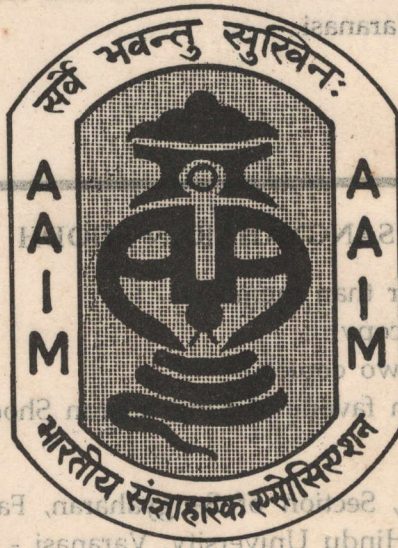


SANGYAHARAN SHODH

February 1999

Volume 2, Number 1



संज्ञाहरण शोध

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,
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Hon. Secretary
A.A.I.M.

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SHODH VANGYAHARAN

Editorial

भगवन् ! शारीरमानसागन्तुव्याधिभिर्विधवेदनाऽमिघातोपद्रुतान् सनाथानप्यनाथव द्विचेष्टमानान् विक्रोशतश्च मानवानभिसमीक्ष्य मनसि नः पीडा भवति । तेषां सुरवैषिणां रोगोपशमार्थमात्मनश्च प्राणयात्रार्थं प्रजाहितहेतोरायुर्वेदं श्रोतुमिच्छाम इहोपदिश्यमानम् ।। सु० सं० सू० अ० १-३ ।।

These lines of Acharya Sushruta, the father of surgery, draw our attention regarding the management of pain. All the medical sciences are originated with an aim to solve the problem of 'Pain'. 'Pain' is a basic problem of surgeons or physicians. Chinese accupuncture treatment is also one of these medical specialties. It is also said that the Accupuncture treatment was transferred to China from India by Indian monks and saints at the time of Emperor Ashoka. The marma theory exactly reveals these facts.

Today 'Pain management' is recognised as a separate speciality which is the achievement of Sangyahan (Anaesthesia). This achievement could be made possible with the recent advances in the field of science and technology. In this field Ayurveda can play an important role by it's rich knowledge of safe vedanahar drabya (Analgesic), safe tail Abhyanga, Alep, Panchkarma and other devices including aroma therapy and marma physiology.

We can only achieve the goal of total health care by upliftment of our knowledge. We have to give a new shape to Ayurveda which can fulfill the demand of time. I mean does not that we have to forget the Principles of ayurveda. The principles and modalities of ayurveda are original, rare, longlived and eternal. We have to adopt only new ideas and development of science and technology to fulfill the goal of total health care.

As a part of the new national awakening which demand political emancipation arise the desire for resuscitating the age old system of medicine (Ayurveda) and for adjusting it to the new conditions. The people of India desire more than ever to uplift this system and give it to a total shape of 'national medical system' which include everything e.g., medicine and surgery. It is only possible by adopting methods of modern research, to interpret it in terms of scientific standard and whenever necessary import new trends into Ayurvedic system without endangering it's basic structure and pattern.

Lastly I would like to express my sincere thanks to the C.C.I.M. president and the members for accepting our demand of creation of posts of lecturer sangyahan in the Ayurvedic colleges. This is the first achievement of our beloved association. Congratulations to all the members of our association for this achievement.

Devendra Nath Pande
Chief Editor

SANGYAHARAN SHODH

February 1999

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हिम रत्न

आयुर्वेदिक शीतल तैल - हिमालय की जड़ी-बूटियों से निर्मित

आयुर्वेदिक दवाओं के शास्त्रीय सिद्धान्तों का अनुसरण करते हुए, हिमालय के वनों से प्राप्त प्राकृतिक जड़ी-बूटियों का प्रयोग कर, आधुनिक वैज्ञानिक अन्वेषणों और प्रयोगों के अनुसार निर्माण कर हिमरत्न तैल को जनसाधारण तक पहुँचाना ही हमारा उद्देश्य है।

हिम रत्न शीतल तैल - इसका प्रयोग सिर दर्द दूर करता है। यह सिर को ठंडा और दिमाग को तरोताजा रखने में विशेष उपयोगी है।

इसका मधुर गंध चित्त को प्रसन्न करता है तथा विभिन्न साधारण तैलों की तरह इसमें कोई रासायनिक तत्व नहीं है। इस तैल को आयुर्वेदिक चिकित्सकों के परीक्षण और उपयोग करने वालों के प्रामाणिकतानुसार बालों की विभिन्न समस्याओं में अत्यन्त उपयोगी पाया गया है। हिमरत्न शीतल तैल चिपचिपाहट रहित, भीनी-भीनी सुगन्ध वाला बालों का पोषक है। इसके नियमित इस्तेमाल से बालों का प्राकृतिक सौन्दर्य सदैव कायम रहता है। बालों की लम्बाई बढ़ती है, बाल और सिर की त्वचा स्वस्थ रहती है। रुसी और जु दूर होता है। यह बालों की जड़ों तक पहुँचकर उन्हें पुष्ट करता है जिससे बालों का झड़ना रुक जाता है। आलोपेशिया (गंजापन) दूर होता है। असमय बाल पकना रुकता है। मामूली जलने - कटने में भी यह तैल जल्द असर करता है।

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Rules and Regulations of the Society

1. Name of the Society

Bharatiya Snagyaharak Association (Association of Anaesthetists of Indian Medicine).

2. Full Address of the Society

B.36/10-4, Kaivalyadham Colony, Durgakund, Varanasi.

3. Working Field of the Society

All Over India and Abroad

4. Membership of the Society and Category

The membership together with the due fees will be of the following categories

- (a) Annual Member Rs. 100/-
- (b) Associate Members :
 - (i) Annual member Rs. 100/-
 - (ii) Life member Rs. 500/-
- (c) Life member Rs. 500/-
- (d) Distinguished Honorary members (nominated by executive council) No membership fee.

Eligibility

Eligible qualification for the membership of the Association will be as follow :

- (i) A person having the following qualification can only be the Life Member of the Association :
 - (a) MD (AY)/MS(AY) Sangyahan.
 - (b) Ph.D. Sangyahan
 - (c) MD (AY) with a special subject Sangyahan.
 - (d) Qualified Sangyahan practitioner having any diploma in the concern subject.
- (ii) A person having the following qualification can be the Associate Member of the Association.
 - (a) An Ayurvedic graduate having a recognised degree of CCIM.
 - (b) An Ayurvedic P.G. Practicing Sangyahan.
 - (c) A person working in the field of palliative care.
 - (d) A person working in pain clinics.

5. Termination/Cancellation of Membership

Membership of the society can be terminated/cancelled as result of :

- (i) Self request.
- (ii) violation of rules and regulation of the society.
- (iii) Conduct against basic aim and objects of the society.
- (iv) Defalter of membership.

- (v) Any untoward happening i.e. death, imprisonment, insanity, continuous absence and legal impeachment.

6. Bodies of the Society

- (a) Central council
 (i) Executive body
 (ii) General body
 (b) State/Territorial Council
 (i) Executive body
 (ii) General body
 (c) District Branch Council
 (i) Executive body
 (ii) General body

7. The Executive Body

(a) Constitution

The executive body shall consist of the following office bearers

President	One
Vice-President	Two
General Secretary	One
Joint Secretary	Two
Treasurer	One
Members	Maximum Twelve by Nomination of President.

(b) Election of the office Bearers

- (i) The Executive body shall be responsible for the appointment of the election committee and suitable arrangement for the election.
 (ii) There shall be arrangements for the election by correspondence and by ballot nomination duly proposed and seconded should reach the society at least one week before the date of election.
 (iii) Each member shall have only one vote.

(c) Meeting

- (i) General meeting
 (ii) Special meeting

(d) Period of Notice

15 days notice for the General Meeting and three days for the special meeting shall be given.

(e) Quorum

One third members are required for the quorum.

(f) Filling of vacancies

At least two third members of the executive council can fill up the casual vacancies of the office bearers and Members of the Executive Council from amongst the members of the society before the next meeting of the Executive Council.

(g) Power and Duties of the Executive Council :

- (i) Can co-opt members for promoting the aims of the association.
 - (ii) Shall super-vise all the works of the society, device ways and means to promote its aims and objectives.
 - (iii) Nomination of distinguished persons as Honorary member.
 - (iv) Reputed persons in the field of Sangyahan, will be nominated as patrons.
 - (v) Shall frame rules, regulations and introduce amendments and changes if necessary with the approval of General Body.
 - (vi) Shall call the meeting of Executive Council to decide various issues of the society and proposals suggested by the General Body.
 - (vii) Shall decide all the controversial and disciplinary matters in the interest of the society.
 - (viii) Shall request the General Secretary to convine the meetings of Executive Council and General Body.
 - (ix) Shall review the financial matters as and when necessary and appoint the auditor for audit of accounts and assets of the society.
 - (x) Appointment of chief editor, associate editors and distinguished members for the publication unit.
 - (xi) Shall advice its office bearers and publication unit from time to time and or as required.
 - (xii) Shall invite the members of publication unit on the matters concerning publication.
- (h) Term of Executive Council
The term of Executive Council shall be for a period of Three years.

8. General body

- (a) Constitution : The general body shall be consist of executive Council Members and Members of the Society including Associate Members (associate members shall have no right for contest and vote).
- (b) Meeting (General and Special) : The executive council shall request the General Secretary to call the general or special meeting of the society as and when required.
- (c) Notice Period : Minimum 20 days notice shall be given for the General Meeting and 7 days for the Special Meetings.
- (d) Quorum for the Meeting : One third members or twenty whichever be less shall be the quorum for General Body Meeting.
- (e) Special/Annual Conference of the Society : The society will organise Special/Annual functions on any of the objectives and the dates of such conference will be notified at least one month before by the General Secretary on the advise of the Executive Council.
- (f) Powers and Duties of General Body
 - (i) Approval of the decisions of Executive Council.
 - (ii) Proposal for the activities for upliftment of aims and objectives of the society.

- (iii) Written request of minimum twenty Members shall be essential for special meetings.
- (iv) Any other relevant suggestions for consideration of the executive council.
- (g) Powers and Duties of the office Bearers of Executive Council
 - A. President
 - (i) To preside at all meetings of the society and council and to regulate the proceedings of such meetings.
 - (ii) To be ex-officio members of all sub committees appointed by the council.
 - B. Vice-Presidents
 - (i) Shall carry on the duties of the president during his absence in the meeting, in order of seniority.
 - (ii) Shall perform any other work assigned by the Executive Council and/or the president.
 - C. General Secretary
 - (i) Correspondence of the society, council and sub-committees and to sign all letters and papers connected with the society.
 - (ii) To keep record of the proceedings of meetings and to present various schemes and proposals before the meeting.
 - (iii) To be ex-officio members of all sub committees.
 - (iv) To maintain all records and documents of every kind connected with the business of the society.
 - (v) To convene and make arrangements for Meetings, Elections etc of the society.
 - (vi) To supervise over business of the society and to enforce rules, regulations and orders laid by the council or president.
 - (vii) To conduct legal proceedings on behalf of the society in consultation with the Executive Council.
 - (viii) To countersign Cheques and other Demand Drafts together with Treasurer.
 - D. Joint Secretaries
 - (i) In absence of General Secretary one of the secretaries shall look after the work of the General Secretary as directed by the Executive Council.
 - (ii) To carry on work assigns by the Executives Council or General Secretary.
 - (iii) Shall be ex-officio members of publication unit and any other committees constituted by the society.
 - (iv) To look after the fund raising aspect of the society.
 - E. Treasurer :
 - (i) Shall receive and hold all money paid to the society for use of society.

(ii) Shall disburse all sums due from the society and keep the accounts. He shall also countersign on all Cheques/Drafts and papers related to accounts together with President/General Secretary.

(iii) Shall be responsible for the annual statement of accounts budgets and further presentation thereof to the council.

10. Procedures of Modifications/Ammendments in the Rules and Regulations of the Society

The executive council shall review the Rules and Regulations from time to time and modifications/ammendments thereof will be atleast two third majority subject to the approval of two third majority of General Body also. The amendments (if any) shall be applicable after their approval by the General Body.

11. Finance and Accounts of the Society

(a) The income of the society shall consist of Membership, Subscriptions, Donations, Gifts and Grants from Individuals, Organisations, Government, Sale of Publications, Clinics, Training programmes etc.

(b) The accounts shall be maintained in proper Account Books in a regular manner.

12. Audit

The account and the assets of the society shall be audited every year by authorised auditor appointed by the Executive Council.

13. Execution of Legal Proceedings

All the legal proceedings by/or against the society will be settled in Varanasi Jurisdiction and the Executive Council of the Association will look after all the legal aspects of the Association.

14. Documents of the Society

The register for Membership, Proceeding of the Meetings and documents concerning the society will be under the charge of General Secretary. Stock Register, Cash Book Cheques and Documents related to finance and accounts will be under the charge of Treasurer. The Chief Editor shall keep all the papers/documents related to the Journal of Sangyahan.

15. Proceedings for the Discontinuation of the Society and Disposal of the Assets of the Discontinued Society (Liquidation)

The Liquidation of the society and disposal of the assets and accounts will be as per rules of the Society Act 13 and 14.

16. Other Informations Relevant for the Society

(a) Awards in recognition of outstanding contribution in the field of Sangyahan, Pain and Palliation, the society will present an award named "SUSHRUTA AWARD" on occasional basis.

(b) **Publication of Journal** : Bharatiya Sangyaharak Association will publish a journal (firstly as biannual), named Journal of Sangyahan. The Journal will be edited by an Editorial Board under the supervision of Chief Editor.

- (c) **Editorial Board** : The Editorial Board shall consist of Chief Editor, Associate Editors and distinguished members of the Board. The distinguished members will be nominated by the Executive council. The Chief Editor will conduct and supervise the publications as assigned by the Board.

Dated : _____ Signature of three Members or the Executive Council

Dr. S.B. Pande

Dr. D.N. Pande

Dr. K.K. Pandey

Dr. Ratnesh Asthana and others.

Amendments in the bye-Laws

The following amendments were made in the Bye-laws of the Association by Executive Body meeting held on 4.3.97, which was approved by subject committee meeting held on 7.3.97 and passed by General Body Meeting on 9.3.97.

1. **Name of the Society** : To add association in place of Parishad -bhartiya Sanghyaharak Association (Association of Anaesthetists of Indian Medicine).
2. **Governing Office** : To add sub clause 2b : Section of Sangyahan, old operation theatre S.S. Hospital, I.M.S., B.H.U., Varanasi shall be the permanent Governing Office of the Association.
3. **Eligibility** : To add subclause (e) in clause 4 : An Indian Medicine graduate and post graduate practicing anaesthesia since last 5 years but after producing a certificate verified by two Bonafied life members of the association, which will be scrutinised by a committee of three members i.e. President, Secretary and one other member nominated by the Executive Body.
4. **Membership** : The life membership fee shall be Rs. 1000/- only previously it was Rs. 500/- Sub-clause 4/II-b-was withdrawn and it was added that a nurse or a paramedical staff or Social Worker interested to participate in palliative care.
5. **Clause 7a - Constitution** : The no. of joint Secretaries as three in place of two.
Clause 7b/ii : There shall be an arrangement for the Association election only by Ballot, nomination duly proposed and sanctioned should reach the office atleast one week before the date of election. There shall be no any provision to contest or vote by post.
6. **Clause 16a** : The name of the award of the Association will be. "Ashwinao Award". The Association will present the award to the persons recognised in the field of Sangyahan/Pain/Palliation. A permanent fund should be raised for this purpose which will be kept fixed in a National Bank and the interest of that money will be utilized only for this purpose.
7. Financial year of the Association shall be from April to March.

Role of Parijat (*Nyctanthes arbor-tristis* Linn.) in the Management of Pain - An Experimental Study

Sah Ganga Sagar*, Pande D.N.† and Goel R.K.†

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Introduction

Parijat leaves decoction has been advocated in Ayurveda for management of various inflammatory and painful conditions. In our ancient Medical Science-Ayurveda, a very clear knowledge of pain pathway and nerve supply is advocated. Acharya Charak has mentioned :

Except hairs, loma, anterior portion of nails, excretas (faeces and urine), the whole body along with Mana and Indriya is the site of pain.

Analgesic Drug

There are also a very good description of Vendanahar dravya (Analgesic indigenous preparation) in Ayurvedic classical texts. In Charak Sutra Sthan 4/45 Pipalli, Piperamool, Chavya, Chitraka, Sunthi, Marich, Ajmoda, Ajgandha, Ajaji are mentioned as Vednahar (Analgesic drug).

Chakrapani has also mentioned veda nahar drabya e.g., Parijat, Nirgundi, Bhringaraja, Erandapatra etc.

Keeping in view all these textual references and present knowledge about analgesics the present study was carried on for exploring some indigenous analgesics having least side effects or no side effects and toxic effects.

Aims and Objects

Still today no analgesic is in existence without having toxic and side effects. Therefore, it was urgently thought to explore an indigenous source.

Drug Introduction

According to Vedic literature parijat was originated during 'Sammundra Manthan'. Lord Indra planted it in his 'Nandan-Kanan'. In Dwapar Yuga Lord Krishna Snatched it from Lord Indra and brought it in 'Mrityuloka' for the treatment of labour pain of his beloved "Satyabhama". Since that day Parijat is being used in the management of pain.

Hindi Name : Har, Harsinghar, Seoli, Saihari.
Latin Name : *Nyctanthes arbor-tristis* (Linn)
Family : Oleaceae

Sanskrit Name : Parijat, Shephalika, Atyuha, Harashingarpusphaka, Kharapatraka, Nalakunkuma, Parajakta, Ragapushpi, Rajanihasa, Sephali.

Parts used : Leaves, flowers, Seeds and bark.

Ayurvedic Description

Properties

Rasa	- Tikta
Veerya	- Ushna
Guna	- Laghu, rooksha
Vipak	- Katu

Actions/Uses

Vatahara, Kaphaghna, Jwaraghna, Gridhseechara, Sandhirogahara, Tvakrogahara.

Materials and Method

Material

1. Trial drug : Parijat
 - Crude drug
 - Water ext.
 - Ethanolic ext.
2. Control - Water
3. Albino rat - 100-200 gm

Method

1. Effect on Hypnotic potentiation by pentobarbitone sodium induced sleeping time.
2. Analgesic activity determine by "Tail flick method".
3. Anti - inflammatory activity determine by plethysmograph.

Observations and Results

The effect of dried powder (DP) and it's water decoction (WE Yield 25%) and ethanolic (EE, Yield 20%) extracts were studied for their various pharmacological effects viz., Potentiation of Pentobarbitone hypnosis, analgesic activity as determined by Rat Tail Flick method and anti-inflammatory activity against carrageenin-induced paw oedema in rats.

1. Effect of Pentobarbitone-induced Sleeping Time

An initial pilot study was conducted using 1000 mg/kg of dried powder of the leaves of Parijat and its equivalent dose of various extracts like WE (250 mg/kg) and EE (200 mg/kg), administered orally, 60 min before the injection of pentobarbitone to induce sleep. The above three drugs were prepared in such a manner that each animal received 1 ml of suspension/100 g body weight. The result of all pilot study indicated significant increase in sleeping time only with 200 mg/kg of EE (Table 1).

In a subsequent experiment, therefore, EE was studied for its various effect on

different paradigm. EE 50-200 mg/kg, showed a dose-dependent increase in the sleeping time induced by subhypnotic dose of pentobarbitone (20 mg/kg, ip), when given by ip route 60 min prior to induction of sleep. The effect being significant with higher doses of 100 and 200 mg/kg (Table 2). It was also noted that the effect was more marked when EE 200 mg/kg was given by ip (184.7% increase) route than by oral route (58.2% increase (Tables 1 & 2).

Table 1. Effect of dried power (DP), Water extract (WE) and Ethanolic extract (EE) of dried leaves of *Parijat* on Pentobarbitone induced sleeping time in male albino rats.

Oral treatment (mg/kg, 60 min before)	No. of animals	Sleeping time (Min) Pentobarbitone		
		(Min)		% Control
Control (DW)	8	62.3	± 11.27	—
DP 1000	8	70.8	± 5.2	113.7%
WE 250	8	68.3	± 9.6	109.6%
EE 200	8	98.5	± 5.9 ^a	158.2%

Results are Mean ± SE; p value : (^a<0.05)

Table 2. Effect of graded doses of EE of dried leaves of *Parijat* on Pentobarbitone induced sleeping time in male albino rats.

Intraperitoneal treatment (mg/kg, 60 min before)	No. of animals	Sleeping time (Min) Pentobarbitone		
		(Min)		% Control
Control (DW)	8	60.3	± 8.8	—
EE 50	8	113.5	± 24.5	188.2%
100	8	160.3	± 26.5 ^b	265.8%
200	8	171.8	± 14.3 ^c	284.7%

Results are Mean ± SE; p values : (^b<0.01 ^c<0.001).

2. Analgesic Effect by Rat Tail Flick Method

A similar pilot study with 1000 mg/kg of DP, and 250 mg/kg of WE and 200 mg/kg of EE was done to determine their analgesic activity, if any, by above method when the drugs were administered orally in the same manner as mentioned in pentobarbitone-induced sleeping time. Analgesic effect was seen after 1, 2 or 3 hr of drugs administration. It was observed that all the test compounds showed significant analgesic activity upto 3 hr of their administration except in case of WE which was not significant after 3 hr of its administration (Table 3).

A dose-response study with EE (50, 100 or 200 mg/kg) when given by ip route, showed a dose-dependent increase in the analgesic activity which either tended to increase or increased even upto 3 hour of test drugs administration (Table 4). The result of this study indicates that the test drugs were effective when given both by oral or ip route (Table 3).

Table 3. Analgesic effect of DP, WE and EE of dried leaves of *Parijat* by 'Rat Tail Flick' method.

Oral treatment (mg/kg, 60 min before)		Analgesic activity (Latent period in seconds)			
		Before	After		
			1 hr	2 hr	3 hr
Control	DW	7.5 ± 0.86	8.3 ± 1.42	8.5 ± 1.65	7.8 ± 1.26
DP	1000	9.0 ± 1.13	20.3 ± 2.45 ^c	19.5 ± 3.05 ^b	14.0 ± 1.48 ^a
WE	250	6.3 ± 1.08	16.8 ± 2.41 ^c	12.5 ± 1.14 ^a	7.5 ± 1.01
EE	200	7.8 ± 0.90	22.3 ± 2.22 ^c	20.0 ± 2.08 ^c	15.5 ± 3.19 ^a

Results are Mean ± SE; n=8 animals in each group.

p values : (^a<0.05 ^b<0.01) and ^c<0.001, compared to their respective self control (before) group.

Table 4. Analgesic effect of graded doses of EE of dried leaves of *Parijat* by 'Rat Tail Flick' method.

Ip treatment (mg/kg, 60 min before)		Analgesic activity (Latent period in seconds)			
		Before	After		
			1 hr	2 hr	3 hr
Control	DW	9.3 ± 1.95	12.5 ± 2.80	9.0 ± 1.79	7.8 ± 1.69
EE	50	13.3 ± 1.58	20.8 ± 3.61	20.3 ± 3.68	12.8 ± 1.08
	100	8.3 ± 1.95	20.5 ± 3.59 ^a	28.0 ± 1.30 ^c	18.0 ± 3.01
	200	14.5 ± 1.34	23.8 ± 2.82 ^a	24.5 ± 2.47 ^b	20.3 ± 2.27 ^a

Results are Mean ± SE; n=8 animals in each group.

p values : (^a<0.05 ^b<0.01) and ^c<0.001, compared to their respective self control (before) group.

Table 5. Anti-inflammatory effect of graded doses EE of dried leaves of *Parijat* on Carrageenin- induced oedema in albino rats.

Oral treatment (mg/kg)	Percentage control in paw volume			
	1 hr	3 hr	5 hr	24 hr
Control (DW)	123.6 ± 3.33	136.5 ± 4.46	134.9 ± 3.85	114.4 ± 2.54
EE	50	121.5 ± 2.94	134.0 ± 2.75	135.1 ± 2.53
	100	131.7 ± 6.10	150.0 ± 7.30	141.8 ± 6.00
	200	115.8 ± 2.16	134.6 ± 2.34	119.7 ± 1.13 ^b
				98.1 ± 1.15 ^c

Results are Mean ± SE; n = 8 animals in each group.

p values : ^b<0.01 and ^c<0.001 compared to respective control.

3. Anti-inflammatory Activity

The anti-inflammatory activity of EE (50, 100 or 200 mg/kg) was studied against carrageenin-induced paw volume in rats when administered both by oral or ip route. Paw volume was determined by plethysmographically and % increase in paw volume after carrageenin administration was calculated after 1, 3, 5 or 24 hr of test drug administration, when paw volume before carrageenin was taken as 100%.

When EE was given orally, the significant decrease in paw volume was seen orally after 5 and 24 hr of administration of 200 mg/kg dose (Table 5), while ip administration of EE showed significant anti-inflammatory effect at 3 hr onwards and was dose-dependent (Table 6).

Table 6. Anti-inflammatory effect of graded doses EE of dried leaves of *Parijat* on Carrageenin-induced oedema in albino rats.

Ip treatment (mg/kg)	Percentage control in paw volume			
	1 hr	3 hr	5 hr	24 hr
Control (DW)	120.5 ± 2.75	139.5 ± 6.80	128.0 ± 3.55	113.6 ± 3.31
EE 50	113.7 ± 3.46	121.0 ± 3.04 ^a	117.8 ± 3.27	106.5 ± 1.63
100	119.9 ± 2.53	113.1 ± 1.79 ^b	111.9 ± 1.93 ^b	93.9 ± 3.00 ^c
200	119.9 ± 3.31	108.1 ± 2.36 ^c	101.0 ± 2.26 ^c	93.9 ± 1.95 ^c

Results are Mean ± SE; n = 8 animals in each group.

p values : ^a<0.05, ^b<0.01 and ^c<0.001 compared to respective control.

Summary & Conclusion

On the basis of the observations and results of the present study this can be summarised as below with the relevant conclusions :

1. Water and ethanolic extracts of *Parijat* (*Nyctanthes arbor-tristis*) both has a sleeping effect by i.p. route or by oral route. But the effect was more marked in i.p. route.
2. Water and ethanolic extracts of *Parijat* (*Nyctanthes arbor-tristis*) both show antinociceptive effect but it is more marked to its sedative effects.
3. Ethanolic extract of *Parijat* (*Nyctanthes arbor-tristis*) shows the dose dependence anti-inflammatory effect. The anti-inflammatory effect was found equal by oral or I.P. route.

The study reveals the fact that the route of administration of this drug influences the effects e.g., analgesic, hypnotic or anti-inflammatory.

The best result can be achieved by intraperitoneal route in lower doses. The equal result can be achieved in higher doses by oral route.

The present study reveals that *Parijat* (*Nyctanthes arbor-tristis*) has significant anti-nociceptive activity which can be used clinically for the management of pain and as an adjuvant in practice of anaesthesia.

AYUSH PHARMACEUTICALS PRODUCTS

VARANASI (INDIA)

ADYS

Syrup

Treats Amoebiasis and Colitis

INDICATIONS : Checks acute, and chronic amoebiasis, colitis, Relieves from griping pain and irritable bowel syndrome, Hyperacidity, indigestion

DOSAGES : **Infants** : 2.5 ml. t.i.d.;

Children : 5 ml. t.i.d.; **Adults** : 10-15 ml.t.i.d.

PRESENTATION : 200 ml., 100ml., 60 ml.

NOCID

Granules

An Antacid and Best Ulcer Healer

Indications : Hyper Acidity (Amlapitta), Peptic Ulcer (Anna drav shool, parinam shool), Gastritis

DOSAGES : **Children** : 5 gm. t.i.d. with cold milk or water; **Adults** : 10 gm. t.i.d. with cold milk or water

PRESENTATION : 100 gm., 60 gm.

LAX

Powder

Relieves Constipation Gently

INDICATIONS : Relieves constipation gently and re-educates Bowel, Corrects chronic constipation, Piles, Post surgical cases, Constipation associated with pregnancy, Pre-operative and Pre-radiography abdominal preparation.

DOSAGE : 5 gm. 1 TSF at bed time with lukwarm water.

PRESENTATION : 100 gm., 60 gm.

AYUSH REMETIN

Massage Oil

Antiinflammatory and Analgesic

INDICATION : Arthritis, rheumatic arthritis, paralysis paraplegia, sciatica, ankylosing spondilitis, frozen shoulder, fibrosis, sprains.

PRESENTATION : 100 ml., 60 ml., 30 ml.

AYUSH TERMINE

Powder

An Ayurvedic Anti-Allergic Drug

Indication : All types of Allergic conditions-Allergic Rhinitis, allergic bronchitis, allergic bronchial asthma, urticaria, scabies, drugs induced allergy, allergic blepharitis.

DOSAGES : **Infants** : 1/2 gm t.i.d. dilute it in 5 ml. of milk; **Children** : 1-2 gm. t.i.d. with milk or water; **Adults** : 3 gm. t.i.d. with water.

PRESENTATION : 100 gm., 60 mg.

LIV SYP

Syrup

As a Daily Health Supplement

INDICATIONS : All liver disorders, like infective hepatitis, fatty liver, early adult cirrhosis, anorexia jaundice.

DOSAGE : As a health supplement 10 ml. twice daily; **AS A CURATIVE** :

Infants : 2.5 ml. t.i.d.; **Children** : 5 ml.t.i.d.; **Adults** : 10 ml. t.i.d.

PRESENTATION : 200 ml., 100 ml.

Himratan Oil : In the Management of Pain

Pande D.N.

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Introduction

As per Goyal Gramodyog Sansthan description 'Himratan' oil contains :

Tagar Mool	-	Vol. Walichil
Erund Mool	-	Ricinus communis
Ushir Mool	-	Vet. Zizan.
Yastimadhu Mool	-	Glyc. glabra
Amlaki Phal	-	Emblca officinalis
Shatawari Mool	-	Asparagus racemosus
Shunthi Kand	-	Zingiber officinalis
Shwet Chandan - Kand sar	-	Santaluma album
Haritaki fruit	-	Terminalia chebula
Kapur Kachari - Kand	-	Hedychium Spicatum
Jatamansi Mool	-	Nardastachys jatamansi
Darusita Twaka	-	Cinnamomum zelanicum
Bibheetak - Fruit	-	Terminalia bellirica Roxb.
Kankol - Fruit	-	Piper cubeba linn
Mustak Kand	-	Cyperus rotundus linn.
Lodhra Twak	-	Simplocos racemosa
Madyantika - Leaf	-	Lawsonia inermis
Manjista Mool	-	Rubia cardifolia
Shikakai - Phal	-	Acacia rugata
Rakta Chandan - Kand	-	Pterocarpus santalinus
Priyangu - Flower	-	Calliacarpa macrophylla
Ketak - Flower	-	Pandarus odoritissimus
Bhringraj - Panchanga	-	Eclipta alba
Tarunipuspa	-	Rose centifolia
Ratanjot - Root bark	-	Alkane cin.
Til tail	-	Sesamum indicum oil
Piperment Satwa	-	Menthapiperata
Lawanga tail	-	Syzyaium aromaticum oil

Goyal Gramodyog Sansthan Claims about it's product 'Himratan Oil' that it is effective in the treatment of painful conditions like-headache arthritis and low backache.

THE AGONY & THE ECSTASY



Birth pangs. Sometimes made more endurable by the skilful administering of an epidural anaesthetic.

However, hypotension occurs in up to 92% of cases. With Haemacel the risk is less than half and it is significantly more effective than normal saline.*

Haemacel ensures significantly lower consumption of vasopressor†

Haemacel: making the joys of childbirth safer.

20 Years of saving lives

Haemacel

The blood volume replacement you can bank on



Dr. G. S. Chandra has shown that Haemacel is effective in the treatment of painful conditions like headache, arthritis and low backache.

Material and Method

Sansthan had provided the oil for clinical trial in our O.P.D. We selected some cases from our O.P.D. for trial of this massage oil. The patients were suffering from pain due to either of headache or Arthritis. Some of a few cases were also taken who were suffering from painful conditions due to other diseases. The total no. of Patients suffering from different painful conditions are shown in the following table :

Diseases	No. of Patients	Male	Female	Age (years)
Headache	15	5	10	40-50
Arthritis	10	5	5	35-40
Low backache	5	-	5	30-35

All the patients were treated by Himratan Oil. They were advised to apply locally this oil thrice daily. The following symptoms were taken in account - 1. Pain; 2. Movement - restriction and 3. Tenderness.

Observation and Result

The following observations were recorded.

Types of painful disorders treated

Painful disorders	No. of Patients
Headache	15
Arthritis	10
Low backache	5

Effect of treatment

Parameter	After application of Himratan Oil			
	½ hr	24 hr	1 week	2 week
Pain relieve in	Yes	No pain	No pain	No pain
Headache	Yes	No pain	No pain	No pain
Arthritis	No	Yes	Yes	Yes

	No. of cases		
	Headache	Arthritis	Low backache
Mild relieve	2	6	3
Moderate relieve	8	2	-
Complete relieve	5	1	-
No relief	-	1	2

Tenderness

	Time for Pain Relieve		
	Mild	Moderate	Complete
No. of cases of Arthritis (10)	5 days	15 days	-

Restriction of Mobility

	No. of cases Free from Symptom after		
	5 days	10 days	15 days
No. of cases of Arthritis Free from Restriction (15)	1	4	7

Percentage distribution of patients having pain relief

	No. of Patients	
	Headache	Arthritis
25% Pain relief	2	6
50% Pain relief	8	2
100% Pain relief	5	1

Reduction in pain score

After days of therapy	% reduction in pain
1	10
2	30
3	30
5	50
10	75
15	90

Discussion

The oil contains Vatshamak drugs like Bhringraj, Erundmool Bibhitak and lawanga which efficacy in pain management is already proved experimentally. It also contains 'Shamak drabya' like Jatamansi. The other drugs have also synergistic property. Due to it's vatshamak and shamak property the massage oil is effective in painful conditions like headache, Arthritis and low backache. In first instance it seems that Himratan oil is more effective in headache than other painful conditions. The patients got relief from headache within 1/2 hour and after using it on at bedtime they achieved a restful night. It effects slowly in other painful condition.

Summary and Conclusion

On the basis of observation it is concluded that

1. Himratan oil is effective in Shirahshool (headache)
2. Himratan oil is mildly effective in other painful conditions like Arthritis and low backache.
3. Atleast patients suffering from pain of different origine can get relief for some time with massage of Himratan oil.

For confirmation of results more study is needed.

Stress - Untoward Effects on Pregnancy

Yan Beni Humtsoe* and Pandey K.K.**

*JR, Prasuti Tantra, **Lecutrer, Stree Rog - Sangyahan, Department of Prasuti Tantra,
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Mankind has always tried to attain peace and happiness through all available means. The urgency of attaining mental peace has become great in view of tremendous increase in the stress and strain of life especially in urban areas. The rapid industrialization and urbanization leading to excessive crowding, too much of competition, excessive hurry and worry are some of the important factors which ultimately lead to mental and physical changes. Initially, a man tires to adapt himself and then he starts getting the manifestations of psychosomatic changes one by one. At first he gets psychic changes such as irritability, nervousness and sleeplessness etc. If the process is not recognized and checked in time he gets some additional manifestations such as palpitation, increased pulse rate, rise of blood pressure etc. As these changes continue, he ultimately becomes a victim of one of the psychosomatic stress disorders such as hypertension, ulcerative colitis ischaemic heart disease, peptic ulcer, diabetes mellitus, bronchial asthma, thyrotoxicosis, migraine, rheumatoid arthritis etc. A particular person falls a victim of any of these stress diseases depends on his genetic factors, psychosomatic constituents and the various environmental factors as nutritional status, habit, climate, and nature of work etc. (Udupa K.N. Stress and its management by Yoga).

Pregnancy and purperium are at times sufficiently stressful to induce psychosis mental illness may represent remission or exacerbation of pre-existing psychiatric disorders or it may be the onset of a new disorder. The department of Health and Human Service has reported that one of eight persons will suffer from a depressive disorder and that the rate is almost doubled for women. (Repression guideline panel 1993).

Unfortunately, depression is treated in fewer than one fourth of effected women (American college of Obstetrician and gynecologists 1993a).

The relationship between stress and pregnancy is reciprocally adversarial. Pregnancy either induces or exacerbates pre-existing stress and in turn stress seems to have a negative effect on pregnancy especially in the 1st trimester. The period of greatest stress during pregnancy the 1st trimester is also the period of highest rate of pregnancy loss. The hypothesis of a casual relationship between stress and early pregnancy loss has been postulated from ancient times and can be validated with recent date.

Hippocrates advised the pregnant women to be cautious of unnecessary psychic stress.

That abortion occurred as a reaction to wrath, fear. Grief, joy, even to disagreeable odors was widely behind by the medical profession in the 17th & 18th centuries (Huisjes J.H. Spontaneous abortion. Great Britane. Churchill livingstone 108, 1984). Tupper and well in the none scotis study concluded that two types of women have especially abortion prone - the immature, dependent, Psychosexually retard type with a stern father and an inadequate mother and the independent, frustrated women with ambivalent feelings about their faminine role. (Tupper C, Weil RJ, the Problem of spontaneous abortion IX - the treatment of habitual abortions by Psychotherapy).

Mann et al, in the new York study of repetitive aborters also found dependency triats but on a dominating mother and stressed paternal inadequacy. Barnee et al have the role of stress factors in early pregnancy loss. Using static culture technique of placental emplants and superfusion technique they found that various stress related hormones (SRH) affect placental hormonal secretions as reflected by hCH, progesterone (P) and oestradiol (E₂) secretion.

Known effect of stress related hormones (SRH) on placental functions *in vitro*.

	hCH	P	E ₂
Prolactin	↓	↑	↓
Insulin	↓	↑	↑
Growth Hormone	?	↑	↑
ACTH	?	↑	↑
Opiates	↓	↑	↑
Arginine Vasopressin	↑	—	↑
Catecholamine	↑	↑	↑
Corticosteroid	↑	?	?
Androgens	—	?	↑
Oxytocin	↑	↓	↑

Barnee et al have hypothesized that stress factors from the mother may effect uterine circulation which decreases blood flow reaching the decidua. Consequently stress factors may affect the implantation site, impair the metabolism of the decidua through direct humoral factors and finally either directly or indirectly modify placental functions. It is known that hypothalamic pituitary-adrenal axis reacts to sustained anxiety and depression. Catecholamines play a role in the emotional centres of the brain as well as in steroidogenesis. Polishur et al achieved 90% success rate in treating Twenty patients who had three or more abortions with cyproheptidine HCl, an antiserotinine drug. All of these women has emotionally disturbed personalities with an increased excretion of 5-hydroxy-indol acetic acid and serotonin.

Possible Psychogenic Trauma in Pregnancy

Possible psychogenic trauma during pregnancy may affect the womens sense of well-being, appetite, diet and management of pregnancy. It may affect the quality or duration of the pregnancy contributing to premature or delayed onset of labour or to

prolong or dysfunctional labor. It may affect the character of labor itself, or the women's capacity to handle pain. Thus it may affect the amount of medication she requires or requests, leading in turn to further effects on the quality of labor. Dysfunctional or heavily medicated labor and delivery may affect the infants status at birth. Finally psychogenic factors may materially affect the quality of the mother and infant attachment process at birth and in the immediate and remote post-partum periods.

Psychotropic medication or psychotropic hospitalization may have direct effect on the baby or indirect effects mediated by their effects on the mother's ability to mother.

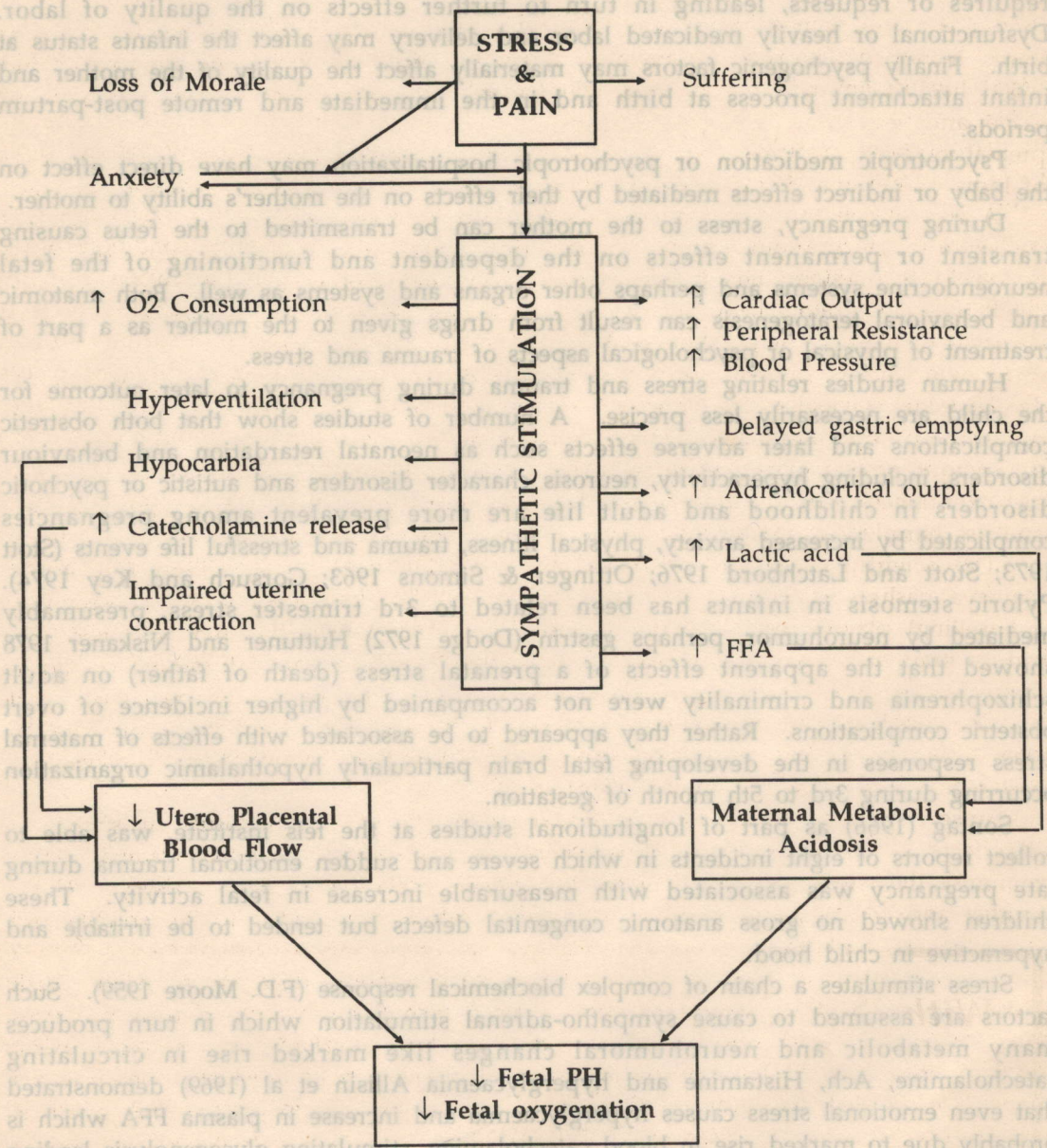
During pregnancy, stress to the mother can be transmitted to the fetus causing transient or permanent effects on the dependent and functioning of the fetal neuroendocrine systems and perhaps other organs and systems as well. Both anatomic and behavioral teratogenesis can result from drugs given to the mother as a part of treatment of physical or psychological aspects of trauma and stress.

Human studies relating stress and trauma during pregnancy to later outcome for the child are necessarily less precise. A number of studies show that both obstetric complications and later adverse effects such as neonatal retardation and behaviour disorders, including hyperactivity, neurosis character disorders and autistic or psychotic disorders in childhood and adult life are more prevalent among pregnancies complicated by increased anxiety, physical illness, trauma and stressful life events (Stott 1973; Stott and Latchbord 1976; Ottinger & Simons 1963; Gorsuch and Key 1974). Pyloric stemosis in infants has been related to 3rd trimester stress, presumably mediated by neurohumor, perhaps gastrin (Dodge 1972) Huttuner and Niskaner 1978 showed that the apparent effects of a prenatal stress (death of father) on adult schizophrenia and criminality were not accompanied by higher incidence of overt obstetric complications. Rather they appeared to be associated with effects of maternal stress responses in the developing fetal brain particularly hypothalamic organization occurring during 3rd to 5th month of gestation.

Sontag (1966) as part of longitudinal studies at the fels institute, was able to collect reports of eight incidents in which severe and sudden emotional trauma during late pregnancy was associated with measurable increase in fetal activity. These children showed no gross anatomic congenital defects but tended to be irritable and hyperactive in child hood.

Stress stimulates a chain of complex biochemical response (F.D. Moore 1959). Such factors are assumed to cause symphatho-adrenal stimulation which in turn produces many metabolic and neurohumoral changes like marked rise in circulating catecholamine, Ach, Histamine and hyperglycaemia Allisin et al (1969) demonstrated that even emotional stress causes hyperglycaemia and increase in plasma FFA which is probably due to marked rise in blood catecholamine, stimulating glycogenolysis leading to hyperglycaemia. Similarly the rise in circulating adrenaline, accelerated the release of FFA from adepose tissue. The alleviation of stress induced anxiety and apprehension has runed greater attention for achieving patients comfort.

Maternal stress and pain during labor influences the fetus in the following manner



Maternal and Fetal consequences of Unrelieved Pain & Stress during Labour

(Churchill Davidson - Practice of Anaesthesia, Vth Ed.)

Professor Gian Carlo Di Renzo a specialist in prenatal medicine at the university of Perugia in Italy, who co-ordinated the research said middle class well educated women are at risk of giving birth prematurely if their work is psychologically demanding and they don't like their working environment. That stress coupled with working long hours increases their risk of having a premature baby. Lucilla Poston, professor of foetal health at King's College School of medicine in London studied the same and said that "Stressful working conditions are one of the risk factors for premature birth." (Norton cherry, career women at greater risk of losing babies, Times of India 17.09.98).

A much, clear concept of healthy (physically as well as mentally) issues has been described in the texts of Ayurveda, where it is mentioned the quality, condition, health and even place too, for coitus to achieve a healthy baby. Without occurrence of any complications during whole pregnancy period and during labour. In the texts of Ayurveda many types of congenital anomalies and fetomaternal disorders due to improper diet and stress inducing factors have been emphasised at different places. The psychophysical preparation of a man and woman desiring a baby has been mentioned very much scientifically, which in turn influences mother and baby throughout pregnancy and during labour even in post partum period too. They have also mentioned a large number of herbal preparations which reduce anxiety and stress and are harmless to mother and baby.

The scientific methods described in Ayurveda while treating a patient i.e., Daivaya pashraya, Yuktivya pashraya and Satwavajaya (spiritual, pharmacological and counselling) play a major role in this regard. As a matter of fact a little stress can induce many other systemic disorders, then what to say about a pregnant lady and her foetus.

Thus the counselling, assurance, spiritual and religious discussions and a herbal preparation possessing manodvegahara (stress reducing properties) can be exercised in this regard. No doubt a large number of synthetic compounds are being practiced to minimise the stress and its induced complications but none of them are devoid of their ill effects in the long run. Hence a herbal preparation is the need of the day to minimise the stress induced complications during pregnancy with the safety margin of mother and foetus.

With Best Compliments from

DR. D.P. DIVYA
Kankarabag
Chiraiyatand Petrol Pump
Patna-20

NEWS

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Office : 5599466

Central Council of Indian Medicine

Institutional Area, Janakpuri

New Delhi-110 058

No. 1-12/98-PG (Misc.) 50

Dated : 24.02.99

To,

1. Health Secretary of all State Governments
2. Registrars of all Universities having Faculty of ISM
3. Principal of all Ayurved colleges of ISM

Sub : Creation of one post of Anaesthetist as a Lecturer Sangyahan in Ayurved Colleges.

Sir,

With reference to the subject mentioned above, I am to inform you that Central Council has decided to create the post of Anaesthetist as Lecturer (Sangyahan) in the department of Shalya/Shalakyas/Prasuti Tantra and Kaumarbhritya with the qualification of M.D. (Ay.) (Sangyahan).

Yours faithfully

Sd/-

(PR Sharma)

Secretary

Kalra*19299

**IIIrd National Conference of
BHARATIYA SANGYAHARAK ASSOCIATION
(Association of Anaesthetists of Indian Medicine)**

at

PUNE

On

26th-27th December, 1999

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

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