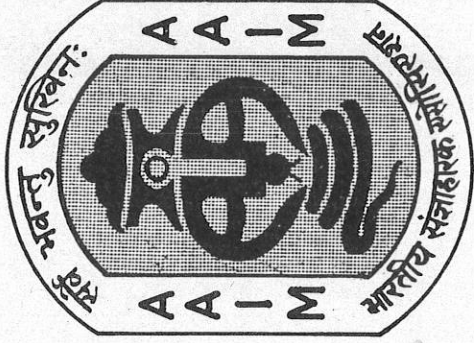


SANGYAHARAN SHODH

August 2003

Volume 6, Number 2



संज्ञाहरण शोध

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

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SANGYAHARAN SHODH

August 2003

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Editorial

The first international congress and VIth National Congress of our Association ended with a grand success on 7th Feb. 2002 one day prior to our schedule due to sight seeing programme. The success was due to support and help of our every member, therefore I would like to thank and congratulate everyone. Our President Prof. D.P. Puranik and Secretary Dr. P.K. Sharma completed their tenure of three years with a grand success. Under their dynamic leadership three conferences of National and International level were successfully organised. I will congratulate them specially. My colleague Dr. K.K. Pandey being the Organising Secretary did hard work with his all students, my congratulations to him with all the team members. Every thing was nice including the souvenir of AAIMCON 2003.

I hope our next conference will be for better than this one. In a very short time the date and venue of the conference will be circulated to all the members. The theme – 'Integration the global need' attracted the gathering and every one participated in the panel discussion. Finally the conclusion derived by Prof. R.H. Singh, Vice Chancellor, Jodhpur, Ayurved University the 'Chairman of the session was that – the present model of B.H.U. – is the best integrated model for world and this should be continued and should be incorporated in every corner of the world. This message should be spread all over the world. The world intelligentia should be informed and should be motivated to think over this 'The Government should be convinced with this theme. This is our responsibility to spread this message like an epidemic. I hope the new office bearer of the Association – Centre and States will take care of this Motto and will make effort to make general awareness amongst the public and public representatives – M.L.As & M.Ps. Our aim is to convince to Indian Government that only and only Integrated system can fulfil the demand of our country. No Shudha or Ashudha are now on surface but only one system all over India – as integrated system should be in existence.

In the last of my editorial one thing repeatedly I want to convey that every member representing any institution kindly do effort to start Sangyabharan at their places. They should extend their all means for this cause. Without existence of Sangyabharan our surgical specialities are dying. But it should not die and I hope will not die.

Jai Sangyabharan Jai Hind

Devendra Nath Pande
Chief Editor

WIDER CHOICE

Offers

NEON



ANTICHOLINERGICS
Tropine Pyrolate
 (Atropine) (Glycopyrrolate)

PREMEDICANTS
Mezolam Neomit
 (Midazolam) (Ondansetron)

INHALATION AGENTS
Hypnothane Sofane
 (Halothane) (Isoflurane)

REVERSAL AGENTS
Myostigmin
 (Neostigmine)

INDUCTION AGENTS
Thiosol Aneket
 (Thiopental) (Ketamine)

MUSCLE RELAXANTS
Myorelex Neovec Neocuron
 (Succinyl) (Vecuronium) (Pancuronium)

OPIOID ANTAGONIST
Nex
 (Naloxone)

ANALGESICS
Fent Supridol Riddof
 (Fentanyl) (Tramadol) (Pentazocine)

REGIONAL ANAESTHETICS
Anawin
 (Bupivacaine)

Lox
 (Lignocaine)

Presidential Speech Delivered by Dr. D.P. Puranik on the Occasion of Inaugural Ceremony of 6th National Conference and First International Congress of Association of Anaesthetists of Indian Medicine

I feel extremely proud and happy to be here, in the Holy City of Varanasi, giving my presidential speech on the occasion of Inaugural Ceremony of 6th National Conference and First International Convention of Association of anaesthetists of Indian Medicine.

The movement of Association started at Varanasi, way back in 1996 and first conference was organised in 1997 at Varanasi only. There after National conferences were organised almost every year at places like Jagannath Puri Pune, Udupi and Sawantwadi. Now with the organization of 6th conference at Varanasi again, the circle is complete. This is very reason, I feel extremely fortunate myself for having opportunity to speak before you from the dais of Association.

Now, this year I am completing my three years' tenure as a President of this great organization. When I look back to have review of my presidential tenure, my mind is full of unforgettable memories, achievements, set backs, joyous and sad moments.

The achievements side, I am very happy and proud to say that it is extremely strong. The greatest achievement is Organisation of very successful Conferences. The conference at Udupi (Karnataka) in October 2000 and one at Sawantwadi in January 2002 proved to be great success and I am very confident that this conference at Varanasi will also be a thumping success. No other Association from Indian Medicine has been able to organize so many successful conferences like A.A.I.M. has organised within a period of merely seven years.

On the organization front also we have good achievements. In last three years' time, we could Start two State Branches. Maharashtra State and U.P. State A.A.I.M. branches are now well established and both are functioning as per provisions of rules and regulations of constitution of A.A.I.M. Both the state branches are conducting various activities regularly. These activities include State Conference, C.M.E. Programmes, C.C.P.R. Workshops etc. which are proving beneficial for the members as well as for students and scholars. Celebration of "Sangyahan Day" on Every 6th February has become a very unique activity of the Association.

On the achievements side, a special mention is required about our official publication, so to say, A 'Mouth Piece' of our Association i.e. "Sangyahan Shodh". This biannual release is full of Latest informations about Anesthesia, Research articles, Association activities and so many other things. The Journal always maintained a very high standard. I feel extremely proud about this activity and I must congratulate and thank the Chief Editor Dr. D.N. Pande for shouldering the responsibility of Editorship very competently and efficiently.

by the chief guest including the other dignitaries on the dais. The dignitaries on the dais were offered welcome with garlands.

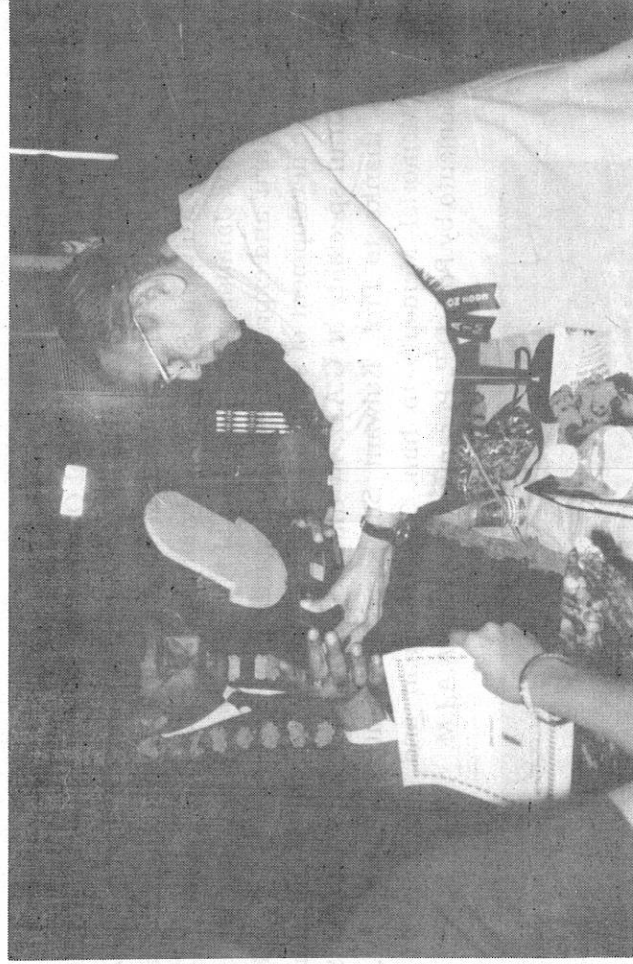
Welcome address was extended by Dr. M. Sahu the head. Department of Shalya-Shalakyā, B.H.U., Dr. D.N. Pande, Chairman Organising Committee gave an introductory speech. He introduced about the view and aims of the Association as well as the Conference theme - 'Integral Health Policy and Education - The Global need.' He expressed his strong support in favour of Integrated Health Education System. Dr. Sanjeeva Sharma the President of U.P. State - A.A.I.M. offered a warm welcome to all the guests and delegates. In the presidential speech - Prof. D.P. Puranik - President (C.C.) made appeal to start P.G. courses at other centres of the country and to form separate Department of Sangyahan in the P.G. Institutions. He also made appeal to the Associations member to work hard for the development of Sangyahan. Dr. S.B. Pande, Patron - A.A.I.M. expressed his well wishes to the association members and advised to update their knowledge. Prof. R.H. Singh, the Dean Faculty of Ayurveda appreciated the activities of Sangyahan Section e.g. Workshop on C.C.P.R. specially and he promised to support it's activities in future. In presidential Address - Director of Institute - Prof. S. Mohanty expressed his views regarding importance of Sangyahan and the need of Integration. Prof. Kulwant Singh - the guest of Honour expressed his full support for the development of Sangyahan. He appreciated the arrangements of the conference and thanked to the organisers for organising the conference at a suitable place - like B.H.U. - the birth place of integration. Prof. B.M. Shukla - the chief guest addressed the august gathering with a warning news of outlook regarding the charges of Negligence during management of a boil. He supported strongly the integrated system and appealed the authorities to come forward for starting everywhere integrated course.

The conference was inaugurated by lightening of the lamp by the honorable Vice Chancellor B.H.U. Prof. P. Ram Chandra Rao, Prof. Rao appreciated the work done by the Association and he expressed his view regarding the development of Ayurveda and the Global need of expansion of Ayurveda.

A prestigious Award of the Association for the year 2002 - Ashwinaw Award was Presented by Prof. B.M. Shukla, Chief guest to Dr. K.K. Pande, Lecturer, Stree Roga, Sangyahan, Department of Prasutitantra for his contribution in the field of Sangyahan.

All the dignitaries on the dais were offered a Memento of the Association. At the end of this immemorial event Dr. K.K. Pandey, Org. Secretary offered the vote of thanks followed by National Anthem.

After inaugural function all of the guests, participants and staff members enjoyed a high tea.



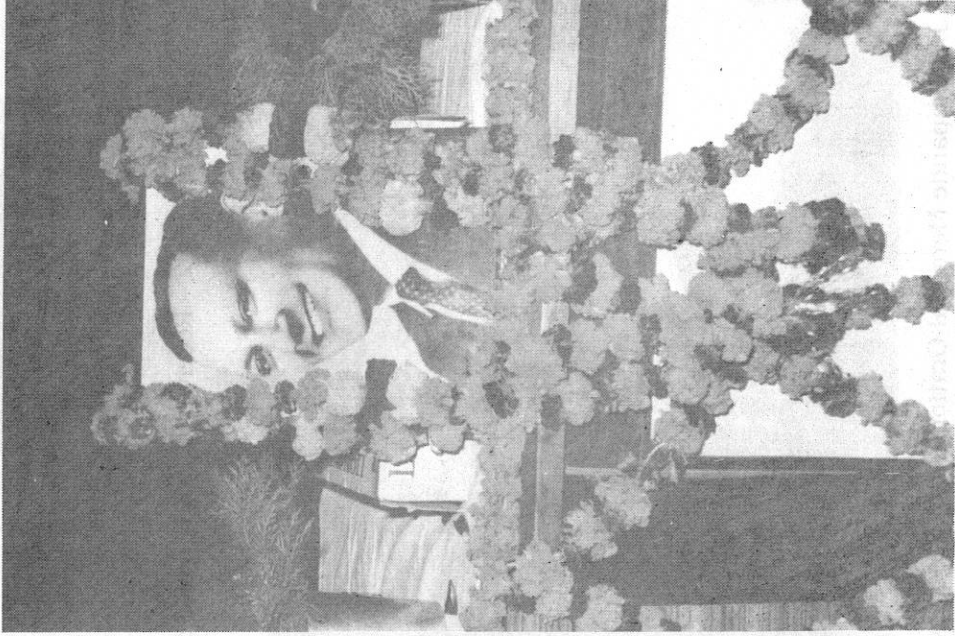
Ashwinau Award 2002 – Receiving Dr. K.K. Pandey



Late Prof. P.J. Deshpande Memorial Oration – By Prof. Kulwant Singh
Dean, IPGT&R, GAU

At 12.30 pm

Late Prof. P.J. Desh Pande Memorial Oration was started under chairmanship of Gajendra Singh the Ex-Director of I.M.S. and Dean Modern Medicine. Prof. K.R. Sharma Ji was Co-chairman and Dr. Laxman Singh was the rapporteur. The oration was given by Prof. Kulwant Singh, the dynamic Dean, I.P.G.T. & R.A., Gujrat Ayurveda University, Jamnagar. As a student of Prof. P.J. Deshpande he recalled the memory of his 'Guru' and expressed his view regarding the necessity of Sangyahan speciality for the development of surgical branches of Ayurveda. He also declared to start Sangyahan speciality at G.A.U. At the end of oration Prof. Gajendra Singh expressed his thanks to Prof. Kulwant Singh and presented a 'Late Prof. P.J. Deshpandey Memorial Memento to him. The chairman and Co-chairman were presented a memento by Prof. D.P. Puranik - President A.A.I.M.



Late Prof. P.J. Deshpande – Memorial Oration Feb. 2003

At 1.00 pm

Guest speaker session was started a bit late. Prof. P.V. Tiwari was the chairman, Prof. A. Lal - the Co-chair and Dr. K.N. Dwivedi the rapporteur. All the dignitaries were welcomed by Dr. D.N. Pande and were presented Garland. The first guest speaker was Prof. K. Pandey - Emeritus Professor of Department of Anaesthesiology, I.M.S., B.H.U., He lectured on the topic-cancer Pain management Participants were very much influenced with his speech. At the end of the lecture - Prof. Pandey was honoured with a memento with the hands of Dr. S.B. Pande Patron, A.A.I.M. The chairman & co-chairman of the session were offered a memento of the Association by President Dr. D.P. Puranik.

The rest of guest lectures were shifted after lunch due to delay in programme.

After Lunch at 2.30 pm

Again the guest speaker session was started under chairmanship of Dr. S.B. Pande and co-chairmanship of Dr. P.P. Mishra, Dr. K.N. Dwivedi the lectured on 'Anaesthesia and Ayurveda - scope and application in new millennium. His paper was appreciated by august gathering. A memento was presented by the chairman to Prof. P.P. Mistri. Rest two guest lecture were postponed and were shifted for other sessions. Under the same chairmanship the next session 'Late Pt. R.A. Pande memorial Best Paper Contest' was started. The Rapportier was Dr. Neelam. The following papers were presented in this session upto 5.00 pm.-

1. Role of Basti karma in urinary disorders - Dr. P. Ramesh Bhat, I.M.S., B.H.U.
2. Surgical Ethics in Sushruta Samhita - Sanjay Kumar Singh, I.M.S., B.H.U.
3. Pharmaceutical Standardization of a effective would healing formulation of Ayurveda - Dr. Shri Durga, I.M.S., B.H.U.
4. Jalauskawacharan in the Pain Management - Dr. Vimal Malli, IPGT & RA, GAU, Jamnagar.
5. A Review of ocular Anaesthesia - Dr. Harmohan Maharana, I.M.S., B.H.U.
6. Role of Agnikarma in Ardhavabhedaka Migraine - Dr. Krishna Makalia, Jamnagar.
7. Clinical Evaluation of Matra Barti in the management of Gridhrasi - Dr. Dheeraj Malhotra, Jamnagar
8. Herbal Drugs and Haemodynamic Stability during Spinal Anaesthesia - Dr. Rajesh Singh, I.M.S., B.H.U.
9. Pain management of Gridhrasi with Special Reference to Siravyadhi - Dr. Vishal Hassan

10. Efficacy of Kadalikshara Yoga in Urinary Colic - Dr. Gopi Krishna Hassan
11. Comparative Study of Sootha Shekhar Rasa in Anaesthesia - Dr. Shilpa Zarekar Udupi

After there papers the session ended with vote of thanks to the Chairman, Co-chairman and Rapportier Prof. D.P. Puranik, President, AAIM - Presented a Memento to all the dignitaries on dais.

At 5.00 pm

Tea was served in the Hall and the Innd Late Pt. R.A. Pande Memorial Best Paper Contest Session was started under Chairmanship of Prof. D.P. Puranik, Co-Chairmanship of Dr. S. Bhat, Dr. N. Murthy was the Rapportier. The following selected paper were read :

- (x) Advantage of magnet therapy - Dr. R.K. Gautam
- (xi) Management of pain through Panchkarma therapy - Dr. Anup Baishya, I.M.S., B.H.U.
- (xii) Enuresis : A venue for stress and shame - Dr. Amit Kataria, Jamnagar
- (xiii) Role of Agnikarma in the management of Sondhigat vata - Jamnagar
- (xiv) Management of Bhagandara by guggulu based kcharsutra - Dr. Rajneesh Giri, I.M.S., B.H.U.
- (xv) CPR in cardiac arrest - Dr. D.M. Patil, Udupi
- (xvi) Efficacy of Nimbadi guggulu in P.O.P. - Dr. S. Nagraj, Udupi
- (xvii) Management of Pain in fissure in Ano by Madhuyasti Tail - Dr. Vishwas Kumar in Udupi
- (xviii) Preop Anxiety - Dr. M.L. Ashok, Udupi

All the papers were finished at 7.00 pm. Dr. S.B. Pande, Patron - AAIM, presented memento to Prof. D.P. Puranik, Dr. S. Bhat and Dr. N. Murthy. Thus Ist day Scientific session were covered a bit date.

After a cup of tea all the members of AAIM reassembled in the Hall for General Body Meeting. The proceeding will be published separately.

A delicious Dinner was served at 8.00 pm to all the quests and Participants. These all the programmes were conducted in Swatantrata Bhawan.

Feb. 7, 2003

On the second day Scientific Session were conducted in three Halls - Hall A - Prof. P.V. Sharma Hall, Hall B - Pt. Satyanarayan Shastri Hall and Hall C -

Dhanwantari Hall. First of all after a breakfast at 9.00 am Prof. B.G. Ghanekar Oration was Started in Dhanwantari Hall under chairmanship of Prof. Kulwant Singh and Co-chair Dr. S.D. Rai. Prof. D.P. Puranik delivered his oration beginning with a brief introduction of Ghanekar Ji. His lecture was based on the development of Sangyahan prospective. The Hall was full. Prof. Kulwant Singh concluded his lecturer and presented 'G.B. Ghanekar Memorial Memento'. At the end of Dr. S.B. Pande, Patron, AAIM, presented a memento to Prof. Kulwant Singh and Dr. S.D. Rai.

Dr. D.N. Pande offered the vote of thanks to the chair and co-chair of the session.



Late Prof. G.B. Ghanekar Oration – By Prof. D.P. Puranik

Hall 'C' 10.0 am to 11.00 am

Free Paper Session - In this session Prof. K.R. Sharma was the chairman and Dr. J.S. Sukla Co-Chairman, Dr. K.N. Singh was the Rapporteur. Session started with guest lecture of Dr. P.P. Mistry, Dr. Mistry delivered lecture on Ayurvedic prospect and Prospective of Anaesthesia in new era. The lecture was well appreciated. The other guest lecture was delivered by Dr. S. Bhat and Dr. Kalita from Udupi and Gauhati respectively. Dr. D. Kalita talked on Anaesthesia and Ayurveda and Dr. S. Bhat on Anaesthesia Pain and intensive care in Ayurveda. Both lecture were appreciated by the audience. All the three guest speakers were presented with a memento by Prof. K.R. Sharma Ji.

In this session I free research paper were presented. The session ended with a vote of thanks to the chair by Dr. D.N. Pande Chairman Org. Committee.

Then a workshop on kshar sutra was conducted in S.S. Hospital, Anorectal clinic under chairmanship of Dr. M. Sahu and co-Chairmanship of Dr. Raman Singh - a renowned Ayurvedic Surgeon. The Rapportier was Dr. Manoj Kumar. The participants were actively participated and learned the technique. The workshop ended at 12.30 pm. A memento was presented to the Chairman Dr. M. Sahu, Co-chair, Dr. Raman Singh and Rap. Dr. Manoj Kumar.

At 12.30

Scientific session on Sangyahan/Pain and Palliative Care - (Free paper) was started under chairmanship of Prof. P.P. Mistri and Co-chairmanship of Dr. D.N. Pande and Rapportier, Dr. P.R. Mishra. The papers were presented nicely. The session ended at 2.00 pm. Dr. S.B. Pandey, Patron, AAIM presented a memento to Dr. P.P. Mistri, Dr. D.N. Pande and Dr. P.R. Mishra.

After it a delicious lunch was served to all the guests and participates.

2.30 - 3.30 pm

Workshop on C.C.P.R. was conducted by Dr. D.N. Pande and Dr. K.K. Pande. The session was chaired by Dr. S.B. Pande and Co-chair by Dr. B.N. Shendey. Dr. Anil Dutta was the Rapporteur. The workshop was well appreciated due to its practicality for every practitioner. At the end a memento was offered to Dr. V.N. Shandey and Dr. Anil Dutta, Dr. Purnima offered the vote of thanks to the Chair and Co-ordinators.

3.30 - 5.00 pm

Panel Discussion as Integration the Global Need



Workshop on C.C.P.R.



Panel Discussion – Integration the Global Need

This important session was chaired by Prof. R.H. Singh, Dr. S.B. Pande, Dr. D.P. Puranik, Dr. N.P. Dubey and Dr. K.R. Sharma, Dr. D.N. Pande and Dr. K.K. Pandey as panelists.

Dr. D.N Pande presented a blue print of the Integrated education pattern and its scope and invited discussion over it. Every panelist expressed their view on the subject and the final out come was that 'Integration is now globally accepted and is the need of time' Already an integrated approach is going on in B.H.U. and this model be accepted Globally. Thus the discussion came to an fruitful end.

Hall A - Prof P.V. Sharma Hall

9.30 - 10.0 am Guest Speaker Session

Chairman - Prof. P.V. Tiwari
 Co-chairman - Dr. S.K. Dixit
 Rapportier - Dr. B.M. Singh

Prof. B.D. Bhatia and his team - Dr. Ashok Chaudhary conducted the workshop on Neonatal Resuscitation.

The workshop was very useful. A memento was offered to Dr. Bhatia and Dr. Ashok Chaudhary by the hands of Prof. P.V. Tiwari. A memento was offered to the Chair, Co-chair and Rapporteur of the session.

11.00 am - 12.30 pm Prasuti Tantra & Bal Roga

Free paper session

Chairman - Dr. R.D. Sharma
 Co-chairman - M. Sahu
 Rapportier - Dr. A. Agrawal

In this session 11 papers were presented by different presenters. At the end the chairman, Co-chair and Rapporteur were honoured by presenting a memento of the Association.

Hall 'B' - Pt. Satyanarayan Shastri Hall

9.30 - 12.30 pm Common Paper Session

Chairman - Dr. R.K. Gupta
 Co-chairman - Dr. B.N. Upadhyay
 Rapportier - Dr. Neeraj

In this session 13 papers were presented on different subjects session ended with a presentation of memento to the Chair, Co-chair and Rapportier.



Valedictory Function

All the participants of Hall A and B were reassembled in Hall - C for further interaction.

5.00 - 6.30 pm Valedictory Function

Valedictory function was chaired by Prof. R.H. Singh the Dean Faculty of Ayurveda and the First Vice-chancellor of Jodhapur Ayurved University, Rajasthan. Dr. S.B. Pande, Patron, Dr. D.P. Puranik, Ex-president, AAIM, Dr. Sanjeev Sharma, Ex-President, U.P. State, Dr. D.N. Pande, Chairman Org. Committee, Dr. K.K. Pandey Org. Secretary and Dr. V.N. Shynde - Sec. of M.S. State was on the dais, Dr. D.P. Puranik express his thanks to the Org. Committee for organising successful conference. Dr. S.B. Pandey ji also expressed his congratulation and thanks to all the state and centre members for their help and support. Dr. D.N. Pande expressed his obligation to each and every person for participation in the conference. He announced the 'late Pt. R.A. Pande Memorial best Paper Award'. The award of Rs. 1000 was distributed two winners due to equal marks - Dr. Dheeraj Malhotra from Jamnagar and Dr. P. Rajnish Giri from Varanasi were the winner. They were also presented by a memorial memento. Dr. Vimal from Jamnagar was also awarded with a certificate of appreciation. Dr. V.N. Shynde expressed his views regarding the conference management. Prof. R.H. Singh very well appreciated the work of Sangyabharan section as well as association and he promised to help it in future. At last Dr. K.K. Pandey presented his vote of thanks to all the guest, Chairman, guest

speakers, participant, delegates, students and staff. He expressed his deep sense of thanks for his students like - Purnima, Rajesh, Medhi and B.N. Maurya for their continuous day and night help so that the conference came to an end. The valedictory session ended with National Anthem.



Dr. P. Rajnish Giri – Received Late Pt. R.A. Pande
Memorial Best Paper Award, 6 Feb. 2003

A delicious Dinner was provided to all the guest and participants.

The conference was ended within two days due to some financial crisis.

ASHWINAU AWARD 2002

Dr. Kuldeep Kumar Pandey

(BSc, BAMS, MD (Ay), PhD, Dip Yoga)

Dr. K.K. Pandey Son of Late Mrs. Kamla Pandey & Shri L.K. Pandey was born on 5th March 1961 in Duddhi Mirjapur, UP. He did his BSc from University of Allahabad in 1979 and BAMS from Pt. M.M. Malviya State Ayurvedic College Udaipur – University of Rajasthan – Jaipur in 1987. In 1991 he got his M.D. (Ay.) Shalya with Sangyahan as special subject from B.H.U. Dr. Pandey received second Ph.D. award of the country in Shalya-Sangyahan from B.H.U. in 1994. He also did Diploma in Yoga from B.H.U. in 1992. During his student life he has participated in many extraculcular activities viz. – show, games and sports and was a part time Yuva-Vani programme announcer at Akash-Vani centre Udaipur. He also did NCC 'B' Certificate course from 10-Raj Btn, Udaipur in 1986 and received best caded award. Presently Dr. Pandey is serving as Lecturer – Stree Rog – Sangyahan Anaesthesia, in the Dept. of Prasuti Tantra, I.M.S., B.H.U., Varanasi since Marh 1997.



Field of Specialisation

Sangyahan (Anaesthesia)/Pain and Palliative Care

Teaching Experiences

- P.G. Level – 14 years
- U.G. Level – 2 years

Research Experiences

– 15 years

Supervision/Cosupervision

- MD(Ay) / MS(Ay) Sangyahan and MD (Ay) Prasuti Tantra – 15
- Ph.D. – Two

Post held in BHU

- Clinical Registrar/Senior Resident in Sangyahan – Department of Shalya Shalakyia, I.M.S., B.H.U.
- Medical Officer Anaesthesia (I.M.), S.S. Hospital, B.H.U.
- Lecturer Stree Rog Sangyahan (Anaesthesia) Department of Prasuti Tantra, I.M.S., B.H.U. Since March 1997.

Organised Conference

- Three (2 National and one International)

Organised Workshops

- 14 (12 on CCPR)
- Delivered Guest Lectures - 16 (Two in International Conferences)
- Attended Conferences - 38
- Presented Papers in Conferences - 28

Publications

- Scientific Papers - 33
- National Journals - 28
- International Journals - 5
- Journal Associate Editor Sangyahan Shodh Journal of AAIM Since 1997.
- Chapter written in one Book – Facets of Health Pub. By Dept. of Prasuti Tantra, I.M.S., B.H.U.
- One Text Book on Sangyahan (In Press)
- One Book on Poetry (In Press)

Received Awards

1. Param Sant Kripal Singh Memorial Award 2000 for Best Ph.D. Thesis in Ayurveda – N.S.R.I. Hardoi, U.P.
2. Ashwinaw Award 2002. Association of Anaesthetists of Indian Medicine.

Recognition in Scientific Societies

- Life Member National Intergrated Medical Association – India.
- Life Member Bharatiya Chikitsak Shikshak Sangha – India.
- Life Member Research Society Anaesthesiology and Clinical Pharmacology – India.
- Life Member Association of Anaesthetists of Indian Medicine – India.
- Founder Secretary General AAIM India.
- Senior Vice President Central Council AAIM – India.
- Life Member National Sushrut Association – India.

Contributions in Academic Programmes

- Teaching Training and research guidance to BAMS, MD(Ay) Sangyahan and Prasuti Tantra Scholars of I.M.S., B.H.U.
- As Observer – B.H.U. P.M.T – Since 1997.
- As Examiner – MD (Ay), MS(Ay) B.H.U., Himachal and Chandigarh.
- As Dy. Co-ordinator – MD (Ay)/MS(Ay) entrance test B.H.U. 2002, 2003.
- I/c Clinical & Research Laboratory of Department of Prasuti Tantra, I.M.S., B.H.U.
- Former I/c, Section of Sangyahan, Department of Shalya Shalakyia, I.M.S., B.H.U.

Association of Anaesthetists of Indian Medicine *(Bharatiya Sangyaharak Association)*

Annual Report 2001 – 2002

During the year 2001-2002, Association had made several activities for development of 'Sangyahan Speciality' and several steps were taken to execute the General Body resolutions passed on 19.01.2002 at Sawantwadi. Our two State Branches actively participated in different activities of the association.

Executive Meetings were held on 06.04.2001, 27.07.2001, 01.01.2002 and 25.07.2002

Sangyahan Day was celebrated at Pune and Varanasi on 6th February 2002. At Varanasi One day Workshop on Neonatal Resuscitation was also conducted. Three workshops on C.C.P.R. were organised at the Section of Sangyahan, Banaras Hindu University, Varanasi.

General Body Resolutions dated 19.01.2002 – Executed:

1. Account of A.A.I.M. – 2001-2002 was audited.
2. Account of Sangyahan Shodh – 2001-2002 was audited.
3. Account of U.P. State Branch – 2001-2002 was audited.
4. Account of M.S. State Branch – 2001-2002 was audited.
5. Account of Vth National Conference of A.A.I.M. was audited.
6. Ashvinau Award and Late Pt. R.A. Pande Memorial Award were declared by the concern Committees.
7. Two Orations – Late Prof. P.J. Deshpande Memorial Oration and Late G.B. Ghanekar Oration were organised on the eve of Vth National Conference at Sawantwadi.
8. State interest share of Life Membership Fee were distributed to M.S. State Branch and U.P. State Branch as guidelines of G.B. Meeting dated 19.01.2002. Journal Share were send to Journal account.
U.P.State Share - 11,000.00
M.S. State Share - 6,250.00
Sangyahan Shodh Share - 21,975.00
9. Surplus money of IV National Conference was distributed as per guidelines of resolution of G.B. dated 19.01.2002 to Journal fund –
Journal fund from Conference Surplus Money – Rs. 25,450.00 only.
10. Sangyahan Shodh was published regularly.

11. Life Membership raised to:

U.P. Member	- 83
M.S. Member	- 47
Other states Member	- 50
Hon. Member	- 2
	182

12. Membership list is published in Sangyahan Shodh and a separate Computerised List was prepared.

13. Ashwinau Award Committee and Best Paper Award Committee for the year 2002-2003 was framed as below:

Ashwinau Award Committee: (a) President C.C. – Prof. D.P. Puranik; (b) Secretary – Dr. P.K. Sharma; (c) Patron – Dr. S.B. Pande

Late R.A. Pande Best Paper Award Committee: (a) Secretary – Dr. P.K. Sharma; Member – Dr. K.K. Pandey; (c) Member-Donor – Dr. D.N. Pande.

14. Activities of U.P. State Branch – U.P. State Branch conducted – Clinical meetings and – Executive meetings during the year 2001-2002. A detail is separately presented by the Secretary – U.P. State

15. Activities of M.S. State Branch – M.S. State Branch contributed a lot and joined hand in the development of Sangyahan by making Awareness programmes and Organising Clinical Seminars.

Lecture programme – 16th December, 2001

Sangyahan Day – 6th February, 2002

National Conference at Sawantwadi

Not Achieved

- No any New M.D./M.S. Course in Sangyahan could be started at any other place.
- Permanent land was not purchased

Important Achievement

- Dr. D.N. Pandey, Sr. Vice-President joined as Reader at Gujarat Ayurved University on 8th November 2002 and thus the Specialities of Sangyahan came in existence at I.P.G.T. & R.A., Jamnagar.

Future Plans

- To create More New Branches
- To start New P.G. Centres
- To start more workshop programme on Critical Care and Palliative Care
- To start Palliation Training Programmes
- To purchase the land and to construct AAIM Bhawan

Sangyahan Shodh

(An Official Journal of Association of Anaesthetists of Indian Medicine)

Annual Report – 2001 – 2002

1. During 2001 – 2002 two issues were published in the month of August 2001 and February 2002.
2. Regular advertisements were received and some new were also included as – Neon, Leon and Delhi Surgical and Dressing.
3. Journal covered the Association activities, events and research papers with a bright get-up.
4. Journal's subscription was raised due to enhancement of expenses.
5. Journal received the following share from A.A.I.M. C.C. and Conference Surplus Money –
From Life Membership Share Rs. 21,975.00
From Conference Surplus Money (Pune) Rs. 25,450.00
6. Account of Sangyahan Shodh was audited and was presented in E.C. meeting.

D.N. Pande
Chief Editor

SAVITRI DIAGNOSTIC CENTRE

Dr. P.K. Tiwari M.D. (Path.)
Dr. Ashok Srivastava Pathologist

**SHOP NO. 12, GYAN MANDAL COMPLEX
B.H.U. ROAD, LANKA, VARANASI-5**

सुविधायें

- एक्स-रे
- ई.सी.जी.

- पैथोलॉजी
- यू.एस.जी.

U.P. State Branch
Association of Anaesthetists of Indian Medicine
Annual Report 2001-2002

Executive Committee functioning during the period was

President	: Dr. Sanjeev Sharma	
Vice President	: Dr. S.K. Mishra	
General Secretary	: Dr. P.R. Mishra	
Joint Secretaries	: Dr. S.K. Singh	Dr. Hari Om Singh
Treasurer	: Dr. S.B. Chaurasia	
Ex. Members	: Dr. Ashok Dixit	Dr. P.S. Pandey
		Dr. R.K. Jaiswal

EXECUTIVE COMMITTEE MEETINGS

During this year, Seven Executive Committee Meetings of U.P. State Branch of A.A.I.M. were held. In these meetings attempts were made to continuously improve, strengthen and publicise the efforts made by this branch to other Ayurvedic College of U.P. and also amongst the general public of our vicinity.

CLINICAL MEETINGS

During this period Five Clinical Meetings took place. Each meeting was arranged by Executive Members of our branch in rotation. Giving responsibility of arranging each meeting, choosing Guest Lectures and followed by Refreshment arranged by Executive Members individually by rotation was a unique attempt and gave excellent results.

1st Clinical Meeting - 31.07.2001

Arranged by Dr. Sanjeev Sharma in Collaboration with Sharma Medical in Hotel Diamond. The meeting started under Chairmanship of Prof. K. Pandey (Emeritus Prof. Anaesthesiology, I.M.S., B.H.U.) and Co-chaired by Dr. S.B. Pandey (Ex. Reader & Patron of A.A.I.M.). The Guest Speaker was Dr. P. Bhattacharya (Sr. Lecturer, Anaesthesiology, I.M.S., B.H.U.). The topic was "Cardiac Diseases and Anaesthesia". The topic was discussed in detail followed by questionnaires from audience. Meeting was followed by Dinner.

2nd Clinical Meeting - 31.08.2001

It was held in Sushruta Seminar Room, S.S. Hospital, Banaras Hindu University, Guest Speaker was Dr. D.N. Pande, Sr. Lecturer & Incharge Section of Sangyabharan, I.M.S., B.H.U. on topic of 'Mendelsons Syndrome' Topic was appreciated by all. This clinical meeting was organised by Dr. S.K. Mishra and excellent refreshment followed it.

3rd Clinical Meeting - 30.09.2001

Held in Sushruta Seminar Room, S.S. Hospital, Banaras Hindu University. Two guest lectures were arranged on the day.

1st was "Laparoscopic Cholecystectomy - New directions" by Dr. Raman Singh, Reputed Ayurvedic Surgeon of Varanasi.

2nd Lecture was on 'Neurosurgical Anaesthesia by Prof. K. K. Pandey (Emeritus Prof.). Both speakers were presented with momento. After the two lectures Lunch was arranged by Dr. P.R. Mishra in Hotel Amarpali of Varanasi.

4th Clinical Meeting - 31.10.2001

Panel discussion under chairmanship of Dr. S.B. Pandey (Patron A.A.I.M.) and other panellist included Dr. D.N. Pande, Dr. K.K. Pandey and discussed the various problems faced by practicing Sangyahanaks of our branch and how to solved. Refreshment was arranged by Dr. S.K. Singh (Joint Secretary).

5th Clinical Meeting - 31.12.2001

Guest speaker was Dr. K.K. Pandey, Lecturer, Prasuti Tantra, Sangyahan, on topic of 'Hypovolumic shock'. Refreshment arranged by Dr. Hari Om Singh.

ACTIVITIES OF ASSOCIATION

6th Feb. - Sangyahan Day 2002

In an attempt to further strengthen and better relationship and other government institution, Sangyahan day 2002 was celebrated in Sampoormand Sanskrit University with Co-operation of U.P. State Ayurvedic College Varanasi.

Honorable Vice-Chancellor S.S.U. Prof. Sharma inaugurated the function in presence of legendary Dr. P.V. Tiwari, Ex. Dean, Faculty of Ayurveda, Banaras Hindu University.

It was by Guest lecture of Dr. S.K. Mathur, Sr. Lecturer, Department of Anaesthesiology, I.M.S., B.H.U., discussed 'Shock and its management'.

After the demonstration of Cerebro Cardio Pulmonary Resuscitation with dummy performed by Dr. D.N. Pande (Sr. Lecturer, Sangyahan, B.H.U.) and Dr. K.K. Pandey (Lecturer, B.H.U.), Prof. Ram Harsh Singh, Dean, Faculty of Ayurveda, B.H.U., inaugurated the demonstration and highlighted the role of Ayurveda with special reference of Sangyahan in promoting mankind.

More than 300 member in attended the Sangyahan day.

Felicitaton Programme

The Members of U.P. State Branch - Dr. S.B. Pande and Dr. D.N. Pande received Ashwinau Award who were felicitated.

For receiving Best Paper Awards – Dr. Mukta Sinha, Dr. Annpurna Pai and Dr. P.R. Mishra were also Felicitated.

Dr. D.N. Pande Sr. Vice President and Incharge of Section of Sangyabharan was felicitated for the new assignment as Reader in the Department of Shalya Shalakyā, I.P.G.T. & R.A., G.A.U., Jamnagar.

Workshop on CCPR & Training Programme

The C.C.P.R. workshops were arranged during this tenure with 8 members in each batch.

HIMRATAN OIL (हिम रत्न)

Indication : For local application in Shirahshool (Headache)/muscular spasm/low backache and Arthritis.

Method : Take 2-5 ml of Himratan oil and massage gently on the effected part.

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 तरोजा खने में विशेष उपयोगी है ।

इसका मधुर गंध चित्त को प्रसन्न करता है तथा साधारण तैलों की तरह इसमें कोई रासायनिक तत्व नहीं है । इस तैल को आयुर्वेदिक चिकित्सकों के परीक्षण और उपयोगी करने वालों के प्रमाणिकतानुसार बालों की विभिन्न समस्याओं में अत्यन्त उपयोगी पाया गया है । हिमरत्न शीतल तैल विपचिपाहट 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 ।

Manufactured by

Goyal Gramodyog Sansthan, Varanasi

Association of Anaesthetists of Indian Medicine (Maharashtra State Branch)

Annual Report 2001-2002

During this year following Executive Committee was functioning

President	: Dr. S.V. Marathe (Pune)
Vice President	: Dr. B.N. Deshpande (Dehuraod)
General Secretary	: Dr. V.N. Shendye (Pune)
Joint Secretary	: Dr. N.B. Gujarathi (Pune)
Treasurer	: Dr. N.V. Borase (Pune)
Members	: Dr. R.K. Gupta (Sawantwadi) Dr. B.B. Dehadra (Shrirampur)
	Dr. Anil Warape (Wadgaon Sheri) Dr. S.B. Patawardhan (Sangli)
Invitee Member	: Dr. D.P. Puranik (Pune)

EXECUTIVE COMMITTEE MEETINGS

During the year 2001-2002 four Executive Committee Meetings were held. In these meetings, planning of different activities such as 5th National Conference of Association at Sawantwadi, 6th February as Sangyahan Day etc. was done.

ACTIVITIES OF THE ASSOCIATION

Conference

Maharashtra State Branch organised the 5th National Conference of A.A.I.M. at Sawantwadi on 19th and 20th of January 2002. About 350 delegates were present. It was very successful conference. Glorious inauguration, Two Orations, Five Scientific sessions, Panel discussion, Round Table session, Valedictory function, these were the highlights of the conference. Patron Dr. A.B. Limaye was guest speaker. Dr. N.V. Borse and Dr. V.R. Seth presented their papers. Cultural Programme, mouth tempting food and warm hospitality upgraded the conference.

Lecture Programme

Lecture programme was arranged on 16th December 2001 at NIMA Hall, Tilak Ayurveda College, Pune. Dr. Nilima Ghaisas, Dr. Dilip Ghaisas delivered a lecture on 'Epidural Analgesia I Gynaecology and Obstetrics' Dr. Manoj Nesari delivered a lecture on 'Pain management – an Ayurvedic Concept'.

Workshop

Workshop on Cardio Pulmonary Resuscitation was arranged on 21st April 2002 in Tilak Ayurved Mahavidyalaya, Pune in joint collaboration with C.P.G.S. and R.A. of T.A.M.V., Shri Medical Foundation and A.I.M.S. of India.

Basic Life support, Airway Management, Oxygen Therapy, Fluid Resuscitation, C.P.R. in special situation are some of the contents of this programme. Dr. Shirish Prayag and his team presented the demonstrations. About 80 members were participated.

Seminar

Seminar on 'Know latest in Medicine, Surgery and Gynaecology' was organised on 21st April 2002 at N.I.M.A. Hall, Tilak Ayurved College, Pune. Dr. Shirish Prayag, Dr. Sanjay Deodhar and Dr. Dilip Ghaisas were three expert speakers from Medicine, Surgery and Gynaecology faculties respectively. The seminar received great response. It was jointly organised with A.I.M.S. of India.

Sangyahan Day

6th February 2002 was observed as 'Sangyahan Day'. This year the programme was organised at Aryangla Ayurved College, Satara. Lecture programme was organised on this occasion. Principal of the college Dr. Bhide was on the chair. Dr. V.H. Kulkarni and Dr. Sameer Sohoni were guest speakers. This was the first lecture programme regarding Anaesthesia in the college. Response of scholars was very nice.

General Body Meeting

Annual General Body Meeting of the branch was called on 16th December 2001. Minutes of last General Body Meeting (9th July 2000), Annual Report of the branch 2000-2001, Audited Statement of Accounts 2000-2001 were presented by Dr. V.N. Shendye and were confirmed and passed unanimously.

Dr. R.K. Gupta Chairman – Organising Committee of 5th National Conference of A.A.I.M. Sawantwadi gave some informations about conference and discussion about preparation for the conference was done.

Congratulations for Achievements

Following members of the Association have remarkable achievements to their credit. Association heartily congratulate them.

1. Dr. D.P. Puranik – Nominated Co-opt Member of Academic Council, Pune University and Elected Vice President of Sports Medicine Association, Pune.
2. Dr. N.V. Borse – Elected Vice President of N.I.M.A. (Pune District Branch) Appointed Co-opt Member, Board of Studies (Uttar Maharashtra Vidyapeeth).
3. Dr. V.B. Kasnade – Elected Organiser N.I.M.A. (Pune District Branch).
4. Dr. Vijay Jadhav – Received 'Gurugaurav' and 'unawant Shikshak' Awards.

Feelings of General Secretary

I am very thankful to President Dr. S.V. Marathe, Patron, Dr. A.B. Limaye and President of the Central Council, Dr. D.P. Puranik for their time to time valuable advise. I am also thankful to all office bearers for their cooperation.

Dr. V.N. Shendye
General Secretary
A.A.I.M. (M.S.B.)

Association of Anaesthetists of Indian Medicine Minutes of General Body Meeting - 06/02/2003

General Body Meeting of A.A.I.M. was called on 6th Feb. 2003 at 7.00 pm at AAIMCON – 2003 Conference Hall, B.H.U., Varanasi with prior notice.

The said meeting was adjourned by president at 7.00 pm for want of quorum. Same was resumed at 7.30 pm. When president Dr. D.P. Puranik was in the chair. General Secretary Dr. P.K. Sharma extended welcome to all members and read the agenda of meeting with the permission of chair regular agenda was resumed.

Subject 1.

To read and confirmed the minutes of last General Body meeting which was held on 19th Jan. 2002 at Sawantwadi (Maharashtra). General Secretary Dr. P.K. Sharma presented the minutes of last General Body Meeting.

Resolution

General Body of A.A.I.M. in the meeting held on 06.02.03 resolves to confirm the minutes of last General Body Meeting.

Proposed by – Dr. N.V. Borse
Passed Unanimously

Seconded by – Dr. V.N. Shendye

Subject 2.

To read and Confirm Annual Report of A.A.I.M. (1) Central Council (2) Maharashtra State Branch (3) U.P. State Branch

General Secretary Dr. P.K. Sharma Presented the Annual Report of A.A.I.M. for the year 2001 – 2002.

Secretary of A.A.I.M. Maharashtra State Branch Dr. V.N. Shendye present Annual Report of State Branch for the year 2001-2002.

Dr. Sanjeev Sharma – Secretary of U.P. State Branch presented Annual Report of state Branch for the year 2001 – 2002

Resolution

General Body of A.A.I.M. in the meeting held on 06.02.03 held at Varanasi resolves to confirm the reports for the year 2001 – 2002.

Proposed by – Dr. Akbar Ali
Passed Unanimously

Seconded by – Dr. Ahmed Ali

Subject 3.

To present and adopt Audited statements of Accounts for the year 2001 – 2002. Treasurer of A.A.I.M. presented Audited accounts of A.A.I. (1) Central Council (2) Sangyahan Sodh (3) Maharashtra State Branch (4) U.P. State Branch

Resolution

G.B. of A.A.I.M. in meeting held on 06.02.03 resolves to adopt audited statements of Account (for the year 2001-2002) for A.A.I.M. (1) Central Council (2) Sangyahan Sodh Journal (3) Maharashtra State Branch (4) U.P. State Branch

Proposed by – Dr. Akbar Ali
Passed Unanimously

Seconded by – Dr. Ahmed Ali

Subject 4.

Consideration of next conference venue: President Dr. D.P. Puranik informed the house that he has not received any invitation for organizing 7th National Conference. However it was decided to look for the possibility to held 7th conference at (1) Himachal Pradesh (2) Jamnagar (Gujrath) (2) Uttar Pradesh

It was also decided to give rights of decision regarding organisation of 7th conference to Executive Committee of Central Council of A.A.I.M.

Subject 5.

Selection of name for the Ashwino Award for the year 2003

Dr. S.B. Pande, on behalf of the selection committee informed the house, selection of name of Dr. Ashok Dixit for the Ashwino Award for the year 2003.

Subject 6.

Election of Executive Committee of Central Council of A.A.I.M. for the year 2003 – 2006 (3 years).

Election officer Dr. D.P. Puranik informed the house of about Nomination papers he has received for different posts and after scrutinising these papers declared following candidates declared unopposed.

President	-	Dr. D.N. Pande
Vice President	-	Dr. K.K. Pandey
General Secretary	-	Dr. Sanjeev Sharma
Joint Secretaries	-	(1) Dr. N.V. Borse (2) Dr. P.R. Mishra (3) Dr. Annapurna Pai

General Secretary Dr. P.K. Sharma thanked Dr. D.P. Puranik for smooth conduction of Election.

Nominations for remaining posts

President Dr. D.P. Puranik informed the house about vacant posts to be filled in by General Body.

Resolution

General Body of A.A.I.M. in the meeting held on 06.02.03 at Varanasi unanimously resolves to nominate the names of members for following posts.

Vice President	-	Dr. S. Bhatt
Treasurer	-	Dr. Ratnesh Asthana
Members	-	Dr. D.P. Puranik (Imm. Past President)
		Dr. P.K. Sharma
		Dr. V.N. Shendye
		Dr. D. Kalita
		Dr. C.K. Das
		Dr. Rajesh Singh
		Dr. P.K. Gulati
		Dr. Hari Om Singh
		Dr. Anil Dutta
		Dr. R.K. Gupta
		Dr. Ashok Dixit
		Dr. Champak Medhi

Proposed by – Dr. V.N. Shendye **Seconded by** – Dr. A. Ali
Subject 7.

Purchase of land for A.A.I.M.

Dr. P.K. Sharma informed the house about purchase of land for construction of A.A.I.M. Bhavan and also gave approximate estimate of expenditure.

After discussion, it was decided that newly elected E.C. should decide about purchase of land or purchase of accommodation.

President Dr. D.P. Puranik appealed all members to donate generously for the Building fund of A.A.I.M.

Subject 8.

Timely Subjects with the permission of chair.

(1) Permission to start New State Branch

Dr. D.P. Puranik informed the house that he has received an application from Dr. S. Bhatt, asking permission to start New Karnataka State Branch.

Resolution

General Body of A.A.I.M. in the meeting held on 06.02.03 at Varanasi hereby

resolves to start new Karnatak state Branch with effect from 06.02.03. It was further resolves that the functioning of this branch will be as per rules and guide lines laid down by A.A.I.M. C.C.

Proposed by – Dr. N.V. Borse **Seconded by** – Dr. P.R. Mishra

(2) Felicitation of Members

Dr. D.P. Puranik felicitated following members.

- Dr. R.K. Gupta – For Receiving “Sushruta Ratna” Award at Sushruta Conference at Pune on 10.01.03.
- Dr. Ashok Dixit – Became president of A.A.I.M., U.P. State Branch.
- Dr. D.N. Pande – Appointed as Reader at G.A.U. – Jamnagar.
- Dr. D.P. Puranik – Elected Vice President of Sports Medicine Association, Pune.

(3) Remarks from newly elected President

Dr. D.N. Pande thanked all members electing him as president.

General secretary extended thanks to all the members for their active participation in general body meeting and extended thanks to Dr. D.P. Puranik for smooth conduction of meeting

Dr. D.P. Puranik
President
AAIM-CC

Dr. P.K. Sharma
Secretary
AAIM-CC

PH. 2366247

VIMAL PATHOLOGY

Dr. A.K. Singh M.D. (Path.)

Dr. A.K. Srivastava PATHOLOGIST

GYAN MANDAL KATRA

SHOP NO. 3

LANKA, VARANASI

हमारे यहाँ सभी प्रकार की खून जाँच की सुविधा है ।
आपातकालीन सुविधा उपलब्ध है ।

Association of Anaesthetists of Indian Medicine (Maharashtra State Branch)

Minutes of last Annual General Body Meeting Held on
16 December 2001 at 12.30 p.m.

Annual General Body Meeting of Association of Anaesthetists of Indian Medicine (Maharashtra State Branch) was called on 16th December 2001 at 12.30 p.m. at N.I.M.A. Hall, Tilak Ayurved Mahavidyalaya, Pune with a prior notice.

The meeting was adjourned due to want of quorum and was resumed at 1 p.m.

Dr. Shendye V.N. welcome all the members.

As president Dr. S.V. Marathe was absent and Vice President Dr. B.N. Deshpande was in the chair and meeting was resumed.

Before regular agenda was resumed secretary Dr. B.N. Shendye placed an official condolance resolution as follows:

Resolution

The A.A.I.M. (Maharashtra State Branch) is deeply grieved with the sad demise of life member and Vice President of Branch Dr. Suhas S. Talawalkar on 15th June 2001 and prays the God 'The soul of the departed member be rest into eternal peace'.

The house observed two minutes sielence to pay the tribute to late Dr. Suhas S Talawalkar.

Dr. B.N. Shendye read the notice and extended welcome to all present members.

Dr. V.N. Shendye informed the house about a decision of an appointment of Dr. B.N. Deshpande as an Vice. President of the branch and Dr. S.B. Patwardhan as an executive committee member for remaining period of the committee, which was taken in last Executive Committee Meeting.

Sub. 1

To read and confirm minutes of last Annual General Body Meeting held on 9th July 2000.

Dr. V.N. Shendye distributed the copies of minutes of last G.B. Meeting, Annual report and Audited statement. Dr. Shendye read the minutes and were confirmed by house.

Sub. 2

To present and confirm Annual report of A.A.I.M. (M.S.B).

Dr. V.N. Shendye read an Annual report of the Branch. This was also confirmed by the house.

Sub. 3

To present and confirm audited statement of accounts for year April 2000 to March 2001.

Copies of the statement were circulated to the members and subject was open for discussion. Dr. Shendye presented the statement and was confirmed by the house.

Sub. 4

Information about activities.

General Secretary Dr. V.N. Shendye gave an information about preparation of 5th National Conference of A.A.I.M. Dr. R.K. Gupta Chairman of organising Committee of the conference also gave an information and made an appeal to attend the conference.

Sub. 5

Planning of Activities.

Dr. V.N. Shendye informed the house and invited the members to observe 6th February 2002 as 'Sangyahan Day'.

Sub. 6

Timely subjects with the permission of the Chair.

Treasurer Dr. N.V. Borase made an appeal to all members to pay annual subscription of Rs. 200/- voluntarily to meet day to day expenses of the Branch.

Dr. V.N. Shendye proposed vote of thanks and meeting was concluded.

Dr. V.N. Shendye
General Secretary
A.A.I.M. (M.S.B.)

रमारका-पज माननीय प्रधानमंत्री/स्वास्थ्य मंत्री (केन्द्र सरकार/ राज्य सरकार)/अध्यक्ष भारतीय चिकित्सा केन्द्रीय परिषद्

सेवा में,
माननीय,

विषय: भारतीय चिकित्सा प्रणालियों हेतु राष्ट्रीय नीति निर्धारण।

परमादरणीय महोदय,

भारतीय संज्ञाहारक एसोशिएशन एवं भारतीय चिकित्सा शिक्षक संघ काशी हिन्दू विश्वविद्यालय, वाराणसी की तरफ से हम आपका ध्यान निम्न ज्वलंत बिन्दुओं पर आकर्षित करना चाहते हैं -

- कि हम भारतीय चिकित्सा पधतियों के स्नातक एवं परास्नातक अत्यन्त क्षुब्ध हैं उन राष्ट्रीय चिकित्सा नीति के बिन्दुओं पर जो प्रत्यक्षतः भारतीय चिकित्सा प्रणालियों के प्रति षडयंत्र हैं।
- कि भारतीय चिकित्सा प्रणाली एक समन्वित चिकित्सा पधति के रूप में लगभग ७५ वर्षों से अधिक समय प्रचलित है। यह समन्वित चिकित्सा पधति हमारे राष्ट्रीय नायकों - लोकमान्य तिलक, महात्मा गांधी, पं. जवाहरलाल नेहरू, हकीम अफजल खाँ एवं पं. मदन मोहन मालवीय जी के आशीर्वाद से प्रारम्भ हुई थी। उन महान नेताओं का यह अटूट विश्वास था कि वे चिकित्सक जो आयुर्वेद व यूनानी के साथ एलोपैथिक का समन्वयात्मक ज्ञान प्राप्त कर रहे हैं, सिर्फ एलोपैथिक जानने वालों की अपेक्षा वे उन्दा चिकित्सक सिद्ध होंगे।
- कि इस तरह की समन्वित चिकित्सा पधति सर्वप्रथम पं. मदन मोहन मालवीय जी ने काशी हिन्दू विश्व विद्यालय में आयुर्वेद कालेज की स्थापना करके शुरु की तथा हकीम अफजल खाँ ने दिल्ली में तिब्बिया कालेज की स्थापना द्वारा प्रारम्भ किया।
- कि इसके पश्चात् पूरे भारत में अनेक संस्थायें इस पधति की अनुयायी बनी।
- कि अब लगभग २.५ लाख समन्वित चिकित्सा पधति के चिकित्सक समाज की सेवा पूरी तत्परता से कर रहे हैं।
- कि भारत वर्ष के लिये समन्वित चिकित्सा पधति का अनुमोदन चौपरा कमेटी-१९४८, पं. कमेटी -१९४९, देवे कमेटी-१९५४, उडुपा कमेटी-१९५९ एवं मुदालियर कमेटी-१९६४ ने भी किया था।
- कि यूनिसेफ - अर्न्तर्ष्ट्रीय प्राधिकरण ने भी १९७५ में भारत के लिये समन्वित चिकित्सा पधति अनुमोदित की थी।
- कि केन्द्रीय भारतीय चिकित्सा परिषद् की स्थापना के बाद एक समरूप पाठ्यक्रम इसके द्वारा पूरे भारत के लिये प्रारम्भ किया गया जो समन्वित प्रणाली पर आधारित है तथा इसी पधति का पाठ्यक्रम पूरे भारत में विभिन्न संस्थानों द्वारा दिया जा रहा है। इसका उद्देश्य धीरे-धीरे एलोपैथी के स्थान पर समन्वित चिकित्सा प्रणाली को स्थापित करना है।

- कि राष्ट्रीय चिकित्सा नीति २००१ इन समन्वित चिकित्सकों को एलोपैथिक औषधियों के उपयोग व रक्त के उपयोग से वंचित करती है। यह अत्यंत अमानवीय तथा अन्यायपूर्ण कदम है न सिर्फ समन्वित चिकित्सकों के प्रति बल्कि पूरे देश के नागरिकों के प्रति भी।
- कि मेडिकल कॉन्सिल हमेशा से प्रयत्नशील है कि भारतीय चिकित्सा प्रणालियों का विकास न होने पाय तथा सिर्फ एलोपैथी का वर्चस्व रहे।
- कि केंद्रीय सरकार को एक ऐसा कानून पूरे देश में लागू करना चाहिये हो हर प्रदेश सरकार को बाध्य करे कि वह समन्वित चिकित्सा प्रणाली के चिकित्सकों को एलोपैथी औषधियों का प्रयोग करने कि छूट प्रदान करे तथा मेडिकल कॉन्सिल अपने नियमों को उन पर न लाद सके।
- कि यह समय की मांग है कि भारत सरकार एक नया मॉडल चिकित्सा शिक्षा हेतु बनाये जो एक ही संस्था में सभी प्रणालियों की शिक्षा देने हेतु हो।
- कि सभी अलग-अलग प्रणालियों की संस्थायें एक ही समन्वित चिकित्सा पद्धति की संस्था के रूप में परिवर्तित कर दी जाय।
- कि सभी चिकित्सा पद्धतियों के चिकित्सक एक ही परिषद् केंद्रीय समन्वित चिकित्सक परिषद् द्वारा संचालित हों।
- कि हम भविष्य हेतु भारतीय समन्वित चिकित्सा प्रणाली की एक भावी योजना प्रस्तुत कर रहे हैं जिस पर समयबद्ध कार्यवाही करके एकरूपता स्थापित की जा सकती है।
- कि हमारा यह आग्रह है कि आप हमारे इन सुझावों को चिकित्सा नीति निर्धारित करते समय अवश्य सम्मिलित करें। अन्य भारतीय चिकित्सा पद्धतियों की परिषदों जैसे N.I.M.A., सुश्रुत एसोशिएशन, आयुर्वेदिक पी. जी. एसोशिएशन, आयुर्वेदिक सर्जन एसोशिएशन, आदि से भी विचार विमर्श किया जाय तथा उनके सुझावों को सम्मिलित किया जाय।
- कि भारतीय चिकित्सा नीति अत्यन्त सावधानी से बनायी जाय जो भारत व भारतीयों के भविष्य की स्वास्थ्य हितों की रक्षा कर सके तथा साथ ही समन्वित चिकित्सकों को उनके सेवा कार्य से पथभ्रष्ट न कर सके।

आभार सहित,

डा. डी. एन. पाण्डे

अध्यक्ष

भारतीय चिकित्सा शिक्षक संघ
(ए.टी.आई.एम.)

का.हि.वि.वि., वाराणसी

डा. पी. के. शर्मा

सचिव

भारतीय संज्ञाहारक एसोशिएशन (केन्द्रीय समिति)
पुराना आपरेशन थियेटर (भा.वि.)

एस.एस.एच., का.हि.वि.वि., वाराणसी

संलग्नक: भारतीय समन्वित चिकित्सा प्रणाली का प्रारूप।

Memorandum to the Prime Minister / Health Minister (Union/State) / President C.C.I.M.

To,

Sub: Draft National Policy on Indian System of Medicine - 2001.

Hon'ble Sir,

On behalf of Association of Anaesthetists of Indian Medicine and Teachers Association of Indian Medicine, Banaras Hindu University, we want to draw your kind attention regarding following burning points -

- that we the Indian System of Medicine graduate and post-graduates are feeling unrest to some points of the National Health Policy which directly sabotage the Indian System of Medicine.
- that integrated system of medicine has been existing in this country for over 75 years. It was started with the blessing of our national leaders - Lokmanya Tilak, Mahatama Gandhi, Pt. Jawaharlal Nehru, Hakim Ajmal Khan, Pt. Madan Mohan Malviyaji etc. who believe that the practitioners equipped with the knowledge of Modern Medicine and Ayurveda/Unani would be better than the practitioners knowing a single Pathy.
- that for conducting this type of integrated medical education first of all Banaras Hindu University started Ayurvedic College in its campus and Hakim Ajman Khan started Tibbia College in Delhi.
- that afterward many institutes came in existence all over the country.
- that at present nearly 2.5 lakh integrated medical personals are taking care of the society with their full skill.
- that Chôpara Committee - 1948, Pandit Committee - 1949, Dave Committee - 1954, Udupa Committee - 1959, Mudaliar Committee - 1964 recommended the model of integrated medical education for India.
- that International authority in health problem - UNICEF-WHO-1975 has also recommended integrated medical system for India.
- that with the establishment of C.C.I.M. a uniform course of I.S.M. came in existence and many steps were taken to give parity to these graduates. Courses framed by C.C.I.M. is integrated and the teaching institutions are providing integrated teaching uniformly all over the country.

- that the aim and object of the C.C.I.M. course is to integrate the Allopathic knowledge with our national heritage – Ayurveda and Unani and to replace the Western model of medical system with Indian system.
- that National Health Policy Act 2001 prohibit the I.S.M. graduates to use Allopathic Medicine and Blood Products which is totally injustice with I.S.M. graduates who are equally taught and trained in the Allopathic system of Medicine.
- that M.C.I. always try to sabotage the Indian Systems of Medicine by enforcing it's rules on I.S.M. practitioners.
- that Central Government should frame an uniform rule all over the country which can protect the interest of I.S.M. graduates and permit to use Allopathic Medicine upto any extent. All the restrictions made by M.C.I. should be withdrawn.
- that furthermore it is necessary to frame a new model of Medical Education in the benefit of our country which should be provided at one place by one person.
- that all the different schools of different Pathies should be modified in only one **integrated system.**
- that all the medical practitioner of India should be governed by only one medical council that will be '**Integrated Medical Council of India.**'
- that I am submitting, the Future Plans of Probable Pattern of **Integrated Medical Education** in India which should be considered within a time framework.
- that we request that our suggestions should be incorporated by the Department of Health Ministry with a discussion with NIMA and other Associations of Integrated Practitioners e.g., Sushruta Association, Ayurvedic P.G. Association, Ayurvedic Surgeons Association.
- that the policy should be framed with great care so that it may cover the interest of integrated practitioners and the interest of our 100 crores of citizens.

With regards,

Yours faithfully,

Dr. D.N. Pande

President
Teachers Association of Indian Medicine
B.H.U., Varanasi

Dr. P.K. Sharma

Secretary, A.A.I.M (C.C.)
Old Operation Theatre (I.M.)
S.S.H., I.M.S., B.H.U., Varanasi

Enclosure : Model of Integrated Course for Undergraduate and Postgraduate of Medical Education.

PROBABLE PATTERN**U.G. LEVEL**

Hindi Version	:	Bachelor of Bharatiya Samanyavit Chikitsa
English Version	:	Bachelor of Indian Integrated System of Medicine
Duration	:	5½ years
	:	Ist Professional : 1 years
	:	IIInd Professional : 1½ years
	:	IIIrd Professional : 1½ years
	:	Final Professional : 1½ years
Internship	:	6 months
House Job	:	6 months
Eligibility	:	10 + 2 with Physics, Chemistry, Biology and Sanskrit.
Subjects	:	

Ist Professional : Charak Samhita; Sushrut Samhita; Madhaw Nidan

Homeopathic Principles and Materia Medica

Unani, Sidha- Yoga Naturopathy Principles

IIInd Professional : Anatomy; Pathology; Physiology with Biochemistry
Pharmacology – Allopathy, Ayurveda, Hoemopathy
including Drayaguna and Ras-Shastra

IIIrd Professional : Ayurvedic view on Anatomy, Physiology and Pathology
Forensic Medicine with Toxicology and Agad Tantra
P.S.M. – Ayurvedic Swasthvir
Medicine

Final Professional : Eye, E.N.T. with Sushruta Concepts

Surgery with Sushruta approach, Obs. & Gyne, Pediatrics

Rotation in every clinic

In speciality clinic

P.G. LEVEL

Duration	:	3 years
Speciality	:	1. Ayurveda
	:	2. Unani
	:	3. Sidha
	:	4. Yoga
	:	5. Naturopathy
	:	6. Homeopathy
	:	7. Medicine
	:	(a) Skin
	:	(b) Cardiology
	:	(c) Neurology
	:	(d) General Medicine
	:	(e) Chest and T.B.
	:	8. Eye – Ophthalmology
	:	9. E.N.T.
	:	11. Surgery
	:	(a) General Surgery
	:	(b) Plastic Surgery
	:	(c) Orthopaedic Surgery
	:	(d) Neurosurgery
	:	(e) Urology
	:	(f) Cardiothoracic Surgery
	:	(g) Anorectal Surgery
	:	(h) Obst. & Gynae.
	:	12. Anaesthesiology – Sangyahaaran
	:	13. Radiology
	:	14. Oncology
	:	15. Other specialities – as applicable
	:	18. Radiotherapy

PROBABLE PATTERN



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25% DEXTROSE INJ. I.P. 50% DEXTROSE INJ. I.P.

Sodium Chloride Solutions

0.9% SODIUM CHLORIDE INJ. I.P.
0.45% SODIUM CHLORIDE INJ. I.P.

Dextrose Saline Solutions

5% DEXTROSE & 0.9% SOD. CHLORIDE INJ. I.P.
5% DEXTROSE & 0.33% SOD. CHLORIDE INJ. I.P.
5% DEXTROSE & 0.45% SOD. CHLORIDE INJ. I.P.
5% DEXTROSE & 0.22% SOD. CHLORIDE INJ. I.P.
10% DEXTROSE & 9% SOD. CHLORIDE INJ. I.P.

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LEOLYTE - E in 5% Dext. Inj.
LEOLYTE - G in 5% Dext. Inj.
LACTATE RINGER INJ.

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CIPROLI (CIPROFLOXACIN) INJ.

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A Range of Small Volume Injections are also Available

Dr. B.G. GHANEKAR MEMORIAL ORATION

Delivered by Prof. D.P. Puranik at Vith National Conference and First International Congress of Association of Anaesthetists of Indian Medicine held at Varanasi from 6th-8th February, 2003

Research in Sangyahan and Expectations from Sangyaharak

Twentieth Century witnessed so many revolutions and evolutions in all friends. Medical field was not an exception to this. Especially Modern Medical Science made tremendous progress in this century. Out of all branches the progress made in Anaesthesiology was remarkable. Progress made after IInd World War in the last quarter of 20th Century was really miraculous. Development of newer equipments, instruments, apparatus and inventions made by other scientists proved to be beneficial and asset for this progress.

This astonishing and miraculous progress was not an overnight success. It was possible only because of continuous research, untiring efforts and hardships of research workers. Any research work requires proper documentations and evidences and proofs to get recognition or acceptance by Modern Scientific World.

The Indian Medical Science, "Ayurved", which is most ancient science, has heritage of 4000 years. Ayurved is also popularly called as "Science of Life". Inspite of having very long standing of few thousand years, Ayurved could not show remarkable progress. For this lack of progress, the ruling of British Raj is conveniently blamed. But it is not the entire truth. Various factors seem to be responsible for this. One of the most important factors responsible for this non-progress is lack of scientific research.

If we look in to history of Ayurved, it is seen that various branches like Shalya-Shalakyā (Surgery-ENT-Ophthalmology), Chikitsa (Medicine) and Stri-rog-prasuti tantra were much more developed. But unfortunately very few references about Sangyahan (Anaesthesiology) are available in the literature. Lack of research could be the only cause for this non-progress in Sangyahan.

Research activities in Sangyahan started in the later half of 20th Century. After the Ayurved Education became Institutional and after this education was available at Post Graduate levels, various research work, study projects were taken up as a part of these Post Graduate curricula.

At this juncture it will be interesting to know present status of Research in Ayurved in General and Sangyahan in particular. The Present Trends of Research studies are as follows. They are almost similar for Post Graduate M.D./M.S. and Ph.D. qualifications.

1. Literary Study

Critical study of Topic/Granth (Text book)

2. Clinical Study

(a) Drug Trials on Affection/Syndrome/Condition

(b) Efficacy of Procedures e.g., Snehan-Swedan, Dahankarm etc.

So many Research Projects have been completed as part Dissertation work or Thesis work of M.D./M.S. or Ph.D. Examination. To mention a few, they are as follows:

1. Study of Role of "Parasik Tawani" as pre-anaesthetic tranquilliser (T.A.M.V. Pune-1978).
2. Study of "Suvarna Sutshekhar" as antiemtic for post anaesthetic vomiting. (T.A.M.V. Pune-1971), F.F.A.M.
3. Study of "Nidrodya Ras" as pre-anaesthetic hypnotic (T.A.M.V. Pune-1982), F.F.A.M.
4. Changes in C.V.S in relation to "Prakruti" during Gen. Anaesthesia (T.A.M.V. Pune-1978), F.F.A.M.
5. Anaesthesia and Certain Indigenous drugs credited to have anaesthetic properties (G.A.U. Jamnagar-1980), M.D.
6. Evaluation of Indigenous drugs as adjuvant in anaesthesia (B.H.U. Varanasi-1977), Ph.D.
7. Ether anaesthesia in relation to dehaprakruti (B.H.U. Varanasi-1978), Ph.D.
8. Role of Medhyadravyas in Sangyahan (B.H.U. Varanasi-1994), Ph.D.
9. Free fatty acids and blood glucose studies after use of 'Jalanimba' and 'Shankhpushpi' as pre-anaesthetic agent (B.H.U. Varanasi-1978), M.D.
10. Studies on certain Indigenous drugs as Anaesthetic agents (B.H.U. Varanasi-1979), M.D.
11. Studies on alcoholic extracts of Ashwagandha - as pre-anaesthetic medication (B.H.U. Varanasi-1991), M.D.
12. Clinical evaluation of Manduk pami (C. asiatica) in anaesthesia (B.H.U. Varanasi-1994), M.D.
13. Bio-chemical studies of "Parasik Yawani" as premedicant (B.H.U. Varanasi-1995), M.D.

14. Studies on Halothane anaesthesia in relation to dehaprakruti (B.H.U. Varanasi-1992), M.D.
15. Pre-anaesthetic medication of indigenous drugs for local anaesthesia (B.H.U. Varanasi-1938), M.D.
16. A clinical study of "Sharpunka" with additional study of its anaesthetic action (G.A.U. Jamnagar-1971), M.S.A.M.
17. Study-of ayurvedic medicine for post spinal headache (Padar Ayu. College Mumbai-1980), F.F.A.M.
18. Role of certain indigenous drugs, 'Shankpushpi' and 'Jalanimba' as Medication before anaesthesia (B.H.U. Varanasi-1976), M.D.
19. Studies on role of 'Parasik-Yawani' (Hycymus reticalatus) as pre-anaesthetic agent (B.H.U. Varanasi-1980), M.D.
20. Duration of effect of muscle relaxants in different prakruti (B.H.U. Varanasi-1982), M.D.
21. Role of Jatamansi in anaesthesia (B.H.U. Varanasi-1985), M.D.
22. Role of purvakarma in anaesthesia W.S.R. to vivechana (B.H.U. Varanasi-1987), M.D.
23. Evaluation of Aswagandha as pre-anaesthetic medication (B.H.U. Varanasi-1990), M.D.
24. Comparative clinical study of Brahmi, Aswagandha as pre-anaesthetic medication (B.H.U. Varanasi-1993), M.D.
25. Clinical study of indigenous compound (Nirgundi, Bhrungaraja, Erandimula) as analgesic in post-operative pain under spinal anaesthesia (B.H.U. Varanasi-1995), M.D.
26. Further studies on 'Parasika-Yawani' as pre-anaesthetic agent and biochemical studies (B.H.U. Varanasi-1995), M.D.
27. Evaluation of indigenous drug Brahmi (Bacopa Monnieri) as pre-anaesthetic medication drug in relation to dehaprakruti (B.H.U. Varanasi-1996), M.D.

From all this data, it is evident that Research work been carried out at Post Graduate M.D./M.S. level as part of Dissertation work. But his work has so many limitations.

These limitations include

1. Most of the projects are result oriented.
2. Because of Lack of funds, most of the work lacks in application of Meticulous testing, assessment and use of costly Laboratory tests and animal experiments.
3. Lack of communications, Co-ordination in between different Institutes and so, there are chances of repetition of same work.
4. Limitations of institutions to provide adequate facilities and funds to carry out standard and true research work.
5. Unavailability of knowledgeable and competent Guides/Teachers or supervisors.
6. Unavailability of Machinery to inspect and to assess this research work and to give recognition to this work at National level.
7. Lack of adequate hospital facility to conduct clinical trials.
8. Lack of practical utility.

Because of all these limitations, the research work carried out in this way is not accepted by authorities at various levels and does not appear in any of the Journals which is having high reputations in Scientific World.

Since there is no standard Board which will give recognition to different publications and text books, the information of research work is not incorporated in the text books while updating these books.

Research studies conducted for Ph.D. also, in no way very different from M.D./M.S. level. So, research work carried out at Ph.D. levels also, is facing the same objections. In majority of cases research projects which are carried out at Ph.D. levels, parameters which are applied to assess this work are old parameters and so this work is not accepted by Modern Scientific World.

Research projects in which modern parameters and tests are applied and in which they are carried out in collaboration or under supervision of Modern Scientists, have received wide acceptance or recognition.

To carry out Research work/projects with high standards and transparency and to promote the acceptability of this work, few suggestions or clues can be given at this juncture.

Suggestions

1. Only that Research work should be given Recognition which is conducted at **Ph.D. level** and conducted at a very high **reputed University or Research Institute**.
2. Research work/project should necessarily be assessed with **Modern Parameters** along with Ayurvedic parameters. This will help in upgrading the merit of this research work.
3. **Promotion of Interdisciplinary Research** Project should be a **Joint Venture** – Co-worker or Co-guide should necessarily be a modern Scientist.
4. **Central Research Council** should be constituted at National level. This council should consist of scientists of high repute.

This council should be authorised to give admission or permission to candidate and to give recognition to every research work/project.

After a very rigorous testing the council should accept the research work and then it should be officially published in National Journal of Research for reference.

5. **Constitution of Ethical Committee:** If Research is related to clinical trials.
6. Topic/Area of Research should necessarily have practical utility.
7. Research work should have back up of Information Technology.

For a genuine researcher to conduct research study, sky is the limit, because after all opportunities for Research are boundless. Only thing which is required is devotion and hard work.

Expectations from Sangyabarak

1. Provision of **Painless conditions to the patients undergoing surgery**.
2. Development of 'Whole Anaesthetic' Agents with the help of Modern Scientists through research.
3. Possess theoretical and practical knowledge and competency in using different Equipments, apparatus and **Skills in Resuscitation and Monitoring**.
4. Set up of **Intensive Care Unit (I.C.U.)** having all basic Modern equipments and instruments for resuscitation, monitoring and investments. With the help of knowledge to use these equipments he/she should treat the patients with exclusively Indigenous Medicines and S.O.S. Modern Medicine.

5. **Pain Clinics** – Set up of Pain Clinics for the patients having severe painful conditions e.g., patients of advanced cancers, injuries, Rheumatic conditions etc.

The conditions to be treated with indigenous medicines and methods of pain relief (Panchkarm and allied karm like Snehan – Swedan) Yog etc.

6. **Centres for Palliative treatment** – Incharge Sangyaharak should provide Palliative care and treatment to needy patients.

7. Sangyaharak should impart training of Resuscitation and Monitoring to Post Graduate students from Clinical subjects.

Since the scope of Sangyaharak (Anaesthesiologists) is extended to a great extent, he/she can play an important and key role-in the medical services and with the help of Research in Ayurved, can provide an even independent service system for relief of pain in future.

Biodata (in triplicate) are invited for “**ASHWINAU AWARD – 2004**” before **31st January 2004**. It should be sent to Secretary, A.A.I.M. (C.C.), Section of Sangyahan, Operation Theatre Block, Indian Medicine, S.S. Hospital, Banaras Hindu University, Varanasi – 221 005

Original Research Papers are invited for **Late Pt. R.A. Pande Memorial Award for Best Paper Presentation** in Best Paper Session during 7th National Conference of Association of Anaesthetists of Indian Medicine – 2004. Papers should reach on or before **31st December 2003** addressed to Organising Secretary, AAIMCON-2004, Section of Sangyahan, Department of Shalya-Shalakya, Institute of Medical Sciences, Banaras Hindu University, Varanasi – 221005

Jalaukavacharana in the Pain Management

MALLI VIMAL¹, PANDE D.N.² AND SINGH KULWANT³

INTRODUCTION

"That's the ideal medicine, which relieves from all kinds of miseries", says Charaka. Drug is not necessarily given orally. Ayurveda speaks about many modes of healing art by surgical and para-surgical techniques. Among the para-surgical measures, Raktamokshana or blood letting enjoys a pride of place from the dawn of medical history.

Sushruta Samhita, the oldest available manual on surgery has devoted an entire chapter after description of Jalaukas and a chapter on Jalaukavacharanyaa for the purpose of blood letting.

Acharya Sushruta has advocated Raktamokshana in so many painful diseases like Adhimantha, Arsha, Dantapuppata, Gridhrasi, Paddari etc. jalaukavacharana being a simple procedure, painless and can be carried out easily. Hence, it has been selected for the present study.

Aims and Objects

To evaluate the efficacy of Jalukavacharana in the management of pain.

To standardize the procedure of Jalaukavacharana.

Clinical Study

The patients were selected from the O.P.D. and I.P.D. of I.P.G.T. and R.A. Hospital, Jamnagar.

Criteria of Selection

The patient having the finding of thrombosed piles such as bluish colored solid round swelling at the anal orifice, tenderness and pain were selected for the present study.

For the clinical study the selected patients were distributed into two groups.

Group A

15 patients were treated with Jalaukavacharana – 1 sitting.

Group B

15 patients were treated with panchvalkal sitz bath – twice/day for a week.

-
- 1 M.D. Scholar
 - 2 Reader
 - 3 Dean & Head

Department of Shalya Shalaky, I.P.G.T. & R.A., G.A.U., Jamnagar

Criteria of Assessment

Improvement in the severity of symptom like pain, size of mass, which were present before treatment.

The obtained result has analysed in the following parameters:

- Cured: more than 90% relief in symptoms.
- Improved : 65-90% relief in symptoms.
- Moderately improved : 50-65% relief in symptoms.
- Unchanged : below 50% of relief in symptoms.

Procedure

The posterior sucker of the leech was held in one hand and anterior sucker was placed at the site of application, where the leech was expected. Thereafter the posterior sucker was released from the hand and attached to the surrounding perianal region. In case of piles, it was applied over the most prominent part of the swelling. Therefore, the leeches were covered with a gauze piece to keep it moist. Over the gauze piece; few drops of water were poured off and on. As soon as, the leeches showed the signs of elevated head and pumping the time was anterior sucker region, the time was noted, when the leeches got detached at their own or otherwise, the time was once again noted.

Observations

1. It was observed that mostly this disease occurred in Hindu, male from middle class, who were in 5th decade of life.
2. Maximum number of patients were having Vata-Pitta Prakriti and Rajasa Prakriti (46%).
3. 60% of Arsha had sannipataja dosha involvement.
4. It was observed that most of the patients had complaints of vedana (100%), Guna Kandu (73.33%), Vibandha (80%), Shotha (83.33%) and Guda Daha (60%).

Effect of the Jalaukavacharana

The loss of blood by sucking of the leech (approx. 10 ml) and the secondary hemorrhage (approx. 20-40 ml) correspond to a very gentle and slow blood-letting with a reduction of the red blood hemoglobin according to the loss of proteins and a local endodermisation. This loss of blood is replaced by a breakthrough lymph whereby it comes to a clear reduction of the viscosity and improvement of the flow characteristics of the blood especially in the final path. This effect is strengthened by the emitted anticoagulants hirudin of the leech.

Investigation Chart

Sr. No.	Total Count		Total Count		Total Count	
	Venous Blood	Letted blood	±	Venous Blood	Letted blood	±
1	7200	8200	+	45	60	+
2	7700	8900	+	59	65	+
3	8200	8900	+	58	71	+
4	6700	7400	+	56	60	+
5	6400	7900	+	55	66	+
6	5400	7800	+	68	59	-
7	7700	10100	+	52	71	+
8	7600	12300	+	23	68	+
9	6900	8200	+	65	38	-
10	10300	11200	+	57	76	+
11	15200	15900	+	63	75	+
12	10400	10800	+	56	69	+
13	9300	10950	+	55	72	+
14	8400	10200	+	56	61	+
15	7700	9300	+	56	70	+
Percentage = 100%		86%		60.00%		+

Table showing the effect of Jalaukavacharana and Panchavalkal sitz bath on pain of Arsha in 30 patients.

Symptoms	Group	B.T.	A.T.	X d (%)	S.D.	S.E.	t	'p'
Vedana	I	2.53	0.07	97.37	0.52	0.13	18.50	<0.001
	II	2.53	0.40	84.21	0.64	0.17	12.91	<0.001
Guda Kandu	I	1.83	0.25	86.36	0.51	0.15	10.65	<0.001
	II	2.00	0.30	85.00	0.67	0.21	7.96	<0.001
Vibandha	I	1.46	0.54	63.16	0.49	0.14	6.74	<0.001
	II	1.60	0.60	62.50	0.60	0.19	4.68	<0.001
Guda Daha	I	1.43	0.14	90.00	0.49	0.18	6.97	<0.001
	II	1.90	0.60	68.42	0.67	0.21	6.09	<0.001
Shotha	I	5.08	0.17	96.72	7.91	2.28	2.28	<0.05
	II	2.57	0.50	80.56	0.47	0.13	0.13	>0.05

It comes to a local affect due to several active leech substances, which the leech emits into the wound.

- **Hirudin:** Restrains the clotting of the blood, works diuretic and antibiotic. It keeps the wound open for the approx. 30 minutes sucking act and keeps the blood fluid.
- **Calin:** Also restrains the blood clotting. But however, compound with hirudin. It has substantially longer time of period within which it is defective and takes cre of the 12 hours cleansing of the wound by a secondary hemorrhage.
- **Hyaluronidase:** It is a spreading factor that substances which are effective at the bitten areas can spread.
- **Eglin:** Restrains digestive proteases. Bdelin is a plasma hindrance. They both have effects on the coagulation hindrance having different effective mechanism together with a pyrase and collagenase. Furthermore, some of these substances have antiphlogistic, antibiotic and further characteristics.
- An anaesthetic substance heads to pain insensitivity (analgesy) when sucking.
- Haemetin and orgelase, which were proved within related types of leeches have a hyperaemistic effect.

The active leech substances totally block the enzymic processes activated and often exceeding within inflammation and trauma.

The salivary glands of leeches also produce a cornucopia of other pharmacologically active substances, including an antihistamine, proteases and possibly an anaesthetic and an antibiotic.

The therapeutic effect is not only released by a loss of blood but also by the secretions, which the leech emits into the wound.

According to the Sushruta, in such a condition pain is due to dusta rakta when it is removed by blood letting it will get cure.

Results

The effect of Jalaaukavacharana in Group I is as follows:

Cured	:	53.33%
Improved	:	26.66%
Moderately improved	:	13.33%
Unchanged	:	06.66%

The total effect of panchvalkal sitz bath in Group II was as follows:

Cured	:	13.33%
Improved	:	20.00%
Moderately improved	:	26.66%
Unchanged	:	40.00%

Conclusion

- Highly significant result in symptom of pain were noticed.
- Maximum effect of the procedure was got in group I which shows that Jalaaukavacharana is highly effective in pain of thrombosed piles.
- During the Jalaaukavacharana, antibiotic, antiseptic and analgesic drugs are not required.
- The treatment Jalaaukavacharana is more effective in reducing the size than panchvalkal sitz bath.

APPEAL

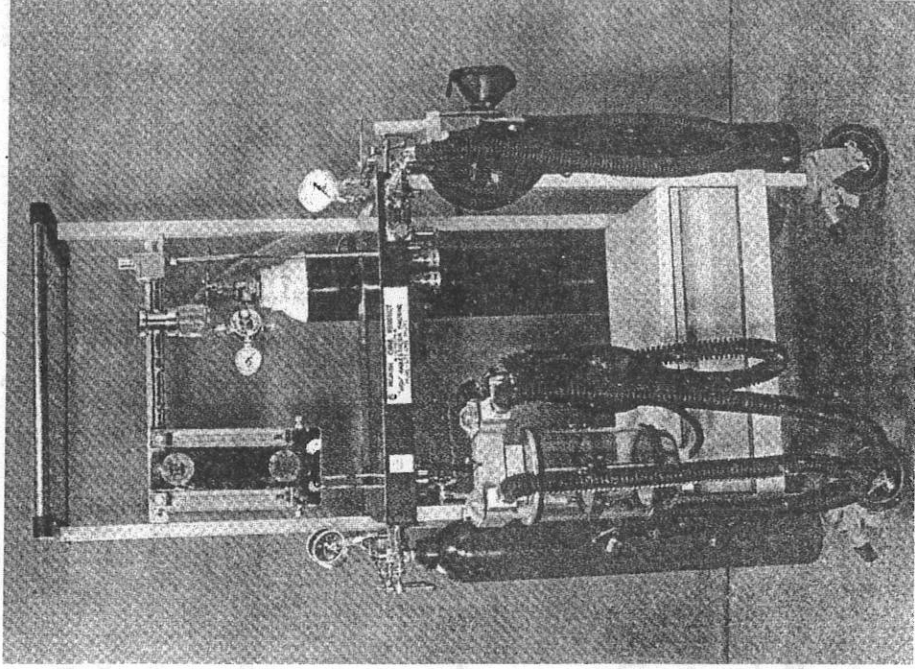
All the Life Members who had already paid Rs. 500.00 as Life Membership Fee are requested to send a DD of Rs. 500.00 in favour of A.A.I.M. payable at Varanasi for Purchase of Land for Office of our Association (C.C.) at Varanasi before 31st December, 2003.

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A Clinical Study on Agnikarma in the Management of Ardhavabhedaka (Migraine)

MAKADIA KRISHNA¹, RAJGOPALA MANJUSHA² AND PANDE D.N.³

INTRODUCTION

Pain is probably the most fundamental and primitive sensation. It is protective in nature and always indicated some serious trouble in the locality, such as a structural damage or some sort of serious functional or metabolic derangement. Headache is the most common neurological symptom and one of the most common medical complain.

Ardhavabhedaka is such an entity enumerated under eleven types of Shirorogas. It is characterized by its distinct pain. One half of the head develops severe, throbbing, pricking pain and headache occurs suddenly after a fortnight or 10 days and if it is not treated person suffers from loss of vision and loss of hearing.

On the basis of the symptom complex, the disease Ardhavabhedaka can be correlated with the disease migraine. Migraine is a paroxysmal vascular headache, which causes absenteeism from work and social and personal activities.

For the management of migraine NSAIDs, sedatives vitamin supplement, magnesium salt etc. relieves the symptoms temporarily. In ayurvedic literature also, we find a detailed description of therapeutic recipes, many procedures including Panchakarma and Parasurgical procedures for its management. When patients do not respond to Aushadhis as well as Panchakarma procedures Agnikarma is the only option left.

Parasurgical procedures, a modality which has been frequently used for different disease and in many Vedic disorders. As far as Ardhavabhedaka is concerned, Agnikarma is indicated by almost all the Acharyas as last therapeutic measure because of its superiority. It is superior than other Parasurgical procedures, as a disease burnt with Agni will never reoccur (Su. 12/3).

In the present study, a Shalaka has been used for performing Agnikarma. As far as site is concerned, according to Sushruta, it is Shankhabhrupadesha was taken.

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- 1 M.D. Scholar
 - 2 Lecturer
 - 3 Reader

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Clinical Features of Ardhavabhedaka vs Migraine

Ardhavabhedaka	Migraine
Ardha (Unilateral) Manya, Sankha, Bhru, Karna, Akshi, Lalat vedana	Unilateral headache
Periodic in nature Akasmata Loss of vision	Periodic in nature Non-specific onset Ocular symptoms <ul style="list-style-type: none"> • Photophobia • Blurring vision • Peripheral scotoma • Flashing of light
Loss of hearing	Aural symptoms <ul style="list-style-type: none"> • Vertigo • Phonophobia • Tinnitus

Pathogenesis of Ardhavabhedaka (Migraine)

As Per Ayurveda

Nidana Sevana



Rasavaha and Raktavaha Srotodushti, Vatadushti, Kapha Dusthi



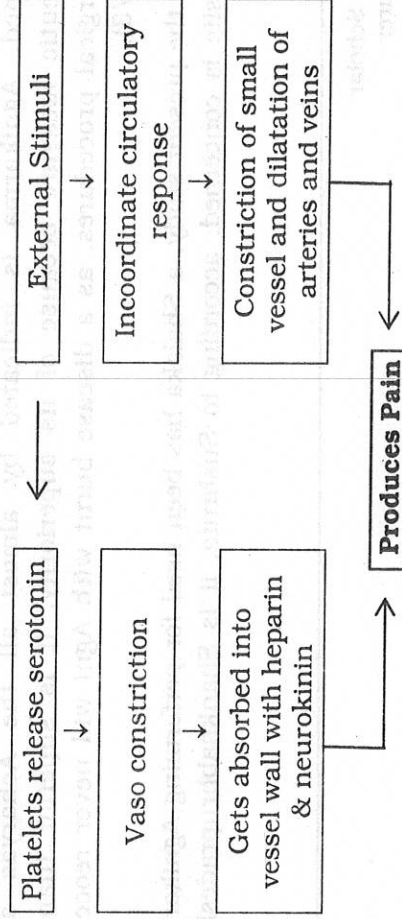
Unilateral involvement of Shirah, Manya, Bhrukuti, Sankha, Karna, Netra & Lalata

Severe pain (Avarana of Vata)



ARDHAVABHEDAKA

As Per Modern



PLAN OF STUDY**Aim and Objects**

- To study the etiopathogenesis of Ardhavabhedaka with special reference of migraine.
- To evaluate the role of Agnikarma to relieve the pain.

Materials and Methods

15 patients attending the O.P.D., Department of Shalya-Shalakya, I.P.G.T. and R.A., Jamnagar and fulfilling the criteria for diagnosis of migraine were taken into the study irrespective of their age, sex, religion, occupation etc.

Criteria for Diagnosis

- Severe headache > = 3 times per month
- Significant functional impairment
- Marked nausea and/or vomiting
- Excluding other pathologies like Glucoma, Hypertension, Sinusitis etc.

Criteria for Assessment

The improvement in-patients were assessed on the basis of relief in the signs and symptoms of the diseases. For this purpose, main signs and symptoms were given score according to their severity as follows:

Severity of Headache

Absent - 0; Mild - 1; Moderate - 2; Severe - 3; Very severe (force to take medicine) - 4.

Frequency of Headache

It was assessed in terms of frequency numbers per week

Absent - 0; Once/week - 1; Twice/week - 2; Thrice/week - 3.

Duration of headache in hours/day

Absent- 0; 1 - 3 hours/day - 1; 3 - 6 hours/day - 2; 6 - 12 hours/day - 3; >12 hours/day - 4.

Associated Symptoms

Present - 2; Improvement after treatment - 1; Absent - 0

OBSERVATIONS

Chief complaints	No. of patients
Shankha vedana	14
Akshi vedana	11
Bhru and Lalata vedana	07

Associated Complaints	No. of patients
Vomiting	12
Vertigo	06
Blurring vision	05
Photophobia	10
Phonophobia	10

Severity of Headache

Mild - 0 patient; Moderate - 4 patients; Severe - 10 patients; Very severe - 1 patient

Frequency of Headache

Once/week - 0 patient; Twice/week - 1 patients; Thrice/week - 1 patients; >3/week - 13 patients.

Duration of Headache

3 - 6 hours - 3 patients; 6 - 12 hours - 9 patients; >12 hours - 3 patients

Effect of Therapy on Chief and Associated complaints of Ardhavabhedaka (Migraine)

Chief complaints	B.T.	A.T.	%
Shankha vedana	3.3	0.6	81.81
Akshi vedana	3.0	0.5	83.50
Bhru and Lalata vedana	2.9	0.3	89.65
Associated Complaitns			
Vomiting	2.9	0.5	82.75
Vertigo	1.3	0.4	69.23
Blurring vision	1.0	0.4	60.00
Photophobia	0.8	0.2	75.00
Phonophobia	1.3	0.4	69.23

Effect of Therapy on Severity, Frequency and Duration on Ardhavabhedaka (Migraine)

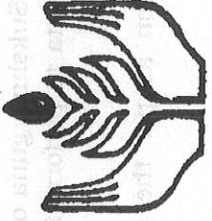
Ardhavabhedaka	B.T.	A.T.	%
Severity	2.9	0.8	72.4
Frequency	4.0	0.7	82.5
Duration	3.5	0.8	77.0

PROBABLE MODE OF ACTION

- The Ushna, Tikshna and Sukshma guna of Agnikarma, breaks the avarana of vata and releases the vata to perform its function thus Ruka, Toda like symptoms get subsided.
 - It causes counter irritation as per the gate away theory of pain, thus reducing pain impulses.
 - Pain sensations are transmitted by two types of fibers slow (unmyelinated) and fast (myelinated). Slow pain is carried by the d.r.C. fibers (dorsal root C) whereas the fast pain is carried by A- δ fibers. Agnikarma is indicated up to the level of twak, which probably causes insensitivity of superficial nerve endings responsible for pain.
- ### CONCLUSION
- Ardhavabhedaka can be correlated with Migraine.
 - Agnikarma, besides working as an analgesic, is helpful in alleviating the disease so as to prevent its recurrence.
 - It is much easier to perform Agnikarma only once than to take oral drugs for a long duration.
 - It has no side effects as compared to analgesics, which causes gastric irritation when taken for a long period.

FURTHER RESEARCH DIMENSIONS

- As the present study was conducted in a small sample, a similar study performed over a large sample could present a more clear view regarding the efficacy of Agnikarma.
- Medhya drugs given orally along with performing Agnikarma may give added result.
- Hormonal levels should be examined before and after treatment for better assessment of results.



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रोगोन्मूलनम् दीर्घजीवनम्

Effect of Rasayana Therapy and the Management of Aids by Ayurveda

JOHN ELIZABETH P¹ AND SINGH KULWANT²

“AIDS” has been considered as a fatal disease which causes breakdown of the body's immune systems, making it vulnerable to a variety of life threatening illnesses; at present there is no cure for AIDS. A person affected by AIDS exhibits the clinical symptoms as; positive HIV infection in two consequent tests. In addition, he loses body weight, suffers from disseminated, miliary or extra-pulmonary tuberculosis, as well as neurological impairment restricting daily activities, the reason for which is not clear. The Human immuno-deficiency virus, commonly known as HIV, continues to spread itself around the world, strangling communities, which were so far untouched by it and is strongly attacking areas, which are already in its grip.

In India, the HIV/AIDS epidemic is now more than a decade old. Within this short period, it has emerged as one of the most serious public health problems in the country. India has a rich heritage of indigenous system of medicine, which is time tested, but unfortunately for various constraints it has not been explored to its full potential. Although the exact description of the signs and symptoms of AIDS has not been found in our ancient texts, a condition known as Ojo Kshaya, closely resembles the signs and symptoms of AIDS.

Transmission

HIV is transmitted by following routes.

1. Sexual transmission.
2. Transmission by blood and blood products.
3. Occupational transmission of HIV (health care and Lab workers).
4. Perinatal transmission.

Clinical Manifestations

1. An early stage CD4 + T cell count >500/microlitre.
2. An intermediated stages C-CD4 + Tcell count 200<I.S.>500.
3. An advanced stage C – CD4 T cell count <200.

CDC Classification Systems for HIV Disease

- Group I – Acute HIV Syndrome.
- Group II – Asymptomatic infection.
- Group III – Persistent generalized lymphadenopathy.

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Group IV – Other diseases

- Sub group A : Constitutional diseases
- Sub group B : Neurologic diseases
- Sub group C : Secondary infectious disease
- Sub group D : Secondary neoplasm
- Sub group E : Other conditions

Ayurvedic View

In the Ayurvedic aspect of Upsarga Samsarga Vyadhi AIDS disease can be correlated along with other diseases like Updamsa Phiranga as Sexually transmitted disease.

The body is governed by function and structural element called Dosa Dhatu and Mala respectively. The normal activities of Dosa help in the maintenance and protection of the body through the Dhatus. The power of the defense of the body against the disease is known as Vyadhiksamatva or immunity. The principle of Vyadhiksamatva is brought about by the finer essence of all Dhatus known as Ojas. AIDS is a syndrome complex same as in Ayurveda Rajyakshama which is mentioned as the worst of all Rogasamuha.

According to Indian scriptures, the causes for the development and spread of any diseases are:

*Pragyanaparadho, Vishamastha artha hetuistrya, parinamakala,
Sarvamayanam trividha cha shanti, gyanarthakarala, samyogyukta.*

(Ch. Sha.2/)

Failure of judgement of the individual person and the excesses or the inappropriate usage of external factors and the inopportune atmospheric change taking place in the cycle of seasons are claimed to be common etiological factors of diseases. On the other hand, right judgement, proper and rational use of external factors and optimal seasonal variations are the general factors to exercise control over them.

If one behave with normal intelligency, and obey health tips mentioned in classical texts then neither there shall be extra marital relationship, nor there will be any need for blood or blood product transmission, nor any need for drug abuse. But when there is any error of judgement which may be sexual error or any other error that may create certain condition in which blood or blood transfusion is must then only there are the chances of the spread of HIV.

In short all the above mentioned error are "The intellectual error" which are mentioned in ayurveda as "Pragyaparadha" "Pragya" means combination of Dhi

(Intellect), Dhriti (Restraint), Smriti (Memory). Cha. Sha. 1/98) – The unwholesome action performed by one, whose intellect restraint and memory are deranged, is known as “Pragyaparadha” (Intellectual error). It vitiates all the dosas and one of the main causes of diseases as well as of misery. Moreover it is the prime source of Janapadhodhvansa i.e. epidemics. Adharma is the next step of Pragyaparadha. Chakrapani considers Adharma under pragyapadharma while Haranchadra considers under Kala factor. (Cha. Vi. 3/20).

Drug Schedule

The currently used drugs delays the development of full blown AIDS and prolong the life span of the sufferers. “Urjaskara therapy” (Rasayana and Vrisya” increases health, vigor and immunity of individual).

- Snehapana with Panchatik Ghrita 60 ml/day for 3 days.
- Erandbhrishta Haritaki 6 gms. BD for 7 days.
- Amalakyadi churna 3 gms – BD (there after)
- Shilajativadi Yoga 3 gms (6 Tabs.) BD (there after)
- Bramha Rasayana 5 gms BD with milk. (there after)
- Suvarnavasantamalatirasa 125 mg. (1 tab) BD (there after)

Duration

The patients will follow first 10 days initial preparatory treatment (Purvakarma) this followed by dietary and drug regime/advice for another 30 days. After that he continues the treatment for minimum 2 years with regular follow-up and laboratory investigations periodically.

Clinical Study

- To understand AIDS from Ayurvedic point views.
- To evaluated the role of Ayurvedic drug in the management of AIDS patients.
- To study occurrence of opportunistic infections in all such patients under ayurvedic remedies.
- To study general health profile of all such patients under Ayurvedic remedies.

Materials and Methods

Patients attending the HIV/AIDS patients research unit IPGT&RA, Jamnagar. Provided the material for clinical study.

Criteria for Selection of Patients

The patients should be between the age 18-65 years
CDC stage – II and III

Seropositive to HIV I, HIV II or both western blot positive, Willing to join the study/control group.

Criteria for Assessment

Improvement of sign and symptoms and equilibrium of Dosha, dushya and srotas etc.

Complete cure - 100% relief with negative ELISA TEST.

Marked improvement - More than 75% - 100% relief without change in ELISA.

Unchanged - Less than 25% improvement

Observations

- Total patients studied were 50.
- Age wise maximum patients (75%) were in between 20-24 yrs.
- Sex wise maximum (85%) patients were male.
- Socio economic status wise - maximum 40% patients were poor or lower middle class.
- Habitat wise - maximum 45% patients were educated up to primary standard.
- Occupation wise - maximum 25% patients were drivers.
- Time, since HIV detection - maximum 35% patients were detected for the period up to 1 year.
- Intravenous drug abuse - only 5% patients were found as IV drug abuser.
- Associated disorder wise 70% patients were having TB followed by 45% patients of Herpes Zoster, Simplex etc.
- Effect of therapy wise - maximum 95% patients were cured in their presenting signs and symptoms.
- The Rasayana therapy provided 100% relief in Mandagni and Tikshanbagni, where as 85% improvement in Vishamagni.
- The therapy also provided improvement in physiological tests. Such as:

1. Chest expansion	- 75%
2. Hand grip	- 18%
3. Foot preasure	- 16%
4. Walking time	- 24%
5. Prakrita Bala	- 55%

Sushruta, while defining the scope of Rasayana Tantra mentions that the therapy which arrests aging (Vayah sthapanam), increases the life-span (Ayushkaram), intelligence (Medha) and strength (Bala) and enables one to prevent the diseases (Rogapaharana samartham) is known as Rasayana (Sushruta Sutra

1:15). The drugs used in the clinical study are all Balya, Rasayana drugs and above all these drugs like Aswagandha etc. have been reported to have inhibitory activity against HIV infections.

Probable mode of action

The are various components of immune system in the body i.e., mechanical, chemical and physiological barriers, phagocytes, lymphocytic cells, complements systems, humoral factors like properdin, interferon's, lysozymes etc., along with humoral immunity and cells medicated immunity comprising immunoglobulins and lymphokines act as arms or weapons against pathogens. Similary Bala the effect of ojus plays an important role in both the aspects of Vyadhi kshamatva i.e., vyadhi uptadaka pratibhandhakatva and vyadhi bala virodhitva by preventing the occurrence and minimizing the virulence of disease. Both the component of immune system as well as of ojas is of circulating nature. Thus measures of ojovardhana by Rasayana therapy will definitely act as immuno modulators by augmenting with standing capacity at cellular level and thus increase immunity of the body. Brahmarasayana (Type 1) is such a recipe comprises all most all established immunomodulator drugs and immuno adaptive drugs and thus definitely possesses effect against the symptom complex of HIV/AIDS. And this added with the synergistic action of Suvarna Malati Vasant Rasa, which is well-known Rasayana formulation and Amalakyadiyoga.

Conclusion

- By going through the clinical findings obtained at this juncture, it is primarily concluded:
- The therapy has got very good effect on the HIV/AIDS patients.
- The major and minor signs and symptom have been improved more than the expected limit. We can provided better and healthy life span to the suffers. The progress of the disease can be checked to the maximum extent.
- As the study is going on, no final conclusion can be drawn at this juncture.

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Ayurveda Rasashala 25, Karve Rd., Pune - 4

Clinical Evaluation of Matra-Basti in the Management of Gridhrasi W.S.R. to Sciatica

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The Great philosopher Ruskin once said –

“No human capacity has ever yet saw the whole of a thing, but one may see more of it, the longer we look.”

Vigilant observation and introspection thus form part of man's unending efforts to improve the quality of his life.

GRIDHRASI

It is characterized by its distinct pain emerging from the buttock and goes towards the heel of afflicted side. It can be symptomatically co-related with Sciatica and is firstly described in pauranika period i.e. in Gaurad purana.

SCIATICA

One of the notorious condition known for its extreme pain and wastage of precious man hours and is defined as pain in the course of sciatica nerve, with tender points due to neuritis of the nerve.

AETIOLOGY

Whether to call this entity, a disease, a symptom complex or a syndrome, the various school of thought has not strike a cord of concordance. However, the causative factors are put forward as:

1. True sciatica neuritis

Leprosy, polyarteritis nodosa, nerve injury due to injections or trauma, post herpetic neuralgia.

2. Mechanical pressure on nerves or roots or referred pain

(a) **In the spinal cord** – Tumors of cauda equina, Arachnoiditis, Rarely thrombosis, Haemorrhage or Infection irritating meninges of the cord.

(b) **In the cord space** – Protruded intervertebral disc, Extramedullary tumors.

(c) **In the vertebral column** – Arthritis, Tuberculosis, Spondylolisthesis, Ankylosing spondylitis, Primary bone tumors, Secondary carcinoma.

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- (d) **In the back** - Fibrositis of posterior ligaments, Compression where the nerve leaves the pelvis in those who lie immobile on a hard surface for long time (a form of Saturday night palsy).
- (e) **In the thigh and buttock** - Fibrositis, Sacro-sciatic band, Hip joint or sacroiliac joint disease. Neurofibroma, Haemorrhage within or adjacent to nerve sheath in blood dyscrasias and Anticoagulant therapy. Misplaced therapeutic injection.
- (f) **In the pelvis** - Sacroiliac arthritis or strain, Hip disease, Infection of prostate or female genital tract, Infection of prostate or female genital tract, Rectal impactions. Tumours of lumbo-sacral plexus.

MANAGEMENT

The aim is not only to diagnose the disease but also to analyse the etiological factors because the treatment of sciatica is directly related to the cause.

(A) Symptomatic Sciatica

1. Acute stage

- (a) Rest in bed with necessary support to the back.
- (b) Analgesics as required.
- (c) Heat
- (d) Injection of 2% procaine or of lignocaine in the sciatica nerve or epidural space to give dramatic relief.

2. Chronic stage

Management will depend on cause

In high Sciatica

- (a) Injection with 5% procaine.
- (b) Counter irritation, heat, massage.
- (c) Active and passive exercise.

In low Sciatica

- (a) Stretching of sciatica nerve.
- (b) Injection of novocaine into or as near as possible to the sheath of the nerve.

(B) Sciatica due to Herniated Intervertebral Disc

1. Conservative treatment

- (a) Complete rest in bed in supine position for 3 to 6 weeks.
- (b) When pain is relieved, plaster jacket to immobilise the lumbar spine for 3 to 6 months.

(c) A lumbar corset worn at all times during the day.

2. Operative treatment

- (a) If not relieved by conservative treatment
- (b) Quick recurrence of symptoms.
- (c) Evidence of large prolapse causing pressure on cauda equina.

Operation consists of hemilaminectomy removal of the protrusion and curetting out nucleus material from the central part of the disc.

(C) Preventative aspect

Correct sitting, standing and sleeping postures, the idea is to lessen the intradiscal pressure.

Keep trunk muscles in optimal condition by regular exercise such as brisk walking swimming etc.

Such a scientific approach both with causes and management but ones heart cries with pain when the results are below par expectations.

That's where ancients seers come to rescue the human race from the claws of pain with there devine wisdom.

SELECTION OF DRUG

The disease characterised by its distinct pain which according to the sages is due to vitiation of Vyana Vata, Basti being the best known to rein over the vitiated Vata has been selected for the trial and is compared with Agnikarma, a standard surgical procedure for various Vata Vyadhis. This comparison is the unique in the sense that it is among the best one by the Atraya Sampradaya and other by the Dhanwantri Sampradaya.

MATRABASTI

For the purpose of Matra Basti, Nirgundi oil has been taken as it is indicated in Vatavyadhi chikitsa in Charaka Samhita (Ch. Chi. 28/135). Its ingredients are Nirgundi (Vitex Negundo Linn.) and Tila (Sesamum indicum). Nirgundi has Vatasamaka Prabhav and Tila Taila is also drug of choice amongst the snehas for elimination of Vata dosha. Hence, the Nirgundi taila possesses additive effect on Vata Shamana.

NIRGUNDI

Latin Name	: Vitex negundo Linn.
Family	: Verbenaceae
Synonyms	: Shephali, Sindhuvara, Sinduka
Gana	: Vishaghna, Krimighana, (Ch.); Sursadi (Su.)

Hindi	: Samhalu
Gujarati	: Niguda
Marathi	: Nirgundi
English	: Five leaved chaste
Rasa Panchaka	: Tiktka Katu, Kashaya (B.R.)
Rasa	: Laghu, Ruksha
Guna	: Usna
Veerya	: Katu
Vipaka	: Vata Kapha Shamaka, Vrana Shodhana and Ropana; Shothhara, Krimighna, Vishaghna, Rasayana.
Karma	

Parts Used : Leaves, roots, fruits and their extracts

Chemical compositions : Vanillin, nishindhine, hydrocotylene termic acid

Ethyl acetate extract of leaves of *V. negundo* produced anti inflammatory effect against carrageenin brady kinin and 5-HT induced rat hind paw edema.

The analgesic and anti inflammatory effects of the plant confirmed its clinical efficacy in Sciatica and inflammatory conditions.

TAILA

Latin name : Sesmum indicum

Natural order : Pedaliaceae

Rasa : Madhura, Kashaya, Tikta

Guna : Guru, Snigdha

Veerya : Ushna

Vipaka : Madhura

Doshagnata : Vata

Parts used : Seed oil

The sesamum oil of seed with astringent as subsidiary taste, the best among the Vata alleviating, strength promoting, beneficial for skin, promotes intellect and appetite. It destroys all diseases due to combination of drugs and processing (Ch. Su. 27/286-287).

Ingredients of **Nirgundi taila** along with there proportions

Sanskrita name	Latin name	Proportions
Nirgundi Patra Kalka	V. Negundo	01
Nirgundi Patra Kwatha	V. Negundo	24
Tila Taila	Sesamum indicum	06

CLINICAL STUDY

The pioneer Sir Thomas Levis emphasis "Alone is true which is proved clinically and that which is clinically proved needs no other evidence.

AIMS AND OBJECTS

- To search the simplest, harmless and palliative treatment for the disease.
- To evaluate the efficacy of therapeutic procedures and compare it with Agnikarma.
- To establish/propose the probable mode of action of Agnikarma and Matra Basti in the management of Gridhrasi.

MATERIAL AND METHODS

The patients attending the O.P.D. and I.P.D. of the I.P.G.T. & R.A. Hospital, Jamnagar were selected irrespective of their age, sex, cast etc.

CRITERIA OF SELECTION OF THE PATIENTS

Patients were diagnosed mainly on the basis of sign and symptoms available in Ayurveda and recent sciences viz Ruka, Toda, Stambha etc. as well as with the help of following parameters:

1. Local tenderness and presence of trigger point in the back (Lumbo-sacral region) and affected lower limb.
2. S.L.R. test in affected leg and objective measure for diagnosis as well as for improvement of treatment.
3. Popliteal compression test.
4. Foot flexion test.
5. Knee and ankle jerk.

The patient with high degree of mechanical pressure as Ca-spine, and tumours of caudaequine, arthritis of hip etc. were excluded from the study.

MANAGEMENT

After the diagnosis, the patients were randomly categorised into two groups:

- (A) Standard Group (Agnikarma) – 9 patients one sitting – Bindu type dagdha at Antra Kandra Gulpha Madhya.
- (B) Therapeutic Group (Matra Basti) – 9 patients 60-70 ml, Nirgundi oil – 21 days.

CRITERIA FOR ASSESSMENT

The improvement in the patient was assessed mainly on the basis of relief in the cardinal signs and symptoms of the disease. To assess the effect of therapy

objectively, all the sign and symptoms were given scoring depending upon their severity as below:

1. **Stambha (Stiffness)**

(a) No stiffness	0	(a) No Pain	0
(b) Some time for 5-10 min	1	(b) Occasional pain	1
(c) Daily for 10-30 min	2	(c) Mild pain	2
(d) Daily for 30-60 min	3	(d) Moderate pain	3
(e) Daily more than 1 hours	4	(e) Severe pain	4
2. **Ruka (Pain)**

(a) No twitching	0
(b) Some times for 5-10 min	1
(c) Daily for 10-30 min	2
(d) Daily for 30-60 min	3
(e) Daily more than 1 hours	4
3. **Toda (Pricking sensation)**

(a) No pricking sensation	0
(b) Occasional pricking sensation	1
(c) Mild pricking sensation	2
(d) Moderate pricking sensation	3
(e) Severe pricking sensation	4
4. **Spandana (Twitching)**

(a) No twitching	0
(b) Some times for 5-10 min	1
(c) Daily for 10-30 min	2
(d) Daily for 30-60 min	3
(e) Daily more than 1 hours	4
5. **Aruchi (Anorexia)**

(a) No anorexia	0
(b) Mild anorexia	1
(c) Moderate anorexia	2
(d) Severe anorexia	3
6. **Tandra (Torpor)**

(a) No tandra	0
(b) Mild tandra	1
(c) Moderate tandra	2
(d) Severe tandra	3
7. **Gaurava (Heaviness)**

(a) No heaviness	0
(b) Mild heaviness	1
(c) Moderate heaviness	2
(d) Severe heaviness	3
8. **Straight leg raise test**

(a) More than 90°	0
(b) 71° - 90°	1
(c) 51° - 50°	2
(d) 31° - 50°	3
(e) Up to 30°	4

Criteria for assessing the total effect

Considering the overall improvement shown by the patients in sign and symptoms. The total effect of the therapy has been assessed as below:

1. Cured 100% relief in sign and symptoms
2. Markedly improved More than 50% relief in sign and symptoms
3. Improved 25-50% relief in signs and symptoms
4. Unchanged Below 25% relief in signs and symptoms

For this study total 19 patients were registered, out of them only 18 patients completed the treatment.

OBSERVATION AND RESULTS**Age wise**

- Age wise maximum patients 55.6% belong to the age group of 41-60 years.

Occupation wise

- Maximum patients 44.5% belong to the labour class.

Previous treatment

- Maximum 66.7% patients were treated previously for the same by other pathies.

Chronicity wise

- 61.1% patients were having chronicity of less than 6 months.

Prakriti wise

- 77.8% patients were having Vataja prakriti.

Vikriti wise

- 72.2% patients were having Vataja Gridhrasi and 27.8% patients were having Vata kaphaja Gridhrasi.

Rasa Sevana wise

- Ati Katu and Ati Kshaya were found to be present in more than 90% of the patients.

EFFECT OF THERAPY**Other Neurological Findings**

Sr. No.	Neurological Findings	No. of patients		Total no. of patients	Percentage
		Group A	Group B		
1.	Hypoesthesia	7	3	10	55.6%
2.	Muscle wasting	0	0	0	0%
3.	Muscle power (4 ^o)	1	1	2	11.1%
4.	Foot flexion test (+)	9	9	18	100%
5.	Popleteal compression test (+)	9	9	18	100%
6.	Tender at Sciatica nerve root	7	9	16	88.9%
7.	Scoliosis	1	1	2	11.1%

Distribution of Cardinal Symptoms in both Groups

Sr. No.	Cardinal Symptoms	No. of patients		Total no. of patients	Percentage
		Group A	Group B		
1.	Stambha	9	8	17	94.44%
2.	Ruka	9	9	18	100%
3.	Toda	9	9	18	100%
4.	Spandana	8	6	14	77.8%
5.	Aruchi	4	3	07	38.9%
6.	Tandra	2	0	02	11.1%
7.	Gaurava	4	4	08	44.4%
8.	SLR (Positive)	9	9	18	100%

EFFECT OF THERAPY ON CARDINAL SYMPTOMS OF GRIDHRASI

Group - A: Agni Karma

Sr. No.	Cardinal Symptoms	No.	Mean Score		± SD	± SE	't'	p	%
			B.T.	A.T.					
1.	Stambha	9	1.4	0	0.53	0.17	8.235	<0.001	100%
2.	Ruka	9	2.3	0	0.87	0.29	7.931	<0.001	100%
3.	Toda	9	1.4	0	0.53	0.17	8.235	<0.001	100%
4.	Spandana	8	1.25	0.125	0.35	0.125	9.000	<0.001	90%
5.	Aruchi	4	1.0	0.75	0.50	0.25	1.000	>0.10	25%
6.	Tandra	2	1.0	0.50	0.70	0.50	1.000	---	50%
7.	Gaurava	4	1.0	0.00	0.00	0.00	E	---	100%
8.	SLR test	9	2.22	0.33	0.78	0.26	7.326	<0.001	85%

Group - B: Matra Basti

Sr. No.	Cardinal Symptoms	No.	Mean Score		± SD	± SE	't'	p	%
			B.T.	A.T.					
1.	Stambha	8	1.37	0.12	0.46	0.16	7.812	<0.001	90.90%
2.	Ruka	9	2.33	0.11	0.67	0.22	10.09	<0.001	95.27%
3.	Toda	9	1.44	0.11	0.50	0.165	8.060	<0.001	92.36%
4.	Spandana	6	1.17	0.00	0.40	0.17	7.02	<0.001	100%
5.	Aruchi	3	1.33	0.00	0.58	0.33	3.99	>0.01	100%
6.	Tandra	0	0.00	0.00	0.00	0.00	0.00	0.00	00%
7.	Gaurava	4	1.25	0.00	0.50	0.25	5.00	>0.001	100%
8.	SLR test	9	2.22	0.67	0.89	0.29	5.325	<0.001	69.8%

EFFECT OF THERAPY ACCORDING TO TYPE OF DISEASE**Group - A**

Sr. No.	Type of Gridhrasi	Cured	Markedly Improved	Improved	Unchanged
1.	Vataja	3	2	0	0
2.	Vataja Kaphaja	1	3	0	0

Group - B

Sr. No.	Type of Gridhrasi	Cured	Markedly Improved	Improved	Unchanged
1.	Vataja	4	4	0	0
2.	Vataja Kaphaja	0	1	0	0

CHRONICITY WISE EFFECT OF THERAPY

Sr. No.	Chronicity	Cured		Markedly Improved		Improved		Unchanged	
		Group A	Group B	Group A	Group B	Group A	Group B	Group A	Group B
1.	0-6 month	1	3	4	3	0	0	0	0
2.	6-12 month	1	0	0	2	0	0	0	0
3.	1-2 yr.	1	0	0	0	0	0	0	0
4.	2 yr.	1	1	1	0	0	0	0	0

Followup

During the followup period of 6 months result were found statinary.

Probable Mode of Action of Basti

In In Gridharasi vitiated Vata is the main causative factor along with Kapha as Anubandha. Basti is said to be main treatment of Vata Doshha. According to Sushruta Basti may pacify other Doshas also with change in ingredients.

Dalhana considers Purishdhara Kala and Asthidhara Kala are one and the same, Asthi being the site of Vata (Su. Sha. 4/17 Dal). Basti Materials purify the Purishdhara kala. Hence, with purification of Purishdhara Kala obviously Asthi Vaha Srotas will be purified and vitiated Vata get subsided.

Here it is noteworthy that the Nirgundi Oil, which was used for Matra Basti, possesses Vata Kapha Shamak guna due to Ushna Veerya there by subsiding the diseases.

Probable mode of Action of Agni Karma

Agni Karma is done at four angula above the Gulpha (Ankle Joint) Ch. Chi. 28 then by virtue of it's Ushna. Tikshna, Sukshma guna it breaks the avarana of Vyana Vata by Kapha and release the Vata to perform its normal functions, thus Stambha, Ruka and Toda like symptoms get subsided.

Comparative analysis of both result reveals that both procedure offers same result on Gridharasi in term of overall effect but on the basis of relief in percentage Agni Karma is better than Matra Basti.

Conclusion

At this junction, unbiasedly it can be concluded that Agni Karma and Matra Basti both were found to be significant but Agni Karma is superior to Matra Basti of Nirgundi oil in the management of Gridhrasi (Sciatica).

CONFERENCE ANNOUNCEMENT

**7th National Conference of
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AAIMCON-2004

6th-7th February 2004



AAIMCON-2004 will be organised at
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For details please contact:

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Management of Low Backache with an Indigenous Compound

BORDOLOI DIBYAJYOTI¹ AND PANDEY K.K.²

Introduction

Low backache is extremely common in today's society. More than 75% of the world's population experience back pain at some time of their lives. In epidemiologic studies of different populations, the prevalence of low backache has varied from 7.6 to 37%. Peak prevalence is in the groups between 45 and 60 yrs of age, although it is also reported by adolescents and by adults of all ages.

More than 90% of episodes of low back pain are of mechanical origin and most resolve spontaneously within 1 to 2 weeks. In about 30% of patients episodes can last as long as a month but chronic low back pain of more than 3 months' duration accounts for less than 3% of all cases.

The causes of low back pain can be very complex, and there are many structures in the lower back can cause pain. For 85% of back pain sufferers, the primary site of injury is the lower lumber spine.

In the texts of Ayurveda it is mentioned that *vastipradesha* (sacral region) is the main seat of *vata* and any type of vitiation of *vata dosha* results backpain. *Vata* also controls different types of neurological functions.

The commonly used synthetic and semi synthetic drugs are no doubt very useful and effective for the treatment of pain but their well known severe untoward effects restrict their application for a long term therapy.

In Ayurvedic classic a large number of drugs have been mentioned as *vedana shhapana* (analgesic) and *vata shamak*. These drugs have been widely used alone or in combination as analgesic and anti-inflammatory since ancient periods.

Keeping in view of the above facts an approach has been made in the present clinical trial to evaluate the efficacy of a compound of **Rasna** (*Pluchea lanceolata*), **Nirgundi** (*Vitex negundo*), **Eranda** (*Ricinus communis*) and **Parijata** (*Nyctanthes arbortristis*) in the form of *ghansatwa* as an analgesic and anti-inflammatory and also to record their untoward effects if any.

Drug Review

In the present clinical study the compound preparation of Rasna, Nirgundi, Eranda and Parijata have been used for the treatment of low backache.

1. Junior Resident
2. Lecturer, Stree Roga Sangyabaran, Department of Prasuti Tantra, Institute of Medical Sciences, Banaras Hindu University, Varanasi.

Rasna

The correct botanical identity of Rasna is not known with any certainty because a large number of plants are known by the name Rasna in different parts of India. The decoction of the plant has been used to prevent the swelling of joints in arthritis. It is also used as a laxative, analgesic, nervine tonic and in bronchitis.

It is used to cure all type of disorders caused by *vata*. Rasna guggulu alleviates sciatica. It is also useful in blood disorder like gout and cures fever by digesting *ama* (undigested food material). Decoction of its leaves removes back pain and generalised *amavata* (rheumatoid arthritis) affecting joints, bones and marrow. Its paste is useful as antipyretic. Hemorrhoids should be fomented with warm lump of Rasna.

Nirgundi

The paste prepared from leaves is externally applied to wounds, ulcers, swollen joints and painful condition of different body part. Decoction is used as gargle in stomatitis and *kantha saluka* (nasopharyngeal tonsil). Fumigation of dried leaves is used in headache and catarrhal affection. Decoction is also used for tub-bath in rheumatism in puerperal state of women.

An oil prepared with the juice of leaves is applied locally to inflamed and painful condition of organs and *vataVyadhi*.

Root is used in dyspepsia, colic, rheumatism, warms, boils, dysmenorrhoea and leprosy. Flowers are used in diarrhoea, cholera, fever, liver and cardiac disorder. Seeds form a colling medicine for cutaneous disease and leprosy. Powder prepared from flower and stalks are administered in discharge of blood from the stomach and bowels. The drug is also useful in treating snake bite.

Eranda

The roots are useful in gastropathy such as *gulma* (abdominal lump), *amadsha*, constipation, inflammations, fever, ascities, bronchitis, cough, leprosy, colic and lumbago. The leaves are diuretic, anthelmintic and galctagogue and are useful in burns, nyctalopia, strangury and for bathing and fomentation in rheumatoid arthritis, urodynia and arthralgia. Flowers are useful in urodynia and glandular tumours. Seeds are useful in dyspepsia, snake bite, scorpion bite and for preparing a poultice to treat arthralgia. Seed oil is very effective purgative and also used for scrotocele, ascites, intermittent fever, *gulma* (abdominal lump), colonitis, lumbago, coxalgia and coxitis.

Parijata

The leaves are used in fever, rheumatism and as an antidote for reptile venoms. Fresh juice is given with honey in chronic fever. The decoctions of leaves cures

obstinate sciatica. The expressed juice of the leaves is a laxative and useful in warms in children. The bark is expectorant and cures bronchitis. A decoction of bark, leaves, root and flowers is given in excessive diuresis and in enlargement of the spleen. The powdered seeds are used as an application of dandruff, scurvy and other scalp conditions. The flowers are astringent, stomachic, carminative and are useful in inflammations, dyspepsia, flatulence, colic, spleenomegaly and baldness. Bark oil is used for pain in eye.

Material and Methods

The entire study was done in 45 patients aged between 20-50 yrs attending Prasuti Tantra and Sangyahan outdoor of S.S. Hospital, Banaras Hindu University complaining of low backache from 6 months to 5 yrs duration. Patients were categorized into three groups consisting of 15 in each group. The regimen of treatment was given in the following manner.

Group I : *Chansatwa* of trial drug compound in the dose of 2 cap (1000 mg) TDS, Orally.

Group II : Local application (oleation) of Mahanarayan Taila followed by Baluka sweda (hot sand fomentation) TDS.

Group III : Combined therapy mentioned in Group I and Group II.

Patients of each group have been asked to come for the followed up at every 15 days interval upto 3 consecutive occasions.

Study Methodology

Selected patients were subjected to undergone general and systemic examination. Routine pathological investigation like TLC, DLC, ESR RA-test, blood urea, FBS, serum creatinine and X-ray of LS spine (A/P and Lat. view) were done before medication, to exclude any major infection or pathogenesis related to disease.

Local Examination

Any spine tenderness, spasm, deformity, swelling, movement, figure of 4 test and SLR test were observed before medication and after every follow-up. Pain was assessed by Visual Analogue Scale (VAS) and Objective Assessment by Doctor (OAD).

Observation and Results

The response of treatment was found very effective from the first follow up in patients of all the groups. The result of the observing parameters of each back related disorder after completion of treatment are described below ;

Table 1.

Observing parameter	Group (n = 15)	Before treatment		After treatment	
		No. of Patients	%	No. of Patients	%
Spine Tenderness	I	12	80	4	26.67
	II	12	80	3	20.00
	III	13	86.67	2	13.33
Swelling	I	8	53.33	3	20.00
	II	7	46.67	4	26.67
	III	9	60.00	1	6.67
Figure of 4 Test	I	12	80	4	26.67
	II	12	80	6	40.00
	III	13	86.67	1	6.67
LSR Test	I	13	86.67	4	26.67
	II	12	80.00	5	33.33
	III	14	93.33	2	13.33

Maximum response was revealed at the end of 3rd follow-up in patients of Group III in decreasing spine tenderness and swelling in comparison with the other groups (Table 1). The better response in patients of Group II as compared to Group I suggests the better response of *snehana* and *svedana* in relieving the spine tenderness. On the other hand better response in patients of Group I in comparison to Group II suggests the better response of oral medication in decreasing swelling.

Table 2.

Observing Parameter (n=15)	Group	Mean \pm SD		BT Vs AT	BT Vs AT	p
		BT	AT			
ESR (Paired 't' test)	I	15.00 \pm 12.12	15.00 \pm 1.89	16.87 \pm 11.71	t = 5.57	p < 0.001
	II	32.47 \pm 11.12	18.8 \pm 5.91	14.33 \pm 11.33	t = 4.90	p < 0.001
	III	32.00 \pm 12.73	13.05 \pm 4.57	18.27 \pm 13.32	t = 5.31	p < 0.001
VAS (Paired 't' test)	I	6.47 \pm 2.36	1.73 \pm 0.59	4.5 \pm 2.7	t = 8.03	p < 0.001
	II	5.8 \pm 1.61	4.27 \pm 1.57	1.53 \pm 0.91	t = 6.65	p < 0.001
	III	6.2 \pm 2.17	3.6 \pm 1.54	5.33 \pm 2.26	t = 9.98	p < 0.001
OAD (Paired 't' test)	I	2.73 \pm 0.97	0.67 \pm 0.61	2.07 \pm 0.70	t = 11.5	p < 0.001
	II	2.67 \pm 0.90	1.07 \pm 0.45	1.6 \pm 0.98	t = 6.4	p < 0.001
	III	2.8 \pm 0.83	0.47 \pm 0.63	2.4 \pm 0.73	t = 13.33	p < 0.001
Blood Pressure (Paired 't' test)	I	88.97 \pm 4.02	88.7 \pm 3.86	0.27 \pm 0.48	t = 2.07	p > 0.05
	II	87.78 \pm 3.75	86.93 \pm 3.41	0.18 \pm 0.47	t = 1.5	p > 0.05
	III	87.04 \pm 3.77	86.78 \pm 3.7	0.26 \pm 0.49	t = 2.06	p > 0.05

In the 3rd follow-up maximum response was observed in patients of Group III followed by Group I and II respectively in decreasing Figure of 4 test and SLR test positive patients (Table 1). The observation made so far suggests the patients receiving combined therapy showed an excellent response. Whereas patients of Group I receiving only oral treatment also responded better as compare to local treatment. This suggests that the trial drug compound have no doubt analgesic and anti-inflammatory properties.

Rate of reduction in ESR value is highly significant in reach group (Table 2). After the completion of treatment maximum ESR value was reduced in patients of Group III. The identical and significant decrease ESR values in each group suggests that the trial drug compound either alone or in combination with local application was found effective in reducing the inflammatory changes.

Rate of reduction of VAS and OAD of pain also shows statistically highly significant in all three groups (Table 2). But patients of Group III observed higher response in comparison to Group I and Group II respectively. Here again the analgesic and anti-inflammatory properties of trial drug compound showed its efficacy in minimizing the severity of pain.

The observation suggests that the trial drug compound did not show any cardiac untoward effects in respect of blood pressure (Table 2).

While observing the untowards effects it was also found that none of the patients in any group complained nausea, vomiting, constipation, gastric irritation, headache and rashes following different treatment regimen during full follow-up.

Conclusion

On the basis of observation made in the present clinical study we can conclude as follows:

- The trial drug compound have good analgesic and anti-inflammatory response.
- A comparatively better response were observed with the combined treatment.
- The analgesic action of trial drug compound is due to *vedanahara* and *vatahamak* properties.
- The trial compound didn't show any cardiovascular depressant action and not produce any GI disturbances while using for a long period. Thus, it may be a better choice for chronic pain management.

Thus, it can be concluded that trial drug compound having *vedanahara* and *vatahamak* properties could exhibit their definite and promising role in the management of low backache without any significant untoward effect. The present

study also suggests that a better response can be achieved with the use of trial drug compound orally along with the local application of well established *vataśhamak* formulation i.e. Mahanarayan taila and *Ruksha Sweda* which shows a synergistic response of a potent analgesic and anti-inflammatory action. Thus treatment can be continued for a longer duration.

As no scientific study has been reported so far in the literature hence, the findings of the present study could not be co-related. Further study suggested to pin point the response of the trial drug compound on the large sample as period for the present study was too less.

References

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2. Sushruta Samhita of Sushruta by Ambika Dutta Shastri, Chaukhambha Sanskrit Sansthan, Varanasi.
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13. Yoga Ratnakar Edited by Brahmasankar Sastri, Chaukhambha Sanskrit Sansthan 6th Edn. 1997.

A.K. Keshary & Associates

CHARTERED ACCOUNTANTS

Off : Moti Bhawan, Lanka
Varanasi, Ph : 366633Resi. : B-6, Brijenclave Colony
Sunderpur, Varanasi, Ph. 316644ASSOCIATION OF ANAESTHETISTS OF INDIAN MEDICINE, B.H.U., VARANASI
RECEIPT & PAYMENT ACCOUNT FOR THE PERIOD ENDING ON 31.03.2001

Receipt	Amount (Rs.)	Payment	Amount (Rs)
To <u>Opening Balance</u>		By Audit Fee	1000.00
Bank Balance (SBI)	55,852.52	By Loan to S. Shodh	3,500.00
Bank Balance (BOB)	7,277.00	By Telephone	39.52
Cash	3,899.66	By Travelling Expenses	6,200.00
To Membership Fees	11,000.00	By Postage Expenses	680.00
To Donation for Land		By Stationery	725.00
Purchases	1,000.00	By Typing & Xerox	371.00
To Interest on FDR, S/B A/C		By Refreshment	140.00
H.D.F.C.	13,680.50	By Transfer To U.P.	
To Loan Received from		State AAIM	9,805.00
Sangyahan Shodh	8,810.00	Transfer To S. Shodh	19,618.00
		By Share of Conference	
		Surplus To S. Shodh	25,450.00
		By Fixed Deposit (IDBI)	10,000.00
		By <u>Closing Balance</u>	
		Bank Balance (SBI)	19,127.02
		Bank Balance (BOB)	2,520.00
		Cash in Hand	2,344.14
	101,519.68		101,519.68

President : Sd/-

Secretary : Sd/-

Treasurer : Sd/-

of AAIM

AUDITORS REPORT

We have verified above Receipt & Payment Account with the records of the institution and found the same in accordance therewith.

Place : Varanasi

Dated: 16.07.2003

For A.K. Keshary & Associates
Chartered Accountants

Sd/-

(Arvind Kumar Keshary)

Proprietor

A.K. Keshary & Associates

CHARTERED ACCOUNTANTS

Off : Moti Bhawan, Lanka
Varanasi, Ph : 366633

Resi. : B-6, Brijenclave Colony
Sunderpur, Varanasi, Ph. 316644

SANGYAHARAN SHODH JOURNAL, B.H.U., VARANASI
RECEIPT & PAYMENT ACCOUNT FOR THE PERIOD ENDING ON 31.03.2001

Receipt	Amount (Rs.)	Payment	Amount (Rs)
To Opening Balance		By I.D.B.I. F.D.R.	35,000.00
To Bank Balance (SBI)	9,533.49	By Printing Charge	27,595.00
To Bank Balance (BOB)	4,718.00	To Stationary & Xerox	115.00
To Cash	4,526.50	To Postage Expenses	930.00
To Membership Fee	100.00	By Bank Charge	230.00
To Advertisement	6,500.00	By Loan Paid To AAIM	8,810.00
To Interest on F.D.R.		By <u>Closing Balance</u>	
To & S.B. A/c	9,405.00	Bank Balance (SBI)	6,378.49
To Loan From AAIM	3,500.00	Bank Balance (BOB)	3,591.00
To S. Shodh Share	19,618.00	Cash in Hand	701.50
To Conference Surplus			
To Money Share	25,450.00		
	83,350.99		83,350.99

President : Sd/-
Secretary : Sd/-
Treasurer : Sd/-
of AAIM

AUDITORS REPORT

We have verified above Receipt & Payment Account with the records of the institution and found the same in accordance therewith.

Place : Varanasi
Dated: 16.07.2003

For A.K. Keshary & Associates
Chartered Accountants

Sd/-
(Arvind Kumar Keshary)
Proprietor

A.K. Keshary & Associates

CHARTERED ACCOUNTANTS

Off : Moti Bhawan, Lanka
Varanasi, Ph : 366633

Resi : B-6, Brijclave Colony
Sunderpur, Varanasi, Ph. 316644

U.P. STATE BRANCH, A.A.I.M., B.H.U., VARANASI

RECEIPT AND PAYMENT ACCOUNT FOR THE PERIOD ENDED ON 31.12.2001

Receipt	Amount (Rs.)	Payment	Amount (Rs)
To Opening Cash & Bank		By Refreshment & Meeting	127.00
Bank Balance	11,253.88	By Closing Balance	
Cash	1,416.50	Bank Balance (BOB)	22,980.88
To Share of Branch		Cash in Hand	Nil
From AAIM	9,805.00		
To Interest on S/B A/c	622.00		
To Dr. R.P. Mishra	10.50		
	23,107.88		23,107.88

President : Sd/-

Secretary : Sd/-

Treasurer : Sd/-
of U.P. State

AUDITORS REPORT

We have verified above Receipt & Payment Account with the records of the institution and found the same in accordance therewith.

Place : Varanasi

Dated: 16.07.2003

For A.K. Keshary & Associates
Chartered Accountants

Sd/-
(Arvind Kumar Keshary)
Proprietor

A.H. Joshi & Co.

CHARTERED ACCOUNTANTS

Off : 1907, Sadashiv Peth
Natu Baug, Pune - 30

**ASSOCIATION OF ANAESTHETISTS OF INDIAN MEDICINE
(MAHARASHTRA STATE BRANCH)
RECEIPT & PAYMENT ACCOUNT FOR THE PERIOD ENDING ON 31.03.2002**

Receipt	Amount (Rs.)	Payment	Amount (Rs)
To Opening Balances		By Printing & Stationary	732.50
Cash in hand		Postage	528.00
In S.B. A/c No. 2314		Bank Charges	66.00
with Rupee Co-op Bank		Travelling Expenses	802.00
(Laxmi Road Branch)	2,314.00	Meeting Expenses	1,980.00
Fixed Deposit with		Miscellaneous Expenses	37.00
Rupee Co-op Bank		<u>Closing Balance</u>	
(Laxmi Road Branch)	<u>35,000.00</u>	Cash in Hand	
Central Office		In S.B. A/c No. 2314	
Branch Share	662.00	with Rupee Co-op Bank	
Subscription	3,000.00	(Laxmi Road Branch)	5,189.00
Audit Fees Received back	525.00	Fixed Deposit with	
Anamat		Rupee Co-op Bank	
Dr. Shende	577.50	(Laxmi Road Branch)	<u>35,000.00</u>
Dr. Borse	<u>1,502.00</u>		40,189.00
	<u>44,334.50</u>		<u>44,334.50</u>

President : Sd/-
Secretary : Sd/-
Treasurer : Sd/-
of AAIM

AUDITORS REPORT

Examined and found correct as per books
of account produce to us and information
given to us during the course of our audit.

For A.H. Joshi & Co.
Chartered Accountants

Sd/-
(A.H. Joshi)
Proprietor

AIMCON - 2002, SAWANTWADI**GENERAL TRIAL BALANCE**

PERIOD FROM 01.09.2001 TO 31.03.2002 & 01.04.2002 TO 31.12.2002

A/c Code	Account Name	Debit Amount	Credit Amount
12001	Registration, Advert. & Donation Receipts		184,000.00
12002	Bank Interest		
12003	Travelling Expenses	14,310.00	1,090.39
12004	Postage & Telephone	2,700.00	
12005	Memento Expenditure	10,500.00	
12006	Banner Expenditure	850.00	
12007	Function Expenses	24,350.00	
12008	Printing & Stationery	9,000.00	
12009	Function Dinner & Lunch	66,500.00	
12012	Souvenir Expenditure	23,500.00	
12013	Hall Rent	5,000.00	
19002	Bank Commission & Charges	515.00	
20001	State Bank, Sawantwadi SB A/c No. 40,117	27,865.39	
	Grand Total	185,090.39	185,090.39

Treasurer

Dr. Pravin G. Thakre

Secretary

Dr. R.P. Tiwari

Chairman

Dr. R.K. Gupta

For Mahesh Navangul & Co.
Chartered Accountants

Sd/-

(M.N. Navangul)
Proprietor

A.K. Keshary & Associates

CHARTERED ACCOUNTANTS

Off : Moti Bhawan, Lanka
Varanasi, Ph : 366633

Resi. : B-6, Brijenclave Colony
Sunderpur, Varanasi, Ph. 316644

AAIM CON – 2003, B.H.U., VARANASI RECEIPT & PAYMENT ACCOUNT FOR AAIM CON-2003

Receipt	Amount (Rs.)	Payment	Amount (Rs)
To Registration and Advertisment	1,95,050.00	By To Cattering	97,000.00
To K.K. Pandey	277.60	By Printing & Stationery	33,322.00
		By Batch, Cards, Clips	700.00
		By Conference Bag	24,625.00
		By Memento	4,310.00
		By Travelling Allow.	8,396.10
		By Accomodation	9,260.00
		By Inaugural Decoration	2,330.00
		By Mike & Audiovisual	5,973.00
		By Photo Graphy & Video	4,610.00
		By Postage	343.00
		By Telephone	187.00
		By Photostate	1,207.50
		By Conveyance	690.00
		By Press Conference	240.00
		By Sangyahan Shodh	1,500.00
		By Misc.	634.00
	1,95,327.60		1,95,327.60

President : Sd/-
Secretary : Sd/-
Treasurer : Sd/-
of AAIM

AUDITORS REPORT

Verified by the books of accounts produced
before us.

Place : Varanasi
Dated: 16.07.2003

For A.K. Keshary & Associates
Chartered Accountants

Sd/-
(Arvind Kumar Keshary)
Proprietor

A.K. Keshary & Associates

CHARTERED ACCOUNTANTS

Off : Moti Bhawan, Lanka
Varanasi, Ph : 366633Resi. : B-6, Brijenclave Colony
Sunderpur, Varanasi, Ph. 316644WORKSHOP ON C.C.P.R., B.H.U., VARANASI
RECEIPT AND PAYMENT ACCOUNT FOR THE YEAR ENDED ON 31.03.2003

Receipt	Amount (Rs.)	Payment	Amount (Rs)
To Opening Balance		By Printing & Stationery	345.00
Bank (SBI)	16,514.78	By Xerox	89.00
Cash	355.90	By Guest Lecture Fees	800.00
To Registration Fees	13,000.00	By Misc. Exp.	1,076.00
To Bank Interest Rec.	688.00	By <u>Closing Balance</u>	
		Bank (SBI)	20,182.78
		Cash	8,045.90
	30,538.68		30,538.68

President : Sd/-

Secretary : Sd/-

Treasurer : Sd/-

of C. C.P.R.

AUDITORS REPORT

We have verified above Receipt & Payment Account with the record of the institution and found the same in accordance with.

Place : Varanasi

Dated: 16.07.2003

For A.K. Keshary & Associates
Chartered AccountantsSd/-
(Arvind Kumar Keshary)
Proprietor

NEWS

At the recently concluded First International C.M.E. on MARMA – SHALYA SHALAKYA AND STRIROGA – PRASUTTANTANTRA (sponsored by Department of I.S.M. Govt. of India) and fourth annual conference of National Sushruta Association, organised by M.A.M. Sumatibai Shah Ayurved Mahavidyalaya, and Sane Guruji Aarogya Kendra Hadapsar Pune at Balgandharva Natya Mandir Pune.

The SUSHRUTA RATNA 2002 Award for young Surgeon has been given to Dr. R.K. Gupta, H.O.D., Department of Shalya Shalakyā – B.S. Ayurved Mahavidyalaya, Sawantwadi. This award has been given for his contribution to Ayurved specially in the field of Shalya Shalakyā.



About 600 delegates from all over India and abroad inclusive of teachers, PG scholars and guest speakers were present.

On 9th January 2003 for the first time there was live demonstration of about 28 surgeries related to Shalya-Shalakyā Prasuti and Stri Roga being performed by graduates of Ayurveda e.g. Hernia, Appendix, Vaginal and abdominal hysterectomy, Skin grafting, Catearact (I.O.L.) Septoplasty, Mastoidectomy etc. This was very much appreciated by all.

On 10th and 11th January there were 7 Scientific Sessions where about 30 scientific and research papers were presented. Dignitaries present were Dr. S.T. Gujar – Chairman Sane Guruji Trust, Dr. Bhushan Patwardhan – Dhairman, Department of Health Sciences, Pune University, Dr. G.C. Prasad – President, National Sushruta Association, Dr. Doifode, Dean, Faculty of Ayurveda, Pune University.

Programme concluded by declaring to hold the 5th National Conference at Haridwar.

Dr. RAJESH GUPTA
 B.A.M.S., AVP (Shalya Shalakyā & Surgery)
 HOD (Shalya Shalakyā)
 RJVS Ayurvedic Hospital
 Sawantwadi – 416510

New Members

List of New Members in continuation of previous list (Feb. 2002, Vol. 5, No. 1)

(corrected version of list published in previous issue i.e., Feb. 2003, Vol 6, No. 1)

Life Associate Members

- A/89 Dr. Premshankar Pandey, SA 3/187K-1, Pandey Nagar Doulat, New Road, Pandeypur, Varanasi.
- A/98 Dr. Rama Shanker, Jeewan Dhara Hospital, Sant Ravidas Nagar, Bhadohi (U.P.).
- A/99 Dr. Vinod Kumar Sharma, Jeewan Dhara Hospital, Sant Ravidas Nagar, Bhadohi (U.P.).
- A/100 Dr. Deepa Mishra, C/o Mr. Mukesh Mishra, Sant-Vihar Colony, Hasanpur, Manduadih, Varanasi.
- A/101 Dr. Ajay Kumar Singh, Ganeshpuri Colony, Near Hyderabad Gate, Post – Susuwahi, Varanasi.
- A/102 Dr. Mrityunjaya Prasad, H. No. 254/1, Plot No. 2, Jaiswal School Road, Mughalsarai, Distt. – Chandauli, (U. P.).
- A/104 Dr. Jaiprakash Narayan, Jai Hospital & Maternity Home, Gorakhnath Road, Gorakhpur – 273015.

**BHARATIYA SANGYAHARAK ASSOCIATION
(ASSOCIATION OF ANAESTHETISTS OF INDIAN MEDICINE)**

MEMBERSHIP FORM

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Concept of Shodhana Method in Context to Rasashastra

NEERAJ KUMAR

In Ayurvedic medicine the concept of Shodhana treatment was in practice since the times of Caraka Samhita. According to Caraka Samhita Sauca (Suddhikarana) was also included in the measures claimed to be responsible for the alteration and/or addition of the properties of the drugs while subjected to various Pharmaceutical operations and treatments. The importance of Shodhana treatment has enhanced further after the developments of Rasa/mineral therapy in the field of Ayurvedic medicine i.e. from 8th cent A.D. onwards. In this period the ancient scholars who encouraged the use of mineral drugs in the therapy, have also recognised the toxicity of the mineral drugs in general and Mercury and Gandhaka in particular which are considered as the important basic materials of Rasa/mineral therapy of India. During their times number of measures and processes were developed for purifying the mineral drugs with a view to remove their toxicity completely or to minimise it to the least possible level.

In the course of Shodhana method the drugs of mineral origin are subjected to various processes grinding, heating, fomentation, sublimation and distillation etc. which in turn remove soluble, evaporable and washable impurities from these drugs. For this purpose these drugs are either treated with acidic, alkaline and neutral types of vegetable extractives/liquids and/or with the oily materials in the presence or absence of heat for a specified period.

In some cases only heat treatment is given in a specified apparatus so as to remove their volatile and/or thermostable impurities. Grinding in hot and cold condition is also done to reduce and disperse the particles of the materials and thus exposing maximum portion of the drug to the purifying material.

These treatments not only remove the soluble, evaporable and washable impurities of the mineral drugs but also add some materials with them which from chemical point of view may be taken as impurities but from therapeutical point of view prove beneficial by reducing their toxicity to the great extent. It may thus be pointed out that the Ayurvedic Shodhana method is not only a chemical purification but it is something more than that which sometimes lower the chemical percentage of purity of the materials considerably still the treatment is claimed as the purification treatment. Besides, Ayurvedic Shodhana treatment also impregnate organic materials and their properties in the inorganic drugs/products to facilitate their utilisation by the body tissues and organs. From pharmaceutical point of view Shodhana treatment helps in converting the materials in such a state which is suitable for further Marana/Satwapatana etc. treatments.

Literary review of the Shodhana Treatment

Though, references regarding the Shodhana treatment are available since the time of Ayurvedic classics but the details about this treatment could be traced only after the development of Rasasastra/Rasacikitsa (Herbo-mineral therapy) in Ayurvedic medicine i.e. from 8th cent. A.D. and onwards. Historically development of this treatment could be seen only in Mediaeval period i.e. from the period in which mineral/poisonous and subpoisonous drugs acquired prominence over other types of drugs in the therapy. These drugs acquired prominence because of many superior qualities possesses by them, than their counterparts. The only disadvantage they have, is their high toxicity and very little absorption. If these could be overcome there is no drug which may be compared with such drugs in qualities and effects.

In view of above facts the Shodhana method of Ayurvedic pharmaceutical science has been developed to this extent that is when applied properly, render these drugs either completely free from toxic/undesired side effects or minimise them to the desired extent. Knowing the different nature of impurities, ancient scholars have suggested different types of drugs for their purification as were considered necessary. These scholars developed Shodhana treatment not only to remove their toxic materials but to convert them to the pharmaceutically suitable forms in which these may be absorbed into the system if used internally or may be treated further.

SHODHANA METHODS

1. Tapana & Nirvapa (Heating & Dipping)

This is a most common type of Shodhana treatment which is applicable in majority of cases i.e. in cases of almost all the metals and majority of gems. In this process materials taken for Shodhana purposes are heated to red hot and dipped into the various types of cold liquids (oily, acidic or alkaline). This heating and dipping is repeated for number of times varying from material to material.

This method of purification is applicable for the drugs which are very hard in nature, such as Lauha, Mandura, Tamra, Abhraka, Vajra etc. which are of very hard consistency. The heating in disintegrating the particles and thus reducing their size. This treatment either converts material in coarse powder, coarse granules or to a brittle mass which could be reduced to coarse powder form by simple hammering. Repeated heat and cold treatment and specially in oily, acidic and alkaline medias plays an important role in this Shodhana treatment. This repetition of the process may vary with the hardness of the material. If the hardness is as in case of diamond this treatment should be repeated even 100 times while in ordinary metal this number is seven for each liquid.

2. Avapa and Dhalana (Heating, Melting and Pouring into Cold Liquids)

This process is applicable in cases in which the drugs melt at a low temperature, such as Naga (Lead), Yasada (Zinc), Vanga (Tin) and Gandhaka. This treatment also needs a few repetitions to convert the material in to coarse granules and to a brittle state. In case of Gandhaka, ghee is added while melting with a view to remove fat soluble impurities and than melted Gandhaka is poured into cold milk or vegetable extract through a filter cloth to remove insoluble impurities (stony particles and dust) on the filter cloth and water soluble impurities in milk and vegetable extracts. The treatment of Gandhaka, with ghee and milk which, according to Ayurveda, have been recognised as detoxication agents, are likely to reduce its toxicity to a certain extent.

3. Bhavana (Grinding with Herbal Drugs and Their Extracts Trituration)

This process is applicable in cases of drug which are soft in nature, such as Mercury, Kasisa, Gairika, Hingula, Manahsila etc.. The drugs which are purified with Bhavana are included in this group. Here the drugs are treated with the paste of certain herbs and other drugs such as salts, alkalies and some vegetable extracts having acidic/alkaline reactions are with period. In case of Parada, Mardana (grinding) is recommended in Tapta- Khalva (hot mortar). In this process the drug to be treated is reduced to fine particle to expose its maximum part to is the purifying materials (drugs/liquids). In this way, forcing each particle to come into contact with the purifying drug and thus allowing soluble impurities to go into the solution and soluble materials of the purifying substance to enter into the drug. This phenomenon helps to remove the soluble impurities to go out and useful materials to be added to the drug. This could be detected with the Chromatographic studies.

4. Svedana (Fomentation or Boiling with liquids)

This is also a common method of purification applicable to many drugs. Here the drug is allowed to remain in contact with boiling liquid for atleast three hours. The impurities which are soluble only in boiling hot acidic or alkaline liquids could be removed through this process come under this group. Sometimes the paste of certain drugs is also placed along with the drugs. This also helps in accelerating the soluble impurities to go into the solution of boiling liquid. This method is applicable in cases of Mercury Harital, Manahshila, Sankha, Sukti, Varata, in some cases this method removes soluble impurities and in some cases external impurities.

5. Patana (Sublimation and Distillation)

These are applicable in cases of drugs which may have low vaporisation point. In fluids either mixed with vegetable or with mineral drugs and made into the paste which when put in a special apparatus urdhwapatana yantra (Damuru yantra), Adhahpatana yantra or Tiryakpatana yantra and heated strongly sublimes or distills

as pure material either in upward, downward or in transverse direction. In this way Mercury, Gandhaka, Navasadara etc. drugs are purified.

6. Soaking in the Liquids

This is applicable in cases of vegetable poisons such as Vatsnabha, Ahiphen, Gunja etc. and Shilajatu. In this process the drugs which are to be purified are cut into pieces and soaked into the liquids such as Gomutra, Kanji etc. for atleast three days i.e. allowing sufficient time to the drug to remain in contact of purifying liquid, so as to allow its soluble poisonous matters to go into the liquid (solution) and making the drug purified. In case of Guggulu soaking in boiled water is done.

7. Bharjana (Frying & Roasting)

This is applicable in cases of drugs which either contain water or volatile substance such as spatika, Tankaana Swarna Maksika etc. Here the material is put into the iron pan and subjected to heating with or without adding any liquid while heating. In this process constant stirring of the material is done till the water of crystallisation evaporates and the material becomes puffed or till the added liquid is evaporated and the material is converted into red. In case of Hingu frying in ghee method is applied. Here also moisture content is lost and material becomes light and puffed.

8. Prakshalan (Washing)

During this process the external impurities is removed and the process is adopted mostly in several times with mercurial processes to remove the other materials added to it.

Conclusion

The process of Shodhana is not merely the purification but it removes external impurities as well as internal impurities by different processes. The process of Shodhana improves the therapeutic properties reduces toxicity by removing toxic material, reduces the particle size, removes adulterants, addition of organic material, make the materials brittle and to make more surface area exposed to extracts of vegetable drugs. The Shodhana process prepare the base for further processes i.e. marana etc.

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