his blood pressure, stop smoking completely.

#### **8. Magnet Therapy**

It has been seen that many a person with high blood pressure is benefited by magnet therapy.

Blood pressure gradually comes down if the Right Wrist is treated with north pole (Or both the Poles) of magnets. Belts, which can be worn on the wrist are also available. They are more convenient.

Besides, the north pole of a magnet may be applied below the right ear, over the carotid artery for 15 minutes, twice a day.

Drinking water influenced by strong magnets also helps.

#### **9. Acupressure**

Good results have been obtained by Acupressure treatment, Particularly in mild or moderate high blood Pressure. The systolic blood pressure comes down rapidly after initiating Acupressure treatment. But the Diastolic blood Pressure Comes down gradually. Besides it may not come down to the desired level. However, Acupressure has enabled quite a few patients to cut down the dosage of anti-hypertensive drugs by 33 to 50 percent.

#### **Medicines**

If the blood pressure does not drop to the desired level with non-medical measures, Ayurvedic medicines like Sarpagandharista, Br. Vata Chintamani Yogendra Ras and Dasamularista should be given.

Prevention of blood pressure by non medical treatment is not only better than cure but much cheaper too. This is especially true of high blood pressure, because once established, it is life long disease. High blood pressure and Atherosclerosis donot develop overnight. They progress very gradually. Their seeds are sown right in the childhood. Therefore measures to prevent them should be initiated in the childhood.



# Painless Dental Extraction by "Jalandhara Bandha"

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## Introduction

Ayurvedic Dentistry is a newly approaching branch in practice of Physicians. With the advent of modern civilization the number of carries teeth and loose-teeth-patients are increasing day by day. When the tooth becomes loose after decomposition of periodontal ligaments or due to old age or seriously attacked by carries it produces intolerable pain. Dental extraction remains only alternative to get permanent relief. Dental pain is the most intense pain next to Labour-pain.

Lower teeth are supplied by inferior alveolar nerve, Upper teeth are supplied by Superior alveolar nerves. They are the branches of mandibular and maxillary nerves respectively which originate from TRIGEMINAL NERVE.

So many procedures are being practiced in dentistry to control dental pain both in disease and during and after dental extraction. Extraction by Jalandhara Bandha, a yogic procedure, is a new trend in dental practice, is convenient easy and well accepted by the public. The pain pathway of the teeth are tied up or blocked by the procedure, then the tooth is extracted by dental forceps in such a manner by an experienced and that pain is not felt during and after extraction. Some Ayurvedic Medicines are also used after extraction for haemostasis and analgesia. Thousands of patients are getting free dental treatment by this procedure at the dental camps in cities, towns and rural areas as well.

## Jalandhara Bandha

"Jalandhara Bandha" is a combination of three words.

1. Jala - The network of nerve fibres i.e. Nerve Plexus.
2. Dhara - That who holds.
3. Bandha - To tie up or Blocks or binds.

Which ties up the nerve plekus present at "Kantha region" is called Jalandhara Bandha. This is described in the book "Hathayoga pradipika". Three Bandhas are described in 3rd upadesh of this book namely - "Uddyan Bandha," "Mula Bandha", and "Jalandhara Bandha." Hathayoga Pradipika is a pioneer, ancient and original book exclusively on Yoga and its uses. The diseases which are treated by Jalandhara Bandha are also mentioned very clearly. This bandha is applied for "Uttamanga" - this includes eye, ear, nose, throat, face, teeth, brain, head and all the parts above clavicle. Application of Jalandhara Bandha is mainly indicated for diseases of "Kantha i.e., Larynx area. Kantha is a part which is closely related with "Mukha Guha" - oral cavity. Teeth, tongue are among the main parts of oral cavity. Therefore "Jalandhara Bandha" acts very well on teeth and its adjacent parts also. Successful extraction of teeth are being performed by the physicians since time immemorial by application of Jalandhara Bandha.



## Textual Reference

According to the description of "Hathayoga Pradipika".

कण्ठमांकुच्य हृदये स्थापियेच्चिबुकं दृढम् ।

बंधो जालन्धराख्योयं जरामृत्युविनाशक ॥ (70)

How to do : (1) Flex the neck region to front by holding breath and contracting trachea (2) Put the chin tightly on the chest, four fingers above the heart. (70)

बध्नाति हि शिराजालमधोगामि नमो जलम् ।

ततो जालन्धरो बन्धः कण्ठदुःखोद्देशनः ॥ (71)

The Effect : It ties the "Sirajala" - Nerve plexus and prevents the flow of internal fluid from the brain. So it is truly named as Jalandhara Bandha. This bandha prevents the diseases of "Kantha". (71)

जालन्धरे कृते बन्धे कण्ठसंकोचलक्षणे ।

ने पियुषं पतत्यग्रीं न च वायुः प्रकुप्यति ॥ (72)

This Bandha creates contraction of "Kantha" thereby preventing dropping "Amruta" into "Jatharagni" and also prevents aggravation of "Vayu". (72)

कण्ठसंकोचनेनैव द्वे नाडयो स्तम्भयेददृढम् ।

मध्यचक्रमिदं ज्ञेयं षोडशाधारबन्धनम् ॥ (73)

Ida and Pingala" - these two nerves are strongly obstructed by contraction of neck area during the performance. The Madhya chakra is also obstructed by this process. Madhya Chakra contains sixteen petals. This is also called "Bisudha Chakra". (73)

According to Yogasastra - Bisudha chakra is situated at the base of Larynx. This Chakra is responsible for production of seven types of tone and also differentiates poison and nectar. The names of six chakras present in spinal area are (1) Agya Chakra (2) Bisudha Chakra (3) Anahat Chakra (4) Manipur (5) Swadhisthana (6) Muladhara Chakra.

पुरकान्ते तु कर्तव्यो बन्धो जालन्धराभिधः ।

कण्ठसंकोच रूपोऽसा वायुमार्गं निरोधकः ॥ (योगकुण्डल्युपनिषद्)

According to Yogakundalyupanisada :

Jalandhara Bandha is done at the end of "Pooraka" i.e. inspiration. Then neck is flexed, thereby obstructing the flow of Vayu.

To understand the above explanation for Jalandhara Bandha it is needed to realise the "Nadi Vigyan" theory (Nervous system) of yoga and Ayurveda.

## Indications

Jalandhara Bandha is applied for extraction of loose and semiloose teeth of both upper and lower Jaw. By an experienced hand this is extensively used to extract both carries teeth and strong teeth also without elevating the teeth. At some cases where local anaesthesia is applied, there also this bandha is practiced for easy extraction. Most important in this method is safely practised for Diabetic, hypertensive, cancer and cardiac patients, needing dental extraction.



## Procedure

Before tooth extraction the patient is duly examined and treatment is given according to the acuteness of the problem. The teeth which are to be extracted must be detected first. Jalandhara Bandha can be practised at the O.P.D. All aseptic precautions are to be taken.

The procedures are as follows

1. Patient is allowed to sit on a wooden plate of about 5-8 cm height.
2. The patient holds the knees by his hands strongly.
3. The Physician stands at the back side of the patient. He puts his own left knee at the back bone of patient.
4. The physician with his own left hand holds and compresses the both sides of mandible over the masseter muscles with palm and fingers.
5. With his right hand he holds the mid lamboid suture area of cranium with fingers and wrist area, pressing occipital depression below occipital protuberance.
6. Neck of patient is flexed forward to put the chin on chest wall and the neck is allowed to be loose.
7. At this stage physician utters a vedic mantra.
8. The head of patient is shaken up and down for 5-6 times in that flexed position of neck.
9. Patient feels dullness in head, neck, oral and face area, Keeping the left hand as such in the same position, the physician takes out the right hand to hold the dental forcep for extraction
10. Patient was asked to open the mouth.
11. Apply the forceps upto the root of the tooth and then quickly, obliquely extract the tooth with proper force.
12. After extraction "Rakta Stambhak Yoga" is applied with cold water into oral cavity. The yoga is 1 part Gairika, 1/4 part Majuphala, 1/4 part sphatika.
13. Then at the last Sodhit Sphatika powder with a small pad of cotton soaked with "Bibhitak Kasaya" is applied on to the extracted area. Patient is allowed to press the cotton-pad by the opposite Jaw.
14. By this process two to three teeth can be extracted at one sitting or at an interval taking the condition of patient into consideration.

## How It Acts

It is a Yogic therapy.

Patient experiences no pain or very little pain in extraction of teeth by Jalandhara Bandha. The mechanism of action is yet to be revealed.

According to the concepts of Accupressure and acupuncture points such as ST 5, ST 6, ST 7, are located in stomach meridian and GO16 on Governing mecidian are related with teeth, mouth and masseter muscle. Among them ST6 and GO16 point are utilised in Jalandhara Bandha. ST6 - Located over masseter muscle, anterior to the angle of mandible. Pressure on that point prevents toothache, facial paralysis, spasm masseter muscle, stiff neck and swelling of check. This point is pressed by left hand of physician in Jalandhara Bandha. Go 16-Located one inch above the mid natural hairline in the occipital depression below the occipital protuberance. Pressure on this

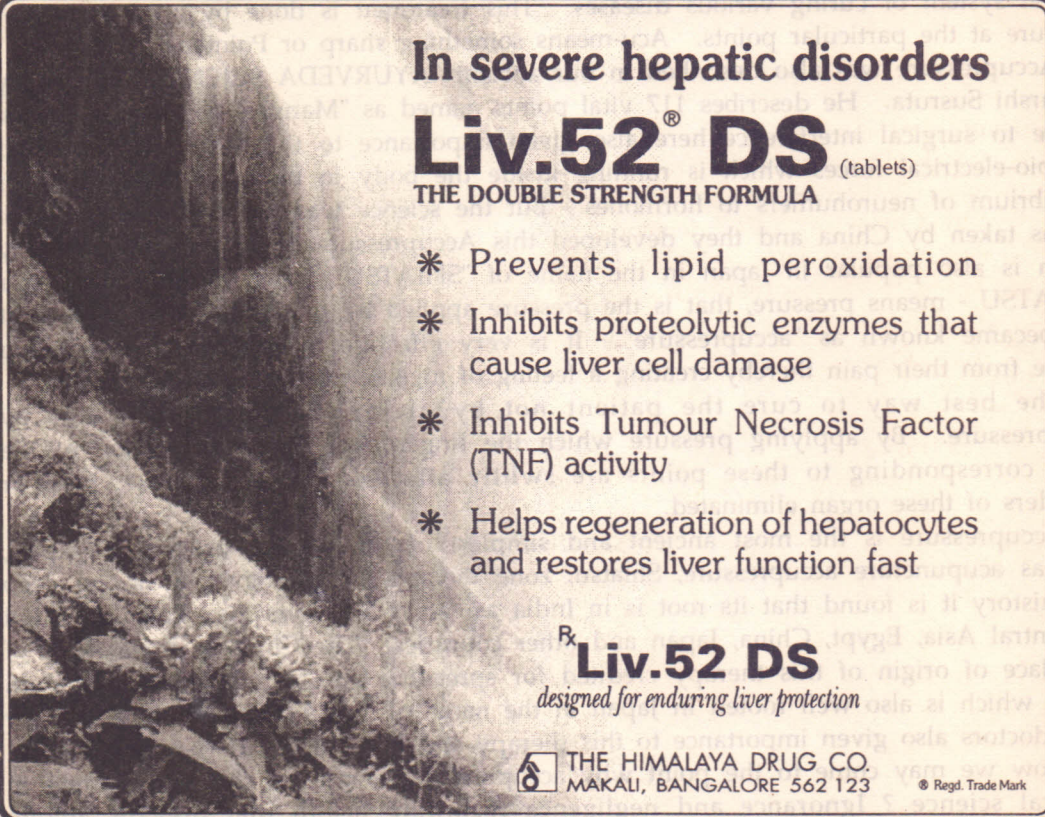


point prevents headache, stiff neck, nose bleed, sore throat etc.

More research is necessary to unveil the mystery behind this therapy. Scientific, clinical and experimental studies are to be taken upto prove the truth.

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## Accupressure "The Magic Healer"

Ms. Subhashree Dash

*Accupressure Research Centre, Buddhist Temple, Puri, Orissa*

Millions of people suffer from Pain, but the individual can reduce or eliminate their own pain. An individual with an excellent health is not only a boon to cente the self, is a rare gift to society. The biggest science an individual performs to humanity is perfecting own health. Everyone craves for a painless life. When the world view is going to be changed at that time the alternative medicines, that is any form of medicine outside the main stream of Western medicine are required by the common people. Accupressure therapy is one of them, the most ancient, simplest and natural system of curing various diseases. This treatment is done by applying finger pressure at the particular points. Acu-means something sharp or Pointed.

Accupressure was also described in our ancient "AYURVEDA SCIENCE" written by Maharshi Susruta. He describes 117 vital points named as "Marmas" as surgical points. Before to surgical interference here also given importance to the Marma as +Ve and -Ve bio-electrical forces which is running inside the body to maintain the balance or equilibrium of neurohumers to hormones. But the science was not practiced in India. It was taken by China and they developed this Accupressure or Acupuncture therapy which is also popular in Japan in the name of "SHIATSU". Here SHI-means Finger and ATSU - means pressure, that is the pressure applied by finger. Recently in West it has become known as "accupressure". It is very effective in relaxing and relieving people from their pain thereby creating a feeling of togetherness and peace.

The best way to cure the patient not by giving many medicine but by Accupressure. By applying pressure which the finger over the pain portion of the body corresponding to these points are swiftly affected and the disease, pain or disorders of these organ eliminated.

Accupressure is the most ancient and simplest of the various oriental therapies, such as acupuncture accupressure, Shiatsu, zone therapy, Reflecology. If we go deep into history it is found that its root is in India as far as 5,000 yrs ago, Later spreaded to Central Asia, Egypt, China, Japan and other countries. The Chinese irrespective of the place of origin of this therapy credited for spreading and popularising in modern times, which is also well rooted in Japan in the name of "SHIATSU". In 20th Century USA doctors also given importance to this therapy and tried to popularise the same.

Now we may come to the point why accupressure therapy in this age of modern medical science ? Ignorance and negligence regarding health that prevails among people to-day really are shocking. As a matter of fact we have entrusted the problem of our health to the hand of medical science.

But there are also some limitations of medical Science, as drugs which were once considered effective are now proving useless against several disorders, for which further inventions are there for new powerful drugs. The powerful the drugs the



more dangerous their side effects and also drugs which were once considered perfectly safe have now a days proved to be harmful and even dangerous.

Another draw back of modern medical system is that it tends to prescribe separate drugs for each ailment or symptoms for which it requires a large dose of medicines with the greater risk of side effect. Modern medical system treats the human body as separate independent pieces and not of an indivisible unit. Which led to the steady increase of specialists in different diseases.

On the other hand traditional therapists or accupressure therapists regard the human body as one indivisible unit or as a whole. Here the opinion that no individual part of the human body can remain healthy or unhealthy independent of other parts. Their approach is to treat the patient not the disease with a belief that diseases can be prevented provided the resistance power of the body strengthened with the help of proper food, proper life style and proper physical exercise.

Again it is a very simple and effective technique where diseases can be cured or prevented without the intake of any potent and hard drugs and undergoing unnecessary diagnostic and surgical interferences which is within the reach of a common man. A lay man can do it having only the knowledge of acu-points as it is a harmless therapy without any side effect. Illness infact is not inevitable it can be prevented or rapidly cured if the resistance power of the body is strong. By observing the rules of nature one can easily pressure the resistance power of the body for which the most simple and effective therapy is Accupressure, based on the rules of nature.

Here we may discuss how accupressure gives relief from pain, cures diseases and what is the science behind it. It is well known that relaxing the mind helps the body to heal itself. Focussing on the pain and trying to remove it makes healing difficult. But ignoring the pain and diverting attention to something pleasant speed up the rate of healing.

Every person is surrounded and interpenetrated by a luminous energy body called the bio-plasmic body. The word bio-plasmic comes from the bio-means life and plasma which is the fourth state of matter (The first three being solid, liquid, gas) plasma is conized gas or gas with "+Ve" and "-Ve" charged particles. So life has been considered as bioelectrical phenomenon, that is our life relies on the bioelectricity that exists in our body. We call this bio-energy PRANA, CHETNA or Chi. Prana or Chi is that vital energy and life force which keeps the body alive and healthy. It is the breathe of life. This bioenergy composed of two kinds of forces "YIN and Yang". Yin is -Ve while Yang is +ve". If there is any imbalance in between these two force, then precipitated into diseases that means a pussi remains in good health while there is co-ordination or equilibrium or balance between these two forces. If the balance is disturbed or obstructed that is if the flow of one force in the body is greater than the other causes illness. These forces flow through definite invisible channels or path which is known as meridians, through which Chi are bioplasmic matter flow and are distributed all over the body.

It is the basic chinese belief that if nature is kept in balance, good health is maintained. Imbalances are caused by several factor like external, internal and food. The creation is based on five elements that is of wood, fire, earth, metal and water, which also requires equibalance, each of the five element represent a type of hormone.



Wood - Pituitary hormones; Fire - Thyroid hormones; Mental - Adrenal Hormones; Earth - Pancreas hormones, Water - Gastrointestinal hormones.

Energy goes through these five elements endlessly, having the typical relationship of parent and Child. In turn each element is both at one time a child then a parent.

It is believed that there are 14 meridians in our body for the flow of bio-energy, bioelectricity or Chetna. Out of these 14 meridians 12 are present in pairs in both side of body and are directly connected with body's internal organs from the tips of the finger or toes to the head. Other two are single deals with important circulatory system.

Those meridians which maintain the flow of bio-energy have connection with the main organs of the body. Each meridian is connected to a particular organ. This is the reason why pressure applied to a particular point on the hand and the leg affected the remote organs connected to this point. Pressure is applied to manipulate the vital energy within the patients body thereby coming the patients ailment. This is accomplished by using finger pressure to redistribute excess Prana or Chi in the patients body to the affected part. Blocked meridians or bio-plasmic channels are cleared or opened by directing Chi or energy to the blocked meridians.

All organic function has outward manifestation that is to say all activity of the internal, is reflexed in the external appearance of a patient. For example thyroid dysfunction manifests itself in abnormalities of the neck region and the eye balls. In reflexology the pressure points are confined to the foot and palm of the person which are connected to glands and organs of the body. Here the reflex points of foot and palm acts as a switchboard by pressing the points there is the flow of current in the body or impulses sent to the particular organ which is diseased. Here the flow of energy in a particular course removes if there is any obstruction or stagnation, which are the cause of illness. If pressing a point it hurts then that is the exact point. Thus tenderness of a particular point helps at the same time for diagnosis and cure. This proves that as soon as the disease is eliminated the pain in the accupressure points and reflex points is relieved.

From the above discussion we may come to the conclusion that the accupressure therapy is a unique on very easy and simple one cures in a natural way, which is far away from the hazards of drugs and harmful side effects. We should utilise present modern scientific knowledge and technology to revise and do further research on this ancient medicine in order to combine this traditional and western medicine to create a new unique out of healing. Practiced with right spirit, shiatsu can bring us all health and happiness. Efforts may be taken in all level to popularise and spreading the therapy worldwide at least one individual from each family as it is a effective tool in preventing and eliminating disease and pain from the society.

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# Study of Parsikyawani on Blood Sugar level under anaesthesia

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## Introduction

In this study an indigenous drug Parsikyawani a known central nervous depressant drug, has been used as premedicant to study the changes in the blood sugar level and is compared with Inj. Atropine sulphate, a commonly used premedicant drug in anaesthesia practice in two groups of patients undergoing a minor surgical operation, i.e., dilatation of cervix and uterine curettage.

## Material and Method

No. of patients - Total 30 into 2 groups.

Group I - 15 patients - control

Group II - 15 patients - trial

Trial drug - Parsikyawani Ghansatwa

Control - Inj. Atropine Sulphate

## Premedication

Group I - Atropine sulphate 6 mg I.M. 60 min. before induction.

Group II - Parsikyawani Ghansatwa 100 mg orally with a ounce of water 90 min. before induction of anaesthesia.

Anaesthesia - G.A. pre O<sub>2</sub> + N<sub>2</sub>O + Ether with Magill's circuit

Operation - D. & C.

To evaluate the effect of Parsikyawani on sugar level, blood sugar estimation was done before and after 90 min after premedications and in the immediate postoperative period after recovery from anaesthesia.

## Observation and Results

In this study age and wt. of patients were kept identical. The blood sugar level was studied at different level and was compared statistically as the following tables represent.

## Blood Sugar Level

Table 1. Showing mean fasting blood sugar (in mg percent) before and 90 minutes after premedication in both the groups.

Group	Before Premedication		90 minutes after premedication	
I	76.13	± 10.87	74.84	± 7.46
II	72.7	± 5.52	75.6	± 6.41



**Table 1a. Showing statistical comparison of mean fasting blood sugar (in mg percent) before and 90 minutes after premedication between the group I and II.**

Mean compared	't' value	'p' value	Remarks
Before premedication (I vs II)	1.09	>0.05	N.S.
90 minutes after premedication (I vs II)	0.44	>0.05	N.S.

**Table 1b. Showing statistical comparison of mean blood sugar (in mg. percent) before and 90 minutes after premedication with in the groups.**

Group	Mean value	't' value	'p' value	Remarks
I	1.29 ± 3.84	< 1	> 0.05	N.S.
II	2.9 ± 1.69	< 1	> 0.05	N.S.

The difference between group I and II before and 90 minutes after premedication mean fasting blood sugar level were statistically found to be not significant (>0.05).

#### Mean Blood Sugar Level

**Table 2. Showing Mean Blood Sugar Level (in mg. percent) before induction of anaesthesia and after recovery in both the groups.**

Group	Before induction	After recovery
I	74.84 ± 7.57	90.8 ± 8.73
II	75.6 ± 7.34	94.1 ± 8.91

**Table 2a. Showing statistical comparison of Mean Blood Sugar Level (in mg. per cent) before induction of anaesthesia and after recovery between the group I and group II.**

Mean compared	't' value	'p' value	Remarks
Before induction (I vs II)	0.74	>0.05	N.S.
After recovery (I vs II)	1.83	>0.05	N.S.

**Table 2b. Showing statistical comparison of Mean Blood Sugar Level (in mg. per cent) before induction of anaesthesia and after recovery within both the groups.**

Group	Mean value	't' value	'p' value	Remarks
I	15.96 ± 6.91	5.60	> 0.001	H.S.
II	18.46 ± 7.53	9.38	> 0.001	H.S.

The difference between the blood sugar level before induction and in recovery period in group I were statistically highly significant. In the same way the difference between before induction of anaesthesia and in recovery period the mean blood sugar



level in group II was also highly significant with in the group comparison. (Table 2b).

On statistical comparison between the groups I and II the pre-induction readings and the post operative recovery readings of the blood sugar level were not significant as shown in table 2a.

### Conclusion

On the basis of observation it is concluded that Parsikyawani does not influence the carbohydrate metabolism and can be used safely in diabetic patients.

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# Concept of Herbal Drugs and its Role in Psychotherapy

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The concept of herbal drugs is important in our life process which holds the key position in health and disease. Herbal drugs as described in Ayurveda, are the main ingredients of Ayurvedic medicines. These are grown wild and also cultivated. The life of Ayurveda depends on the existence of plants and is lost in their destruction.

Man, being the most intricate and complicated creation of nature always uses time tested drugs for its remedy W.H.O. estimates that about 80% of the global population relies on plant based medicines for their primary health needs. There are an estimated amount of more than 2,50,000 species of plants exist world wide. Over 30,000 species of medicinal plants are reported to be used globally and across culture. The Botanical Survey of India have been studying and documenting the plants of the country as follows :

## **Total Plant Species**

Total Estimated : 45,000; Flowering plants : 15,000; Algal : 5,000; Fungi : 20,000; Lichens : 1,600; Bryophyte : 2,700; Pteridophyta : 600.

Presently, the human population is victimised with physical and mental sufferings irrespective of caste and creed round the globe. Affinity of mental unhealthiness is seemingly high in developed countries rather than developing countries like ours. Stress and strain are the common accompaniment, the man has to live with. The mental hazards are very descriptively described in Ayurvedic literatures with due importance since it interfere the physical condition and vice-versa.

The most complete definition of health was described by Ayurveda for the first time. Defining the criteria of health, harmony of mental condition is said to be prime essential in health science including the total biological equilibrium (Doshas, Agnis, Dhatus and Malas) the state of sensorial, mental emotional and spiritual wellbeing.

The mind in normal state is suppose to carry out three functions like :

1. **Cognition** : Reception of environmental stimuli,
2. **Affect** : Analysing the information received and formation of a reaction pattern and
3. **Connation** : the actual behavioural response. Any short of interruption in its function may lead to disturbing the initial hygiene of mental concept warranting for treatment.

The three classical therapeutic streams include : (1) Daivya Vyapasraya Chikitsa (Divine therapy), (2) Yukti Vyapa Sraya Chikitsa (Rational therapy) and (3) Sattvavajaya (Psychotherapy). 'Psychotherapy' is the therapy in psychiatry (means 'Psyche' or 'mind') which is to induce an improved mental state in mentally disturbed



patients in the form of counseling, support (especially religious) ab-reaction analysis, suggestions or combination of these. It is surprisingly documented how to take care of the mental hygiene through spiritual conducts and certain herbal drugs. Quite a good number of herbal drugs has been used in psychiatry practice.

#### 1. SARPAGANDHA (*Rauwolfia serpentina*)

The root of the plant contains about 20 alkaloids. Out of which 'reserpene' was beneficial to millions of schizophrenic patients all over Europe and U.S.A. The tranquillizing effect of reserpene surpassed all the previous mode of treatment of schizophrenia, and was in common demand in case of large scale mental tensions. Further its sedative action is also powerful. The reason for its popularity is that reserpene is not a narcotic drug and is not habit forming in nature.

#### 2. JATAMANSI (*Nardostachys jatamansi*)

The alkaloidal fraction isolated from the rhizome has been found to be hypotensive and muscle relaxant and has a marked depressant effect on tissue respiration in brain, liver and heart. 'Jatamansone' and the jatamansi essential oil have anticonvulsant properties. Thus the drug possess an appreciable extent antiepileptic action. "Jatamansone" also has tranquilizing activity. The essential oil showed prolonged hypotensive effect in dogs. The extracts of Jatamansi root showed both sedative and hypotensive principles that are present in these extracts and the ethylalcohol extract has maximum activity.

#### 3. MANDUKAPARNI (*Centella asiatica*)

Since the drug has been specially mentioned for its intelligence promoting property in the ancient texts like Charaka Samhita, Studies on mandukaparni had also shown a beneficial effect in retardates while this study had shown nil effect in normals. Thus the drug is suggested to improve the mental ability in mental retardates.

#### 4. SHANKHAPUSPI (*Convolvulus pluricaulis*)

The drug was used as medhya for increasing intelligence. Its all round improving effect in mental faculties have been confirmed by various clinical trials undertaken in different research centres of the country. The active principle present is 'shankapuspine'. The experimental study also showed hypotensive effect. The leaves and flowers having maximum active principle showed maximum hypotensive than other parts (stems, roots etc.). Thus it acts as anti convulsive.

#### 5. BRAHMI (*Bacopa monnieri*)

The plant is used for various nervous disorders such as insanity, epilepsy, hysteria and claimed to be a nervine tonic, C.N.S. depressant. Research on mental diseases proved to be effective in psychosis, schizophrenia, mental depression etc. Its active principle are is Brahmin, herpestine etc. Clinically it is found to reduce the level of anxiety. Hence it has anti-anxiety effect.

Such drugs being the rich source of medicinal value need conservation and vegetation for their valuable curative properties on mental diseases.



# The Herbal Premedicant "Brahmi" and Effect of "Deha Prakriti" in Anaesthesia Practice

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## Introduction

Premedicants are as important for the anaesthesia as the anaesthesia is important for the Surgery. Keeping the increasing scope of indigenous medicines in various field of medicine, BRAHMI (*Bacopa monniera*) has been introduced as safe premedicant (Pande, S.B. 1977; Prasad, Lalita 1978; Pande, D.N. 1988; Pandey, K.K. 1990 and Das, C.K. 1991). As the concept of health and disease is based on the body constitution i.e. PRAKRITI as described by the Ayurveda. The study of indigenous premedicant drug BRAHMI in relation to Dehaprakriti in different phase of anaesthesia was an interesting aspect to observe the behavioural pattern of these cases and the complications occurred in these group. In this study forty five healthy females of young age group, belonging to a particular predominant doshaj group were taken for the study. They were premedicated with inj. Atropine sulphate 0.6 mg i.m. and cap. Brahmi ghanasatva in the dose of 500 mg. orally before 60-90 minutes of operation, having uniform surgical procedure of Bilateral tube ligation on (BLTL). We got the valuable information regarding physiological responses and complications in different dehaprakriti.

## Material and Methods

The forty five patients posted for the elective surgical procedure of bilateral tube ligation (BLTL) were divided into three groups : 'Vatic', 'Paittic' and 'Kaphaj'. After selecting and grouping a thorough physical examination followed by routine laboratory investigations were done to exclude any organic or metabolic diseases. All the patients were premedicated with inj. Atropine 0.6 mg i.m. and Cap. Brahmi ghanasatva 500 mg., 60 to 90 minutes prior to surgery. The haemodynamic status viz pulse rate, blood pressure, respiratory rate and other important psychophysical effects were recorded before premedications, after premedication during intraoperative and post operative period. The patient were preoxygenated for 3 minutes with Boyle's apparatus by Magill's open circuit on spontaneous respiration. They were induced and maintained with oxygen (3 liters), nitrous oxide (5 litres) and the percentage of vapourization concentration of halothane. The haemodynamic changes, the rate of respiration, amount of halothane consumed were studied in each group of patients.

For desirable effects the sedation and dryness of mouth were observed and for undesirable effects apprehension, excitement, dizziness, change in blood pressure,



change in pulse rate, Change in respiratory rate and emetic effects were observed.

For evaluating the effect of drug during the course of subsequent anaesthesia the induction time, total anaesthetic time, type of induction, excitatory phenomenon, respiratory upsets, respiratory depression, blood pressure changes, pulse rate changes, amount of halothane consumed were observed.

For observing the recovery period awakens, recovery time, emetic symptoms, blood pressure and pulse rate were observed.

### Observation

Observation were done on following criteria

#### 1. Pulse rate

Before premedication : The mean P.R./min of Vatic, Paittic and Kaphaj patient was 82.82, 78.90 and 81.34 respectively.

After premedication : The mean P.R./min of Vatic, Paittic and Kaphaj patient was 100.13, 101.18 and 96.00 respectively.

During Intra operative period : The mean P.R./min of Vatic, Paittic and Kaphaj patient was 107.60, 106.60 and 100.13 respectively.

After recovery : The mean P.R./min of Vatic, Paittic and Kaphaj patient was 98.67, 97.33 and 93.13 respectively.

#### 2. Blood Pressure

Before Premedication : The mean B.P. in mm of Hg. of Vatic, Paittic and Kaphaj patients was 90.486, 93.952 and 93.552 respectively.

After premedication : The mean B.P. in mm of Hg. of Vatic, paittic and Kaphaj patients was 95.020, 95.241 and 96.974 respectively.

During Intraoperative Period : The mean B.P. in mm of Hg. of Vatic, Paittic and Kaphaj patients was 94.686, 90.441 and 87.819 respectively.

After Recovery : The mean B.P. in mm of Hg. of Vatic, Paittic and Kaphaj patients was 95.196, 92.353 and 90.752 respectively.

	Pre operative			After premedication			Intra operative			After recovery		
	Vatic	Paittic	Kaphaj	Vatic	Paittic	Kaphaj	Vatic	Paittic	Kaphaj	Vatic	Paittic	Kaphaj
Mean Pulse Rate (/min)	82.83	78.90	81.34	100.13	101.18	96.00	107.60	106.60	100.13	98.67	97.33	94.13
Mean Blood Pressure (mmHg)	90.486	93.952	93.552	95.020	95.241	96.974	94.686	96.441	87.819	95.196	92.353	90.752
Mean Respiratory Rate (/min)	20.00	19.60	20.60	18.66	20.67	22.40	33.20	42.26	34.73	24.93	27.33	26.40

#### 3. Respiratory Rate

Before pre-medication : The mean R.R./min. of Vatic, Paitic and Kaphaj patients was 20.00, 10.60 and 20.60 respectively.

After pre-medication : The mean R.R./min of Vatic, Paittic and Kaphaj patients was 18.66, 20.67 and 22.40 respectively.



During Intra-operative period : The mean R.R./min of Vatic, Paittic and Kaphaj patients was 33.20, 42.26 and 34.73 respectively.

After recovery : The mean R.R./min of Vatic, paittic and Kaphaj patients was 24.93, 27.33 and 26.40 respectively.

#### 4. Study on desired effects after premedication

The sedation and dryness of mouth are the desired effects after premedication. The sedation was noted as 53.33%, 73.33% and 93.33% and dryness of mouth was noted as 100%, 100% and 80% in the Vatic, Paittic and Kaphaj patients respectively (Fig. 1).

#### 5. Study on Undesired effects after premedication

The undesired effects like Apprehension, Excitement, Dizziness, Nausea, Vomiting, Excitatory phenomenon and Respiratory upsets were studied after premedication and during intraoperative period.

Apprehension was noted absent as 93.33%, 73.33% and 93.33%; Excitement was noted absent as 86.67%, 100% and 93.3%; Dizziness was noted absent as 93.33%, 100% and 100%; Nausea and vomiting was noted absent as 100%, 100% and 100% in Vatic, Paittic and Kaphaj patients respectively (Fig. 2).

During intra operative period excitatory phenomenon was studied as tremor and involuntary muscle activity which were found absent 100% among all the three groups except involuntary muscle activity which was found present 13.33% in Paitic group. The respiratory upsets were studied as Hiccuph, Cough, Laryngospasm and Respiratory depression. Hiccuph was noted absent 100% among all the three groups, cough was noted absent 100% in Vatic, 93.33% are both Paittic and kaphaj patient. Laryngospasm was noted absent 100% in Vatic and 93.33% in both paitic and kaphaj patients. Respiratory depression was noted absent 100% in both Vatic and Kaphaj patients and 93.33% in Paittic patients (Fig. 3).

#### 6. Induction time and type

The induction time taken by Vatic, Paittic and Kaphaj was 4.33, 3.80 and 2.86 min respectively. The induction type was noted smooth as 93.33% in Vatic and 100% in both Paittic and Kaphaj patients (Fig. 4).

#### 7. Total anaesthetic time

Total time for Vatic, Paittic, and Kaphaj patients was 32.86, 30.13 and 31.06 minutes respectively.

#### 8. Amount of Halothane consumed

The amount of halothane consumed for Vatic, Paittic, Kaphaj patients was 13.466, 16.466 and 14.067 ml respectively (Fig. 5).

#### 9. Recovery Time

The time of recovery taken by the Vatic, Paittic, Kaphaj patients was 4.40, 5.40 and 4.13 minutes respectively (Fig. 6).

### Discussion and Result

#### 1. Haemodynamic Responses

(a) **Mean Pulse Rate** : The mean pulse rate was raised after premedication, during operative period and after recovery which was due to the inj. Atropine sulphate which is a parasympatholytic anticholinergic drug.



**COMPARISON OF DESIRED EFFECT AFTER PRE-MEDICATION (as found present)**

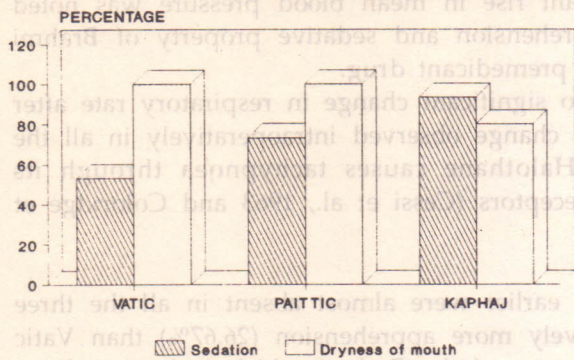


Fig. 1

**COMPARISON OF UNDESIRABLE EFFECT AFTER PRE-MEDICATION (as found absent)**

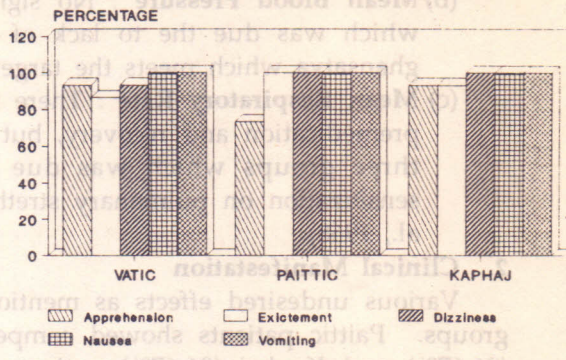


Fig. 2

**COMPARISON OF UNDESIRABLE EFFECT DURING INTRA-OPERATIVE STATE (as found absent)**

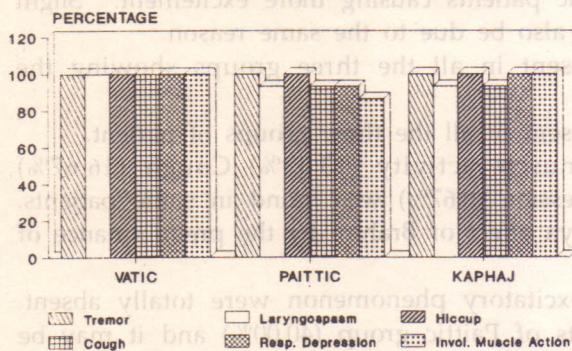


Fig. 3

**COMPARISON OF INDUCTION TIME AMONG THE THREE GROUPS**

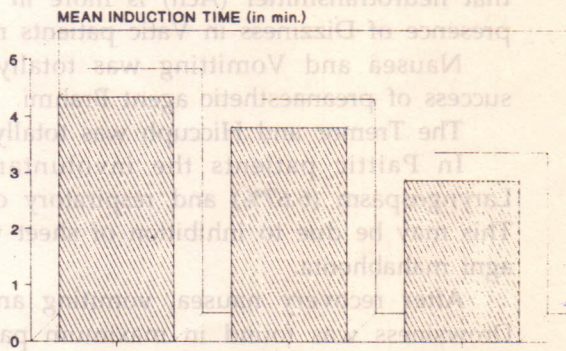


Fig. 4

**AMOUNT OF HALOTHANE CONSUMED AMONG THE THREE GROUPS**

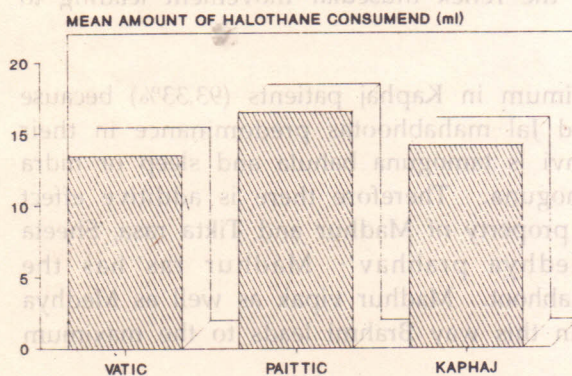


Fig. 5

**COMPARISON OF RECOVERY TIME AMONG THE THREE GROUPS**

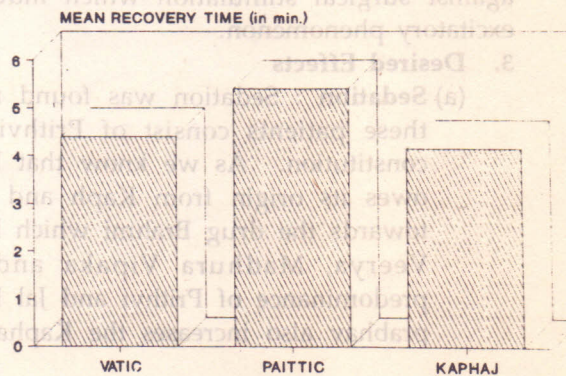


Fig. 6



The tachycardia was maximum in Paittic patients due to the property of fickleness of the Pitta (Ch. Vi 8-108).

- (b) **Mean Blood Pressure** : No significant rise in mean blood pressure was noted which was due to the lack of apprehension and sedative property of Brahmi ghansatva which meets the target of premedicant drug.
- (c) **Mean Respiratory Rate** : There is no significant change in respiratory rate after premedication and recovery, but the change observed intraoperatively in all the three groups which was due to Halothane causes tachypnoea through its sensitization on pulmonary stretch receptors (Cessi et al., 1963 and Coloridge et al., 1968).

## 2. Clinical Manifestation

Various undesired effects as mentioned earlier were almost absent in all the three groups. Paittic patients showed comparatively more apprehension (26.67%) than Vatic (06.67%) and Kaphaj (06.67%) patients, because of the Brahmi which is having Sheet Veerya. Sheet Veerya is contrast to the agneya guna of Paittic patients. So the Agyeya guna resists the sheet guna resulting in the lesser effect of Brahmi as premedicant drug.

As the Excitement was noted in Vatic patients (13.33%), perhaps due to the fact that neurotransmitter (Ach) is more in Vatic patients causing more excitement. Slight presence of Dizziness in Vatic patients may also be due to the same reason.

Nausea and Vomiting was totally absent in all the three groups showing the success of preanaesthetic agent Brahmi.

The Tremor and Hiccups was totally absent in all the three groups of patient.

In Paittic patients the involuntary muscle activity (13.33%) Cough (16.67%) Laryngospasm (6.67%) and respiratory depression (6.67%) was found in some patients. This may be due to inhibition of sheet veerya effect of Brahmi by the predominance of agni mahabhoota.

After recovery nausea, vomiting and excitatory phenomenon were totally absent. Drowsiness was found in maximum patients of Paittic group (40.00%) and it may be due to the fact that paittic patients had consumed considerably greater amount of halothane, extending the drowsiness after recovery.

In Kaphaj patients nausea (13.33%) and excitatory phenomenon (13.33%) were observed in some patients which may be due to comparatively less consumption of halothane leading the patient to come into light plane of anaesthesia so he responded against surgical stimulation which induces the reflex muscular movement leading to excitatory phenomenon.

## 3. Desired Effects

- (a) **Sedation** : Sedation was found maximum in Kaphaj patients (93.33%) because these patients consist of Prithvi and Jal mahabhootas predominance in their constitution. As we know that Prithvi is tamoguna bahula and sleep or nidra owes its origin from Kaph and tamoguna. Therefore there is additive effect towards the drug Brahmi which has property of Madhur and Tikta rasa, Sheeta Veerya, Madhura Vipaka and Medhya prabhav. Madhur ras has the predominance of Prithvi and Jal Mahabhoot. Madhur vipak as well as Medhya prabhav also increases the Kapha. In this way Brahmi leads to the maximum



effect in Kaphaj patients in comparison to Vatic and Pittic patients.

(b) **Dryness of Mouth** : The absence of the effect in some of the Kaphaj patient (20.00%) is because of their constitution which consist predominance of Jal matabhoot which reduces the dryness of mouth.

#### 4. Induction Response

The Vatic patients took largest induction time (4.33 minutes) while Kaphaj patients took the minimum induction time (2.86 min). This was contrary to the usual clinical impression that bulkier patients are more resistant to anaesthesia than lean and thin ones. This may be inferred that induction time was minimum in the case of Kaphaj patients as they were in more sedative state in comparison to Vatic patients which leads increase in induction time in Vatic patients.

Few of the Vatic patients (6.67%) possessed complicated induction because of the fact that they were the patients with maximum effect of apprehension and excitement due to Vatic property. Which in turn made complicated induction.

#### 5. Effect on the consumption of Halothane

The amount of halothane consumed was maximum in Pittic patients (16.466 ml. for 30.13 min anaesthetic time) which is because of the pre-dominance of Agni mahabhoot in their constitution. As we know that the Brahmi and halothane which were used as preanaesthetic and anaesthetic agents respectively having the sheet Veerya which resists the Agni mahabhoot's predominance in Pittic patients leading to increase of halothane consumption. Similarly sheet veerya effect of these agents showed additive effect in Kaphaj patients due to their pre-dominant Jal Mahabhoot. Which ultimately decreases the consumption of halothane (14.067 ml for 31.06 min anaesthetic period).

#### 6. Effect on Recovery time

This was observed that pittic patients showed maximum recovery time (5.40 min) because of the maximum consumption of the halothane by them.

#### Conclusion

- Brahmi is proved as good pre-anaesthetic agent and free from Toxicity.
- As for as this effect in relation to deha prakriti is concerned it is concluded that Brahmi's maximum influence is seen on the Kaphaj patients as they show the maximum sedative effect, took minimum induction time, inhaled minimum halothane amount, took minimum time in recovery by showing maximum desired effects and absence of almost all sorts of undesired effects.
- The effect of Brahmi is seen minimum on the Pittic patients due to their psychosomatic body constitution i.e. they have predominance of Agni in their constitution.
- The Vatic patients showed moderately positive effect of Brahmi.

Therefore, although the effect of Brahmi is well established as an ideal preanaesthetic agent in this study for the Kaphaj patients in a considerable amount and in the Vatic patients in a moderate amount while it's least effect seen in Pittic patients to whom it was needed to give the relatively higher dose of the drug Brahmi.



## Status of Sangyahan in Sushruta's Period

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Indian surgery, which forms one of the eight specialities of Ayurveda, was known as Shalya-tantra in ancient text. The field of surgical science Shalya-tantra embraces all such source of knowledge which aim at the removal of factors responsible for producing sensation of pain or misery from body or mind. Ayurveda in general and Shalya-tantra in particular in ancient time had reached the Zenith of its achievement. Some of the brilliant ideas of 20th century which have been proved scientifically during recent past had its original seedlings in the form of descriptions in the ancient surgical text of Sushruta Samhita. The Shalya-tantra was considered as the first and most important branch among all the eight branches of Ayurveda, even at the time of Sushruta, as evident from the references :

1. Sushruta Sutrasthan Chap. 1/15

एतद्धि अङ्गं प्रथमम्, प्रागभिघातव्रणसंरोहात् यज्ञः शिरः संधानाच्च ।

2. Sushruta Sutrasthan Chap. 1/16

आशुक्रियाकरणात्, यन्त्रशस्त्रक्षाराग्निप्रणिधानात्, सर्वतन्त्रसामान्याच्च ।

It is at the birth of all beings including the human beings that the surgical procedure is involved in ligating and dividing the umbilical cord. But upto the time of Sushruta there was no systematic record of these surgical procedures. Sushruta had done several surgical procedures and described many of them in Sushruta Samhita such as Laprotomy, Rhinoplasty, Removal of bladder stones, Haemorrhoidectomy and obstructed foetus, that's why he is called as the father of surgery. It is the established fact that surgery was in the peak of its glory during the period of Sushruta i.e., in 600 B.C. approximately. Even anaesthetics in some form or other were not unknown. Sushruta has advised to give Wine (Madya) preoperatively to get relief from pain during surgery.

Sushruta Samhita Sutrasthan Chap. 17

प्राक् शस्त्रकर्मणश्चेष्टं भोजयेदातुर भिषक् ।

मद्यपं पाययेन्मद्यं तीक्ष्णं यो वेदनाऽसहः ॥

(16)

न मूर्च्छत्यन्न संयोगान्ततः शस्त्रं न बुध्यते ।

तस्मादवश्यं भोक्तव्यं रोगेषूक्तेषु कर्मणि ॥

(17)

प्राणो ह्याभ्यान्तरो नृणां बाह्यप्राणगुणान्वितः ।

धारयत्यविरोधेन शरीरं पाञ्चभौतिकम् ॥

(18)



Following diseases are exception for taking meal before surgery.

मूढगर्भोदराशोऽश्मरीभगन्दर मुखरोगेष्वभुक्तवतः कर्मकुर्वीत ।

*Sushruta Sutra. 5/15*

Sushruta has described three stages of Mada.

त्र्यवस्थश्च मदोज्ञेयः पूर्वोमध्योऽथ पश्चिमः ।  
पूर्वेवीर्यरति प्रीति हर्षभाष्यादिवर्द्धनम् ॥ (11)

प्रलापो मध्यमे मोहो युक्तायुक्तक्रियास्तथा ।  
विसंज्ञः पश्चिमेशेते नष्टकर्मक्रियागुणः ॥ (12)

*Sushruta Samhita Uttartantra Chap. 47*

Sushruta has also described the effect of Madya on Doshic Prakriti of the patient.

चिरेण श्लैष्मिके पुंसि पानतो जायते मदः ।  
अचिराद्वातिके दृष्टः पैत्तिके शीघ्रमेव तु ॥

*Su. Sanh. Sutra. Chap. 45/206*

While understanding the detail of the mechanism of action of Madya it is important to consider here the properties of Madya, visha and oja.

#### Properties of Madya

मद्यमुष्णं तथा तीक्ष्णं सूक्ष्मं विशदमेव च ।  
रूक्षमाशुकरञ्चैव व्यवायि च विकासी च ॥

*Sushruta Samhita Utt. 47/3*

लघूष्णतीक्ष्णसूक्ष्माम्लव्यवाय्याशुगमेव च ।  
रूक्षं विकासि विशदं मद्यं दशगुणं स्मृतम् ॥

*Charak Chikitsa 24/30*

#### Properties of Visha

लघु रूक्षमाशु विशदं व्यवायि तीक्ष्णं विकासि सूक्ष्मं च ।  
उष्णमनिर्देश्यरसं दशगुणमुक्तं विषं तज्जैः ॥

*Charak Chikitsa 23/24*

रूक्षमुष्णं तथा तीक्ष्णं सूक्ष्माशु व्यवायि च ।  
विकाशि विशदञ्चैव लघ्वपाकि च तत्स्मृतम् ॥

*Sushruta Samhita*

#### Properties of Oja

रसादिशुक्रान्तानां धातुनां यत्परं ।  
तेजस्तत्खल्वोजस्तदेव बलमित्युच्यते ॥

*Sushruta Samhita*

गुरुशीतं मृदुश्लक्ष्णं बहलं मधुरं स्थिरम् ।  
प्रसन्नं पिच्छिलं स्निग्धमोजो दशगुणस्मृतम् ॥

*Charak Chikitsa 24/31*



Mechanism of Action of Madhya

मद्यं हृदयमाविश्य स्वगुणैरोजसो गुणान् ।  
दशभिर्दश संक्षोभ्य चेतो नयति विक्रियाम् ॥

Charak Chikitsa 24/29

Though there is no specific mention of the terminology of 'Anaesthesia' in Ayurvedic texts but these historical factual incidences however prove that the technique in some form or other was prevalent even at those times. And so in anaesthesia too, Sushruta may be called a pioneer.



## Role of Brahmi (*Bacopa Monniera*) in Ether Anaesthesia

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Continued from previous issue

**Table 5b. Statistical comparison of temperature between the three groups.**

Groups	Temperature before pm			Temperature after pm		
	't' value	'P' value	Remarks	't' value	'P' value	Remarks
V vs P	0.185	>0.05	N.S.	0.246	>0.05	N.S.
P vs K	0.199	>0.05	N.S.	0.262	>0.05	N.S.
K vs V	0.388	>0.05	N.S.	0.532	>0.05	N.S.

### Blood pressure changes intraoperatively (IOP)

**Table 6a. Statistical evaluation of MBP before premedication and during intraoperative period of all the three groups.**

Groups	MBP before pm (in mmHg)		MBP IOP (in mmHg)		Comparison with in the groups			
	Mean	SD	Mean	SD	Groups	't' value	'P' value	Remarks
Vatic	88.02	6.51	95.09	1.67	V vs V	2.912	<0.05	S.
Pattic	89.00	5.54	99.23	5.32	P vs P	2.487	<0.05	S.
Kaphaj	91.90	7.82	104.53	2.94	K vs K	2.593	<0.05	H.S.

**Table 6b. Statistical comparison of MBP between the three groups.**

Groups	MBP before pm			MBP IOP		
	't' value	'P' value	Remarks	't' value	'P' value	Remarks
V vs P	0.19	>0.05	N.S.	1.91	<0.05	S.
P vs K	0.71	>0.05	N.S.	2.38	<0.05	S.
K vs V	1.12	>0.05	N.S.	5.29	<0.05	H.S.



**Pulse rate changes intraoperatively**

**Table 7a. Statistical evaluation of mean pulse rate before premedication and during intraoperative period of all the three groups.**

Groups	MPR before pm (in per min)		MPR IOP (in per min)		Comparison with in the groups			
	Mean	SD	Mean	SD	Groups	't' value	'P' value	Remarks
Vatic	84.41	3.62	112.67	10.18	V vs V	10.588	<0.001	H.S.
Pattic	85.72	8.13	110.55	10.72	P vs P	8.009	<0.001	H.S.
Kaphaj	86.13	8.07	104.59	2.96	K vs K	7.736	<0.001	H.S.

**Table 7b. Statistical comparison of MPR between the three groups.**

Groups	MPR before pm			MPR IOP		
	't' value	'P' value	Remarks	value	'P' value	Remarks
V vs P	0.56	>0.05	N.S.	0.37	>0.05	N.S.
P vs K	0.12	>0.05	N.S.	1.79	>0.05	N.S.
K vs V	0.63	>0.05	N.S.	1.87	>0.05	N.S.

**Respiratory rate changes during operation**

**Table 8a. Statistical evaluation of mean respiratory rate before premedication and during intra operative period of all the three groups.**

Groups	MRR before pm (in per min)		MRR IOP (in per min)		Comparison with in the groups			
	Mean	SD	Mean	SD	Groups	't' value	'P' value	Remarks
Vatic	19.45	1.14	43.15	6.81	V vs V	5.572	<0.001	H.S.
Pattic	19.23	1.23	38.92	4.13	P vs P	7.190	<0.001	H.S.
Kaphaj	19.08	1.26	35.46	3.66	K vs K	8.200	<0.001	H.S.

**Table 8b. Statistical comparison of MRR between the three groups.**

Groups	MRR before pm			MRR IOP		
	't' value	'P' value	Remarks	't' value	'P' value	Remarks
V vs P	0.723	>0.05	N.S.	1.780	>0.05	N.S.
P vs K	0.132	>0.05	N.S.	1.725	>0.05	N.S.
K vs V	0.206	>0.05	N.S.	3.305	>0.05	S.



**Desired and undesired effects**

**Table 9. Statistical evaluation of desired effects after premedication of all the three groups.**

Groups	Sedation (%)		Dryness of mouth (%)	
	Absent	Present	Absent	Present
Vatic	12.33	87.67	Nil	100.00
Paittic	7.67	92.33	Nil	100.00
Kaphaj	3.33	96.67	Nil	100.00

**Table 10. Statistical evaluation of undesired effects after premedication of all the three groups.**

Groups	Apprehension (%)		Excitement (%)		Dizziness (%)		Nausea (%)		Vomiting (%)	
	Absent	Present	Absent	Present	Absent	Present	Absent	Present	Absent	Present
	Vatic	90.67	9.33	97.33	2.67	100.00	-	100.00	-	100.00
Paittic	92.33	7.67	100.00	0.00	100.00	-	100.00	-	100.00	-
Kaphaj	97.33	2.67	100.00	0.00	100.00	-	100.00	-	100.00	-

**Table 11. Statistical evaluation of undesired effects during intraoperative period of all the three groups.**

Groups	Excitatory Phenomenon (%)				Respiratory upset (%)				Respiratory (%)			
	Tremor		I.M. Act		Hiccup		Cough		L. spasm		Depress	
	Ab	Pr	Ab	Pr	Ab	Pr	Ab	Pr	Ab	Pr	Ab	Pr
Vatic	100.00	-	97.33	2.67	100.00	-	100.00	-	100.00	-	100.00	-
Paittic	100.00	-	100.0	-	100.00	-	100.00	-	100.00	-	100.00	-
Kaphaj	100.00	-	100.0	-	100.00	-	100.00	-	100.00	-	100.00	-

**Induction Time**

**Table 12. Statistical evaluation of mean induction time of all the three groups.**

Groups	Induction time (in min)		Comparison between the groups			
	Mean	SD	Groups	't' value	'P' value	Remarks
Vatic	5.19	2.58	V vs P	2.19	<0.05	N.S.
Paattic	6.78	1.39	P vs K	1.73	<0.05	N.S.
Kaphaj	8.05	1.67	K vs P	3.30	<0.001	H.S.



**Table 13. Statistical evaluation of type of induction of all the three groups.**

Groups	Smooth (%)	Complicated (%)
Vatic	94.67	5.33
Pattic	100.00	0.00
Kaphaj	100.00	0.00

**Anaesthetic Time**

**Table 14. Statistical evaluation of mean total anaesthetic time of all the three groups.**

Groups	Total anaesthetic mean time		Comparison between the groups			
	Mean	SD	Groups	't' value	'P' value	Remarks
Vatic	22.19	5.05	V vs P	0.36	>0.05	N.S.
Pattic	23.28	5.32	P vs K	0.68	>0.05	N.S.
Kaphaj	21.75	7.23	K vs V	0.09	>0.05	N.S.

**Ether consumption**

**Table 15. Statistical evaluation of mean amount of ether consumed of all the three groups.**

Groups	Amount of ether consumed (in ml)		Comparison between the groups			
	Mean	SD	Groups	't' value	'P' value	Remarks
Vatic	77.52	12.58	V vs P	2.25	<0.05	S.
Pattic	65.09	10.23	P vs K	1.19	>0.05	N.S.
Kaphaj	57.19	10.78	K vs V	3.58	<0.001	H.S.

**Recovery Response**

**Table 16. Statistical evaluation of mean recovery time of all the three groups.**

Groups	Recovery time (in min)		Comparison between the groups			
	Mean	SD	Groups	't' value	'P' value	Remarks
Vatic	13.19	3.19	V vs P	1.89	>0.05	N.S.
Pattic	10.13	2.60	P vs K	1.14	>0.05	N.S.
Kaphaj	8.15	4.17	K vs V	2.49	<0.05	S.



**Table 17. Statistical evaluation of undesired effects after recovery of all the three groups.**

Groups	Nausea (in %)		Vomiting (in %)		Drowsiness (in %)		Excit. Phen. (in %)	
	Absent	Present	Absent	Present	Absent	Present	Absent	Present
Vatic	72.00	28.00	84.00	16.00	96.00	4.00	100.00	Nil
Paittic	100.00	-	90.00	10.00	92.00	8.00	100.00	Nil
Kaphaj	84.00	16.00	92.00	8.00	88.00	12.00	100.00	Nil

**Effect on blood sugar level**

**Table 18a. Statistical evaluation of fasting blood sugar (FBS) before premedication and after recovery of all the three groups.**

Groups	FBS before pm (in mg)		FBS after recovery (in mg)		Comparison with in the groups			
	Mean	SD	Mean	SD	Groups	't' value	'P' value	Remarks
Vatic	73.32	10.28	83.07	13.42	V vs V	1.414	>0.05	N.S.
Pattic	75.12	12.55	82.58	14.43	P vs P	1.291	>0.05	N.S.
Kaphaj	77.46	10.83	78.84	9.53	K vs K	1.520	>0.05	N.S.

**Table 18b. Statistical comparison of fasting blood sugar between the three groups.**

Groups	FBS before pm			FBS after recovery		
	't' value	'P' value	Remarks	't' value	'P' value	Remarks
V vs P	0.34	>0.05	N.S.	0.25	>0.05	N.S.
P vs K	0.47	>0.05	N.S.	0.69	>0.05	N.S.
K vs V	0.88	>0.05	N.S.	0.83	>0.05	N.S.

**Conclusion**

On the basis of observation and results we conclude that :

1. Brahmi can play an important role in anaesthesia.
2. Brahmi produces quick and smooth induction in all the groups of patients.
3. The Haemodynamic status of vatic, paittic and Kaphaj patients are not greatly altered with the premedication of brahmi ghansatva.
4. Brahmi does not produce any hyper or hypoglycaemic effect.



## NEWS

### Conferences and Seminars

#### INTERNATIONAL

**9-12 September '98** **Edinburgh (U.K.)**

- Annual Scientific Meeting.
- **Contact** : Mrsleslie Ogg, AAGBI, 9 Bedford square, London - WC1B - 3RA.

**17-21 October '98** **Orlando (USA)**

- Annual Meeting of the American Society of Anaesthesiologists
- **Contact** : ASA, 520 N North West Highway, Park Ridge, Illinois - 60068-2473, USA.

**12-16 December '98** **New York (USA)**

- 52nd Postgraduate Assembly in Anaesthesiology.
- **Contact** : Kurt G. Becker, NYSSA, 317 Madison Avenue Suite 703, New York NY 10017, U.S.A.

**19-21 February '99** **Calicut (Kerala)**

- 6th International Conference of Indian Association of Palliative care
- **Contact** : Dr. M.R. Rajagopal, Department of Anaesthesia, Medical College, Calicut - 673008.

#### NATIONAL

**20 August '98** **Varanasi**

- 4 wks. Reorientation training programme for teachers of Shalya-Shalakyia & Sangyahan.
- **Contact** : Department of Shalya-Shalakyia, I.M.S., B.H.U., Varanasi.

**20 August '98**

- 4 wks. Reorientation training programme for teachers of Prasuti Tantra & Bal Roga.
- **Contact** : Department of Prasuti Tantra, I.M.S., B.H.U., Varanasi.

**10-12 October '98** **Udaipur**

- XIIIth National Conference of Research Society of Anaesthesiology & Clinical Pharmacology.
- **Contact** : Prof. (Miss) Pramila Bajaj, Organising Secretary, 25, Polo Ground, Udaipur.

**15-18 November '98** **Patna**

- South East Asian Seminar on Herbs and Herbal Medicine
- **Contact** : Dr. Dineshwar Prasad, Organising Secretary, Bhartiya Chikitsa Aevum Sodh Sansthan, Opposite Moinul Haque Stadium, Rajendra Nagar, Patna - 16 (Bihar).



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