Dr. D. N. Panda -II

SANGYAHARAN SHODH

February 1998 Volume 1, Number 1

सर्वे भवन्तु सुखिनः
AAIM AAIM
भारतीय संज्ञाहरक एसोसियेशन

संज्ञाहरण शोध

This issue also includes
Abstracts and Messages
for
Second National Conference of Bharatiya Sangyaharak Association
Puri (Orissa)

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

Please encourage others to be new members

Bharatiya Sangyaharak Association (A.A.I.M.)

Postal Address

Operation Theatre Block, Indian Medicine, S.S. Hospital, Banaras Hindu University, Varanasi - 221 005.

Announcement

The membership of Association is available to person who are actively engaged in the field of Sangyaharan (Anaesthesia), Pain or Palliation. Membership will entitle members to attend the annual conferences and to receive the official Journal 'Sangyaharan Shodh.' Please fill in enclosed form and send it with crossed cheque or D/D in favour of A.A.I.M., Varanasi.

Hon. Secretary
A.A.I.M.

SANGYAHARAN SHODH

Journal Subscription (For other than members)
Half yearly - Rs. 50.00 per copy
Annual - Rs. 95.00 for two copies
Please send cheque or D/D in favour of Sangyaharan Shodh, A.A.I.M., Varanasi.

Address

Dr. D.N. Pande, Chief Editor, Section of Sangyaharan, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi - 221 005.

Tariff for Advertisement in 'Sangyaharan Shodh'

Full Page	-	Rs.	1000.00	For insertion in one issue
Half Page	-	Rs.	600.00	
Qr. Page	-	Rs.	300.00	
Back Cover	-	Rs.	2000.00	
Inside Cover	-	Rs.	1500.00	
Life member- Advertiser	-	Rs.	10000.00	One time full payment

D/D or Cheque in favour of Chief Editor, Sangyaharan Shodh, A.A.I.M., Varanasi.

Chief Editor
Sangyaharan Shodh

Sangyaharan Shodh is Published bi-annually and is an Official Journal of the Bharatiya Sangyaharak Association (Association of Anaesthetists of Indian Medicine).

Subscription Rates

Hfly	Rs.	50.00
Annual	Rs.	95.00
Life	Rs.	1000.00

Editorial Office

The Chief Editor, Sangyaharan Shodh, Section of Sangyaharan, Operation Theatre (Indian Medicine), S.S. Hospital, Institute of Medical Sciences, Banaras Hindu University, Varanasi - 221 005.

NOTICE

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 'Sangyaharan Shodh'. Kindly cooperate and contribute in publication of Journal which is the mouth piece of our Bharatiya Sangyaharak Association.

OFFICE BEARERS

Patron
Dr. S.B. Pande
Ex-Reader and Incharge
Section of Sangyaharan
I.M.S., B.H.U., Varanasi

President
Dr. M.N. Chaudhary
Ex-Head-Sangyaharan
Tilak Ayurved College
Pune

Vice Presidents
Dr. D.P. Puranik
Head-Sangyaharan
Tilak Ayurved College
Pune

Dr. D.N. Pande
Lecturer & Incharge
Section of Sangyaharan
I.M.S., B.H.U., Varanasi

Secretary
Dr. K.K. Pandey
Lecturer
Deptt. of Prasuti Tantra
I.M.S., B.H.U., Varanasi

Joint Secretaries
Dr. S. Sharma
Consultant Anaesthetists
Varanasi
Dr. S.K. Patvardhan
Sangali
Dr. C.K. Dash
Bhubneshwar

Treasurer
Dr. R. Asthana
Consultant Anaesthetists
Gorakhpur

Members of Executive Body
Dr. Ashok Dixit (Varanasi)
Dr B.C. Senapati (Puri)
Dr. R.N. Mishra (Varanasi)
Dr. P.K. Sharma (Varanasi)
Dr. P.S. Pandey (Varanasi)
Dr. D.A.R. Shakunthala (Sri Lanka)
Dr. C.P. Bhushal (Nepal)
Dr. Akbar Ali (Varanasi)
Dr. S. Bhatta (Karnataka)
Dr. P.R. Mishra (Varanasi)
Dr. S.K. Mishra (Bhadohi)

OFFICE
Section of Sangyaharan, Operation Theatre Block, Indian Medicine, S.S. Hospital,
Banaras Hindu University, Varanasi - 221 005.

Editorial

Objective of Sangyaharan

Since ancient time, to mitigate pain is the basic objective of Sangyaharan (Anaesthesia). The pain of trauma or the pain of any other origin stimulated the physician and surgeons to think over it. Thus this was the 'Pain' which became originator of Sangyaharan (Anaesthesia). In our System of Medicine Vedana means not only 'Sharirik' but it also corresponds to 'Mansik'. Therefore the prospect and object of Sangyaharan is more wide and deeper. Our aim is not only to overcome the pain of surgery but to cure the pain of all types and origin e.g., trauma, stress and uncurable diseases.

Journal of Bharatiya Sangyaharak Association

'Sangyeharan Shodh' is an official Journal of Association and it will be published bi-annually. All the researches in the field of sangyaharan (Anaesthesia), Pain and Palliation, the recent advances in these fields and the activities of the association will be published through this journal for the benefit of Association members, researchers and ultimately for the mankind. ***Bharatiya Sangyaharak Association*** - This association was born with aims to stimulate Ayurvedic intelligentsia to do more work in this field, to provide a platform to the researcher and practitioners of Ayurvedic graduates and postgraduates of this speciality and to draw attention of C.C.I.M., state health authorities and the academician for development of this speciality in Ayurveda.

Sangyaharan In Ayurveda

It is a well known fact that during Sushruta's period surgery was in the peak of its glory. He had successfully performed several operations such as Laprotomy, Rhinoplasty, Haemarrhoidectomy, removal of bladder stone and obstructed foetus. Thus it is evident that surgery was very much in advanced stage in ancient India. Many references of pain relieving drugs are available in Sushruta Samhita and other Ayurvedic text books. Keeping in view these facts we are sure that there was good knowledge of Sangyaharak dravyas (drugs) in any form, which disappeared due to many reasons. The management of traumatic wounds, fractures and dislocations, reveal many drugs and procedures in this field. Many scattered references of pain relievers are present in different chapters of Sushruta and Charak Samhita e.g. Shool, Shoph and Vat Vyadhi. The researchers of this field are working in this direction to explore safer drugs in this field with integration of western medical knowledge.

The first Edition of Sangyaharan Shodh is available in your hands with some delay. After crossing many obstructions, hurdles and procedures we are able to give you this Journal in the month of February 1998. We have tried to give it a good shape with full of scientific papers and reports but I think the readers of this journal are best Judges. I invite your suggestions and modifications, regarding the Journal. It will make possible to give the Journal more and more informative upto your satisfaction. I also invite your research papers, case reports and news for publication in the journal. Your co-operation in the form of suggestion, criticism and sending papers for publication will be always welcomed.

Jai Hind

D.N. Pande
Chief Editor

SANGYAHARAN SHODH

February 1998 **Volume 1, Number 1**

CONTENTS

Conference Proceedings

First National Conference of Bharatiya Sangyaharak Association (Association of Anaesthetists of Indian Medicine), Banaras Hindu University, Varanasi.

8th March 97 - 9.30 AM

उद्घाटन समारोह मुख्य अतिथि व सम्मानित अतिथि के आसन ग्रहण के साथ प्रारंभ हुआ तथा सभा संचालन एसोशियेशन के सचिव डॉ० के०के० पान्डे ने किया। मुख्य अतिथि प्रो० हरि गौतम, कुलपति काशी हिन्दू विश्वविद्यालय ने महामना पं० मदनमोहन मालवीय जी की प्रतिमा पर माल्यार्पण किया, सम्मानित अतिथि प्रो० श्रीराम शर्मा, अध्यक्ष, केन्द्रीय भारतीय चिकित्सा परिषद, नई दिल्ली, ने भगवान धनवन्तरी की प्रतिमा पर माल्यार्पण किया तथा प्रो० एम०एन० चौधरी, राष्ट्रीय अध्यक्ष, भा० सं० ए० ने डॉ० भा०गो० घाणेकर जी की प्रतिमा पर माल्यार्पण किया । तत्पश्चात् माननीय मुख्य अतिथि, सम्मानित अतिथि, चिकित्सा संस्थान निदेशक, संकाय प्रमुख तथा सभाध्यक्ष ने सामूहिक रूप से दीप प्रज्वलित कर संगोष्ठी का उद्घाटन किया। डॉ० टी०एन० नागराज ने कुलगीत प्रस्तुत कर सभागार को मंत्रमुग्ध कर दिया।

तत्पश्चात् डॉ० डी०ए०आर० शकुन्थला ने मुख्य अतिथि प्रो० हरि गौतम जी का स्वागत माल्यार्पण से किया । डॉ० संजीव ने प्रो० श्रीराम शर्मा का, डॉ० सी०के० दास ने प्रो० वी०पी० सिंह का, डॉ० रत्नेश अस्थाना ने प्रो० जी०पी० दूबे का, डॉ० पी०एस० पाण्डे ने प्रो० एम०एन० चौधरी का, डॉ० सी०पी० भूषाल ने प्रो० के० पाण्डे का तथा डॉ० पी०आर० मिश्रा ने डॉ० एस०बी० पाण्डे जी का माला पहनाकर स्वागत किया ।

संगोष्ठी समिति के अध्यक्ष डॉ० एस०बी० पाण्डे ने अपने स्वागत भाषण में अतिथियों का स्वागत करते हुए कहा कि पहले जब आयुर्वेद में संज्ञाहरण की चर्चा चली तो लोगों के गले से यह बात उतरती नहीं थी, किन्तु प्रो० पी० चन्द्रा साहब, डॉ० के० पाण्डे तथा डॉ० पी०जे० देशपाण्डे ने इस क्षेत्र में सहयोग किया । आयुर्वेद में संज्ञाहरण की विद्या अवश्य थी यह चुनौती हम लोगों ने स्वीकार किया । इस तरह विश्व के लिए कल्याणकारी संज्ञाहरण औषधियों की खोज पैंतीस साल पहले प्रारंभ की गई । आज हम आप सभी का प्रथम सम्मेलन में स्वागत कर रहे है । हमारी संख्या कम है लेकिन १९६२ में I.S.A. को भी यही स्थिति थी । काफी विरोध के बाद उसकी भी प्रथम संगोष्ठी हुई तथा इसमें प्रो० मेकिन्टोस ने कहा था कि हम अपना ऐकेडेमिक ज्ञान बढ़ाकर ही आगे बढ़ सकते हैं । आज हम इस स्थिति में पहुँच चुके हैं तथा ज्ञान में किसी से पीछे नहीं हैं । इस परिषद के लोग वेस्टर्न व इंडियन मेडिसीन के मिश्रण से नई-नई उपलब्धियाँ प्राप्त करेंगे तथा इन्टीग्रेशन बनाए रखेंगे ।

भारतीय संज्ञाहारक एसोशिएशन के अध्यक्ष प्रो० एम०एन० चौधरी ने अपने अध्यक्षीय भाषण में कहा कि काशी प्राचीन काल से विद्या और धर्म की राजधानी रही है तथा चिकित्सा विज्ञान के क्षेत्र में भी दिवोदास धनवन्तरी का प्रादुर्भाव यहीं हुआ था । आज की संगोष्ठी इस माने में भी महत्वपूर्ण है कि - संज्ञाहरण का जन्म व विकास इसी विश्वविद्यालय में हुआ है तथा संज्ञाहरण प्रभाग अपने शोधकार्यों द्वारा सभी भारतीय चिकित्सा पद्धति के चिकित्सा संस्थानों को प्रभावित कर रहा है । मुझे आशा है कि इस परिषद के सभी सदस्य इस दिशा में सार्थक प्रयास करके इसकी गरिमा को बढ़ायेंगे ।

सभाध्यक्ष प्रो० के० पाण्डे ने कहा कि वैद्य को विद्वान होना चाहिए । अन्य शास्त्रों का भी अध्ययन करना चाहिए । अपरिचय ही विरोध का कारण है । जो जानता है वह विरोध नहीं करता है । चरक एवं सुश्रुत संहिता का उदाहरण देते हुए वैद्यों के प्रकार का वर्णन करते हुए छद्यामचर व सिद्धसाधित वैद्य न बनने का निवेदन किया ।

उन्होंने कहा कि संज्ञाहरण शास्त्र में बहुत कुछ सुधार होना चाहिए तथा नवीन शास्त्रों का समावेश होना चाहिए ।

संकाय प्रमुख प्रो० जी०पी० दूबे ने उद्‌गार व्यक्त करते हुए कहा कि पहली बार हिन्दी में सभा संचालन होते देख मुझे गर्व हो रहा है । आज संज्ञाहरण की उपयोगिता क्या होनी चाहिए इस पर विचार किया जाएगा। हमें ऐसी औषधि खोजनी चाहिए जो पश्चिमी जगत की औषधियों से ज्यादा उपयोगी हो । वैसे तो सभी औषधियों का उद्‌भव वेदों से ही हुआ है । आयुर्वेद में क्षेत्र, प्रकृति आदि का विचार किया गया है । इन पर भी संज्ञाहरण में ध्यान देना चाहिए ।

प्रो० वी०पी० सिंह निदेशक चिकित्सा विज्ञान संस्थान ने कहा कि मुझे हर्ष हो रहा कि यह समारोह सर्व प्रथम हमारे विश्वविद्यालय में अपने चि० वि० सं० में सर्वप्रथम हो रहा है । आयुर्वेद को संज्ञाहरण का ज्ञान प्राचीन काल से था । सम्मोहन चूर्ण व संजीवनी आदि औषधियों का उल्लेख प्राचीन ग्रंथों में मिलता है । इस दिशा में हमारे यहाँ काम चल रहा है तथा काफी प्रगति हुई है, यह हर्ष का विषय है । इस मंच के माध्यम से लोग यह जान पाएंगे कि कौन सी दवाईयाँ वेदनाशामक व प्रीमेडिकेन्ट हैं । यह कान्फ्रेंस आगे की गाईडलाइन देगी ।

मुख्य अतिथि प्रो० हरि गौतम जी ने अपने सम्बोधन में कहा - परमश्रद्धेय आदरणीय श्रीराम शर्मा जी, डॉ० चौधरी, प्रो० पाण्डे, प्रो० वी०पी० सिंह, प्रो० दूबे एवं डॉ० पाण्डे, सभाकक्ष में उपस्थित सज्जन व विद्वान, बहन व भाइयों - संज्ञाहरण ऐनस्थीसिया की शल्यक्रिया के लिए ही नहीं जरुरत है बल्कि मनुष्य की पीड़ा दूर करने के लिए भी । पीड़ा - चाकू - प्रहार आदि के अलावा स्ट्रेस व बीमारियों की वजह से भी होती है । सभी बीमारियों का आधार पीड़ा है चाहे दर्द या मानसिक चिन्तन की हो। पीड़ा हरने के लिये संज्ञाहरण की एक विशेषता है तथा जिम्मेदारी है। एनेस्थीसिया सिर्फ मनुष्य को बेहोश कर आपरेशन करने की विद्या है पर संज्ञाहरण शायद पीड़ा हरने की विद्या है तथा इसका क्षेत्र एनेस्थीसिया से विशाल है । हम अपन को इसमें योगदान हेतु तैयार करना है । भा० संज्ञाहरण एसोशियेशन क्या भारतीय चिकित्सा व माडर्न मेडिसिन के इन्टेरेक्शन को शो करता है या यह त्रुटि वश लिखा गया है । मुझे लगता है कि यह माडर्न मेडिसिन एवं आयुर्वेद का संयुक्त प्रयास रिसर्च के क्षेत्र में होगा । माडर्न मेडिसिन व इंडियन मेडिसिन मेरे मन मे गूँजते रहते हैं । इंडियन मेडिसिन में यूनानी, होमियोपैथ, योग आदि सभी हैं । क्या इसका नाम ट्रेडिशनल मेडिसिन अच्छा है या मेरे ख्याल से इसका नाम आवर मेडिसिन होना चाहिए । आयुर्वेद कहीं अधिक माडर्न है। चिन्तन के द्वारा इस विद्या में कुछ उपलब्धियाँ होनी चाहिए जिससे इसका योगदान जाना जाय। ये चुनौती है आज आवर सिस्टेम आफ मेडिसिन के लिए । हम देखे कि हमारे पूर्वजों के पास क्या था जिसे हम नहीं ले सके न ढूढ़ पाये । क्या हम अब उसे नहीं ढूढ़ सकते ? क्या हम आधुनिकता में इतने भूल गये हैं कि अपनी पहचान भूल गये ? ढूढ़ने की बात है कौन उसे ढूढ़ेगा । हममें से सभी को एक आवाहन है कि हम उसे ढूढ़े । वे लोग हमारी चीजें ढूढ़ रहे हैं जो उसे जानते नहीं है तथा हम बेखबर है ? ये बड़ी विडंम्बना है । मेरा निवेदन है कि अगर सब नही तो कुछ नहीं, अगर कुछ नहीं तो कुछ तो है । हममें से कोई तो करे या जो अपने गुणों को पहचान कर विश्व के सामने रख सके । हमने अपने गाँव में अपने लैन्ड फारमर की जांडिस का अचूक इलाज एक पंडित जी द्वारा करते देखा । उन्होंने बाल साफ कराकर एक टिकिया सी चीज लगाई व तीन दिन में आंखे सफेद हो गईं । ये सब कौन ढूढ़ेगा ? हमारा विकास हम पर है । मुझे पूर्ण विश्वास है कि आज का दिन एक पवित्र दिन है तथा आज हम सोचें कि हम अपने चिकित्सा पद्धति के गुण ऊपर लाने का कितना-कितना प्रयत्न करेगें । मुझे पूर्ण विश्वास है कि प्रो० श्रीराम शर्मा जी इस दिशा में सोचेंगे जिससे इसका योगदान अद्‌भूत हो व अपने चिकित्सा विज्ञान की प्रगति हो । काशी हिन्दू विश्वविद्यालय ऐसा अद्‌भुत विश्वविद्यालय है जिसकी चारदीवारी में सब कुछ है । मेडिकल इंस्टीच्यूट में दो पद्धतियां है - आधुनिक एवं भारतीय । आपरेशन थियेटर आफ इंडियन मेडिसिन, जानकर मुझे गर्व होता है । शल्य चिकि० में कुछ ऐसी प्रगति करें कि विश्व को बताया जा सके कि ये अन्वेषण हमारी अपनी पद्धति का है । काशी हिन्दू विश्वविद्यालय महामना ने बनाया सवारा व श्रृंगार किया । ये हमारा कर्तव्य है कि हम उदाहरणीय रूप से कर्तव्य पालन करें । कोई व्यक्ति विशेष नहीं होता है - लोग आते हैं जाते हैं । विशेष है कि हमने क्या किया अपने सिस्टम व संस्था के लिए, देश के लिए । आपको कितना बड़ा योगदान हो

पर कोई उसे न पहचाने, फिर भी मनमें गिरावट न होनी चाहिए । कोई पहचाने न पहचाने उलझन नहीं होनी चाहिए । हो सकता है कि पहले २-४-६ लोगों के योगदान को महत्व न मिले, लेकिन यह सच है कि आगे अवश्य इनका योगदान याद किया जायेगा । हम लोग अपने को भूल गये हैं, अपने आप को जगाने की कोशिश होनी चाहिए, हताश न होना चाहिए । एक शायर ने क्षुब्ध होकर लिखा - उसका दोस्त मिला -

न हाल पूछ मेरे यार मेरे कारोबार का, आइना बेचते है, अंधों के शहर में ।

हर लोग आइना देखने लगे । समय आया कि लोग आइना देखना भूल गये क्योंकि उन्हें उनकी आत्मा दिख गई । कोई भी व्यक्ति महान नहीं है बल्कि संस्था को, संकाय को महान बनना है। कुलगीत में आपने सुना है कि 'प्रगट हुई नित नवीन होकर ये कर्मवीरों की राजधानी ।' महामना के सपनों को हमे साकार करना है ।

प्रो० श्रीराम शर्मा, अध्यक्ष, केन्द्रीय भारतीय चिकित्सा परिषद ने अपने आशीर्वचन में -

गुरु वंदना करते हुए आयोजकों का धन्यवाद किया । उन्होंने कहा - 'आयुर्वेद में आपने जो अभिनव प्रयोग किया उसे मुझे जानने का अवसर मिला । हमारे देश में प्राचीन काल से शल्यकर्म होता रहा है तथा अन्य वैद्यकीय विधायें वेद में हैं । सुश्रुत ने शल्य की प्रधानता कही है । आधुनिक शल्य विज्ञान का ज्ञान सुश्रुत ने इसी काशी में दिया । शल्यकर्म यहां होते रहे हैं तथा होते थे । जब बड़े-बड़े शल्यकर्म होते थे तो कुछ न कुछ तो रहा होगा कि शल्य कर्म सफलता से हो सके । लड़ाइयां होती थी तथा इलाज होता था । अतः संज्ञाहरण जरुर किसी न किसी रूप में था । विदेशियों ने हमारी अनेक विद्या नष्ट कर दी । हो सकता है कि ये भी नष्ट हो गया हो । हमें जहाँ से भी जो ज्ञान प्राप्त है लेना चाहिए । दीपान्तर वचा आयुर्वेद में ग्राह्य है, यह आत्मसात की गई । हमारी संस्कृति की एक विशेष पहचान है कि जो भी यहाँ आ गया उसे हमने अपना बना लिया । हमारा दृष्टिकोण कभी संकुचित नहीं था । जो कुछ भी अच्छा हो उसे कहीं से भी प्राप्त करें । अगर आपका शत्रु हो तो भी उसकी बात सुनें तथा ठीक हो तो अमल करें । बुद्धिमान के लिए सम्पूर्ण जगत गुरु है । ऐसे आचार्यों वाले शास्त्र में स्पष्ट है कि संकुचित विचारधारा को स्थान नहीं है ।

धातु कल्पना, आम कल्पना का हृदय रोगों में उपयोगिता, जेनेटिक्स - मातृज-पितृज भाव - सत्वज-सात्मज भाव, बीज-भाव, बीजभागावयव एवं विकृतियाँ । अनेक सिद्धान्त एवं बाते आयुर्वेद में हैं । चतुर्विध प्रतिभा वाले व्यक्तियों की आवश्यकता है । भारतीय चिकित्सा केन्द्रीय परिषद कोई संकीर्णता नही रखती है, वरन जहां से भी जो समुचित हो, समन्वय करना चाहती है तथा सम्वर्धन करना चाहती है । मालवीय जी कहा करते थे कि जो भी नवीन ज्ञान हो उसे लेकर भारतीयता का जामा पहनावे । पं० सत्यनारायण शास्त्री को स्मरण करते हुए उनके योगदान की चर्चा की । कुलपति जी से स्नातक पाठ्यक्रम शुरु करने का आग्रह किया । वैद्य सब कुछ देता है । जो आरोग्य दे वह क्या नहीं देता ?

तत्पश्चात राष्ट्रीय अध्यक्ष डॉ० चौधरी - ने डॉ० हरि गौतम को स्मृति चिन्ह प्रदान किया । डॉ० चौधरी ने प्रो० श्रीराम शर्मा, डॉ० वी०पी० सिंह, डॉ० जी०पी० दूबे, प्रो० के० पाण्डे को स्मृति चिन्ह प्रदान किया । प्रो० गौतम ने डॉ० एस०बी० पाण्डे जी को स्मृति चिन्ह प्रदान किया ।

प्रो० के० पाण्डे जी ने राष्ट्रीय अध्यक्ष डॉ० चौधरी को स्मृति चिन्ह प्रदान किया । प्रो० श्रीराम शर्मा ने स्मारिका व जर्नल का विमोचन किया । डॉ० भा०गो० घाणेकर जी की शताब्दी समारोह समापन डॉ० ज्योतिर्मित्र जी द्वारा घोषित किया गया । स्मारिका का प्रकाशन व विमोचन प्रो० श्रीराम शर्मा जी ने किया । कुलपति प्रो० हरि गौतम जी ने आचार्य वासुदेव घाणेकर जी को प्रशस्ति पत्र प्रदान किया ।

अश्विनी एवार्ड (५००१ रुपया) डॉ० एस०बी० पाण्डे जी को प्रो० श्रीराम शर्मा जी द्वारा प्रदान किया गया ।

डॉ० एस०बी० पाण्डे जी ने पुरस्कार स्वीकार कर उसे यंग साइन्टीस्ट एवार्ड हेतु प्रदान करने की घोषणा किया ।

डॉ० रत्नेश अस्थाना ने डॉ० एस०बी० पाण्डे जी के सम्मान में प्रशस्ति पत्र पढ़ा ।

डॉ० डी०एन० पाण्डे, संयोजक सचिव ने धन्यवाद ज्ञापन में कुलपति जी, प्रो० श्रीराम शर्मा जी एवं अन्य सभी सहयोगियों का आभार प्रकट किया । डॉ० पान्डे ने कान्फ्रेंस की शुरुआत एवं एसोसिएशन के निर्माण की प्रेरणा एवं सहयोग का वर्णन किया ।

तत्पश्चात सभा समाप्त राष्ट्रगान के साथ हुई तथा जलपान हेतु भारतीय संज्ञाहारक एसोशियेशन के सचिव डॉ० के०के० पान्डेय ने निवेदन किया ।

साइन्टिफिक सेशन प्रथम : पं० सत्य नारायण शास्त्री स्मृति व्याख्यान माला

12.00 - 12.30 p.m.

प्रो० श्रीराम शर्मा द्वारा : भारतीय चिकित्सा पद्धति की औषधियाँ विष द्रव्यों के अवाला सभी निरापद हैं। भारतीय चिकि० के० प० में संज्ञाहरण विषय पर विचार चल रहा है तथा शीघ्र ही इसका स्नात्कोत्तर पाठ्क्रम मान्यता प्राप्त हो जायेगा। सिद्धांततः परिषद मान चुकी है। विकिरण आदि भी सिद्धान्ततः मान्यता प्राप्त हैं । अध्यापक वही है जो खुद जो समझे उसे दूसरों को ठीक-ठीक समझा दे । यदि नहीं समझा पाता तो वह अध्यापक नहीं है । प्रत्यक्ष ज्ञान की उपादेयता है। आयुर्वेद का भविष्य २१वीं सदी में उज्वल है । इसके लिए हमें तैयार रहना है ।

प्रो० एल०एम० सिंह जी ने सभापतित्व किया जिसका आभार प्रो० शर्मा जी ने किया ।

प्रो० एल०एम० सिंह जी ने प्रो० शर्मा से निवेदन किया कि पं० सत्यनारायण शास्त्री के गुणों का वर्णन करते हुए उन्होंने जो सिद्धान्त प्रतिपादित किया उसमें युनिफार्मिटी हो । शल्य, संज्ञाहरण या प्रसूति के विद्वानों के आधुनिक औषधियों के उपयोग हेतु राजाज्ञा प्राप्त करावें । परिषद देश के कानून के अनुसार पाठ्यक्रम बना कर तदनुसार आदेश पारित करावें ।

सम्मानित अतिथि को अध्यक्ष डॉ० चौधरी ने स्मृति चिह्न प्रदान किया ।

12.30 - 2.00 p.m.

Scientific Sesion A की सभाध्यक्षता प्रो० जी०सी० प्रसाद ने किया तथा उपाध्यक्षता डॉ० मंजरी द्विवेदी ने किया। इस सत्र में निम्नलिखित शोध पत्र पढ़े गये -

1. Medical Plants - Prospective Role in Sangyaharan.
   V.K. Arora, K.S. Rao, P.G.I. Chitrakoot.
2. Experimental studies on indigenous analgesic drugs.
   Pande P.S., Pandey K.K., Upadhyay O.P., Pande D.N., I.M.S. B.H.U.
3. Role of Ayurvedic Principles and Medhya Drabya (Brahmi) in palliative care.
   Sharma S., Pande D.N., I.M.S., B.H.U.
4. Evaluation of Jatamansi As Premedicant (A Biochemical study)
   Sharma P.K., Mishra L.D., Pande D.N., I.M.S., B.H.U.
5. Yoganidra and it's potential in the field of Anaesthesia.
   Tripathi J.S., Prof. Singh R.H., I.M.S., B.H.U.
6. Aromatherapy : A Probable for Anasthesia and Pain.
   Shukla S.V., Shukla B.V., F.F.D.C., Kannauj.

3.00 - 3.30 PM

Talk Sponsored by Hoechst.

Speaker : Dr. K.K. Pandey

Chairman : Dr. S.B. Pandey

इस वार्ता में डॉ० पाण्डेय ने प्लाज्मा एक्सपैन्डर की विविध उपयोगिता पर प्रकाश डाला ।

Scientific Session 'B' Vedna (Pain)

इस सत्र की अध्यक्षता प्रो० एम०एन० चौधरी तथा उपाध्यक्षता डॉ० एम०एन० साहू ने किया। इस सत्र में निम्नलिखित पत्र पढ़े गये :

1. Management of pain in Fistula in Ano
   P. Hemanthakumar, M. Sahu, I.M.S., B.H.U.
2. Use of Ayurvedic Medicinal Plants For Management of Comfortable Labour.
   Vinaya Kumar, Dwivedi M., Prof. Tewari P.V., Department of Prasuti Tantra, I.M.S., B.H.U.
3. Orofacial pain in the Elderly and it's management
   Patro T.K., Dash C.K., Singh B.P., I.M.S., B.H.U.
4. Concept of Preoperative Madyapan in Ancient literature.
   Mishra S.K., Pande K.K., Pande D.N., I.M.S., B.H.U.
5. Concept of Prakriti and it's relation to sangyaharan.
   Shah G.S., Verma M., Dash C.K., I.M.S., B.H.U.
6. Management of upper respiratory tract obstructions
   Sanjay Kumar, I.M.S., B.H.U.
7. Brahmi as an Indigenous Premedicant
   Bhusal C.P., Mishra L.D., Pande D.N., I.M.S., B.H.U.

9th March 1997

प्रातः 9 am : सभी अतिथि रामेश्वर गोशाला के सभागार में उपस्थित हुए तथा पैलिएटिव केयर पर प्रो० के० पाण्डेय, भूतपूर्व विभागाध्यक्ष निः संज्ञा विभाग, का सारगर्भित व्याख्यान हुआ। इस सत्र की सभाध्यक्षता प्रो० अकरम लाल तथा उपाध्यक्षता डॉ० एस०बी० पाण्डे ने किया । प्रो० पाण्डे ने बताया कि सुश्रुत ने भी याप्य रोग वर्णित किया है जो ठीक नहीं होते पर उनके लक्षणों को कम किया जा सकता है । पैलिएटिव केयर द्वारा असाध्य रोग से ग्रसित मरीजों की सहायता की जा सकती है । उनको सुखद पीड़ारहित मृत्यु प्रदान किया जा सकता है । इसमें सामाजिक कार्यकर्त्ता, नर्स, मनोवैज्ञानिक, रेडियोलाजिस्ट, सर्जन, धार्मिक पुरोहित तथा संज्ञाहारक सभी मदद कर सकते हैं । प्रो० आर०एच० सिहं ने मत व्यक्त किया कि आयुर्वेद इस दिशा में अपने रसायन व मेध्य औषधियों, आहार, विहार, ऋतुचर्या सिद्धांतों द्वारा मदद कर सकता है ।

अन्त में प्रो० लाल ने प्रो० पाण्डेय का आभार प्रकट किया तथा स्मृति चिन्ह प्रदान किया।

भाष्कर गोविन्द घाणेकर स्मृति व्याख्यान

इस सत्र की अध्यक्षता प्रो० के०आर० शर्मा ने तथा उपाध्यक्षता डॉ० अशोक दीक्षित ने किया । व्याख्यान प्रो० ज्योति मित्र जी ने दिया । प्रो० चौधरी, डॉ० ज्योतिमित्र एवं डॉ० एस०बी० पाण्डे जी ने डॉ० घाणेकर जी के चित्र पर माल्यार्पण किया । तत्पश्चात प्रो० ज्योतिमित्र जी ने घाणेकर जी का जीवन परिचय देते हुए उन्हें एक महान शिक्षक चिकित्सक - शोधकर्ता बताया । मित्रा जी ने कहा कि संज्ञाहरण का पाठ्क्रम C.C.I.M. ने स्वीकार कर लिया है ।

अन्त में प्रो० के०आर० शर्मा जी ने मित्रा जी को धन्यवाद देते हुए सत्र समाप्त किया । डॉ० एस०बी० पाण्डे जी ने प्रो० ज्योति मित्र, डॉ० अशोक दीक्षित व प्रो० के०आर० शर्मा जी को स्मृति चिन्ह प्रदान किया ।

Scientific Session 'D'

इस सत्र की सभाध्यक्षता प्रो० आर०एच० सिंह तथा उपाध्यक्षता प्रो० डी०पी० पुराणिक ने किया । इस सत्र में निम्नलिखित शोध पत्र पढ़े गये -

1. Indigenous Drugs described in Ayurveda for the management of Anxiety :
   D.A.R. Shakunthala, Pandey K.K., Pande D.N., I.M.S., B.H.U.
2. Ayurvedic Concept of Hypertension
   Dr. Sarkara, Srilanka.
3. Comparative study of Brahmi vs Phenergen as premedicant in relation to Ether anaesthesia.
   Dash C.K., Pande D.N., B.H.U.
4. Stress and Hypertension - it's management - An Ayurvedic Approach.
   Upadhyay V.S., Shukla V., P.G.I. Chitrakoot.

इस सत्र के अन्त में डॉ० एम०एन० चौधरी ने प्रो० आर०एच० सिंह को व प्रो० डी०पी० पुराणिक को स्मृति चिन्ह प्रदान किया ।

सभा के अन्त में प्रोफेसर के पाण्डेय ने डॉ० एस०बी० पाण्डे के सम्मान में प्रशस्ति पत्र पढ़ा । उद्घाटन समारोह में उन्हे १९९७ का अश्विनौ एवार्ड प्रो० श्रीराम शर्मा जी ने प्रदान किया था ।

12.30 - 1.00 PM

Valedictory Function

इस सत्र का आतिथ्य श्री सूर्यकान्त जालान ने स्वीकार किया, प्रो० के० पाण्डे जी ने सभाध्यक्षता किया । श्री सूर्यकान्त जालान जी ने रामेश्वर गोशाला के कार्यों का विवरण दिया तथा गोरक्षा पर सारगर्भित व्याख्यान दिया ।

डॉ० एम०एन० चौधरी जी ने सभी अतिथियों का स्वागत व धन्यवाद किया । पुनः संगोष्ठी के आयोजक सचिव डॉ० डी०एन० पान्डे ने भी सूर्यकान्त जालान जी का हृदय से आभार प्रकट किया । डॉ० एम०के० जालान, श्री अशोक शाह, प्रो० के० पाण्डेय, प्रो० लाल डॉ० एस०बी० पाण्डे, प्रो० एम०एन० चौधरी एवं अन्य सत्रों की अध्यक्षता व उपाध्यक्षता करने वाले विद्वानों के प्रति भी अपना आभार व्यक्त किया एवं सभी अतिथियों एवं सहयोगियों को भी धन्यवाद दिया।

अन्त में डॉ० एस०बी० पाण्डे साहब ने सभा समाप्त की घोषणा करते हुए प्रो० के० पाण्डेय साहब का आभार उनके उद्घाटन से लेकर समापन तक सक्रिय रूप से योगदान के लिए प्रकट किया । उन्होंने प्रो० लाल, प्रो० आर०एच० सिंह व प्रो० ज्योतिमित्र एवं घाणेकर जी का विशेष रूप से धन्यवाद किया ।

2.00 - 3.00 PM

भारतीय संज्ञाहरण एसोसिएशन की आम सभा रामेश्वर गोशाला में आयोजित हुई तथा आम सहमति से ३ वर्ष के लिए निम्न पदाधिकारियों का चयन किया गया -

प्रेसीडेन्ट	-	प्रो० एम०एन० चौधरी - पूना
वाइस प्रेसीडेन्ट	-	प्रो० डी०पी० पुराणिक - पूना
		डॉ० डी०एन० पाण्डे - वाराणसी
सेक्रेटरी	-	डॉ० के०के० पाण्डेय - वाराणसी
ज्वाइन्ट सेक्रेटरी	-	डॉ० संजीव शर्मा - वाराणसी
		डॉ० एस०के० पटवर्धन - सांगली
		डॉ० सी०के० दास - भूवनेश्वर
कोषाध्यक्ष	-	डॉ० आर० अस्थाना - गोरखपुर
एक्जीक्यूटिव मेम्बर	-	डॉ० अशोक दीक्षित - वाराणसी

डॉ० बी०सी० सेनापति (पुरी), डॉ० आर०एन० मिश्रा (वाराणसी), डॉ० पी०के० शर्मा (वाराणसी), डॉ० पी०एस० पाण्डे (वाराणसी), डॉ० डी०ए०आर० शकुन्थला (श्रीलंका), डॉ० सी०पी० भूषाल (नेपाल), डॉ० अकबर अली (वाराणसी), डॉ० एस० भट्ट (कर्नाटक), डॉ० पी०आर० मिश्रा (वाराणसी), डॉ० एस०के० मिश्रा (भदोही) ।

सर्वसम्मति से डॉ० एस०बी० पाण्डे जी को एसोसियेशन का संरक्षक बनाया गया ।

एसोसियेशन का आय-व्यय, सचिव ने प्रस्तुत किया जिसका सभी के अनुमोदन किया ।

सर्वसम्मति से तय हुआ कि आजीवन सदस्यता १००० रूपये कर दी जाय तथा एसोशियेट सदस्यों की आजीवन सदस्यता ५०० रूपये ही रहे ।

डॉ० शशि भूषण पान्डे	**डॉ० कुलदीप कुमार पान्डेय**	**डॉ० देवेन्द्र नाथ पान्डे**
अध्यक्ष, संयोजन समिति, संगोष्ठी	सचिव, भारतीय संज्ञाहारक एसोशियेशन	संयोजक सचिव, संगोष्ठी

आयुर्वेद में सुगन्धि चिकित्सा (Aroma Therapy in Ayurveda)

डा० डी० एन० पाण्डे

लेक्चरर एवं इन्चार्ज, संज्ञाहरण, शल्य-शालाक्य विभाग, आयुर्वेद संकाय, चिकित्सा विज्ञान संस्थान, का.हि.वि.वि., वाराणसी

ईश्वर ने मानव को सुगन्धि के रुप में एक अनुपम वरदान दिया है । सुगन्धि का हमारे जीवन में अत्यन्त महत्व है । जहाँ महिलाएं श्रृंगार हेतु इसका प्रयोग करती हैं, वहीं ये देवी देवताओं को प्रसन्न करने का साधन भी है । वेदों में भी सुगन्धि का वर्णन है तथा इनका उपयोग ऋषिकन्याओं द्वारा किया जाता था । चरक एवं सुश्रुत संहिता में फूलों का अर्क निकालने की प्रक्रिया वर्णित है तथा इनका चिकित्सा में उपयोग किया जाता था । इसी अर्क से सुगन्धि तैयार होती थी । वाराहमिहिर ने सुगन्धियों के विषय में वृहत संहिता में एक पूरा अध्याय लिखा है । इसमें वकुल, उत्पल, चंपक आदि फूलों से सुगन्धि तैयार करने की विधियाँ दी गई हैं । मुगल काल में भी सुगन्धि का भरपूर उपयोग हुआ है । इस काल में भारत का इत्र अरब तक फैल गया था । १२-१३वीं शताब्दी में यह इत्र बनाने की कला अरब से यूरोप में पहुँच गई । १६वीं शताब्दी में यूरोप में इसका प्रचार प्रसार हुआ तथा जर्मनी ने इसमें विशेष उन्नति की । १८वीं सदी में फ्रांस में लवेन्डर और अर्क बनाने का काम शुरु हुआ । इस तरह सुगन्धि के क्षेत्र में भारत विश्व का अगुवा होते हुए भी आज पिछड़ गया है । इसका कारण है यूरोप की तकनीकी विकास की गति, जिसे हम नहीं प्राप्त कर सके ।

सुश्रुत संहिता के चिकित्सा अध्याय 1/32 में वेदना शमन हेतु परिषेक वर्णित है यथा -

वातशोफे तु वेदनोपशमार्थ सर्पिस्तैल धान्याम्ल मांसरस वातहरौषधनिषृक्वाथैरशीतैः परिषेकान्कुर्वीत ।

दूसरे स्थान पर शस्त्रजनित वेदना हेतु अणु तैल से परिषेक का वर्णन है -

एषां तु शस्त्र पतनाद्वेदना यत्र जायते ।
तत्राणु तैलेनोष्णेनपरिषेकः प्रशस्यते ।।

सु० चि० अ० ८ ।

सुगंधि का उपयोग महर्षि सुश्रुत ने बलवर्धन ओजवर्धन एवं दुर्गन्ध नाशन हेतु भी बताया है यथा -

सौभाग्यदंवर्णकरं प्रीत्योजो बलवर्धनम् ।
स्वेद दौर्गंध्यवैवर्ण्य-श्रमध्नम-नुलेपनम् ।।

सु० चि० अ० २४।६१ ।

सुश्रुत संहिता में विशेषतः संगुन्धि का चिकित्सार्थ उपयोग किया गया है । महर्षि सुश्रुत ने इसे नस्य, अंजन, अभ्यंग, धूमपान आदि द्वारा भी प्रयुज्य बताया है यथा :

औषधमौषधासिध्दो वा स्नेहो नासिकाभ्यां दीयत इति नस्य तदद्विविधं शिरोविरेचनं स्नेहनं च ।

सु० चि० अ० ४०।२२ ।

नस्यांजनाभ्यंजनपानधूमं तथा ऽवपीडंकवलग्रहं च ।
संशोधनं चोभयतः प्रयुज्याद्रक्तं हरेद्यापि जलायुकाभिः ।।

सु० सं० कल्प अ० ८।१३४ ।

राजनिघंटु में सुगन्धि त्रिफला एक अलम वर्गीकरण ही किया गया है यथा :

जातीफलं पूगफलं लवङ्गकलिकाफलम् ।
सुगन्धि त्रिफलाज्ञेया सुरभि त्रिफला च सा ।।

राजनिघन्टु ।

भावप्रकाश में भी त्रिसुंधि व चतुर्जातक वर्गीकरण किया गया है यथा :

त्वगेलापत्रकैस्तुल्यैस्त्रिसुगन्धि त्रिजातकम् ।
नागकेशर संयुक्तं चतुर्जातकमुच्यते ।।

भावप्रकाश ।

आयुर्वेद में तैल वर्ग के अन्तर्गत तिल, अलसी, कुसुम पोस्त, एरन्ड व सर्जरस का उल्लेख किया गया है तथा इनका विभिन्न रोगों में अनेक रुपों में प्रयोग दिया गया है ।

इन उदाहरणों से यह स्पष्ट होता है कि सुगंधि चिकित्सा आयुर्वेद की एक प्राचीन विधा है जिसका आज पश्चिमी जगत में नया कलेवर देकर अनेक रोगों के शमन हेतु उपयोग किया जा रहा है तथा इसे एरोमा थिरापी का नाम दिया जा रहा है । यह एरोमा थिरापी आयुर्वेद की सुगन्धि चिकित्सा ही है । अगले अंक में मैं आयुर्वेद में वर्णित अनेक पादप औषधियों का विवरण प्रस्तुत करुँगा जिनका सुगंधि चिकित्सा हेतु विभिन्न रोगों में उपयोग होता है । साथ ही इनका अवशोषण एवं प्रभाव विधि का भी वर्णन किया जायेगा ।

संज्ञास्थापन महाकषाय का संज्ञाहरणविज्ञान (Anesthesiology) में उपयोग

*डॉ. प्रभाकर शंकर पाण्डेय एवं †डॉ० कुलदीप कुमार पाण्डेय

शोध छात्र, †प्रवक्ता, स्त्रीरोग-संज्ञाहरण, प्रसूति तंत्र विभाग, आयुर्वेद संकाय, चिकित्सा विज्ञान संस्थान, का.हि.वि.वि., वाराणसी

प्रस्तावना

आयुर्वेद एक प्राचीनतम चिकित्साग्रन्थ है और मनुष्य सृष्टि की उत्पत्ति से ही अपने हित या अहित का ज्ञान रखता आया है; अपनी आयु की वृद्धि और हानि करने वाली वस्तुओं का ज्ञान भी रखता आया है और उत्तरोत्तर समयानुकूल अवसरों पर नवीनतम उपायों का अनुसंधान (RESEARCH) करता आया है । संसार के जितने भी पदार्थ हैं उनके स्वभाव या गुण सदैव वही रहे हैं जो आज हैं और भविष्य में भी रहेंगे, अल्पपरिवर्तन प्राकृतिक रुप से सम्भव हो सकता है । आचार्य चरक ने मानव समाज को स्वस्थ एवं निरोग रखने हेतु चरकसंहिता का लेखन किया । चरकसंहिता सूत्रस्थान के चतुर्थ अध्याय (षड्विरेचनशताश्रितीयाध्याय) में ५० महाकषायों का वर्णन किया गया है । इनमें से एक संज्ञास्थापक महाकषाय है । इस महाकषाय में कुल १० द्रव्यों का उल्लेख किया गया है । संज्ञास्थापक द्रव्यों का संक्षिप्त परिचय अधोलिखित है ।

परिचय

चरक सूत्रस्थान 4/48 के अनुसार,

हिङ्गुकैटर्यारिमेदावचाचोरकवयस्थगोलोमीजटिलापलङ्कषाशोक-रोहिण्य इति दशेमानि संज्ञास्थापनानि भवन्ति ।

अर्थात्, १. हिंगु (हींग) २. कैटर्य (कट्फल, पर्वतनिम्बः [मीठी नीम] चक्र०), ३. अरिमेद, ४. वचा, ५. चोरक (चोरपुष्पी), ६. वयस्था (ब्राह्मी - चक्र०), ७. गोलोमी (भूतकेशी - चक्र०), ८. जटिला (जटामांसी), ९. पलङ्कषा (गुग्गुल), १०. अशोक रोहिणी (कटुकी) ये दस औषधियाँ संज्ञा (ज्ञान) का स्थापन करती हैं । इनका संक्षिप्त वर्णन निम्नांकित है -

१. हिंगु (Asafoetida)

Latin Name - Ferula narthex Boiss; Family - Umbelliferae.

सं० - सहस्त्रवेधि, जतुक, रामठ, बाह्लीक । हि० - हींग । यह प्रमुखता से अफगानिस्तान, काबुल, काश्मीर और सीमा प्रान्त क्षेत्रों में होता है । प्रशस्त हिंगु जल में डालने पर धीरे-धीरे श्वेत धारा देकर पूरा मिल जाता है । इसके राल में मुख्यतः ASARESINOTANNOL या FURULICACID के साथ मिला होता है । गुण - लघु, स्निग्ध, तीक्ष्ण; रस-कटु; वीर्य - उष्ण; विपाक - कटु । वाह्य लेप - वेदनास्थापन, शूल प्रशमन, वातहर एवं अनुलोमन है । इसका प्रयोग आध्मानादि उदरविकार, पक्षाघात, अर्दित, गृध्रसी आदि वात विकार में करते हैं । प्रयोज्यांग - निर्यास ।

२. कैटर्य (कट्फल - चक्र०) (BOX - MYRTLE)

Latin Name - Myrica esculenta Buch Ham, Family - Myricaceae.

संस्कृत - कट्फल, महावल्कल । हिन्दी - कायफल । यह उत्तर पंजाब, गढ़वाल, खासिया पर्वत में विशेषतः ३-६०००' की ऊँचाई तक होता है । इसकी छाल (BARK) में MYRICITRIN नामक GLYCOSIDE पाया जाता है । रस - कषाय, तिक्त, कटु; गुण - लघु, तीक्ष्ण; वीर्य - उष्ण; विपाक - कटु । इसकी छाल तीव्र शिरोविरेचन है और सूँघने पर बहुत छींक आती हैं । यह वेदनास्थापक एवं नाड़ियों के लिए बलप्रद है । मूर्च्छा (UNCONSCIOUSNESS), प्रतिश्याय और शिरः शूल में इसका नस्य देते हैं । प्रयोज्यांग - त्वक् ।

३. अरिमेद (विट्खदिर) (Cutch Tree)

Latin Name - Acacia farnisiana Willd, Family - Leguminosae (Mimosoidae).

यह पंजाब से सिक्किम तक ५०००' की ऊँचाई तक होता है । इसके पुष्प सुगन्धित होते हैं जिससे CASSIE PERFUME नामक सुगन्धद्रव्य प्राप्त किया जाता है । रस - तिक्त, कषाय; गुण - लघु, रुक्ष; वीर्य - शीत; विपाक - कटु। विशेषतः मेदोधातु का शोषण करता है । ज्वरघ्न, कुष्ठघ्न तथा मूत्रसंग्रहणीय है । प्रयोज्यांग - त्वक् (खदिरसार) ।

४. वचा (SWEET FLAG)

Latin Name - Acorus calamus Linn. Family - Araceae.

समस्त भारत तथा श्रीलंका में ६०००' तक वन्य रुप में या उपजाई हुई मिलती है । मैसूर के कोरतगीरतालुका में इसकी खेती प्रचुर परिमाण में की जाती है । मूलत्वचा में ASARYLALDEHYDE होता है । रस - कटु, तिक्त; गुण - लघु, तीक्ष्ण; वीर्य - उष्ण; विपाक - कटु । यह मेध्य, शामक, संज्ञास्थापन, आक्षेपशमन एवं वेदनास्थापन है । तीक्ष्ण होने के कारण यह तमोदोष के आवरण को हटाकर चेतना को उद्बुद्ध करता है और संज्ञानाश को दूर करता है । मानसदोषहर होने से उन्माद, अपस्मार आदि मानस रोगों में इसका भूरिशः प्रयोग किया जाता है । प्रयोज्यांग - मूल एवं भौमिक काण्ड ।

५. चोरक

Latin Name : Angelica glauca Edgew. Family - Umbelliferae.

यह पश्चिमी हिमालय में काश्मीर से शिमला तक ८ से १०,०००' की ऊँचाई पर होता है । रस - कटु, तिक्त; गुण - लघु, तीक्ष्ण; वीर्य - उष्ण; विपाक - कटु। मेध्य एवं संज्ञास्थापक होने के कारण उन्माद और अपस्मार में इससे सिद्ध घृत का प्रयोग होता है । प्रयोज्यांग - मूल।

६. वयस्था (ब्राह्मी - चक्र०)

Latin Name - Centella asiatica (Linn.) Urban. Family - Umbelliferae.

भारत और श्रीलंका में सर्वत्र २०००' ऊँचाई तक मिलती है । प्रायः जलाशयों और नदी-नालों के किनारे होती है । HYDROCOTYLINE, ASIATICOSIDE नामक CLYCOSIDES पाये जाते हैं । रस - तिक्त; गुण - लघु; वीर्य - शीत; विपाक - मधुर । मेध्य और स्मृतिशक्तिवर्धक होने के कारण इसका प्रयोग मस्तिष्कदौर्बल्यादि विकारों में किया जाता है । आमपाचन एवं ज्वरघ्न होने से आमदोष एवं तज्जन्य ज्वरादि विकारों में प्रयोग होता है । प्रयोज्यांग - पञ्चांग ।

७. गोलोमी (भूतकेशी - चक्र०)

वचा का पर्याय है, अतः वचा (SWEET - FLAG) का वर्णन देखें ।

८. जटिला (जटामांसी) (SPIKENARD)

Latin Name - Nordostachys Jatamansi DC. Family - Valerianaceae.

संस्कृतः तपस्विनी, सुलोशमा, नलदा । हिन्दी - जटामांसी । यह हिमालय में ११-१७,०००' की ऊँचाई में पंजाब से सिक्किम तक । JATAMANSIC एवं JATAMANSONE नामक कार्यकारी तत्व पाया जाता है । रस - तिक्त, कषाय, मधुर; गुण - लघु, स्निग्ध; वीर्य - शीत; विपाक - कटु । यह संज्ञास्थापक, मेध्य, बल्य, आक्षेपशमन, वेदनास्थापन, निद्राजनन एवं निद्राशामक है । शिरःशूल की यह प्रसिद्ध औषध है । प्रयोज्यांग - मूल ।

९. पलंकषा (गुग्गुल) (INDIAN BEDELLIUM)

Latin Name - Commiphora mukul (Hook ex stocks). Family - Burseraceae.

प्रशस्त गुग्गुल स्निग्ध, कोमल, पिच्छिल, तिक्त, पानी में शीघ्र घुलने वाला तथा मिट्टी, बालू आदि से रहित, पीताभ होता है । भारतवर्ष के सिन्ध, राजस्थान, बरार, मैसूर प्रदेशों में होता है । रस - तिक्त; गुण - लघु, रुक्ष तीक्ष्ण, विशद, सूक्ष्म, सर, सुगन्धित (पुराण गुग्गुल); स्निग्ध - पिच्छिल (नवीन गुग्गुल); वीर्य - उष्ण; विपाक - कटु । गुग्गुल नाड़ीशूल, सन्धिवात, आमवात, गृध्रसी, अर्दित, पक्षाघात आदि समस्त वातव्याधि के लिए सर्वप्रसिद्ध महौषध है । पुराण गुग्गुल शुक्रनाश करता है । प्रयोज्यांग - निर्यास ।

१०. अशोक रोहिणी (कटुरोहिणी) (PICRORHIZA)

Latin Name - Picorrhiza Kurroa (Royle ex Benth). Family - Scrophulariaceae.

संस्कृतः तिक्ता, कटुरोहिणी. काण्डरुहा, मत्स्यशकला, शतपर्वा । हिन्दी - कटुका । यह हिमालय प्रदेश में कश्मीर से सिक्किम तक ७-१४,०००' की ऊँचाई पर होता है । इसके मूल में PICROHIZIN और KUTKIN नामक GLYCOSIDE पाये जाते हैं । रस - तिक्त; गुण - लघु, रुक्ष; वीर्य - शीत; विपाक - कटु । अल्प मात्रा में यह अरुचि, अग्निमान्द्य, यकृद्विकार, कामलादि पित्तविकार तथा अधिक मात्रा में विबन्ध, आनाह और उदर रोगों में रेचनार्थ देते हैं। सामान्य दोर्बल्य में कटुपौष्टिक के रुप में प्रयोग करते हैं । प्रयोज्यांग - मूल (भौमिक काण्ड)।

वक्तव्य

'संज्ञां ज्ञानं स्थापयतीति संज्ञास्थापनम्' अर्थात् संज्ञा (ज्ञान) को स्थापित करने वाले द्रव्य संज्ञास्थापन कहलाते हैं । ये द्रव्य बेहोशी को (UNCONSCIOUSNESS) को दूर कर संज्ञा (CONSCIOUSNESS) को प्राकृत स्थिति में लाने का कार्य करते हैं । इन द्रव्यों में तीक्ष्णगुण (SHARPNESS) एवं उष्णवीर्यता होती है जिससे वे मन में सञ्चित दोष (तमो दोष) के आवरण को नष्ट कर देते हैं अतः संज्ञा (CONSCIOUSNESS) पुनः आ जाती है । शारीर क्रिया दृष्टि (PHYSIOLOGICAL CONSIDERATION) से मस्तिष्क में रक्त की कमी (HYPOVOLEMIA, HYPOXIA) से मूर्च्छा होती है, अतः ये द्रव्य अपनी तीक्ष्णता और उष्णता के कारण हृदय को भी उत्तेजित करते हैं जिससे मस्तिष्क में रक्त समुचित रुप में जाने लगता है (VOLUME MAINTAINED) और उसकी क्रिया ठीक से होने लगती है और संज्ञा का स्थापन हो जाता है । मस्तिष्क के कोषाणु (CELLS) कर्म (FUNCTIONS) में असमर्थ हो जाते हैं । इसलिए संज्ञानाश होने पर पित्तशामक और शीतवीर्य द्रव्यों का प्रयोग करने का निर्देश है । संज्ञानाश में प्रमुख शारीरिक दोष पित्त और मानस दोष तम कहा जाता है । इसीलिए संज्ञानाश में पित्त की प्रधानता में शीतवीर्य द्रव्यों का प्रयोग तथा तम की प्रधानता में उष्णवीर्य द्रव्यों तथा तीक्ष्ण द्रव्यों का प्रयोग समुचित है । तीक्ष्ण गुण से शोधन हो जाता है।

संज्ञाहरण विज्ञान (ANAESTHESIOLOGY) में उपयोग

संज्ञास्थापक द्रव्यों का संज्ञाहरण विज्ञान में अधोलिखित प्रयोग काफी सफल हो रहे है :

१. संज्ञाहरण पूर्व औषधि प्रयोग के रुप में । (AS PREANESTHETIC MEDICATION)
२. उपशामी परिचर्या (PALLIATIVE CARE) में ।
३. उपद्रवरहित शल्य क्रिया हेतु । (SURGERY WITHOUT COMPLICATIONS)
४. शारीरिक स्वास्थ्य (PHYSICAL HEALTH) में ।
५. मानसिक स्वास्थ्य हेतु (MENTAL HEALTH) ।
६. वेदना हर चिकित्सा में (PAIN MANAGEMENT) ।

संज्ञास्थापक द्रव्यों में वयस्था (ब्राह्मी), वचा, जटिला, गोलोमी आदि द्रव्यों का प्रयोग संज्ञाहरण पूर्व औषधि के रुप में कर सकते हैं। ये द्रव्य शीतवीर्य होने के कारण, शल्यक्रिया पूर्व रोगी में मानसिक उत्क्लेश, उत्तेजना, घबड़ाहट (APPREHENSION) एवं चिन्ता आदि उपद्रव को शान्त कर, रोगी को उपद्रव रहित शल्यक्रिया हेतु उपस्थित करता है, जिससे शल्य क्रिया सुचारु रुप से सम्पन्न हो सके । कैंसर रोग से ग्रस्त रोगी के अन्तिम समय में मानसिक विचलता, शोक इत्यादि से दूर रखने हेतु इन औषधियों का उपयोग उपशामी परिचर्या (PALLIATIVE CARE) के लिए किया जा सकता है । मानस रोगों की चिकित्सा में नाना प्रकार के औषध घृतों का प्रयोग उपयोगी होता है । घृतों के अतिरिक्त कई प्रकार की एकल औषधियों का प्रयोग बताया है जैसे : ब्राह्मी, वचा, जटामांसी इत्यादि ।

वर्तमान समय में प्रयुक्त होने वाला NARCOTIC वेदनाहर द्रव्य समाज के लिए एक चुनौती बन गयी है । समाज का युवावर्ग NARCOTIC द्रव्यों का उपयोग व्यसन के रुप में बड़ी मात्रा में कर रहा है, जिससे विश्व की युवा पीढ़ी बहुत से दूरगामी रोगों से ग्रसित हो रही है एवं हमारा मानव समाज बहुत बुरी तरह प्रभावित हो रहा है । इन द्रव्यों की जगह PAIN MANAGEMENT हेतु हिंगु, चोरक तथा गुग्गुल का प्रयोग ANALGESIC AND ANTI- INFLAMMATORY के रुप में बहुतायत से हो रहा है । इसलिए राष्ट्र की युवा पीढ़ी एवं जनमानस के सहायतार्थ इन तमाम दुष्प्रभावों से बचाने के लिए इन आयुर्वेदोक्त औषधियों (INDIGENOUS MEDICINES) के प्रयोग को वैज्ञानिक प्रमाणिकता प्रदान कर मानव समाज के हितार्थ प्रस्तुत करने की दिशा काशी हिन्दू विश्वविद्यालयान्तर्गत, आयुर्वेद संकाय का संज्ञाहरण (ANAESTHESIOLOGY) अनुभाग सार्थक प्रयास प्रस्तुत कर रहा है ।

सन्दर्भ ग्रन्थ

१. चरक सूत्रस्थान 4/48.
२. चरक चिकित्सा स्थान १०.
३. आचार्य प्रियव्रत शर्मा कृत 'द्रव्यगुण विज्ञान' भाग १-३.
४. भावप्रकाश निघण्टु ।
५. माधवनिदान भाग - प्रथम ।

Diabetic Complications : Lacuna in Treatment and Possible Implications of Medicinal Plants

Dr. K.N. Dwivedi* and Prof. J.K. Ojha†

*Lecturer, †Professor, Department of Dravyaguna, I.M.S., B.H.U., Varanasi.

Diabetes mellitus is one of enervating and devastating diseases with spate of complications. While most patients of diabetes can be treated so that they can live virtually a normal life-style, there is still a marked associated morbidity and mortality resulting from the development of its grave complications. The chief striking factors responsible for the causation of diabetic complications are evidently the vascular abnormalities in association with disturbed metabolic states. The vascular changes implicate both macro and micro vessels of diabetic person. Atherosclerotic macrovascular diseases, particularly coronary artery disease is the major cause of death in diabetics. In addition many patients develop specific diabetic complications that arise from microvascular change e.g. retinopathy, nephropathy and neuropathy. These vascular changes are supposed to be related with metabolic changes. Diabetic retinopathy is the major cause of blindness in the middle age, diabetic nephropathy the most prevalent single disease leading to renal replacement therapy and neuropathy the major cause of non-traumatic amputation. These complications are still responsible for the more frequent morbidity and mortality of diabetic subjects.

During the Pre-insulin era (before 1921) diabetic coma was the most common cause of death (63.8%) as opposed to the post-insulin Banting era (after 1921) i.e. 1.5%. With the advent of insulin, average life span from the onset of diabetes increased from 4.9 years to 18.2 years and average age of death from 44.5 years to 64.7 years (Joslin 1959). On the other hand in the present era, vascular complications of diabetes are the major factors in the causation of death in diabetics (Joslin 1959).

Prevention and treatment of chronic complications of diabetes has become one of the most urgent tasks facing diabetologists. To have maximum effectiveness in preventing and treating the complications of diabetes, the diabetologist must first be convinced about causative factors of diabetic complications. Majority of scientists agree with the fact that the cause lies in hyperglycemia and they support/favour *The Glucose Hypothesis.*

The Glucose Hypothesis

This hypothesis suggests that chronic hyperglycemia is involved in the development of diabetic complications.[1] In our everyday clinical practice we observe some facts which go in favour of this hypothesis and there are some other facts too, which stand against this hypothesis.

Favouring Clinical Observations

- The severity of lesions due to microangiopathy or neuropathy depends on the duration and degree of hyperglycemia, as revealed by Pirart using data from diabetics that spanned several decades.[2]

- In experimental animals which have been made diabetic either by total pancreatectomy or by diabetogenic agents such as alloxan or streptozocin, renal and retinal lesions develop more or less similar to those seen in humans, whereas transplantation of the islets of Langerhans in the diabetic rat prevent the development of severe proteinuria induced by unilateral nephrectomy.[3]
- Microangiopathic lesions recur in kidneys (from non-diabetic donors) transplanted into diabetics[4] but is prevented by simultaneous transplantations of the pancreas which restores near-normoglycemia.

Contradictory Clinical Observations

- A large number of patients are lesion-free despite long-term exposure to uncontrolled blood sugar levels.
- All tissues are not involved to the same degree in a given patient.

Such variability in the face of hyperglycemia suggests other factors must also be involved which either increases the hyperglycemia risk for diabetic complications or protect the patient against it.

In summary, there is substantial evidence to support the glucose hypothesis in the origin of diabetic complications but its status is circumstantial and indirect rather than a matter of demonstrated scientific fact.[1]

Mechanism of Glucotoxicity

The cell mechanism of glucotoxicity can be discussed in terms of three main reactions involving glucose : 1. Polyol Pathway, 2. Non-enzymatic protein glycosylation, 3. Auto-oxidation of glucose.

1. Polyol Pathway : In the presence of hyperglycemia, the glucose metabolism is rerouted and instead of being essentially oxidized in the glycolysis pathway, glucose is reduced in the polyol pathway, the excess glucose which has crossed the cell-membrane is reduced to sorbitol by the action of aldose reductase, in turn the sorbitol is reduced to fructose by sorbitol dehydogenase. In the target tissues, evidence of polyol pathway involvement is provided by the presence of aldose reductase and the beneficial effects of aldose reductase inhibitors especially in neuropathy.

More than one mechanism is likely to be involved in the pathogenic effect of the polyol pathway :

(a) **Osmotic effect** : The role of polyol pathway was first studied in cataract, where it may amount to no more than the osmotic effect of accumulated sorbitol producing an influx of water and dissociation of lens fibres.

(b) **Intra-cellular myoinositol depletion** : This depletion is induced by activation of sorbitol pathway.[5] This decrease of myoinositol has been observed in experimental diabetes, affecting peripheral nerve axons and Schwann cells, and may be prevented by strict glycemic control or treatment with an aldose reductase inhibitor. In addition to a high myoinositol diet maintains a normal conduction velocity.

(c) **Free radicals**[6] : This hypothesis could account for the adverse effects of abnormal polyol pathway activation under normal circumstances, free radicals are rapidly eliminated by anti-oxidants, such as reduced glutathione, vitamin-C and Vitamin-E. However, the levels of all three are reduced in diabetes. Decrease in reduced form of each antioxidant is brought about by a deficiency in the reduced form of

NADPH (Nicotinamide-Adenine Dinucleotide Phosphate). Polyol pathway activation depletes NADPH reserves. This allows the possibility that the effect of aldose reductase inhibitors is due to an NADPH - sparing action, which helps to replenish antioxidant reserves and thus overcome oxidative stress.

Free radicals cause damage to endothelial cells and platelets and ultimately contribute to the development of a 'Microthrombotic state.'

2. **Non-enzymatic Protein Glycosylation (Glycation)** : Aldehyde group of glucose enables if to form a Schiff base with the amine function of protein lysine residues, and ultimately ketoamines (Amodri Products) are formed. These amodri products lead to formation of advanced Glycosylated Endproducts (AGE). This leads to browning of protein, especially of collagen and accounts for basement membrane thickening and further origin of microvascular complications.

3. **Auto-oxidation of Glucose** : A more recent discovery is that glucose can undergo metal-catalyzed transitional oxidation via the ene-diol form, generating oxygenated, reactive intermediate products (such as the hydroxyl radical) and ketoaldehydes, which can then bind to protein as ketoaminomethylols. These may undergo auto-oxidation, resulting in the production of a hydroxyl free radical. These hydroxyl free radicals attack protein and are cytotoxic[7] and are responsible for generation of diabetic complications.

Lacuna in Treatment

In spite of so many advancements in the scientific knowledge, it is a perplexing situation that no any effective rescue is still available for the management of diabetic complications. Any rational treatment is still awaited which may be considered effective. Even after achieving a good control over blood sugar levels, the complications are not being prevented. As the DCCT (Diabetes Control and Complication Trial)[8] shows, there is significant percentage of risk reduction of complications after achieving a good control over blood sugar levels.

Complications	% Risk Reduction
Retinopathy Primary Prevention	76%
Retinopathy Secondary Prevention	54%
Microalbuminuria	39%
Albuminuria	54%
Clinical Neuropathy	60%

Unfortunately, the DCCT also demonstrated that long-term glycemia normalization is difficult to achieve and is associated with a three-fold increased rate of severe hypoglycemia, which is again a grave situation.

On the basis of existing pathogenetic concepts certain drugs like Aldose reductase inhibitors, Platelet antiaggregants, Myoinsitol, Antioxidants (Vitamin C & E), Aminoguanidine etc. have been found rational for diabetic complications but their effects vary in patients. All patients do not show a similar degree of response. This creates a quarry towards their effectivity. Besides these they possess side/or toxic effects also. In summary there is still need of effective and safe rational treatment.

Possible Implications of Medicinal Plants

If we see the table of pathogenesis of diabetic vascular complications, we find a potent role of antioxidants as free radical scavenger, specially Vit. C[9] and E are found to be of important value in preventing or alleviating diabetic complications. Medicinal plants may be an important source of Vit. C and E.

Besides these there are several medicinal plants which have been found significantly effective in controlling complications. For example, Manjistha (*Rubia cordifolia*), Kanchanara (*Bauhinia variegata*) and Karavira (Nerium indicum) have been found significantly effective in cases of diabetic foot ulcer; Dasamula significantly increases nerve conduction velocity, Goksura (*Tribulus terrestris*), Shigru (*Moringa oleifera*) and Varuna (*Crateava nurvola*) are found effective in cases of diabetic nephropathy and Asvagandha (*Withania somnifera*) has been found to raise the levels Immunoglobulins, and Kustha (*Sausurea leppa*) and Pushkoramula (*Inula racemosa*) have been found effective in diabetic cardiomyopathy and hyperlipidemia. Though these researches have proved effectiveness of medicinal plants in diabetic complications yet their mode of action is to be established. By seing the role of medicinal plants in treatment of complications it may be inferred that they are of potential value for the prevention and treatment of diabetic complications. There is need of sincere scientific efforts in the field of diabetic complications regarding role of medicinal plants.

References

1. Tchobrousky, G. : Why do some diabetic patients develop severe microvascular complications ? J. Diab. Compl. 1989; 3 : 1-5.
2. Pirart J. Diabete et complications degenerative. Presentation d'une etude prospective portant sur 4400 cas observes entre 1947 et 1973. Diabete Metab. 1977; 3 : 97-107, 173-82, 245-56.
3. Maner SM, Sutherland DER, Steffes MW, et al. Pancreatic islet transplantation Effects on the glomeruler lesions of experimental diabetes in the rat. Diabetes 1984; 23 : 748-53.
4. Maur SM, Barbosa J, Vermier RL et al. Development of diabetic vascular lesions in normal kidneys transplanted into patients with diabetes mellitus. N. Eng. J. Med. 1976; 295 : 916-20.
5. Winegrad AI. Does a common mechanism induce the diverse complications of diabetes ? Diabetes 1987; 36 : 396-406.
6. Jennings PE, Barnett AH. New approaches to the pathogenesis and treatment of diabetic microangiopathy. Diabetic Med. 1988; 5 : 111-17.
7. Hunt JV, Dean RT, Wolff SP. Hydroxyl radical production and auto-oxidative glycosylation. Glucose auto-oxidation as a cause of protein damage in the exprimental glycation model of diabetes mellitus and ageing. Biochem J 1988; 256 : 205-12.
8. The diabetes Control and Complication Trial Research Group. The effect of intensive treatment of diabetes on the development and progression of long-term complications in insulin dependent diabetes mellitus. N. Eng. J. Med. 1993; 14 : 977-86.
9. Tomlinson DR, Willars GB, Carrington AL. Aldose reductase inhibitors and diabetic complications. Pharmacol Ther. 1992; 54 : 151-94.

Evaluation of Indigenous Compound Lastet under General Anaesthesia (G.A.)

*Dr. S.K. Mishra, *Dr. P.R. Mishra, ‡Dr. R. Asthana, †Dr. D.N. Pande

*Resident Anaesthetist, †Incharge, Section of Sangyaharan, Institute of Medical Sciences, Banaras Hindu University, Varanasi, ‡Consultant Anaesthetist, Baralialganj, Gorakhpur

Introduction

Before going under Anaesthesia, it is now in practice to prescribe some premedicant to reduce the anxiety and fear of surgery or to facilitate the anaesthesia proper with safety. Many drugs are now available to achieve these aims but none are without side effects. Therefore the workers of section of Sangyaharan made effort to search out some herbal preparation for better results. Ashwagandha. Brahmi, Vacha, Sankhpuspi, Jatamansi and Parasik yawani were tried for these purposes and found god response. Keeping in view these points we made effort to evaluate tablet Lastet which is a combination of aqua dried extracts of :

Ashwagandha - 500 mg, Kapikachchu - 300 mg, Shatavari - 300 mg, Amalaki - 300 mg, Vidarikand - 200 mg, Guduchi - 200 mg, Gokshur - 100 mg, Shwet Musali - 100 mg, Akarakarava - 50 mg, Shilajit - 50 mg, Makardhwaj - 25 mg, Bang Bhasma - 25 mg.

Dose : One tablet 90 to 120 minute before induction of Anaesthesia.

Material and Method

Total No. of patient - 100 Male/Female

Group Ist (50 patients) : Trial drug Lastet one tablet orally 2 hrs. before anaesthesia with Inj. Atropine Sulphate 0.6 mg I.M. 60 min. before anaesthesia.

Group IInd (50 patients) : Control group - Only Inj. Atropine Sulphate 0.6 mg (60 min. before Anaesthesia)

Anaesthesia : G.A. (General Anaesthesia) with O_2 + N_2O + Ether Traces + Relaxant.

Observation and results

Table 1. Mean age and weight

	Mean Age (Yrs)	Mean Weight (Kg)	Group Comparison I vs II		
			t value	P value	Remarks
Group Ist	38.67 ± 8.66	39.27 ± 8.69	<1	>0.05	N.S.
Group IInd	49.20 ± 9.85	51.44 ± 7.16	>1.54	>0.05	N.S.

Above table shows that Age and weight of Patients are identical.

Table 2. Mean temperature changes

	Mean temperature °F			Group Compared A vs B	
	Before Premedication	After Premedication			
	A	B	t value	P value	Remarks
Group Ist	97.79 ± 0.51	97.78 ± 0.47	1.428	>0.05	N.S.
Group IInd	97.85 ± 0.48	97.89 ± 0.42	1.396	>.005	N.S.

Temperature was found more stable in group I than group II.

Table 3. Mean pulse rate changes

	Mean Pulse Rate		Group Compared A vs B	
	Before Premedication	After Premedication		
	A	B	P value	Remarks
Group Ist	76.80 ± 8.66	76.90 ± 3.66	>0.05	N.S.
Group IInd	77.75 ± 3.80	80.20 ± 5.10	>0.05	N.S.

Though pulse rate change was insignificant in both the group but it was less increased in group I.

Table 4. Mean Blood Pressure changes

	Mean Blood Pressure			Group Compared A vs B	
	Before Premedication	After Premedication			
	A	B	t value	P value	Remarks
Group Ist	94.72 ± 9.11	94.88 ± 9.11	<1	>0.05	N.S.
Group IInd	94.80 ± 6.01	94.09 ± 6.20	<1	>0.05	N.S.

Blood Pressure was found stable in both the groups

Table 5. Desirable and Undesirable effects

Effect	Group I		Group II	
	No.	%	No.	%
Sedation				
Present	40	80	0	0
Absent	10	20	50	100
Apprehension				
Present	10	20	28	56
Absent	40	80	22	44
Excitement				
Present	0	0	0	0
Absent	50	100	50	100
Dizziness				
Present	0	0	0	0
Absent	50	100	50	100

Percentage of sedation was found as 80% in group I (Trial group) where it was Nil in group II.

6. B.P. and Pulse rate during anaesthesia

B.P. and Pulse rate was not altered during course of anaesthesia.

7. Postoperative Response

A. Pulse Rate

There was no significant change in pulse rate postoperatively.

B. Blood Pressure

Blood pressure was also unchanged postoperatively in both the group.

C. Nausea and Vomiting

In some cases nausea and vomiting was present in both the group.

D. Temperature

The alteration in temperature was not attainable.

8. Recovery Response

All the patients of both the group fully recovered. No much variation was recorded. Therefore we can not make any comment regarding recovery except that it was uneventful.

Conclusion

1. Tablet lasted is a good indigenous premedicant.
2. It produces good sedation and reduces anxiety and tension.
3. It has very good cardio vascular stability.
4. It is more useful in hypotensive condition due to presence of Makardhawaj.
5. It also controls hyperpyrexia induced by Atropine Sulphate.

Further study can be done postoperatively on patients healing condition, recovery and surgical stress conditions. We are hopeful that this drug can promote healing and quick recovery from surgical trauma. It can also reduce postoperative weakness.

Management of Diabetic Neuropathy An Ayurvedic Approach

Dr. Raj Bahadur,* Dr. K.N. Dwivedi† and Prof. J.K. Ojha‡

Ph.D. Scholar, †Lecturer, ‡Professor, Department of Dravyaguna, Institute of Medical Sciences, Banaras Hindu University, Varanasi.

With the advancement of time, Modernisation of the era, change of civilization, newer dietary habbits, atmospheric pollutions and application of newer drugs, quite a few new diseases are coming up or atleast many of the old diseases are coming with modified clinical manifestation. Diabetic Neuropathy is one of the most common complication of Diabetes mellitus. Unlimited range of its clinical manifestations are most distressing to the patients as well as headache for clinicians. In Ayurveda, we find clear cut picture of Diabetes mellitus by the name of Madhumeha, but there is no any description of such a complication of Madhumeha like diabetic neuropathy. Our Ist step in this movement was to approach this problem on Ayurvedic grounds.

We approached it accordingly and found three main causative factors involved in it -

1. Dhatukshay
2. Tridosh Vikriti : Chiefly Vata Prakopa
3. Snayu shotha

So we searched for such a drug which possesses following properties -

1. Dhatuvardhaka and Rasayan
2. Tridosh shamak Chiefly Vatshamak
3. Shotha hara

After going through a detail literary survey, we found that, Dashmula is an ideal drug which possesses above mentioned all three properties, and has no any adverse effect on Madhumeha. Because in Madhumeha there is involvement of Tridosha Chiefly Vata, and in Diabetic Neuropathy Vata Prakop is associated with Dhatukshay and Snayu shotha. Having many other properties, Dashmula is Tridoshashamak and Chiefly Vatashamak and Shotha hara. Laghupanchmula which is ingredient of Dashmula is Dhatuverdhak, Rasayan, Brimhana, Balya and Vrishya. So we considered Dashmula as the best Medicine for Diabetic Neuropathy because it possesses all above mentioned properties which are needed to treat Diabetic Neuropathy. The following drugs are considered as Dashmula - Bilva, Agnimanth, Shyonak, Patala, Gambhari, Shalparni, Prishnaparni, Brihati, Kantakari and Eranda, (at the place of Gokshuru). Since Erandamula is accepted by Sushtruta in place of Gokshura as one of the components of Dashmula, (being Vrishya, Vathara, Samsodhan, Snigdha and Dhatuverdhak) stand better than Gokshuru for treatment of Diabetic Neuropathy. The present study deals with 30 patients of Diabetic Neuropathy of different age group and Sex who were seen at the O.P.D. of "Diabetic Clinic", Department of Dravyaguna and Medicine, S.S. Hospital, B.H.U.

However, such patients were excluded who has hepatic or renal disorders, leprosy and tuberculosis because these conditions are known to produce peripheral neuropathy. Blood Sugar levels of the patients were controlled. We prepared Dashmula in the form of Ghanasatva and it was given to the patients in the dose of 500 mg orally three times a day.

All the patients were re-evaluated clinically at the intervals of three months and observations were recorded accordingly.

Observation and Results

First of all general aspects such as age, Sex, relation of Neuropathy with duration of Diabetes etc. have been dealt with. Then incidence of symptoms and signs in cases of Diabetic Neuropathy have been observed. Further improvement of symptoms and signs after treatment have been studied.

Table 1. Showing pattern of age group in 30 cases of Diabetic Neuropathy.

Age group in year's	Number of cases	Percentage
1-10	-	-
11-20	-	-
21-30	1	3.33
31-40	2	6.66
41-50	11	36.67
51-60	9	30.00
61-70	7	23.54

Table 2. Showing the pattern of Sex group in 30 cases of Diabetic Neuropathy.

Sex	Number of patients	Percentage
Males	24	80
Females	06	20
Total	30	100

The majority of cases in this series are males. They are 80% while the females figured only 20%.

Table 3. Showing duration of Diabetes in 30 cases of Diabetic Neuropathy.

Duration of Diabetes in years	Number of patients	Percentage
1-5	11	36.70
6-10	12	39.99
11-15	02	06.66
16-20	05	16.65

On the basis of above mentioned observation it may be concluded that diabetic neuropathy can occur in diabetics of any duration of diabetes. Chronicity of diabetes has not any direct correlation with occurrence of diabetic neuropathy.

Incidence of Symptoms

Table 4. Showing incidence of Symptoms in 30 cases of Diabetic Neuropathy.

S.No.	Symptons	No. of cases	Percentage
1.	Tingling	24	80.00
2.	Burning sensation	22	73.33
3.	Pain	18	60.00
4.	Numbness	16	53.33
5.	Feeling of hot & cold	10	33.33
6.	Giddiness	18	60.00
7.	Headache	18	60.00
8.	Weakness of limbs	24	80.00
9.	Impotency	05	16.67
10.	Wasting of Muscles	02	6.67
11.	Mental depression	12	40.00

Incidence of Signs

Table 5. Showing incidence of Signs in 30 cases of Diabetic Neuropathy.

S.No.	Signs	No. of cases	Percentage
1.	Diminished/absent Ankle Jerk	26	86.67
2.	Diminished/absent other Jerks	11	36.66
3.	Diminished/absent touch sensation	11	36.66
4.	Diminished/absent pain Sensation	03	09.99
5.	Impaired vibration sense	28	93.33
6.	Orthostatic hypotension	04	13.32

It has been observed that impaired vibration sense (distal parts of body) is the main sign which has been found in majority of (93.33%) cases.

Table 6. Feature pertaining to Tridoshas, seen in 30 cases of Diabetic Neuropathy.

S.No.	Features	Doshik Predominance
1.	Tingling	Vata Prakopa
2.	Burning Sensation	Pitta Prakopa
3.	Pain	Vata Prakopa
4.	Numbness	Vata Prakopa
5.	Feeling of hot and cold	Pitta Prakopa
6.	Giddiness	Pitta Prakopa
7.	Headache	Vata prakopa
8.	Weakness of limbs	Kapha Kshya
9.	Wasting of Muscles	Kapha Kshya
10.	Impotency	Kapha Kshya
11.	Mental depression	Vataprakopa
12.	Diminished/absent ankle and other Jerks	Vataprakopa
13.	Diminished/absent touch sensation	Vataprakopa
14.	Diminished/absent pain-sentation	Vata Prakopa
15.	Impaired vibration sense	Vata Prakopa
16.	Orthostatic hypotension	Vata Prakopa

On the basis of above mentioned observation we may conclude that Diabetic neuropathy occurs due to Tridosha-vikriti but Vata prakopa is predominant.

Table 7. Showing Effect of Dashmula on Clinical Symptoms (at the end of 3 months treatment).

S.No.	Symptoms	No. of cases before Treatment	No. of cases after Treatment (not respond)	No. of cases Improved (Partial/Total)	Percentage of cases improved
1.	Tingling	24	04	20	83.40
2.	Burning Sensation	22	05	17	77.35
3.	Pain	18	06	12	66.68
4.	Numbness	16	05	11	68.75
5.	Feeling of hot & Cold	10	05	05	50.00
6.	Giddiness	18	08	10	55.55
7.	Headache	18	04	14	77.77
8.	Weakness of limbs	24	10	14	58.31
9.	Impotency	05	05	-	-
10.	Wasting of Muscles	02	01	01	50.00
11.	Mental depression	12	05	07	58.31

According to above mentioned observation we may conclude that tingling is the main symptom which has been releived in maximum percentage (83.40%) of cases. Headache stands second in this series which has been relieved 77.77% of cases. Impotency could not be improved in any cases, out of 5 cases.

Table 8. Showing effect of Dashamula on Clinical signs (at the end of 3 Months of Treatment).

S. No.	Signs	No. of cases before Treatment	No. of cases after Treatment (not improved)	No. of cases Improved	Percentage of Improvement
1.	Diminished/absent ankle Jerk	26	14	12	46.20
2.	Diminished/absent other Jerks	11	06	05	45.45
3.	Diminished/absent touch sensation	11	06	05	45.45
4.	Diminished/absent pains sensation	03	02	01	33.37
5.	Impaired Vibration Sensation	28	10	18	64.26
6.	Orthostatic hypotension	04	04	-	-

On the basis of above mentioned observations we may conclude that impaired vibration sensation is the main sign which improved in maximum percentage (64.26%) of cases. Sign of diminished/absent ankle jerk occupies second place in this series, which was improved in 46.20% of cases. None of the cases of orthostatic hypotension could be improved.

Finally after observation and discussion we came to this conclusion that this combination of Dashmula (having Erandmula as one of its component) has very significant and encouraging effect on diabetic neuropathy, with no any side/toxic effect, even after continuous use for three months.

Thus we may say that this combination of Dashmula had been proved as a very effective, safe and economical treatment for Diabetic Neuropathy. It is just a preliminary trial. Further studies are in the way to assess the effect of drug electrophysiologically and histologically on nerve tissues.

Studies on a Combination of Indigenous Drug under Spinal Anaesthesia

*Dr. P.R. Mishra, Dr. S.K. Mishra, ‡Dr. R. Asthana, †Dr. D.N. Pande.

Resident Anaesthetist, †Incharge, Section of Sangyaharan, Institute of Medical Sciences, Banaras Hindu University, Varanasi, ‡Consultant Anaesthetist, Barahalganj, Gorakhpur.

Introduction

Most of the drugs present in Armamentorium of anaesthetists are not free from side effects and toxic effects. Therefore, in our section many research workers tried several indigenous drugs individually to explore it's utility as an indigenous premedicant in the field of Sangyaharan (Anaesthesia). Some of them e.g. Brahmi, Ashwagandha, Jatamansi, Parasik yawani, etc. were found very effective and free from any toxic effects. Keeping in view these points we have tried tablet Lastate which has a very good combination of such drugs. Tablet Lastate consists aqua dried extracts of :

Ashwagandha - 500 mg, Kapikachchu - 300 mg, Shatavari - 300 mg, Amalaki - 300 mg, Vidarikand - 200 mg, Guduchi - 200 mg, Gokshur - 100 mg, Shwet Musali - 100 mg, Akarakarava - 50 mg, Shilajit - 50 mg, Makardhwaj - 25 mg, Bang Bhasma - 25 mg.

Dose : One tablet 90-120 minutes before induction of anaesthesia (Spinal Anaesthesia)

Material and Method

Total no. of Patients - 100 Male/Female

Group Ist (50 patients) : Control group - Only Inj. Atropine sulphate 0.6 mg I.M. 60 minutes before spinal anaesthesia.

Group IInd (50 patients) : Trial drug Lastel : one tablet was given orally 2 hrs. before anaesthesia with Inj. Atropine Sulphate 0.6 mg I.M. before induction of anaesthesia.

Anaesthesia - Spinal Anaesthesia

Observation and results

Table 1. Mean age and weight

	Mean Age (Yrs)	Mean Weight (Kg)	Group Comparison I vs II		
			t value	P value	Remarks
Group Ist	39.66 ± 9.79	53.83 ± 6.98	<1	>0.05	N.S.
Group IInd	39.67 ± 8.34	51.77 ± 5.05	<1	>0.05	N.S.

N.S. = Not Significant; S = Significant; H.S. = Highly Significant.

Above table shows that Age and weight of both group are identical.

Table 2. Mean temperature changes

	Mean temperature °F			Group Compared A vs B	
	Before Premedication	After Premedication			
	A	B	t value	P value	Remarks
Group Ist	98.14 ± 0.62	99.53 ± 0.68	8.28	<0.001	H.S.
Group IInd	97.83 ± 0.66	98.48 ± 0.84	<1	>0.05	N.S.

Temperature was found stable in trial group IInd.

Table 3. Mean pulse rate changes

	Mean pulse rate		Group Compared A vs B	
	Before Premedication	After Premedication		
	A	B	P value	Remarks
Group Ist	78.47 ± 4.22	88.17 ± 5.84	<0.001	H.S.
Group IInd	77.40 ± 4.80	77.40 ± 4.80	>0.05	N.S.

In group Ist patient's mean pulse rate change was found highly significant whereas it was insignificant in the patients of group IInd.

Table 4. Mean Blood Pressure changes

	Mean Blood Pressure			Group Compared A vs B	
	Before Premedication	After Premedication			
	A	B	t value	P value	Remarks
Group Ist	89.00 ± 4.12	89.40 ± 3.61	<1	<0.05	N.S.
Group IInd	88.35 ± 4.59	88.35 ± 4.35	<1	>0.05	N.S.

Mean Blood Pressure was found statistically insignificant in both the groups.

Table 5. Desirable and Undesirable effects

Effect	Group I		Group II	
	No.	%	No.	%
Sedation				
Present	0	0	39	78
Absent	50	100	11	22
Apprehension				
Present	30	60	10	20
Absent	20	40	40	80
Excitement				
Present	0	0	0	0
Absent	50	100	50	100
Dizziness				
Present	0	0	0	0
Absent	50	100	50	100

During operation B.P. and pulse rate was maintained by fluid loading and standard technique.

Postoperative response

Postoperatively pulse rate and blood pressure was recorded and found no remarkable change. Nausea and vomiting was incidentally present in few cases but recorded as negligible. The temperature change was recorded but there was nothing special.

Recovery

Recovery from anaesthesia was uneventful. Nothing was special to remark except that B.P. in trial group was maintained and stable postoperatively.

Conclusion

1. Tablet Lastet is a good indigenous premedicant.
2. It produces good sedation and reduces anxiety and tension.
3. It has very good cardio vascular stability.
4. It is more useful in hypotensive condition due to presence of makardhwaj.
5. It also controls hyperpyrexia induced by Atropine sulphate.
6. It minimizes the undesired sense of Dryness of mouth without inhibiting the sialogouge property of Atropine.

Further detailed study can be done regarding biochemical changes in blood; CSF other tissues of body in perioperative period along with the role in healing; post spinal headache etc.

Prospective Dimensions of Sangyaharan (Leader in Pain and Palliative Care)

Dr. K.K. Pandey

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

Today, practitioner of Sangyaharan are playing a major role, providing their very essential services for the sufferings of human being. The area of their services are not only limited inside the better operative conditions and save the patients life but always recognised as a man behind the screen. But now they are often dealing with the problems of medical wards, intensive care units, pain and palliative care clinics. The chapter of resuscitation is very much concern with the practitioners of Sangyaharan. They have been also consulted several times in the management of fluid therapy and blood transfusion problems. Only a skilled anesthesiologist is capable to provide basic life support and advance life support in critical emergency conditions. Now anesthesiologists are also taking their keen interest in the management of various poisoning cases and hence projecting their knowledge, efficacy and devotion to the sufferings.

As we know that the anaesthesia is a new branch in the medical science having two main objectives - to enable painless surgical procedures and protection of patients from various ill effects. No doubt, the arrival of anaesthesia with these little objectives has achieved many goals during the past half of the century. This could be made possible with the recent advances in the field of science and technology.

The chapter of pain management is now in full grip of anesthesiologist and they are also serving well. Now this is the reason that the anaesthesiologists are showing their attention in palliative care too. But as for the management of pain is concerned most of the time they face a lot of problems while using different synthetic and semisynthetic pain killers. Here I would like to focus on the problems and management of pain in terminally ill patients.

We all know that pain is an unpleasant sensory and emotional experience associated with actual or potential tissue damage. Basically the Pain is modulated by the MOOD of the patient, MORALE of the patient and MEANING of the pain for the patients. The total pain includes physical, psychological, social and spiritual aspects of the patient. Most of pain in terminally ill patients basically suffering from cancer (Arbuda) may be caused by the disease itself, treatment of the same, related to the debility and by a concurrent disorder. There are many other factors which lower the pain threshold i.e., discomfort, insomnia, fatigue, anxiety, fear, anger, sadness, depression, boredom, mental isolation and social abandonment.

In the texts of Ayurveda our ancients have classified such treatment under the heading of Yapya and Pratyakheya - UPSHAMI CHIKITSA and they have mentioned various measures to overcome with the above mentioned problems just to elevate the pain threshold. Though the materials are scattered but as we go through the depth of

the texts we can observe that they have mentioned, how to make relief from other symptoms associated with the pain. They have emphasised towards the sympathy, understanding and companionship with the patient, measures for sleep, relaxation, mood elevation and reduction of anxiety and apprehension. Not only this, the administration of analgesics, anxiolytics and antidepressants have also been advised at many places.

Frequent use of opiods in the pain management for terminally ill cancer patients though plays a significant response but the known hazards like drug abuse, gradual tolerance, nausea, vomiting, constipation, anorexia and retention of urine are more common. To overcome with these problems there are many indigenous drugs mentioned in the texts of Ayurveda which can be used as an adjuvant therapy. Drugs for the pain relief are also very much effective and do not produce any untoward effects as with opiods and other synthetic and semisynthetic pain killers. Not only this the hazards of Chemotherapy and Radiotherapy can also be minimised with Ayurvedic treatment.

Thus we see the scope of Sangyaharan is much more wider than the anaesthesia. But it requires complete knowledge of the subject along with the other allied modern medical science. The basic need is that how to implement the line of treatment as mentioned in the Ayurvedic texts - Daivavyapashrya, Yuktivyapashraya and Satvavajaya. While treating a terminally ill patient, Sangyaharan practitioner must have to decide when, where and how to make a plan and utilise these three either alone or in combination.

Now the people are looking towards the better relief with least complication and the only answer is the use of indigenous therapy. At present our well qualified Sangyaharan practitioners are serving the nation and abroad, providing anaesthesia in routine and emergency operations in different surgical conditions. But a wide open scope is waiting for them in the field of palliative care where they can prove their equal rather much better ability and utility than the others. Then only we might be able to fulfill the objectives of Sangyaharan.

सर्वे भवन्तु सुखिनः, सर्वे भवन्तु निरामयाः ।
सर्वे भद्राणि पश्यन्तु, माकश्चिद्दुःखभाग्भवेत् ।।

(Ancient Literature)

Cover Design and Phototypesetting by
'SPECTRUM', 9/3 Kabir Nagar, Durga Kund, Varanasi - 221 005, Tel. 314002

संज्ञाहरण की अवधारणा

*डा० संजीव शर्मा एवं †डा० डी० एन० पाण्डे

*भूतपूर्व क्लीनिकल रजिस्ट्रार (संज्ञाहरण), † लेक्चरर संज्ञाहरण, शल्य-शालाक्य विभाग, आयुर्वेद संकाय, चिकित्सा विज्ञान संस्थान, का.हि.वि.वि., वाराणसी

अथर्ववेद में मधुविद्या का उल्लेख मिलता है । यह अतिरहस्यात्मक ज्ञान के रूप में प्रचलित था । मधु विद्या के तीन रूप हैं -

१. रसायन शास्त्र (Science of Rejuvenation)
२. संधान शास्त्र (Plastic and Orthopedics)
३. मृत संजीवनी शास्त्र (Science of Reviving dead)

जैमनीय ब्राह्मण में भी मधुविद्या, प्रर्वग्य विद्या और अपिकक्ष्य विद्या का उल्लेख मिलता है । संभवतः उक्त तीनों विद्यायें एक ही हैं । ऐसा उल्लेख भी मिलता है कि यह ज्ञान इन्द्र से दधीचि को, दधीचि से अश्विनी कुमारों को प्राप्त हुआ । सिद्धान्तों के रूप में उक्त विद्यायें आयुर्वेद के ही अंग थे । इसी कारण शल्य तन्त्र को आयुर्वेद का प्रथम और प्रधान अंग कहा गया -

एतद्धि अङ्गं प्रथमम्, प्रागभिघातव्रणसंरोहात्, यज्ञः शिरः संधानाच्च ।

सुश्रुत सूत्रस्थान अ० १/१६

प्राधान्य का कारण

आशुक्रियाकरणात्, यन्त्रशस्त्रक्षाराग्नि प्रणिधानात्, सर्वतन्त्रसामान्याच्च ।

सुश्रुत सूत्रस्थान अ० १/१७

संज्ञाहरण के सिद्धान्तों को भी हम शल्य तन्त्र में यत्र तत्र पाते हैं । इन सिद्धान्तों को यदि एक स्थान पर संकलित करके दृष्टिपात किया जाए तो उसमें संज्ञाहरण की अवधारणा कुछ इस प्रकार मिलती है -

प्राक् शस्त्रकर्मणश्चेष्टं भोजयेदातुर भिषक् । मद्यपं पाययेनमद्यं तीक्ष्णं यो वेदनाऽसहः । ।१२। ।
न मूर्च्छत्यन्न संयोगान्मतः शस्त्रं न बुध्यते । तस्मादवश्यं भोक्तव्यं रोगेषूक्तेषु कर्मणि । ।१३। ।

सुश्रुत संहिता सूत्रस्थान अ० १७/

निम्न रोगों में अभुक्तवत कर्म करने का निर्देश है -

मूढगर्भोदरार्शोऽश्मरीभगन्दरमुख रोगेष्वभुक्तवतः कर्म कुर्वीत ।

सुश्रुत संहिता सूत्रस्थान अ० ५/१६

मूर्च्छा का निदान एवं संप्राप्ति

क्षीणस्य बहुदोषस्य विरूद्धाहार सेविनः । वेगाधातादभिधाता द्धीनसत्तवस्य वा पुनः । ।३। ।
करणायतनेषुग्रा बाह्येषवाभ्यन्तरेषु च । निविशन्ते यदा दोषास्तदा मूर्च्छन्ति मानवाः । ।४। ।
संज्ञावहासु नाड़ीषु पिहितास्वनिलादिभिः । तमोऽभ्युपैति सहसा सुख दुःख व्यपोहकृत् । ।६। ।
सुखदुःखव्यपोहाच्च नरः पतति काष्ठवत् । मोहो मूर्च्छेति तां प्राहुःषड्विधासा प्रकीर्तिता । ।७। ।

वातादिभिः शोणितेन मद्येन च विषेण च । षट्स्वप्येतासु पित्तं हि प्रभुत्वेनावतिष्ठते ।।८।।

सुश्रुत संहिता उ० त० अ० ४६/

निदान और संप्राप्ति के साथ-साथ मूर्च्छा के चिकित्सा सिद्धान्त भी आयुर्वेद ग्रन्थों में व्यापक रूप से मिलते हैं - यथा -

कुर्य्याच्च नासावदनावरोधं क्षीरं पिवेद्वाऽप्यथ मानुषीणाम् ।
मूर्च्छा प्रसक्तां तु शिरोविरेकैर्जयेदभीक्ष्णं वमनैश्च तीक्ष्णैः ।।

सुश्रुत संहिता उ० त० अ० ४६/१८

सेकावगाहौ मणयः सहाराः शीताः प्रदेहा व्यजनानिलाश्च ।
शीतानि पानानि च गन्धवन्ति, सर्वासु मूर्च्छास्वनिवारितानि ।।

सुश्रुत संहिता उ० त० अ० ४६/१४

मदमूर्च्छा और सन्यास में भेद

दोषेषु मदमूर्च्छायाः कृत वेगेषु देहिनाम् । स्वयमेवो पशाम्यन्ति सन्यासोनौषधैर्विना ।।

(अ० ह० नि० अ० ६)

मदमूर्च्छायसन्यासास्तेषां विद्याद्विचक्षणः । यथोत्तरं बलाधिक्यं हेतुलिङ्गो पशान्तिषु ।।

(च० सू० अ० २४)

सन्यास का स्वरूप, कारण और संप्राप्ति

वाग्देहमनसां चेष्टामाक्षिप्यातिबला मलाः । संन्यस्यत्त्यबलं जन्तुं प्राणायचनमाश्रिताः ।
सना सन्यासंन्यस्तः काष्ठीभूतो मृतोपमः । प्राणैर्विमुच्यते शीघ्रंमुक्तवा सद्यः फलां क्रियाम् ।।

(अ० ह० नि० अ० ६)

लब्ध संज्ञ सन्यास चिकित्सा क्रम

प्रबुद्धसंज्ञं वमनानुलोम्यैस्तीक्ष्णैर्विशुद्धं लघुपथ्यभुक्तम् ।
फलत्रिकैश्चित्रकनागराढ्यैस्ततोऽश्मजाताज्ञतुनः प्रयोगैः ।
सशकरैर्मासमुपक्रमेत विशेषतो जीर्णघृतं स पाथ्यः ।।२४।।
यथास्वंच ज्वरध्नानि कषायाण्युपयोजयेत् ।
सर्वमूर्च्छापरीतानां विषजायां विषापहम् ।।२५।।

सुश्रुत संहिता उ० त० अ० ४६

मदस्य तिस्रः अवस्थाः

त्र्यवस्थश्च मदोज्ञेयः पूर्वोमध्योऽथ पश्चिमः । पूर्वे वीर्य रति प्रीति हर्ष भाष्यादिवर्द्धनम् ।।
प्रलापो मध्यमे मोहो युक्तायुक्त क्रियास्तथा । विसंज्ञः पश्चिमे शेते नष्ट कर्म क्रियागुणः ।।

सुश्रुत संहिता उ० त० अ० ४७/११-१२

प्रकृति पर मद्य का प्रभाव

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

(सु० सू० अ० २५/२०६)

मद्य के गुण

मद्यमुष्णं तथा तीक्ष्णं सूक्ष्मं विशदमेव च । रूक्षमाशुकरं चैव व्यवायि च विकाशि च ।।

(सु० सं० उ० ४७/३)

मद्य के कर्म एवं प्रभाव

औष्ण्याच्छीतोपचारं तन्तैक्ष्ण्याद्धन्ति मनोगतिम् । विशत्यवयवान् सौक्ष्म्याद्वैशद्यात्कफशुक्रनुत ।।४।।
मारूतं कोपयेद्रौक्ष्यादाशुत्वाद्याशुकर्मकृत । हर्षदं च व्यवायित्वाद्विकाशित्वाद्विसर्पति ।।५।।

(सु० उ० अ० ४७)

बुद्धिं लुम्पति यद् द्रव्यं मदकारि तदुच्यते । तमोगुण प्रधानञ्च यथा मद्यं सुरादिकम् ।।

(शार्ङ्गधंर सं० प्र० ख० अ० ६)

चरकोक्त मद्यगुणाः

लघुष्ण तीक्ष्ण सूक्षमाम्ल व्यवायाशुगमेव च ।
रूक्षं विकाशि विशदं मद्यं दशगुण स्मृतम् ।।

चरक चि० अ० २४/३०

विष के दशगुण

रूक्षंमुष्णं तथा तीक्ष्णं सूक्ष्ममाशु व्यवायि च ।
विकाशि विशदञ्चैव लध्वपाकि च तत्स्मृतम् ।।

ओज का परिचय एवं गुण

रसादीनां शुक्रान्तानां धातूनां यत्परं तेजस्तत् खल्वोजस्तदेव बलमित्युच्यते, स्वशास्त्रसिद्धान्तात् ।।

(सु० सू० १५/२०)

गुरूशीतं मृदुश्लक्ष्णं बहलं मधुरं स्थिरम् ।
प्रसन्नं पिच्छिलं स्निग्धमोजो दशगुणं स्मृतम् ।।

चरक सं० चि० २४/३१

संज्ञाहरण की अवधारणा

उपरोक्त ज्ञान के परिपेक्ष्य में हम संज्ञाहरण की अवधारणा को सिद्धान्त रूप में निम्न श्लोक में संवर्द्धित एवं साकार पाते हैं -

मद्यं हृदयमाविश्य स्वगुणैरोजसो गुणान् ।
दशभिर्दश संक्षोभ्य चेतो नयति विक्रियाम् ।।

चरक संहिता चिकित्सास्थान २४/२६

Role of Jatamansi in Sangyaharan

Dr. P.K. Sharma* and Dr. D.N. Pande†

Consultant Anaesthetist, Varanasi, †Incharge, Section of Sangyaharan, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, Varanasi.

Many herbs are mentioned for the treatment of nervous and mental disorders such as Unmad, Apsmar, Akshepaka and other vataj and Manas Rogas. In ancient literatures certain drugs are mentioned under Medhya groups for their treatment. These drugs are supposed to improve the medha, which is seat of pragya and consists of Dhi, Dhriti, and Smriti i.e. intelligence, wisdom and memory.

According to previous studies certain medhya drugs have antianxiety properties and if used for longer period control the psychological excitability. Jatamansi is kept in this group. Its description is found in Caraka, Bhav Prakash, Raj Nighantu and Nibandha Sangraha[R].

Plant Description

Botanical name : Nardostachys jatamansi
Family : Valerianaceae

Synonyms

1. **Sanskrit** - Amritjata, Akashmansi, bhootjata, Bhoot keshi, Chakravartini, Golomy Gandhamansi, Gauri, Hinsa, jatamansi, jatila, jati, jatavali, Keshi Kiratine, Kravyadi, Krishnajata, Laghumansi, Limsha, Mansi, Mansini, Mishika, Nalada Niralamba, Pishachi, Parvatvasini, Sulomsha, Shvetakeshi, Sevali, Tapasi, Tapaswinee, Tamsi, Sukshma Patri.
2. **English** - Indian spikenard, Muskroot, spikenard.
3. **Hindi** - Jatamansi, Balchir.
4. **Bengali** - Jatamansi
5. **Gujarati** - Jatamansi
6. **Kannada** - Jatamansi
7. **Malayalam** - Jatamanshi, jatamanchi
8. **Marathi** - Balacharea, Jatamanshi
9. **Tamil** - Jatamanshi
10. **Telugu** - Jatamanshi
11. **Garhwali** - Masi
12. **Bihari** - Bekkurphus
13. **Kashmiri** - Bhutijatt, Kukulipat
14. **Singapuri** - Jatamanshi
15. **Arabic** - Sumbulul aasaffir, Sumbulul hind
16. **Persian** - Sunbuluttib
17. **Farasi** - Narde-hindi

18. **Chinese** - Kensing Hsiang
19. **French** - Epidenarde, Nardu gangee, Nard indica.
20. **Nepali** - Haswa, Naswa, Jatamansi.

Habitat and Distribution

It is perennial herb; plants ar about 60 cm. tall. It is found in Alpine Himalya's at an altitude of about 1100-15000 feet; from Kumaon to Sikkim, ascending to 17000 feet in Sikkima.

Morphology

Root Stalk - Woody, long, stout covered with fibers from the petiole of the withered leaves.

Stem - 10-60 cms. long, more or less pubescent, upward, often glabiate below subscapose.

Radical leaves 15-20 cms. long and 2.5 cms. broad longitudinally nerved glabrous and slightly pubescent narrowed into the petiole.

Cauline 1 or 2 pairs, 2.5-7.5 cms. long, sessile, oblong or sub ovate.

Flower - Capitate, heads in chymes, usually 1, 3 or 5 bracts 5 mm., oblong usually pubescent.

Calyx - Limb - 5 lobed

Corolla - Tublar, Campanulate, base subequal, 6 mm long, some what hairy within, as are the filaments below, lobes 5, spreading, rosy.

Fruit - Obovate, compressed, 3 called, 1 seeded.

Seeds - Ovate and compressed.

Rhizome - Rhizome is a small part, and thick as about a little finger, of a dark grey colour, covered by a bundle of fine reddish brown fibers, the whole forming an object like the tail of a sable or martin. The fibers are produced by an accumulation of the skelton of the leaves and are matted together, forming a type of network, amongst them, the remains of the flower stalk may be found. The odour of the drug is peculiar, like a mixture of valerian patchouli. The taste is bitter and aromatic.

When central portion is removed and cut across, it is seen as consisting of a thin cortical portion connected with the central woody column by four medullary bands, between which large canals of fibrovascular budles are present. The central woody column is of redbrown colour angular and jointed, having some resemblance to the vertbrae in the tail of an animal.

Part used for medicinal purpose

Rhizome, commonly called as roots.

Properties

Ras : Tikta, Kashaya, Madhur
Guna : Laghu, Tikshna, Snigdha
Veerya : Sheeta
Vipak : Katu
Prabhava : Bhutaghna.

normotensive and hypertensive rats, normotensive dogs and cats. The hypotensive action was evident in both anesthetised and nonanaesthetised animals (Arora, 1965a).

The hypotensive action appear to be more due to blockade of adrenergic mechanism as evidenced by the depression of pressure response produced by (a) Carotid occlusion (b) Dimethyl phenyl piperazinium idodide (c) Splanchnic nerve stimulation (d) Catecholamines epienphrine and norepinephrine. Moreover Jatamansone fails to produce marked hypotensive effect in dibenamine treated animals, and it antagonizes action of epinephrine in rat seminal vesicle (Arora, 1965a).

The dose of jatamansone required for hypertensive patients was reported to be lower than that in laboratory animals (Arora et al., 1967).

The aqueous extract of Nardostachys jatamansi root showed diuretic action in rats which was compared favourably with that of potassium acetate and was more potent than urea (Gujaral et al., 1955).

The ethamolic extract (50%) of the rhizome showed the hypotensive effect in cats and dogs and antispasmodic action on isolated guinepig ileum (Bhakuni et al., 1969).

Jatamansi Ghansatva as a pre anaesthetic medication is prooved safe during the course of anaesthesia (Dr. Gulati P.K. and Dr. Pande S.B. 1984. Department of Shalya Shalakya, Section of Sangyharan, Institute of Medical Sciences, Banaras Hindu University).

Jatamansi Ghansatva was proved safe premedicant having no side effect or toxicity. (Dr. Sharma P.K. and Dr. Pande D.N. Section of Sangyaharan, Shalya Shalakya Department, Institute of Medical Sciences, Banaras Hindu University.

Clinical studies

Root powder i.e. rhizome powder (6 gm) of Nardostachys jatamansi showd a sedative action in a clinical study of 24 medical students as evidenced by the prologation of the visual reaction time (Amin et al., 1961).

Jatamansone was tested in a double blind clinical trial covering 28 patients of moderate to severe hypertension (12 were non hospitalised and 10 hospitalised) patients treated at Safadarjang Hospital, New Delhi and 6 patients treated at K.E.M. Hospital, Bombay. It was given orally in a dose of 10 mg/day for 16 days. jatamansone lowered the blood pressure of patients in the supine as well as in the standing position. The hypotensive effect manifested with in 6-8 hr., the peak effect was occurring between 12-14 hr. and occasionally delayed upto 48 hr. All the patient were constantly observed for the signs of postural hypotension, but none of these patients had this side effect after the dose was stabilized. The only symptom observed was a mild degree of dryness of the mouth in one patient (Aroral, 1965a,b).

The neuropharmacological profile of Jatamansone with special reference to its hyperkinetic states has been reviewed (Arora et al., 1966). In a preliminary clinical trial on four hyperkinetic children, Jatamansone could reduce aggressiveness, restlessness and stubborness as well as insomnia (Arora, 1965b).

A compound Ayurvedic preparation contain N. jatamansi as one of the component was administered to 20 indoor patients of schizopnrenia, as a double blind trial with placebo as well as chlorpromazine. The Ayurvedic preparation and chlorpromazine were found to be almost equal in reducing the various mental symptoms of schizophrenic patients (Mahal et al., 1976).

Conclusion

On the basis of research work done under Dr. S.B. Pande and Dr. D.N. Pande we can conclude that :

1. Jatamansi Ghansatva (aqueous extract) is a safe and effective premedicant.
2. It produces good sedation.
3. It reduces apprehension and anxiety.
4. It preserves the cardiovascular system in a stable state. Thus neither accelerates the heart rate nor diminish it.
5. It doesn't affect the normal biochemical changes of body. Thus it has no toxicity.
6. It has some hypoglycaemic effect against the hyperglycaemic effects of Ether.

In short we can conclude that Jatamansi (Nordostachys Jatamansi) is safe and very effective premedicant during the course of anaesthesia having no side effect or toxicity. A further study is requird to explore its manifold utility.

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

*Dr. S.B. Chaurasia, *Dr. C.P. Bhusal, †Dr. D.N. Pande

*Resident Anaesthetist, †Incharge, Section of Sangyaharan, I.M.S., B.H.U., Varanasi

Introduction

Anaesthetic management begins with pre operative psychological preparation of the patients and administration of a drug or combination of drugs in order to produce specific pharmacological responses prior to induction of anaesthesia. Traditionally this is referred as "pre-operative medications".

The commonly used sedatives and tranquilizers as preanaesthetic mendicants drugs are notorious for their side effects. Thus to replace these compounds it was proposed to evaluate the herbal psychotropic drug mentioned in ayurvedic literature where a number of medhya dravyas are indicated for improving Dhi, Dhriti and Smiriti. The uses of medhya drugs are in treatment of psychological and psychosomatic disorders, being antipsychotic, antianxiety or tranquilizers and mild sedative in action. Brahmi is the most important member of medhya drugs.

Material and Method

Total number of 45 healthy female patients were selected for this study in three groups randomly. Group I Vatic - 15 patients, Group II Pattic - 15 patients, and Group III Kaphaj - 15 patients.

Dose

Injection Atropine sulphate 0.6 mg intra muscular and caps Brahmi Ghansatva 500 mg orally with 30 ml fresh water, 60-90 minutes before anaesthesia.

Anaesthesia

General anaesthesia with ether.

Induction : Pre oxygenation with 100% oxygen for 3 minutes, then O_2 + N_2O (3:5 litres/min) respectively + diethlylether with Magills open circuit of Boyle's apparatus under mask on spontaneous ventilation; **Maintenance** : O_2 + N_2O + Ether; **Recovery** : Spontaneous

Observations

Table 1a. Statistical evaluation of mean age, weight and height of all the three groups.

Groups	No. of Patients	Age (in yrs)		Weight (in kgs)		Height (in cms)	
		Mean	SD	Mean	SD	Mean	SD
Vatic	15	26.76	4.16	41.84	3.27	150.76	1.04
Pattic	15	26.46	4.33	47.00	3.91	149.84	3.84
Kaphaj	15	28.05	5.77	50.07	7.90	147.30	4.34

Table 1b. Statistical comparison of mean of age, weight and height between the three groups.

Groups	Age			Weight			Height		
	't' value	'P' value	Remarks	't' value	'P' value	Remarks	't' value	'P' value	Remarks
V vs P	0.229	>0.05	N.S.	2.009	>0.05	N.S.	0.211	>0.05	N.S.
P vs K	0.160	>0.05	N.S.	1.25	>0.05	N.S.	0.863	>0.05	N.S.
K vs V	0.351	>0.05	N.S.	4.006	<0.001	H.S.	1.418	>0.05	N.S.

Mean age and height of each group is identical whereas mean weight of patients in group III is significant.

Evaluation of Blood Pressure

Table 2a. Statistical evaluation of mean blood pressure (MBP) before and after the premedication of all the three groups.

Groups	MBP before premedication (in mmHg)		MBP after premedication (in mmHg)		Comparison with in the groups			
	Mean	SD	Mean	SD	Groups	't' value	'P' value	Remarks
Vatic	88.02	6.51	93.39	5.42	V vs V	1.260	>0.05	N.S.
Pattic	89.00	5.54	97.47	6.83	P vs P	1.257	>0.05	N.S.
Kaphaj	91.9	7.82	96.32	6.72	K vs K	0.877	>0.05	N.S.

Table 2b. Statistical comparison of MBP between the three groups.

Groups	MBP before premedication			MBP after premedication		
	't' value	'P' value	Remarks	't' value	'P' value	Remarks
V vs P	0.19	>0.05	N.S.	1.20	>0.05	N.S.
P vs K	0.71	>0.05	N.S.	0.32	>0.05	N.S.
K vs V	1.12	>0.05	N.S.	1.05	>0.05	N.S.

Pulse Rate Changes

Table 3a. Statistical evaluation of mean pulse rate (MPR) before and after premedication of all the three groups.

Groups	MPR before premedication (in min)		MPR after premedication (in min)		Comparison with in the groups			
	Mean	SD	Mean	SD	Groups	't' value	'P' value	Remarks
Vatic	84.41	3.62	102.17	5.33	V vs V	4.976	<0.001	HS
Pattic	85.72	8.13	105.71	9.42	P vs P	4.568	<0.001	HS
Kaphaj	86.13	8.07	100.09	9.28	K vs K	3.530	<0.001	HS

Table 3b. Statistical comparison of MPR between the three groups.

Groups	MPR before premedication			MPR after premedication		
	't' value	'P' value	Remarks	't' value	'P' value	Remarks
V vs P	0.56	>0.05	N.S.	1.03	>0.05	N.S.
P vs K	0.12	>0.05	N.S.	1.12	>0.05	N.S.
K vs V	0.63	>0.05	N.S.	0.63	>0.05	N.S.

Respiratory Rate Changes

Table 4a. Statistical evaluation of mean respiratory rate (MRR) before and after premedication of all the three groups.

Groups	MRR before premedication (in per min)		MRR after premedication (in per min)		Comparison with in the groups			
	Mean	SD	Mean	SD	Groups	't' value	'P' value	Remarks
Vatic	19.45	1.14	20.91	3.46	V vs V	0.838	>0.05	N.S.
Pattic	19.23	1.23	19.66	1.35	P vs P	0.73	>0.05	N.S.
Kaphaj	19.08	1.26	19.62	2.38	K vs K	1.63	>0.05	N.S.

Table 4b. Statistical comparison of MRR between the three groups.

Groups	MRR before premedication			MRR after premedication		
	't' value	'P' value	Remarks	't' value	'P' value	Remarks
V vs P	0.723	>0.05	N.S.	0.253	>0.05	N.S.
P vs K	0.123	>0.05	N.S.	0.720	>0.05	N.S.
K vs V	0.206	>0.05	N.S.	0.345	>0.05	N.S.

Temperature Changes

Table 5a. Statistical evaluation of mean temperature (Temp.) before and after premedication of all the three groups.

Groups	Temp. before premedication (in ^{o}F)		Temp. before premedication (in ^{o}F)		Comparison with in the groups			
	Mean	SD	Mean	SD	Groups	't' value	'P' value	Remarks
Vatic	97.80	0.47	99.00	0.40	V vs V	0.415	>0.05	N.S.
Pattic	98.07	0.49	99.83	0.53	P vs P	0.286	>0.05	N.S.
Kaphaj	97.53	0.47	98.64	0.49	K vs K	0.169	>0.05	N.S.

Contd... in next issue

NEWS

Conferences and Seminars

INTERNATIONAL

7-11 March '98 **Orlando (USA)**

- 70th Clinical and Scientific Congress of the International Anaesthesia Research Society.
- ***Contact :*** IARS, Suite 140, 2 Summit Park Drive, Cleveland, Ohio-44131-2553, U.S.A.

21-26 March '98 **Durban (South Africa)**

- Annual meeting of the South African Society of Anaesthesiologists, Durban International Convention Centre.
- ***Contact :*** Congress Chairman, Private Bag 7, Congella, 4013, Durban, South Africa.

10-16 May '98 **Taipei (Taiwan)**

- 10th Asian Australian Congress of Anaesthesiologists.
- ***Contact :*** Round Table Professional Conference Organizer, RM 607, 6F, No 432 Keelung Road, Sec. 1. Taipei, Taiwan R.O.C.

30 June - 4 July '98 **Frankfurt am Main (Germany)**

- 10th European Congress of Anaesthesiologists.
- ***Contact :*** MCM Medizinische Congress Organisation Nurnberg, Germany.

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

- Annual Scientific Meeting.
- ***Contact :*** Mrsleslie Ogg, AAGBI, 9 Bedford square, London - WCIB - 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 Madision Avenue Suite 703, New York NY 10017, U.S.A.

NATIONAL

Ist week of April '98 **Varanasi**

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

Ist week of April '98 **Varanasi**

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

21-22nd March '98 **Puri**

- Second National Conference of A.A.I.M.
- ***Contact :*** Gop Bandhu Ayurveda College, Puri.

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.

December '98 **Patna**

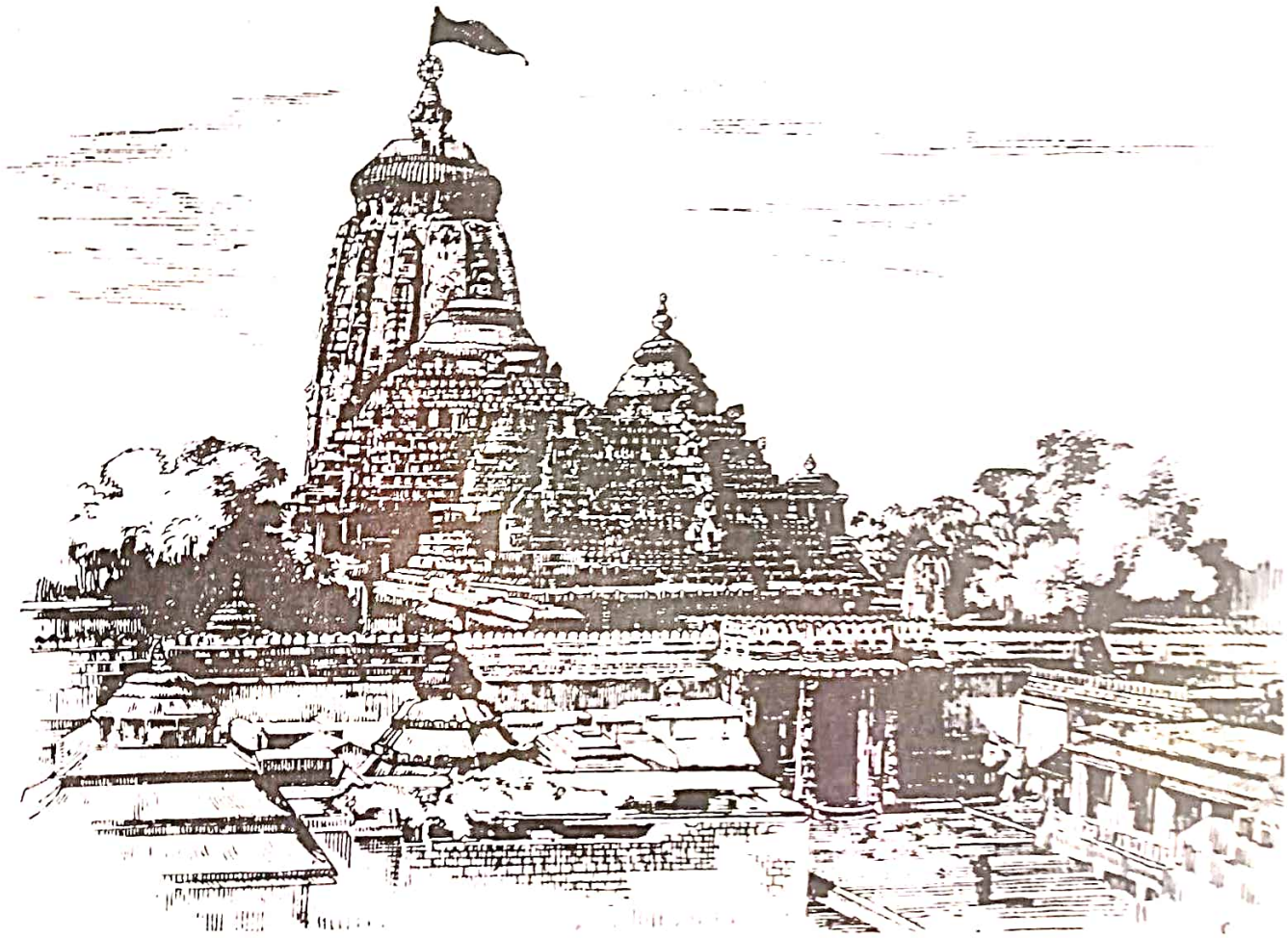
- Herbs and Herbal Medicine
- ***Contact :*** Dr. M.M. Gupta, Indian Medical Trust, Premchanda Marg, Rajendra Nagar, Patna - 16 (Bihar).

SOUVENIR

Second National Conference of

BHARATIYA SANGYAHARAK ASSOCIATION

(Association of Anaesthetists of Indian Medicine)



21-22nd March, 1998

PURI (ORISSA)

ORGANISING COMMITTEE

Patrons

Mr. R.N. Bhanjadeo, *Kanika Maharaj*
Dr. S.B. Pande, *Founder President, A.A.I.M.*
Dr. B.K. Jay Singh, *Principal, G.B. Ay. College, Puri (Orissa)*

Chair person

Dr. N.P. Das, *Ex-Principal, G.B. Ay. College, Puri (Orissa)*

Co-chair persons

Dr. J. Nath
Dr. Narayan Mohanti

Organising Secretary

Dr. B.C. Senapati

Treasurer

Dr. H.R. Mohanti

Joint Treasurer

Dr. B.B. Khuntia

Joint Secretaries

Dr. C. Bhuyan
Dr. M.G. Panigrahi
Dr. I.P. Badapanda
Dr. M. Panda
Dr. B.N. Mohapatra
Dr. N. Sahu
Dr. N.P. Nayak
Dr. C.K. Dash
Dr. S.P. Mishra
Dr. M. Dash
Dr. R.K. Panigrahi
Dr. A.N. Padhi
Dr. M.S. Badapanda

Reception Committee

Dr. Chaturbhuj Bhuyan
Dr. M. Panda
Dr. R.K. Panigrahi
Dr. S.S. Dash
Dr. D. Mishra

Scientific Programme Committee

Dr. N.C. Dash
Dr. A.N. Padhi
Dr. Deba Prasad Dash

Catering Committee

Dr. M.G. Panigrahi
Dr. B.B. Khuntia

Registration Committee

Dr. I.P. Badapanda
Dr. P.K. Satapathi
Dr. M. Pati

Accomodation & Transport Committee

Dr. Maheshwar Dash
Dr. B.B. Khuntia

Publication Committee

Dr. D.N. Pande
Dr. K.K. Pandey
Dr. S. Sharma
Dr. C.K. Dash
Dr. R. Asthana
Dr. P.K. Sharma
Dr. P.R. Mishra
Dr. S.K. Mishra
Dr. G. Sah
Dr. S.B. Chourasia

Action and uses

In Ayurvedic text following actions of jatamansi are mentioned e.g. Sangyasthapak (helpful in proper maintanance of consciousness), Medhya (benificial for the proper functioning of brain), Balya (improves health), Akshepnashak (anticonvulsant), Nidrajanan (hypnotic), Mutral (Diuretic), Artavjanan (benificial for female reporductive system), Bajikaran (benificial for male reporductive system), Daahhar, Visharphar, Raktpitthar, Varnya (benificial for blood purification), Vishaghna, Jwartapahar (Antipyretic), Bootbadhapaha (benificial for mental diseases), Sophhar (antiinflammatory), Vranahar (Antiseptic), Nadirujapaha (neurotonic), Lootavishhar (antihistaminic), Trishnahar.

Root i.e., rhizome is considered as aromatic bitter tonic, anti spasmodic, deobstruent, antiseptic, diuretic emmenagogue. It is used in the treatment of epilepsy, hysteria, chorea, convulsion and palpitation. Its tincture is used in intestinal colic. Root oil is said to promote growth and black-ness of hair. It is used as sedative in combination with sesamum oil. It is used in the treatment of leprosy. It is also used in the treatment of scorpion sting (Chopra et al., 1954; Nadakarni, 1954).

Its roots decoction is used in mental disorders, insomnia, diseases of blood and circulatory system (Uniyal, Issar, 1969). The plant is used by tribals (santhals) in the treatmenty of madness, epilepsy, unconsciousness after child birth, convulsion smallpox, ulcer, chorea, drycough and bronchitis (Jain, Tarafdar, 1970).

Amount of elements present in Nardostachys Jatamansi

Ca	Cd	Cu	Fe	K	Mg	Mn	Na	Ni	Zn
3.611	0.0069	0.372	1.190	11.02	0.841	0.0320	58.57	0.391	0.0104

All values in mg per/gm of dry plant material. Nordostachys Jatamansi used in the treatment of epilepsy, hysteria and convulsive affection has been found to contain Cu 0.88 mg, Fe 0.930 mg, Mg 0.760 mg and Ni 0.0621 Mg. The same authors reported potassium phosphate, magnisium chloride and Zn for hysteria, Calcium phosphate, Cu, Iron phosphate, K, magnesium phosphate and Zn for epilepsy which very well correlates with the observed findings.

Chemical composition

Reported to have 2% volatile oil, an unidentified ester, an alcohol, and two alkaloids (Bose et al., 1957). The rhizomes of Nardostachys jatamansi yielded jatamanshic acid (Chaudhary et al., 1951) which was assigned a bicyclic sesquiterpene structure (Chaudhary et al., 1958; Mukherji and Dhar, 1961).

The petroleum ether extract of the rhizomes gave a ketonoic principle called Jatamanasone (Govindachari et al., 1958).

The hexene extract of the rhiome of nardostachys Jatamansi yielded beta sitosterol (Anjaneyulu et al., 1965).

The natural fraction of the concentrate of roots given a number of compounds viz valeranone, valeranal, nardol, calarenol, nardostochone, n-hexacosangl arachidate, n-hexacosanol, calarene, n-hexacosange, n-hexacosangl isovalerate and Beta sitosterol (Sastry et al., 1966, 1967a,b).

The hydrocarbon fraction of the pertroleum ether extract of nardostachys jatamansi rhizome yielded a known sesquiterpine viz seychellene and a new hydrocarbon, seychelane (Maheswari, Saxena, 1974).

The roots on extraction with light petrol yielded norsey-chelanone, seychelem patchouli alcohol and also Alpha and Beta patchoulenes (Rucker et al., 1976).

The oil from the Nardostachys jatamansi root yielded terpenic coumarins, oroselol and a new one, named as Jatamansin (Shanbhag et al., 1964).

Sheshadri and Sood (1964), reported the isolation of a compound which was later found to be identical with selinidine isolated from S. vaginatum. The oil of Nardostachys jatamansi also yielded several hydrocarbons, a new oxide together with Beta endesmol, elemol, Beta sitosterol, angelicin and jatamansinol (Shanbhag et al., 1965).

Pharmacological study

Essential oil from the rhizomes had a depressant action on the CNS of guinea pigs and rats (Chopra et al., 1954).

The oil free aquous extract of Nardostachys jatamansi showed a transient hypotensive effect and E.C.G. changes in dogs, apart from contacting frog rectus muscle. The effect on cardiovascular system of the extract was similar to that of potassium. It could not be ascertained however, whether all the cardiovascular system effects of Nardostachys jatamansi extract could be explained by the presence of potassium alone. The potassium contents of the aqueous extract was found to be 5.67 mg/ml of the extract (Sheth, Khare, 1956).

The alkoloid fraction of Narodostachys jatamansi rhizome and roots showed a significant and sustained hypotensive action in dogs. This fraction also produced a marked relaxation of plain muscles and depression of central nervous system and a mild degree of relaxation of the skeletal muscles (Bose et al., 1957b).

Essential oils obtained from the rhizomes of the Narostachys jatamansi showed pronounced and prolonged hypotensive effect in dogs. It does not depress the vasomotor centre but locked the proprioceptive blood pressure regulating reflexes. The oil has negative ionotropic and positive chronotropic effect on the heart of dog and frog.

In moderate hypotensive dose, it did not lead to any E.E.G. Changes in dogs. The oil did not depress the respiration but causes some initial stimulation (Arora et al., 1958a).

Various extracts (light petroleum, benzene and ethanol) of Nardostachys jatamansi root showed both sedative action in rats as revealed by physical inactivation and potentiation of phenobarbital sodium sleeping time in rats and hypotensive activity in the cats. The ethanolic extract was found to be most effective (Hamied et al., 1962).

A detailed study of the hypotensive action of jatamansone in cat showed that the central action of the drug does not play a major role in its hypotensive action (Arora and Arora, 1964).

A compound herbal preparation having N. Jatamansi as one of the ingredient lowered the B.P. in hypertensive rats and also exerted antiarrhythmic action (Siddique, 1964). Jatamanone showed a potent and prolonged hypotensive activity in

Presidential Speech

Friends,

Our first National Conference was organised at Varanasi the cultural capital of India and this second National Conference is now being held at Puri - the holy land of Lord Jagannath. Lord Vishwanath to Lord Jagannath, our Association is trying to get light for upliftment of Ayurveda. Our aim is not only to serve our Nation but to serve the mankind. The view of fulfilling the demand and need of country, to develop not only Shalya-Shalakya rather, also for the development of Prasuti Tantra in different Ayurvedic institutions of the country, the speciality of Sangyaharan was revived in the Section of Sangyaharan, Faculty of Ayurveda, Banaras Hindu University, Varanasi. The P.G. course in Sangyaharan was started in 1983. The clinical and experimental works carried out here in close collaboration with the modern Anaesthesiology department is an ideal one, to be followed by all the institutions of the country. Not only this but the tremendous teaching method and skillful training of this section attracted the C.C.I.M. to start the same course in different institutions of Indian Medicine.

I feel elated to be present as president of this society, on the land of Lord Jagannath. I am thankful to Dr. S.B. Pande, the main architect of the present Sangyaharan setup, both research and teaching in the country. I tried my level best to strengthen the society during my first tenure. My full team cooperated me in the organisational work. I am really thankful to them.

At last but not the least I want to congratulate and thank to the members of organising committee, Puri for holding this conference successfully. My special thanks are to Dr. N.P. Das, Dr. Senapati and others for their successful management. Friends, I am sure that you will appreciate our efforts and will join hands to contribute your own responsibility in this field.

सर्वे सुखिनः सन्तु, सर्वे सन्तु निरामयाः

Jai Hind

Dr. M.N. Chaudhary
President
Bharatiya Sangyaharak Association

From the Desk of Chairman Organising Committee

Honorable Guests, distinguished personalities, Scholars, bonafied dignitaries and Friends !

I welcome you all Sir, to this auspicious Second Bharatiya Sangyaharak's Conference, in the holy land of Lord Jagannath, Puri. The carving upon the stone of the temple in Kalinga architectural style symbolises the light of knowledge which is to be gathered through experience and practice the ocean 'Mahodadhi' magnetically draws the attention towards broadness. Puri, otherwise known as the Pursottam-Kshetra or Shree-Kshetra is an important Centre not only for Hindus or Indians but also for entire human civilization. The word Jagannath means the Lord of the Universe and the main deities, Lord Jagannath, Balabhadra and Subhadra the Trinity is the symbol of Universal brother hood. The Deities are made up of Neem Wood, Jhuna, Chandan, Haritala, Shankha, Kasturi and Karpura etc. The entire cult and adorations are based on Indigenous thoughts and associated with medicinal values to achieve excellence in life. Under his direction we could be able to assemble here to-day at Puri for a noble purpose of alleviating the human agony of pain and conscious martyrdom.

Two auspicious days I must mention which will be remembered by us for all time to come. The Anaesthetists at the annual meeting of British Medical Association met for the first time in 1922, where as the Bharatiya Sangyaharak Association met in their first conference at Varanasi on 8th March 1997.

This could be possible by the sincere efforts of the founder of this Association Dr. S.B. Pandey and his associates. At the outset I must thank them for their noble sacrifice. I also extend my heartiest thanks to those who have dedicated themselves to keep the association maintained and are utilising their services for upliftment of the Science.

Once upon a time the people preferred to die than to take up 'Knife-treatment' and this continued upto 19th century. In the advancement of the Medical Science and technology, pain and palliation therapy brought new hope for the diseased persons. Gradually anaesthetic agents could be identified and continued to serve the human race in various pathological and traumatic conditions of the body. Anaesthesists are not only required to administer anaesthesia on the operation table but also very often save live in different medical situations like status asthmaticus, status epilepticus, tetanus, respiratory paralysis tracheal stenosis, head injury, chest injury, middle meningeal haemorrhoge, intensive care of neonates and poisoning like barbiturates etc.

We are too apt in the pre-occupation of the present to forget what a great amount of work was accomplished by our predecessors and how completely in many instances fashioned the path way which has led to many of modern achievements.

Around 5th Century B.C. Maharsi Sushruta performed Laparatomy, Rhinoplasty, Cystostomy, Haemorrhoidectomy and also delt with traumatic wounds and fractures. For all these type of operations some anaesthetics must have been used by him. During 900 A.D. the Kind 'Bhoja' was administered 'Samohana-Churna', for triphining the skull and 'Sanjivini' for restoration to normalcy. Maharshi Charak was using a kind of drug for Agantuki-Nidra (to induce sleep). Anaesthetic management begins

with the pre-operation Psychophysical preparation of the patient and administration of drugs to produce pharmacological response to alleviate pain, to relax muscles and spasms etc., till recovery from the effects of anaesthetics, pain relieving drugs are the main constituents in the armoury of anaesthetists. In the ancient days the Shalya and Shalakya Chickitsa in India created marvel in the globe. Ayurved is a complete Health Science in every aspect and in every branch. Gradually it is going to regain its originality, being appreciated and accepted by the people of all corners. The time is very near when different system of medicines like Yoga, Unani, Siddha, Homoeopathy, Allopathy, naturopathy etc. will be amalgamated to form one science i.e. Indian medical science. For this we have to labour too hard to fill up the lacunae.

It is an admitted fact that the spirit of research in Ayurvedic medicine to find out suitable pre-anaesthetics, and anaesthetic agents gradually declined with the advancement of the modern medical science. The Sangyaharan department of Banaras Hindu University within a few years have been able to demonstrate miraculous effects of some of the drugs. In order to improve and revive this branch, attempts should be made to collect datas on pain killers used by Tribals and remote village-dwellers. They possess fairly good knowledge about the medicinal use of the plants which they have acquired in the course of their Century old experience and close association with plants. It is no doubt a formidable task on the part of the research scholars to gain confidence of the tribal people and may take even years together to acquire knowledge on their secrete art. However, a special project on pain and palliation may be instituted to collect datas of our interests from different parts of the country. I appeal to this galaxy of learned Sangyaharaks of this country not to confined their research work within the animal and Laboratory experiments but widened the sphere to the field of plant resources. Recently for 'Sanjivini' a a plant 'Tycopas Jailaricus' of 'Dioslerosi' family has been found out from Adibasi people and research is continuing in the Kerala state. Therefore our aspiration is not very far.

With these words I may conclude that every medicine is modern, in so far as it is satisfactorily directed towards the common goal of providing health care despite the setting in time, place and culture. The miracle of life seems no less wondrous when one begins to explore the intricacies of human health condition. Even as we approach to-day limits of scientific understanding, we can not help but marvel at the beauty of creation.

Last but not the least I on behalf of Orissa state branch deeply indebted to the central headquarters office for their advice, help and co-operation in organising this conference at Puri. I am also grateful to all, for making it possible to come together for a noble cause.

Jai Hind

Dr. N.P. Dash
Ex-Principal
G.B. Ay. College
Puri (Orissa)

From Ogranising Secretary's Pen

It gives me immense pleasure to welcome you all to 'Second National Conference of Bharatiya Sangyaharak Association' at Puri on 21st March, 1998. The First National Conference of Bharatiya Sangyaharak Association was conducted at it's birth place - Banaras Hindu University, Varanasi. I feel very much delighted to hold this conference in the holy land of Lord Jagannath. I am very grateful to the executive members of Bharatiya Sangyaharak Association who gave us this great occasion to celebrate here. Sangyaharan (Anaesthesia) is now accepted the challenge to fulfill it's objective to serve Ayurveda by means of developing skill of surgery in all aspect. Without Sangyaharan we cannot develop surgery and without surgery we can not serve the total humanity. It is a fact that without surgery we can not develop a 'National Medicine'. In this direction, this august gathering of Sangyaharaks and pain specialists will discuss and exchange their view to strengthen Ayurveda.

I am thankful to you all the delegates, the guests, the chairman of the sessions and our donors for their financial supports. My thanks go to our colleagues of various field and the team for helping me in this endeavour.

We are confident that you will enjoy the academic programme already planned for you. I hope you will bear with the short coming which would have crept in inspite of our effort.

Dr. B.C. Senapati
Gop Bandhu Ayurveda College
Puri (Orissa)

सत्यमेव जयते

प्रधान मंत्री कार्यालय
नई दिल्ली 110011
PRIME MINISTER'S OFFICE
NEW DELHI 110 011

MESSAGE

Prime Minister is glad to know that the Second National Conference of Bharatiya Sangyaharak Association is hosting the Second National Conference of Association of Anaesthetists of Indian Medicine from 21st March, 1998 at Puri.

The Prime Minister sends his best wishes on this occasion.

Sd/-
(S. Narendra)
Information Advisor to PM

New Delhi
January 22, 1998

सत्यमेव जयते

मंत्री
मानव संसाधन विकास
भारत

MINISTER
HUMAN RESOURCE DEVELOPMENT
INDIA

January 14, 1998

MESSAGE

Health care is one of the basic needs of the humanity. Our national goal "Health for all by 2000 A.D." is possible of fulfilment if all institutions and individuals in the system of medicine join hands in a cohesive and well-knit manner complimenting and supplementing the efforts of each other with a vision of healthy India.

I am pleased to learn that Association of Anaesthetists of Indian Medicine is organising its IInd national conference during March 21-22, 1998 at Puri. There have been rich contributions from such seminars which will provide an opportunity to discuss vital aspects, recent trends, to widen horizon and to further strengthen the efforts to make available the services and facilities to all sections of the society.

I extend my greetings to the participants and convey best wishes for the success of the seminar.

Sd/-
(S.R. Bommai)

JANKI BALLAV PATNAIK
Chief Minister

सत्यमेव जयते
ORISSA STATE

BHUBANESWAR
3.2.98

MESSAGE

I am happy to know that the second National Conference of Association of Anaesthetists of Indian Medicine is being held at Puri on 21st and 22nd March, 1998.

Ayurveda is the much needed answer to numerous maladies considered incurable hitherto. It has proved its efficacy in almost all branches of medical care. But, it lags behind other systems of medicine in the field of anaesthesia. Therefore, this Conference would be helpful in exploring possibilities in this particular sphere.

I wish the Conference all success.

Sd/-
(J.B. Patnaik)

मुख्य मन्त्री

एलर्जली
शिमला - 171 002

MESSAGE

It gives me immense pleasure to know that IInd National Conference of Association of Anaesthetists of Indian Medicine is being held at Puri on 21st and 22nd March, 1998.

Ayurveda is an ancient system of medicine. This is gaining ground day by day as large number of people prefer this treatment now. A Sangyaharan 'Anaesthesia' is the only field where the system has not entered so far. The efforts of the experts in this respect are praiseworthy.

I hope deliberations of the Conference will go a long way in achieving the desired results.

I send my good wishes for the success of the seminar.

Sd/-
(Virbhadra Singh)

Prof. Vaidya Shriram Sharma
Ayurvedacharya
Founder Fellow National Acadamy of Ayurveda
Special Executive Magistrate
President, Central Council of Indian Medicine
Former President All India Ayurvedic Congress

Residence
Agarwal Nagar
Dr. Ambedhar Road
Matunga, Mumbai - 400 019
Tel. : 414 81 18, 411 43 20

MESSAGE

I am very glad to know that a seminar on SANGYAHARAN is being organised on 22-23 February 1998 at the holy city of Puri.

Sangyaharan is the most important subject for development of Ayurvedic Shalya and Shalakya Tantra. Our ancestors including Acharya Sushruta, the father of surgery, who were performing many major and sofiasticated surgical operations, must be knowing science and art of Sangyaharan very well, which, unfortunately, we have forgot due to longstanding foreign rule over our country.

Now it is high time that we should work hard to revive this great science for furtherance of Ayurvedic surgery and benefit of the society.

I hope that your delebrations at the seminar and untired efforts of all the Ayurvedic scholars working in this field, will, certainly, achieve their goal in very near future.

I send my best wishes and heartiest congratulations for the success of the seminar.

Sd/-
(Vd. Shriram Sharma)

DIRECTOR

INSTITUTE OF MEDICAL SCIENCES
BANARAS HINDU UNIVERSITY
VARANASI

MESSAGE

I am happy to know that the Second National Conference of Bharatiya Sangyaharak Association (A.A.I.M.) is going to be held at Puri (Orissa) on 21st and 22nd March, 1998. It is a matter of pride that this association had its birth at Banaras Hindu University which is the pioneer institution in this field. Many research works have been done in the Section of Sangyaharan, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University since 1962. It has proved it's efficacy in the field of Sangyaharan (Anaesthesia). Therefore, I hope there is a big scope to develop safe vednashamak (analgesic), shamak (sedative) and Nidrajanak (hypnotics) and also resuscitative measures suitable to the need of the day. There is also a necessity to further develop the technique and safer Ayurvedic Sangyaharan Medicines.

I hope this conference of Ayurvedic Sangyaharaks will be a landmark to accelerate the training and research in this area. I wish all the success for this conference.

Sd/-
(V.P. Singh)
Director

FACULTY OF AYURVEDA
INSTITUTE OF MEDICAL SCIENCE

BANARAS HINDU UNIVERSITY
VARANASI 221005, INDIA

MESSAGE

I am happy to learn that G.B. Ayurvedic College, Puri (Orrisa) is going to organise the Second National Conference of Association of Anaesthetists of Indian Medicine on 21st and 22nd March, 1998.

The Conference would attract a galaxy of Anaesthetists including eminent experts in the field of Indian Medicine.

It is my sincere hope that the deliberations and interactions that would take place in the meeting will definitely pave the way for further development of Sangyaharan (Anaesthesia). I am fully confident that the conclusions being derived from this discussion will be for the benefit of the entire world.

I wish the conference a great success.

Sd/-
(G.P. Dubey)
Dean

GOVERNMENT OF ORISSA

Sri N.P. Das
Director
Indian Medicine & Homeopathy
Bhubaneswar
Orissa

27.2.98

MESSAGE

It gives me immense pleasure to know that the Association of Anaesthetists of Indian Medicine is organising its Second National Conference on 21st-22nd March, 1998 at Puri, Orissa.

I am glad that National and International attention is now being attached to our ancient schools of medicine which are based on and derived from the bounty of Nature. There is need to do intensive research in ascertaining the specific ingredients in roots, plants, leaves, vegetables, fruits, flowers and barks which have curative qualities for different ailments.

I, therefore, hope that the discussions and exchanges of views and information at the conference will make a valuable contribution to the Indian system of Medicine.

I wish the Conference all success.

Sd/-
(N.P. Das)

1

संज्ञाहरण विज्ञान का वैज्ञानिक इतिहास : सिंहावलोकन

*डॉ० प्रभाकर शंकर पाण्डेय, †डॉ० कुलदीप कुमार पाण्डेय

शोध छात्र, †प्रवक्ता, प्रसूति तंत्र विभाग, आयुर्वेद संकाय, चिकित्सा विज्ञान संस्थान, काशी हिन्दू विश्वविद्यालय, वाराणसी

आयुर्वेद का चरम लक्ष्य स्वस्थजनों के स्वास्थ्य की रक्षा एवं रुग्णप्राणियों के रोगों का प्रतिकार करते हुए आयु या जीवन की वृद्धि एवं रक्षा करना ही है । युगानुरुप विद्यार्थियों की बुद्धि एवं प्रवृत्ति के अनुसार प्रत्येक अंग के सुस्पष्ट अध्ययन हेतु आयुर्वेद को आठ अंगों में विभक्त किया गया है । शल्यतंत्र आयुर्वेद के अष्टांग का एक अंग है । संज्ञाहरण विज्ञान भी इसी शल्यतंत्र में समाहित था । संज्ञाहरण विज्ञान के ऐतिहासिक वर्णन का अध्ययन करने के लिए उसे वेदकालीन, संहिताकालीन, अन्य ग्रन्थों में एवं आधुनिक-कालीन संज्ञाहरण विज्ञान में वर्गीकृत किया गया है । प्रस्तुत लेख में इस विज्ञान की चर्चा विस्तार से की गयी है ।

2

Medhya Dravyas in Sangyaharan

*Dr. S.B. Chaurasia, †Dr. C.P. Bhushal and ‡Dr. D.N. Pande

Jr. Resident, Section of Sangyaharan, Institute of Medical Sciences, Banaras Hindu University, Varanasi, †Medical Officer Kathmandu, Nepal and ‡Lecturer and Incharge, Section of Sangyaharan, Institute of Medical Sciences, Banaras Hindu University, Varanasi

There are many drugs in Modern Science commonly used as sedatives and tranquilizers for preanaesthetic medicant are notorious for their one or other side effects. Thus to replace their semi-synthetic compounds it was proposed to evaluate the easily available herbal psychotropic drugs in Ayurveda, where a number of Medhya dravyas were used in the mental and nervous disorders like unmada, Apasmara, Atatvabhinivesha, yoshapasmara etc.

In our study it was found that these medhya dravyas are useful in the field of anaesthesia. They produce good sedation and reduce anxiety, apprehension and excitement. Details will be presented in the conference.

3

A Study on the Prognosis of Prameha (Diabetes Mellitus) on the Basis of Insulin Level of the Body

*Dr. Kar Anukul Chandra, †Dr. B.N. Upadhyay and ‡Dr. Divakar Ojha

Senior Resident, †Reader and ‡Former Professor & Head, Department of Kayachikitsa, Institute of Medical Sciences, Banaras Hindu University, Varanasi

The Ayurvedic Classics have described the prognosis of the deseases and accordingly advised the treatment. In the context of Prameha, it has been described that Kaphaj Prameha is Sadhya, Pittaj is Yapya and Vataj is Asadhya. To prove it on

the level of insulin, a hypothesis has been proposed that there may be hyperinsulinism in Kaphaj Pramehi, hypoinsulinism in Pittaj Pramehi and ainsulinism in Vataj Pramehi.

Material and Methods : 40 cases of diabetes mellitus were diagnosed according to WHO criteria and were grouped into 3 categories i.e. Kaphaj, Pittaj and Vataj according to their Deha Prakriti each having 18, 12 and 10 cases respectively. Their sample for insulin was taken at 1/2 an hr. after ingestion of 75 gm of glucose at fasting state. The insulin was assayed by RIA METHOD.

Observations and Result : The mean insulin level in Kaphaj group was 49.21 uU/ml and 18.39 uU/ml in Pittaj group. In Vataj group it was 9.51 uU/ml.

Conclusion : As suggested by insulin level, in Kaphaj group, the response of treatment will be better, good in Pittaj group and poor in Vataj group which is true according to the description in the text.

4

संज्ञास्थापन महाकषाय : विवेचनात्मक अध्ययन

*डॉ० प्रभाकर शंकर पाण्डेय, †डॉ० कुलदीप कुमार पाण्डेय

शोध छात्र, †प्रवक्ता, प्रसूति तंत्र विभाग, आयुर्वेद संकाय, चिकित्सा विज्ञान संस्थान, काशी हिन्दू विश्वविद्यालय, वाराणसी

महर्षि चरक द्वारा लिखित चिकित्सा का प्रधानतम ग्रन्थ चकरसंहिता है । चरकसंहिता सूत्रस्थान के चतुर्थ अध्याय (षड्विरेचनशताश्रितीयाध्याय) में संज्ञास्थापक महाकषाय का वर्णन है । आचार्य चक्रपाणि के अनुसार, "संज्ञा ज्ञानं स्थापयतीति संज्ञा स्थापनम्" अर्थात् संज्ञा (ज्ञान) को स्थापित करने वाले द्रव्य संज्ञास्थापन (RESUSCITATIVES) कहलाते हैं । इस महाकषाय में कुल १० द्रव्य हैं । ये द्रव्य तीक्ष्णगुण और उष्णवीर्य वाले होते हैं, जिससे वे मन में संचित तमोदोष के आवरण को नष्ट कर देते हैं। अतः संज्ञा (CONSCIOUSNESS) पुनः आ जाती है । आज के वैज्ञानिक युग में यह अत्यंत आवश्यक हो गया है कि इन द्रव्यों के गुण-कर्म (PHARMACOLOGICAL ACTIONS) को वैज्ञानिक आधार प्रदान कर संज्ञाहरण विज्ञान के लिए एवं मानव समाज के हितार्थ प्रस्तुत किया जाय । इस लेख में इन्हीं सम्भावनाओं पर प्रकाश डाला गया है ।

5

Role of Brahmi in Ether Anaesthesia

*Dr. S.B. Chaurasia, †Dr. C.P. Bhushal and ‡Dr. D.N. Pande

Jr. Resident, Section of Sangyaharan, Institute of Medical Sciences, Banaras Hindu University, Varanasi, †Medical Officer Kathmandu, Nepal and ‡Lecturer and Incharge, Section of Sangyaharan, Institute of Medical Sciences, Banaras Hindu University, Varanasi

Anaesthetic management begins with pre-operative psychological preparation of the patient and the administration of the drug or combination of the drugs in order to produce specific pharmacological responses prior to induction of anaesthesia. Traditionally this initial psychological and pharmacological components of the anaesthetic management is known as pre operative medication. Many drugs are now available in the armamentorium of anaesthetists as premedicants but no one is without

side effect or toxic effects. In our section an effort to search out a safe and equally potent drug from Ayurvedic pharmacopia was carried on and found some herbal drugs of this quality. Brahmi is one of those drugs. This single drug was used as premedicants in Ether anaesthesia and very encouraging results were achieved. The observations and results of this research will be produced in the conference.

6

Evaluation of an Indigenous Compound - Lastet Under Spinal Anaesthesia

*Prabir Ranjan Mishra, Dr. R. Asthana and †Dr. D.N. Pande

Jr. Resident IIIrd year and †I/C Section of Sangyaharan, Department of Shalya Shalakya, Institute of Medical Sciences, Banaras Hindu University, Varanasi

A preliminary study has been done on Lastet - an indigenous compound, under spinal anaesthesia in our section. The basis was the previous encouraging research reports, performed separately on certain drug e.g. Brahmi, Ashwagandha, Vaca, Jatamansi, Shankhpuspi and Parsik yawani etc. It was presumed that if a compound would be used, the better result may be achieved. The study explored realy wonderful results. The results of the study will be presented at the time of conference.

7

Evaluation of an Indigenous Compound Lastet Under General Anaesthesia (G.A.) in Sangyaharan

*Dr. S.K. Mishra, †Dr. R. Asthana and ‡Dr. D.N. Pande

Jr. Resident, IIIrd year, Section of Sangyaharan, Department of Shalya Shalakya, Institute of Medical Sciences, Banaras Hindu University, Varanasi, †Consultant Anaesthetist, Gorakhpur and ‡Incharge, Section of Sangyaharan, Department of Shalya Shalakya, Institute of Medical Sciences, Banaras Hindu University, Varanasi

Many attempts have been done to evaluate certain indigenous drugs in the field of Sangyaharan in our section. Different beneficial results have been explored and thus these are used now in our day to day practice. In the present study an attempt was made to evaluate a new compound formulation Lastet to get better result in the field of Sangyaharan specially in G.A. Tablet Lastet contains following ingredients - Ashwagandha, Kapikachchhu, Satavari, Amalaki, Vidarikand, Gudachi, Gokshur, Swet Musali, Akarkara, Shilagit, Makardhwaj, Vang Bhasma.

The individual drug study was done by previous workers and on the basis of their encouraging results we have taken this drug to evaluate on the same parameters. We found that the drug has beneficial role in this field which will be discussed at the time of paper presentation.

8

Role of Jatamansi in Sangyaharan

*Dr. P.K. Sharma and †Dr. D.N. Pande

*Consultant Anaesthetist, Varanasi and †Incharge, Section of Sangyaharan, Institute of Medical Sciences, Banaras Hindu University, Varanasi

In ancient ayurvedic literature Jatamansi was described as medhya dravya and it was used to cure many mental diseases. Now a days many studies have been done to explore the actions and uses of Jatamansi on modern parameters. The workers found it very effective in many case e.g. severe hypertension, insomnia and schizophrenia. In our section also some study has been performed on jatamansi to explore its utility as premedicant and it was found that this ayurvedic preparation is a very safe and effective premedicant.

9

Studies on Ashwagandha Under Epidural Anaesthesia

*Dr. G.S. Sah, †Dr. D.A.R. Shakunthala and ‡Dr. D.N. Pande

*Jr. Resident, Section of Sangyaharan, Institute of Medical Sciences, Banaras Hindu University, Varanasi †Lecturer, College of Indigenous Medicine, Colombo, Srilanka and ‡Lecturer, Incharge, Section of Sangyaharan, Institute of Medical Sciences, Banaras Hindu University, Varanasi

Aswagandha is a well known established premedicant approved by section of Sangyaharan, Department of Shalya-shalakya, Institute of Medical Sciences, Banaras Hindu University. In our section a lot of work had been done to evaluate this indigenous drug in the field of sangyaharan. This herbal psychotropic drug mentioned in Ayurvedic literature was studied under epidural anaesthesia for further study in this field and it was found that this drug has a synergistic analgesic action with MSAID, piroxicam. The result and observation regarding this study will be presented at the time of conference.

10

Aroma Therapy In Ayurveda

Dr. D.N. Pande

Lecturer and Incharge, Section of Sangyaharan, Department of Shalya-shalakya, Institute of Medical Sciences, Banaras Hindu University, Varanasi

Even today scientists are struggling to solve the mystery and mechanism of Aroma. How does it work in the brain and how does it cure the stress-related ailments ? It is a matter of research. But when we go through our ancient Ayurvedic system we found that the scientists of that age were very well known about the uses of Aroma of plants in different diseases by using the different routes of body. They were also

known to it's utility in the management of different type of Pain. I mean Aroma therapy is not a new idea of western world but it was conceived by our ancient medical science since long time. In this paper I will present some references related to this therapy in favour of Ayurveda.

11

Biochemical Studies on Parsikyawani in the Field of Sangyaharan

*Dr. K. Lal, †Dr. D.N. Pande and ‡Dr. S.B. Pande

Senior Resident, †Incharge and Lecturer ‡Founder, Section of Sangyaharan, Department of Shalya Shalakya, Institute of Medical Sciences, Banaras Hindu University, Varanasi

Parsikyawani (Hyoscyamus niger) is an established indigenous premedicant in the armamentorium of Sangyaharak (Anaesthetist). A biochemical study was carried on in our section to explore the biochemical changes in the response of parasikyawani. In this study we have plan to estimate the blood sugar level and free fatty acid under ether anaesthesia with oxygen and nitrous oxide. The preanaesthetic blood sample were collected and parsikyawani Ghansatwa was given in the dose of 100 mg orally. After 90 minutes and after anaesthesia an other samples were collected and send to the Lab. for estimation. Unfortunately the reagents for estimation of free fatty acid were not available in the lab. So that we could not estimate the free fatty acid. The estimation of blood sugar level showed no significant change. Thus it can be used in diabetic patients. The observation and result will be presented in the conference.

12

Pain in urinary disorders and role of vasti therapy for its management

*Dr. Shivji Gupta, †Dr. Neelam Gupta, ‡Dr. M. Sahu and #Dr. G.C. Prasad

Senior Resident, †Junior Resident, ‡Reader and Head #Prof. and Former Head, Department of Shalya-Shalakya, Institute of Medical Sciences, Banaras Hindu University, Varanasi

Our ancient Scientist were very much aware about urinary disorders according to their pathogenesis, in these patients, pain is an important feature of most of diseases like Ashmari, Mutra kriccha, Mutraghata etc.

According to Ayurveda activities in the lower one third part of the trunk are mainly governed by the function of vata. The function of organ situated in the lower abdomen like passage of urine flatus faeces, shukra, garbha etc. are regulated by Apan vayu. Besides, according to Ayurvedic principle most of the urological disorders (Mutra Rogas) are due to vitiation of Apan vayu. Pain is one of the important presentation of urinary disorders and is also due to vitiation of vata. So vitiated vata is an important factors to not only the origin of various urinary

disorder but also for development of pain. Vasti karma has been considered one of the most effective form of therapy for the management of vitiated vata in all Ayurvedic classics.

The present paper high light the effect of vasti for pacification of pain in urinary disorders. The detail will be presented at the time of presentation.

13

Anaesthetic Management and Care of Neonates

*Dr. Madhu Verma, †Dr. G.S. Sah and ‡Dr. D.N. Pande

*M.D. Govt. Ay. College, Lucknow, †Junior Resident, ‡Lecturer and Incharge
Section of Sangyaharan, Department of Shalya Shalakya, Institute of Medical Sciences
Banaras Hindu University, Varanasi*

An anaesthesiologist has a great deal with neonates in many congenital anomalies. It requires a very good skill and delicate care of anaesthesiologist. The requirement of anaesthesiologist take places at the very beginning in the form of resuscitation where as it may be required after a few hours to several months. In the present paper we will present such conditions and diseases where we can play our role. The paper also includes the management, complications and essential equipment required for these conditions.

14

A Short view of Ayurvedic Analgesics

*Dr. K.N. Dwivedi, †Dr. Raj Bahadur and ‡Prof. J.K. Ojha

*Lecturer, †Ph.D. Scholar ‡Professor, Department of Dravyaguna, Institute of Medical Sciences,
Banaras Hindu University, Varanasi*

Pain may be considered as the first and foremost complain of human being seeking medical help. Not only man and animals, plants too, realize pain. In man, pain may be mental or physical in origin. However, mental pain in turn affects the body and physical pain ultimately affects the psyche as well. Meaning to say, that either physical or mental, pain affects both - the body and the psyche simultaneously. Being originated from different causes it affects the people of all age groups i.e. from new born age to old age group. Seeing its gravity and diversity of manifestation, the drugs to relieve the pain i.e. Analgesics have been a point of concentration and research since primitive era. Along with the development of knowledge and civilization, different types of Analgesic have been discovered and used. Numerous analgesic viz. Drugs of Dashmool, shal, kadamba, Ahifena, Dhuttura, Suchi, Guggulu, Eranda, Rasna, Tagar, Nirgundi, Rason, Palandu, Devdaru, muchukund, Vetasa etc. and many more analgesic drugs have been described in Ayurveda. But Ayurvedic experts were more interested to eradicate the cause of pain rather than to alleviate the pain itself. That's why efforts have not been made to make those Ayurvedic Analgesics more sophisticated, quick acting, more potent and with long lasting effects. This lead to

lack of research and development in field of Ayurvedic analgesics. On the other hand many types of newer analgesic drugs from modern medicine emerged and dominated. But their drawback is the toxicity of themselves which limited their utility and prolong use. This is the demand of time to highlight and conduct researches in field of Ayurvedic analgesics which appear to be more safe and least toxic.

15

Management of Vedana in labour by medical hypnosis

*Dr. Nalini Das, †Prof. I.V. Mistry and ‡Dr. Sulochana Khatwani

Ph.D. Scholar, †H.O.D., K.B. Department of I.P.G.I. & R.A., Jamnagar, ‡Work done

The process of parturition is absolutely physiological. Though it is a physiological process it is associated with an unbearable severe grade of pain which needs active management. The undesirable after effects of the medication and anaesthesia of the modern therapy give an ultimate option for the non-anaesthetic, risk free, psychological hypnotic treatment for a painless childbirth. In this connection a work was done on 55 patients on 1993 at I.P.G.T. & R.A. hospital Jamnagar.

The normal pregnant women in divided 3 groups i.e., (1) Conditioned (2) Non-Conditioned and (3) Control were selected for the study. By audio-visual equipments patients were educated about the normal phenomena of labour. They were taught, encouraged and motivated for hypnosis. In a hypnotic trance state positive suggestions were given to them.

The scoring pattern for the assessment of result showed an excellent grade in conditioned group. They had not shown any behavioural signs and facial expression of pain and co-operated extremely well during labour. In non conditioned group behavioural signs expression of face was just as grimace and scored better. While the control group were in unsuccessful.

The detail work will be presented in paper.

16

Painless Dental Extraction by 'Jalandhara Bandha'

Dr. B.C. Senapati

Lecturer, Gob Bandhu Ayuved College, Puri.

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. Dental pain is the most in tense pain next to labour pain. So many procedures are being practiced in dentistry to control dental pain. Extraction of teeth by Jalandhara Bandh, a yogic procedure is a new trend in dental practice, is convenient easy and well accepted by the public.

Indication, procedure and its mode of action will be presented at the time of conference.

17

Accupressure 'The Magic Healer'

M.S. Subhashree Dash

Accupressure Research Centre, Budhist Temple, Puri

Millions of people suffer from pain, but he individual can reduce or eliminate their own pain. Everyone craves for a painless life. When the world is going to be changed the alternative therapies are required by the common people Accupressure therapy is one of them. This treatment is done by applying finger pressures at the particular points. It is known in Ayurveda as 'Marma'. Here in this paper, the theme is to introduce this system of medicine with it's principles.

18

Kati Basthi and Matra Basthi in the Management of Sciatica Pain and Allied Disorders

*Dr. S.S. Bhat, †Dr. M. Sharma, *Dr. K. Ramachandra, †Dr. A.R. Acharya and ‡Dr. Shreekanth

Assistant Professor, †Lecturer, Department of Shalya, and ‡Assistant Professor, Department of Kayachikitsa, S.D.M. Ayurved College, Udupi, Karnataka

According to Ayurvedic Principles, pain is consequence of vitiated Vata Dosha. A suitable remedy would be Basthi Chikitsa. The present paper discusses the results of clinical trials of Kati Basthi and Matra Basthi in patients of Sciatica and Allied Disorders.

SYLLABUS OF M.S. (Ay.) SANGYAHARAN

I प्रथमं प्रश्न पत्रम् (First paper) : संज्ञाहरण सिद्धांताः (Principles of Anaesthesia)

II द्वितीयं प्रश्न पत्रम् (Second paper) : संज्ञाहरणोपयोगी भेषज विज्ञान (Pharmacology related to Anaesthesia)

III तृतीयं प्रश्न पत्रम् (Third paper) : विशिष्टं संज्ञाहरण ज्ञानम् (Special technique of Anaesthesia for Surgical Specialities)

IV चतुर्थं प्रश्न पत्रम् (Fourth paper) : संज्ञाहरण वाङ्मय परिचयः (Ayurvedic Samhitas and Western Texts on Anaesthesia)

Course content of Syllabus as guide line :

प्रथमं प्रश्न पत्रम् (First paper)

संज्ञाहरण सिद्धांताः (Principles of Anaesthesia), शिष्योपनयनीयानि (Induction), विशिखानुप्रवेशः (Internship), अग्रोपहरणीयानि (Pre anaesthetic measures), यन्त्रशस्त्राणि (Instruments), षटक्रियाकालाः (Kshatkriyakala), संज्ञाहरणे दोष-धातु-मल प्रकृति विचारः (Dosh-Dhatu-Mala and Prakriti in Sangyaharan), प्राच्य नब्य मतेन संज्ञाहरणोपयोगी रचना एवं क्रिया शरीर ज्ञानम् विशेषेण हृद फुफ्फुस श्वसन रक्तसंवहन मर्म स्नायु तंत्रिकातंत्र ज्ञानम् (According to Ancient and Western Concept applied Anatomy and Physiology of specially Respiratory Cardiovascular and Nervous System, Marma, Snayu), यकृत वृक्कयोः हृद फुफ्फुस च संज्ञाहरण महत्व प्रतिपादनम् (Importence of Liver and Kidney, Heart and Lungs in Anaesthesia), उन्माद, मद, मूर्च्छा, सन्यास, स्तब्धता प्रभृति रोगाणांज्ञानम् (Knowledge of Unmad, Mada, Murchha, Sanyas and Shock), संज्ञाहरणे पूर्वकर्म सिद्धांताः (Principle of Preanaesthetic assessment and premedication in anaesthesia - Ayurveda and Modern), संजीवन विधयः (Post anaesthetic Recovery - Methods and Complications), संज्ञाहरणस्य न्याय चिकित्सकीय पक्ष ज्ञानम् (Medicolegal aspect of Anaesthesia), सम्मोहनः (Hypnotism),एकूप्रेशर एवं एकूपंचर ज्ञानम् (Accupressure and Accupuncture in Anaesthesia and pain).

द्वितीयं प्रश्न पत्रम् (Second paper)

संज्ञाहरणोपयोगी भेषज विज्ञानम् (Pharmacology - related to Anaesthesia With Ayurvedic and Modern Concept including Recent Advances), स्थानिक संज्ञाहर द्रव्याणि (Local anaesthetics), सार्वदैहिक संज्ञाहर द्रव्याणि (General anaesthetics), संज्ञाहरणे पूर्वकर्म प्रधान कर्म पश्चातकर्मोपयोगिनो द्रव्याणि तेषां उपद्रवाणि चिकित्सतानि च (Drugs used as premedicant, subsequent anaesthetics, Reversal and their uses, complications and management), वेदनाहर द्रव्याणि (Analgesics), निद्राकर द्रव्याणि (Hypnotics), मनःसन्तापहर द्रव्याणि (Tranquilizers), मेध्य द्रव्याणि (Medhya Dravyas), चिन्तोद्वेगहर द्रव्याणि (Antidepressant drugs), रसायन द्रव्याणि (Rasayana), हृदयोन्तेजकानि (Cardiac stimulant),श्वासोत्तेजकानि (Respiratory Stimulant), आपात्काले प्रयुज्यानि द्रव्याणि (Emergency drugs), मस्तिष्कोत्तेजकानि (C.N.S. Stimulant), पेशी शैथिल्यकर द्रव्याणि (Muscle relaxants), संजीवन द्रव्याणि (Reversal drugs).

तृतीयं प्रश्न प्रत्रम् (Third paper)

विशिष्टं संज्ञाहरण ज्ञानम् (Special Techniques of Anaesthesia for Surgical Specialities), स्थानिक - क्षेत्रिक - सार्वदैहिक एवं विविध संज्ञानाश विधयः (Local, Regional and General Anaesthesia Techniques), तदुपयोगी यन्त्र शस्त्र प्रयोग ज्ञानम् च (The instruments and equipments useful in these techniques), बालरोगेषु, अस्थिरोगेषु, स्त्रीप्रसूतिरोगेषु, वक्षरोगेषु, मस्तिष्क तंत्रिका तन्त्ररोगेषु, सन्धानकर्म साध्यरोगेषु, शालाक्य तन्त्रगत रोगेषु च विशिष्ट संज्ञाहरण विधीः (Special technique of anaesthesia in paediatrics, orthopedics, Gynaecology and Obstretics, Cardiothoracic, Neurosurgery, Plastic surgery, Eye and E.N.T.), सघन चिकित्सा ज्ञानम् (Intensive care), हृदयनिपाते आत्यायिक चिकित्साज्ञानम् (Management of cardiac arrest), अधोलिखितासु अवस्थासु संज्ञाहरण विधि (Anaesthesia technique in following conditions) - मधूमेहः(Diabetes), उच्च रक्त चापः (High Blood Pressure), कामला (Jaundice) रक्ताल्पता (Anaemia), श्वासकासौ (Respiratory diseases), गलगण्डः (Thyroids), दग्धः (Burn), मूत्राघातः (Renal failure), पेशीसंकोचः (Myasthenia gravis), राजयक्ष्मा (Pulmonary Tuberculosis) वृद्धावस्था (Geriatrics), विशिष्ट वेदनाशामक विधिः (Special techniques for pain management) सम्मोहन ज्ञानम् (Hypnotism), एक्यूप्रेशर एक्यूपंचरः च ज्ञानम् (Accupressure and Accupuncture), योगविधिः (Yoga), पंचकर्म विधिः (Panchkarma) सुगंधि चिकित्सा (Aroma therapy).

चतुर्थं प्रश्न प्रत्रम् (Fourth paper)

संज्ञारण वाङ्मय परिचयः (Ayurvedic Samhitas and Western texts on Anaesthesia), आयुर्वेदिक संहितायां विशेषैन सुश्रुत संहिता, चरक संहितायाम् अष्टांग-हृदये च उपयोगिनो अंशाः (The relevant parts of Ayurvedic classics especially Sushrut, Charak and Ashtang Hridaya), आधुनिकं संज्ञाहरण शास्त्रं ग्रंथाः (Modern Anaesthesia Texts Books)

आलोच्या ग्रंथाः

1. सुश्रुत संहिता डल्हणटीका सहित (Sushruta Samhita with Dalhana commentory)
2. चरक संहिता (Charak Samhita)
3. अष्टांग हृदयम् (Ashtanga Hridaya).
4. Practice of Anaesthesia - Churchil's Davidson's.
5. Anaesthesia - Renald D. Miller.
6. Synopsis of Anaesthesia - Alfred Lee.
7. Anaesthesia - Colins.
8. Other Uptodate Reference Books and Journal's available

SHREEJI ANALYTICAL LAB LIMITED

HEALTH CARE DIVISION

SHREE SAI MAHAL PHATAK ROAD
OPPOSITE POST OFFICE, BHYANDAR (W)
MUMBAI - 401101 (India)

Products

LASTET
Anti-stress

STOMET
Anti-ulcer Tablet

INULA
Anti-Asthmatic

EXPIT
Cough expectorant

FALCON
Digestive tonic

QUALITY IS NEVER AN ACCIDENT IT IS ALWAYS THE RESULTS OF INTELLIGENT EFFORTS

BHARATIYA SANGYAHARAK ASSOCIATION
(ASSOCIATION OF ANAESTHETISTS OF INDIAN MEDICINE)

MEMBERSHIP FORM

I wish to join **BHARATIYA SANGYAHARAK ASSOCIATION** as Life/Annual/ Associate(Life/Annual)/Honrary member and enclose Cheque/Bank Draft/Money Order/ Cash for Rs. ..... towards subscription for the association, for the year.....

Full Name (in Block Letter) : .....

Date of Birth and Sex : .....

Qualifications : .....

Designation/Profession : .....

Permanent Residential Address with Tel. No. : .....

.....

.....

Present Address to which correspondence to be sent : .....

.....

.....

Speciality : Sangyaharan/Pain/Palliation

Membership Fee	:	**Life Member**	**Annual Member**
Membership Fee	:	Rs. 1000/-	Rs. 100/-
Associate Membership	:	Rs. 500/-	Rs. 100/-

I agree to abide by the rules and regulation of the Bharatiya Sangyaharak Association.

Date :

Signature of Applicant

Correspondence Address

Bharatiya Sangyaharak Association
Operation Theatre Block Indian Medicine
S.S. Hospital, I.M.S., B.H.U., Varanasi.

Out station cheques should be accompanied by Rs. 30/- as Bank charges. Cheque/ Draft/Money Order should be send in favour of Association of Anaesthetists of Indian Medicine, Varanasi - 221 005.

SANGYAHARAN SHODH

An Official Journal of Bharatiya Sangyaharak Association (A.A.I.M.)

Form IV (See rule 8)

Declaration under Rules of the Press and Registration Act (1956)

Place of Publication	:	Varanasi
Period of its Publication	:	Bi-annual
Printers Name	:	Khandelwal Offsets
Whether citizen of India ?	:	Yes
Address	:	Mahmoorganj Varanasi
Publisher's Name	:	Dr. D.N. Pande
Whether Citizen of India ?	:	Yes
Address	:	Bharatiya Sangyaharak Association (A.A.I.M.) Operation Theatre Block (Indian Medicine) S.S. Hospital, Banaras Hindu University Varanasi - 221 005.
Chief Editor	:	Dr. D.N. Pande
Whether Citizen of India ?	:	Yes
Address	:	928/2 Ganeshpuri Colony Susuwahi, Varanasi - 221 005.
Name and Address of Owner	:	Bharatiya Sangyaharak Association (A.A.I.M.)

I, D.N. Pande, hereby declare that the particulars given above are true to the best of my knowledge and belief.

Sd/-

D.N. Pande

Signature of Publisher

Published by Dr. D.N. Pande on behalf of Bharatiya Sangyaharak Association (Association of Anaesthetists of Indian Medicine) and Printed by Khandelwal Offsets, Varanasi.