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SANGYAHARAN SHODH

August 2004

Volume 7, Number 2

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MEETING INVITATION

A General Body Meeting of A.A.I.M. will be held on 4th Dec. 04 at 5.00 pm in the conference venue – National Sharir Research Institute, Sandila (Hardoi). All the members of A.A.I.M. are invited to attend the meeting.

D.N. Pande
President
AAIM

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(Pancuronium)
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(Vecuronium)
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(Süccinyl)
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Nex
(Naloxone)
OPIOID ANTAGONIST

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

Anawin
(Bupivacaine)
REGIONAL ANAESTHETICS

Lox
(Lignocaine)

Editorial

Our 7th National Conference ended on 7th Feb. 2004 in the holy premises of Banaras Hindu University, Varanasi with a grand success. On behalf of Association and Editorial board I would like to thank and congratulate the Organising Secretary Dr. P.K. Sharma with his entire team of organising body for this achievement. The active participation of members of U.P. State Branch, are also appreciable.

I appeal to all of you to maintain your zeal and will for the development of our Science-Sangyabharan. Within a short span of time we had done a very good Job with help of you only. Now every where Sangyabharan is in light and every one accept it's utility for development of Ayurveda. You can recall the time when we started our mission-a very few number of institution and individual were aware of this speciality. Many of us (Ayurvedic people) were unknown to this speciality. Now, not only they are known to this speciality but are demanding specialists for their institutions. They now, very well under stood that without sangyabharan no surgical discipline would survive in Ayurveda. Even C.C.I.M. authorities now accept it's utility for Ayurveda. I am sure our future will be prosperous and every where surgical disciplines of Ayurveda will flourish with help of Sangyabharan.

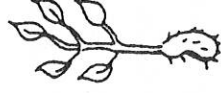
I would like to mention one thing which we had to follow always in our practice. We should provide safe anaesthesia to our patients and surgeon's. There should not be mortality or should be least mortality. For this we have to follow the standard of technique without compromising. I am extremely sorry to write that same practitioners are using spinal anaesthesia in shock condition e.g. Intestinal obstruction/Perforations and for Cholicystectomy. It is totally unethical and misuse of technique. We should avoid this type of misuse of techniques.

At the end I would like to invite all of you at-Sharir Shodh Sansthan – Sandila (Hardoi) on 4-5 December, 04 to participate in our 8th National Conference of Association.

Jai Hind – Jai Sangyabharan Jai Ayurveda

Devendra Nath Pande
Chief Editor

**Healthier the Seed,
Healthier the Sapling**



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CONFERENCE ANNOUNCEMENT

**8th National Conference of
Association of Anaesthetists
of Indian Medicine**

AAIMCON

4th-5th December, 2004



**Sponsored & Organised
by**

**National Sharir Research
Institute**

**(U/M Divyanand Spiritual
Foundation)**

**on 4th-5th Dec. 2004
at its**

**13th Foundation Day
Celebrations**

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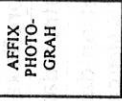
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fee by Cash/D.D. No.
dated..... please accept my
Registration form and inform for the same.

Thanking you, Your's faithfully

Name & Signature

Registration Fee (Including conference)

Category	Up to 20.11.04	Spot
Delegate	500/-	600/-
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Graduate	125/-	150/-
Life member - A.A.I.M.	400/-	500/-

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Gatifloxacin IV	0.2% w/v	Victobax™	200 ml
Levofloxacin IV	0.5% w/v	Levox™	100 ml
Ofloxacin IV	0.2% w/v	Curadex™	100 ml
Ciprofloxacin IV	0.2% w/v	Ciprox™	100 ml
Metronidazole IV	0.5% w/v	Metris™	100 ml
Metronidazole & Dextrose Inj. IV (0.2% Metronidazole & 5% Dextrose)	0.2% w/v & 5% w/v	Dextrolus™	500 ml
MULTIPLE ELECTROLYTES			
Compound Sodium Lactate Inj.		RL	250/500/1000 ml
Multiple electrolytes & Dextrose Inj. (Electrolyte M)		IMROLYTE™	500 ml/1000 ml
Multiple electrolytes & Dextrose Inj. (Electrolyte P)		KIDROLYTE™	250/500 ml
Multiple electrolytes & Dextrose Inj. (Electrolyte E)		NACLYTE™	500 ml
Multiple electrolytes & Dextrose Inj. With Ammonium (Electrolyte G)		GRELYTE™	500 ml
Dextrose & Sodium Chloride Inj. (5% Dextrose & 0.33% Sodium Chloride)	5% w/v & 0.33% w/v	FLUSODEX-33™	500 ml
Dextrose & Sodium Chloride Inj. (5% Dextrose & 0.45% Sodium Chloride)	5% w/v & 0.45% w/v	FLUSODEX-45™	500 ml
OSMOTIC DIURETIC			
Mannitol Injection	20% w/v	20M	100 ml/ 350 ml
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Dextrose Injection	5% w/v	5D	250/500/1000 ml
Dextrose Injection	10% w/v	10D	250/500/1000 ml
Dextrose Injection	25% w/v	25D	100 ml/500 ml
Sodium Chloride Injection	0.9% w/v	NS	100/250/500/ 1000 ml
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CONFERENCE PROCEEDINGS

7th National Conference of Association of Anaesthetists of Indian Medicine

Section of Sangyabharan, Department of Shalya-Shalakya, Faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University

7th National conference was organised by Section of Sangyabharan, Department of Shalya-Shalakya, Institute of Medical Sciences, Banaras Hindu University, Varanasi jointly with U.P. State Branch, A.A.I.M. on 6-7th Feb. 2004. The registration of delegates started at 7.00 am on 6th Feb. and continued upto 9.00 am. Nearly 200 delegates were registered. All the guests and delegates were provided a delicious breakfast. The Scientific Section were arranged in two separate halls -

Hall A - Dhanwantari Hall and **Hall B** - Prof. P.V. Sharma Hall. In first Scientific Session **Late Prof. P.J. Deshpande Memorial Oration** was started at 9.00 am. Prof. D.P. Puranic, Ex. President of A.A.I.M., Principal, Tilak Ayurved College Pune delivered his oration lecture on '**Key to become Successful Sangyabharak.**' The session was chaired by Prof. K. Pandey, Emeritus Prof. of Department of Anaesthesiology, I.M.S., B.H.U., Varanasi and Co-chaired by Dr. Raman Singh, renowned Ayurvedic Surgeon of Varanasi city. Dr. Manoj Kumar, Lecturer, Shalya-Shalakya, I.M.S., B.H.U. was on the dias as Rapportier. Dr. D.N. Pande, President, A.A.I.M., & I/c Section of Sangyabharan introduced the chairman, Co-chairman and Rapportier and welcomed them with garlands. Chairman of the Session Prof. K. Pandey welcomed Dr. D.P. Puranic and introduced him to the august gathering. Prof. Pandey presented a Garland to him also. Prof. Puranic started his oration with a heartfelt memory of Prof. P.J. Deshpande a renowned Ayurvedic Surgeon known as father of Ayurvedic surgery in 20th century. Prof. Puranic drew the attention of anaesthetist to conduct safe anaesthesia and mentioned a few tips. At the end a memento and certificate was presented to Prof. D.P. Puranic by hands of Prof. K. Pandey. Dr. Manoj Kumar expressed thanks to the chair persons orator and the august gathering from all over the country. Thus session came to the end.

Second Scientific Session

Second Scientific Session **late Pt. R.A. Pande Memorial Best paper Contest session** was started at 10.00 am under Chairmanship of Prof. V.B. Pande, Dean, Faculty of Ayurveda, B.H.U. and Co-chairman - Prof. S.D. Dubey, Head, Department of Dravyaguna, Banaras Hindu University. Dr. P.R. Mishra acted as Rapporteur. The 8 best selected papers were presented by the scholars from all over the country. Three best presentation were selected amongst these papers by a panel of Judges. The prize were distributed at the time of valedictory function. All the 8 presenters were presented a memento by the hands of Dean - Prof. V.B. Pandey. The session



Inaugural Function 7th National Conference of A.A.I.M.

From left: Dr. D.N. Pande, Prof. K. Pandey, Dr. S.B. Pande
 Prof. P. Ramachandra Rao (Hon'ble V.C.), Prof. V.B. Pandey, Prof. M. Sahu, Dr. P.K. Sharma



Souvenir Released by Hon'ble Vice Chancellor & Chief Guest Prof. P. Ramachandra Rao

ended with vote of thanks to the chairmans of the session and the scholars presenting in the hall. The session was conducted by Dr. B.M. Singh, Lecturer, Bal Roga, Department of Prasuti Tantra, Institute of Medical Sciences, Banaras Hindu University.

Third scientific session

Third scientific session was chaired by Prof. M. Sahu, Dr. K.N. Dwivedi was the Co-chaired and Dr. H.H. Awasthi was the Rapportier. The chairman, Co-chairman and the raportier were welcomed by the Association with garlands. In this session five scientific papers were presented by the scholars.

Prof. M. Sahu, Head Department of Shalya-Shalakyia presented mementoes to the presenters on behalf of the association. At the end mementoes were presented on behalf of the Association to the Chairpersons and a vote of thanks was raised by Dr. B.M. Singh.

IVth Scientific Session

IVth Scientific session was chaired by Prof. C.B. Jha, Head Department of Rasshastra, Institute of Medical Sciences, Banaras Hindu University, Co-chaired by Dr. D.N. Pande, Reader & I/c Section of Sangyabaran, Banaras Hindu University, Dr. K.N. Singh acted as Rapportier. On behalf of Association Dr. B.M. Singh welcomed the chairman, Co-chairman and Rapportier with garlands. The session included six scientific papers of scholars. The papers were appreciated by the august gathering. All the presenters received a memento by hands of Prof. C.B. Jha. The session ended with presentation of mementoes to the chair, Co-chair and Rapportier of the session.

At 2.00 pm a delicious lunch was delivered to all the guests, delegates, participants and faculty members. After lunch at 3.00 pm, the formal **inaugural function was held in 'Dhanwantari Hall'**. During inaugural function Kulgeet was presented by Faculty students. **Prof. P. Ramchandra Rao, Vice-chancellor, Banaras Hindu University**, the chief guest, **Prof. S. Mohanti**, the director, Institute of Medical Sciences, **Prof. V.B. Pandey**, Dean, Faculty of Ayurveda, Prof. M. Sahu, H.O.D. Shalya-Shalakyia, **Prof. K. Pandey** emeritus Prof. of Anaesthesiology, Department of Anaesthesia, Institute of Medical Sciences, **Dr. S.B. Pande**, Patron of Association, **Dr. D.N. Pande**, President, A.A.I.M., **Prof. D.P. Puranik**, Chairman, Organising Committee and **Dr. P.K. Sharma**, Organising Secretary were on the Dias. **Dr. R.K. Jaiswal** conducted the Inaugural function. First of all, all the dignitaries on the dias offered garlands on the bust of Lord Dhanwantari and photo of Pt. Mahamana Malviya Ji. All the guests were welcomed by garlands. Welcome address was delivered by Prof. M. Sahu, Head, Department of Shalya-Shalakyia, Prof. V.B. Pandey, Dean Faculty of Ayurveda and Dr. S.B. Pandey Patron, A.A.I.M., also



Guests & Delegates in the Hall



Late Dr. B.G. Ghanekar Memorial Oration



Late Prof. P.J. Dehspande Memorial Oration

welcomed the guests and delegates of the conference. Chairman Organising Committee, Prof. D.P. Puranik presented introductory remarks regarding the aims of conference. Dr. D.N. Pande, President, A.A.I.M. presented his presidential speech and drew attention of the Authorities to develop Sangyahan and to start P.G. courses in Sangyahan all over the country. He also made appeal to upgrade Section of Sangyahan as Department of Sangyahan. Prof. S. Mohanti, Director, Institute of Medical Sciences, blessed the gathering and welcomed too. Prof. P. Ramchandra Rao lighted the lamp and thus inaugurated the conference. He also released the Souvenir of the conference. During inaugural address, Hon'ble Prof. Rao appreciated the work and achievement of the Section of Sangyahan and Congratulated to the members of A.A.I.M. for their achievement in a very short period. He assured to provide all the help for development of this specialities in future. Prof. Rao presented Ashwinau Award to Dr. Ashok Dixit. In absence of Dr. Dixit, Dr. S. Sharma Secretary of A.A.I.M. (C.C.) received the Award on behalf of Dr. Ashok Dixit, Prof. Rao felicitated with memento to all the dignitaries on the dias. On behalf of Association and Department, a memento was presented to Prof. Rao by hands of Prof. K. Pandey, Emeritus Prof. of Anaesthesiology. Vote of thanks was delivered by Dr. P.K. Sharma, Organising Secretary of 7th National Conference. Inaugural function ended with National Anthem. A high tee was served to all the guests, delegates and invitees.

Vth Scientific Session

Vth Scientific session started at 5.00 pm in **Hall B**. The session was chaired by Prof. N.P. Das, Co-chair by Dr. K. Ramchandran, Dr. Anil Dutta acted as Rapportier. Six papers were read in this session. Garlands were presented to the chairmen of the session and mementoes were received by the papers presenters of the scientific session. On behalf of Association, Dr. S. Sharma, Secretary, AAIM Presented mementoes to the chairman, Co-chairman and Rapportier of the session. At last vote of thanks was raised by Incharge of **Hall B** - Dr. B.M. Singh.

Vith Scientific Session

Vith Scientific session – was started at 7.00 pm under chairmanship of Prof. K. Ramchandran, Co-chair - Dr. P.K. Goswami and rapportier, Dr. R. Asthana. All the dignitaries on the dias were welcomed by Dr. B.M. Singh, with garland, 8 papers were presented. All the paper presenters received memento by hands of Dr. Ramchandran. Prof. Ramchandran presented memento to the chair, Cochair and Rapportier of the session, Session ended with vote of thanks to the chair.

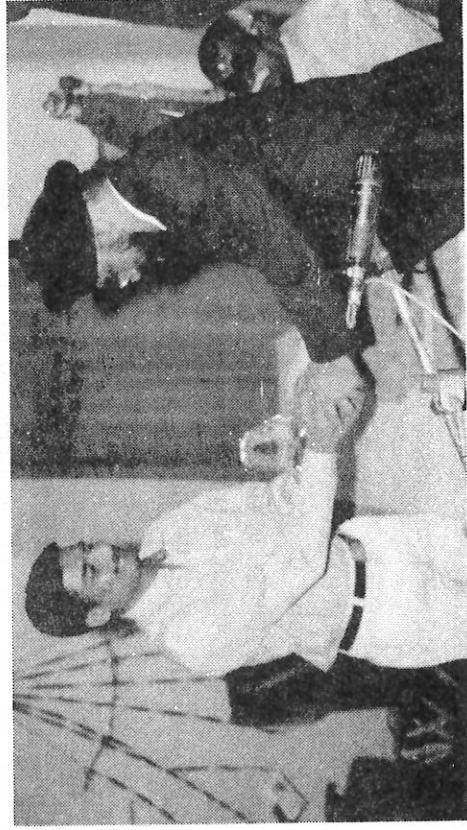
After this session all the members of Association gathered in Hall A for General Body Meeting. At 8.00 pm a delicious dinner was served to all the guests and participants.



Prof. D.P. Puranik (Orator), Prof. K. Pandey (Chair) Dr. Raman Singh (Co-chair),
Dr. Manoj Kumar (Rapporteur) on the dias - Late P.J. Deshpande Orator



Prof. V.B. Pandey (Chair), Prof. S.D. Dube (Co-chair), Dr. P.R. Mishra (Rapp.)



Second best paper prize – To Dr. R.K. Jaiswal by Prof. G. Singh
Late Pt. R.A. Pande Memorial Best Paper Award

7th Feb. 2004

Second day at 7.00 am a breakfast was served to all the guests and delegates.

VII the Scientific Session

VII the Scientific session started at 8.30 am in the 'Dhanwantari Hall'. Under chairmanship of Prof. S.K. Dixit, and co-chairmanship of Dr. S.K. Tiwari, Dr. Shivji Gupta was the Rapportier. In this – late G.B. Ghanekar Memorial Oration, Dr. S.B. Pande the Founder of Section of Sangyahan delivered oration lecture and presented the research work done under him in the section of sanghayaharan. He paid tribute to the late Prof. G.B. Ghanekar. An oration special memento was offered to Dr. S.B. Pande by hands of Dr. K.K. Pande, Sr. Vice President. At the end mementoes were presented to the chairmen of the session by hand of Dr. D.N. Pande, President, A.A.I.M.

VIIIth Scientific Session

VIIIth Scientific session – A very special scientific session 'Workshop on Resuscitation was inaugurated by Prof. S. Churamani Gopal, the medical superintendent of S.S. Hospital at 9.30 am. The session was chaired by Prof. M. Dwivedi and Co-chaired by Dr. S. Bhatt.

Dr. K.H.H.V.S.S. Narsimha Murthy acted as Rapportier. A live demonstration was performed by Dr. D.N. Pande, Dr. K.K. Pandey and B.M. Singh on adult manikin and Baby manikin. On behalf of Association a memento was offered to Prof. S. Churamani by hands of Dr. D.P. Puranik. Dignitaries on the dias and the guest speaker were also offered a memento by hands of Prof. G. Singh. The session ended successfully.

IXth Scientific Session

IXth Scientific session started at 11.00 am under chairmanship of Prof. R.D. Sharma, Co-chair. Dr. B.K. Dwivedi and Rapportier Dr. L. Singh. This session included 7 guest speakers – Prof. P.P. Mistri, from Surat, Dr. S. Bhat from Udupi, Prof. Jyotimitra, Ex-head, Basic Principle Department, B.H.U., Prof. D. Kalita, Principle Gauhati, Dr. L. Singh, Sr. Lecturer-BHU and Dr. R.K. Gupta, Sawantwadi. All the guest speeches were knowledgeable and informative. On behalf of association mementoes were offered to all the guest speakers and dignitaries on the dias. The session ended with vote of thanks to the chair.

Valedictory function was conducted at 1.00 pm Prof. Gajendra Singh, Dean, Faculty of Modern Medicine, Institute of Medical Sciences, Banaras Hindu University was the chief guest. The best paper prizes were distributed by the hands of Prof. Gajendra Singh – 1st Prize –Rs. 501/- with certificate and memento to -

Dr. Shiv Nanda (Udupi), Second Prize Rs. 301/- with Certificate to Dr. R.K. Jaiswal, Banaras Hindu University and Third Prize Rs. 201/- with Certificate to Dr. Rajesh Singh, Banaras Hindu University, Prof. Singh also presented appreciation award to Dr. B.M. Singh, Dr. Manoj Kumar, Dr. S.J. Gupta, Dr. L. Singh, Dr. R.K. Jaiswal for conduction of Scientific sessions and other activities of the conference. In the last of the valedictory function a vote of thanks was raised by Dr. P.K. Sharma Organising Secretary to every body for success of the conference. President Dr. D.N. Pande also expressed his deep sense of gratitude to every member of association and faculty for helping in the entire organisational work of the conference. Meeting ended with National Anthem.

A delicious good by lunch was served to all the guests and participants. Thus conference ended with a aim to meet again in the next conference.

D.N. Pande
President, AAIM

Biodata (in triplicate) are invited for “**ASHWINAU AWARD - 2005**” before **30th November 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 8th National Conference of Association of Anaesthetists of Indian Medicine - 2004. Papers should reach on or before **20 November 2004** addressed to Organising Secretary, AAIMCON-2004, Dr. K.K. Thakral, Director, National Sharir Research Institute, Sant Kripal Nagar, Sandila - 241204, Hardoi, U.P.

Association of Anaesthetists of Indian Medicine

Minutes of General Body Meeting - 06/02/2004

Venue – Dhanwantari Hall, Time – 5.00 pm

Department of Shalya-Shalakyia, Institute of Medical Sciences,
Banaras Hindu University, Varanasi

General Body Meeting of Association of Anaesthetists of Indian Medicine. (C.C.) was called on 6th Feb. 2004 at 5.00 pm at AAIMCON-04 Conference Hall, B.H.U., Varanasi, with prior timely notice.

The said meeting was resumed at 5.00 pm when **Dr. D.N. Pande, President, AAIM (C.C.)** was in the chair. In the **President's Opening remarks** Dr. D.N. Pande welcomed the house and expressed his obligation towards the supports for organising continuous Seven National and one International Conferences. He expressed his apprehension towards the non-cooperative attitude of U.P. State Members and appeal to spare sometime for noble cause of Association.

Agenda 2.

To read and confirm the minutes of last General Body Meeting which was held on 06.02.2003 at B.H.U., Varanasi.

General Secretary Dr. S. Sharma presented the minutes of the last General Body Meeting.

Resolution

The General Body Meeting of A.A.I.M., in the meeting held on 06.02.04 resolve to confirm the minutes of last General Body Meeting – dated 06.02,2003.

Proposed by – Dr. R.K. Gupta

Seconded by – Dr. Anil Dutta

Agenda 3.

Amendments in Bye laws if any.

Resolution

Amendments in Bye laws proposed by E.C. was considered in the house and accepted unanimously with following modification –

There will be President – 1, Vice President – 2, Secretary – 1, Joint Secretary – 2, Treasurers – 1 and E.C. Member – 6, in the executive body of state/territorial branches and **the Election for E.C.** of State/Territorial branches will be as per rule/Bye laws of Central Council of A.A.I.M. for its Central Council office bearers e.g.

after each three years duration. In case of District Branches – following amendments were made –

Executive Body – Structure: President – 1, Vice President – 1, Secretary – 1, Treasurers – 1 and E.C. Member – 6,

Proposal of one Jt. Secretary and one E.C. Member from Associate members was not accepted by General body. Election will be by ballot after every three years.

Proposed by – Dr. V.N. Shynde **Seconded by** – Dr. N.P. Das

Agenda 4.

Annual Reports.

Resolution

Annual report of AAIM (C.C.) was read by Dr. P.K. Sharma, Secretary and was accepted by the house. Annual report of Sangyabaran Shodh was presented by the Chief Editor Dr. D.N. Pande and was accepted by the house. Annual reports of U.P. State and M.S. State branches were also read and were accepted by the house.

Proposed by – Dr. P.K. Sharma **Seconded by** – Dr. Akbar Ali

Annual Accounts

Annual account of AAIM (C.C. – 2002–2003) was presented by Dr. Asthana, Treasurer and was accepted Unanimously by the house.

Annual account of **Sangyabaran Shodh** was presented by Dr. R. Asthana, Treasurer and was accepted by the house. Annual Accounts of **U.P. State** and **M.S. States** were also presented and accepted by the house.

Proposed by – Dr. N.P. Das **Seconded by** – Dr. R.K. Jaiswal

The members were requested to pay generously apart from life membership fee, Rs. 100/- (one hundred) for every five years as the postage charge of Journal to meet the postal expenses-which is increasing day by day.

Agenda 5.

Election of State office bearers.

Resolution

The notice of election (U.P. State) served was withdrawn to follow the C.C. bye laws/narms.

Agenda 6.

Consideration of Venue for next conference.

Resolution

It was resolved that if there will be no invitation to hold 8th National Conference Maharashtra or Karnataka State will hold the next Conference. The venue will be informed as and when it is informed by the Concern State.

The house suggested the following points in regard to Conferences.

- One session should be only on Anaesthesia Topic (C.M.E).
- At least 10 pages-related to anaesthesia should be included in every issue of the journal.

Further house confirmed the name of **Dr. Vandana Vidyarthi** (Chandauli) and **Dr. Sohail** (Mau) as Bonafide member of AAIM.

Agenda 7.

Timely subjects with permission of the chair:

A. Felicitations : The house felicitated -

(1) **Prof. D.P. Puranik** - for holding the post of Principal Tilak Ayurveda College, Pune; (2) **Dr. N.V. Borse** for receiving Ph.D.

B. Ashwinau Award 2004

The house accepted the name of Prof. A.B. Limaye for Ashwinau Award - 2004.

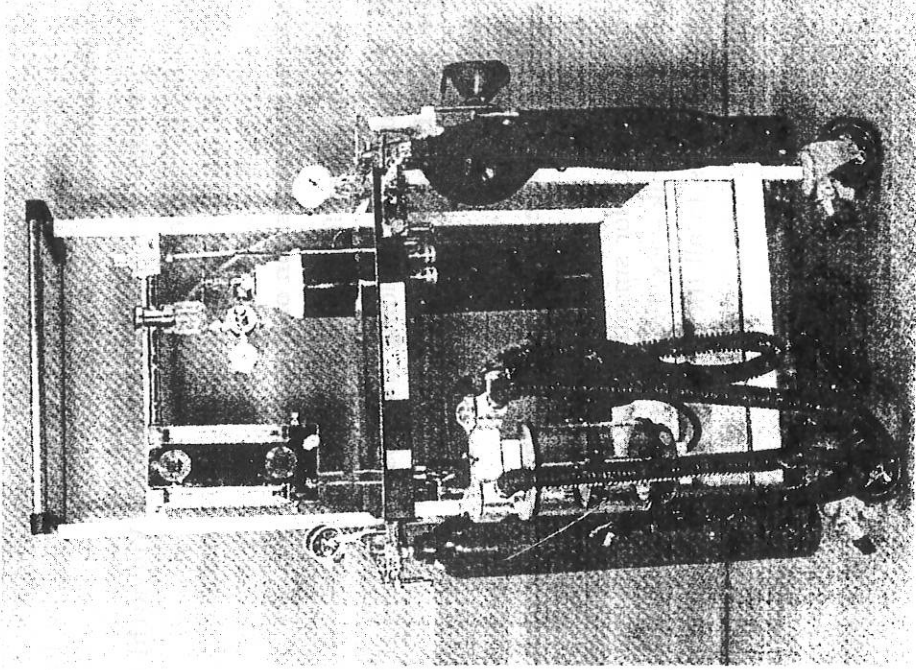
General Secretary - Dr. S. Sharma extended vote of thanks to the chair, **Dr. D.N. Pande** - President C.C. for smooth Conduction of meeting and to Dr. S.B. Pande, Patron, Dr. D.P. Puranik - Ex. President for their gracious presence on the dias. He also expressed thanks to all the members for their active participation in the general body meeting.

D.N. Pande
President, AAIM



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Association of Anaesthetists of Indian Medicine

E.C. Meeting - 30/04/2004

Venue – S.S. Hospital, O.T. Block (I.M.), B.H.U.

Chairperson – Dr. D.N. Pande, President

A meeting of E.C. members of C.C.A.A.I.M. was held at 12.00 noon on 30.04.04.

Agenda

For finalisation of date of 8th National conference of AAIM.

Resolution

The letter of Prof. K.K. Thakral was presented by Dr. D.N. Pande, President, C.C.. All the members were of unanimous of opinion that the conference be held in Dec. 2004 on 4-5th as desired by Prof. Thakral.

The meeting ended with vote of thanks to the chair.

E.C. Meeting - 30/07/2004

Venue – Sushruta Seminar Room, S.S. Hospital, Varanasi

Chairperson – Dr. D.N. Pande, President

An executive body members meeting of AAIM (C.C.) was held at 3.00 pm in Sushruta Seminar Room, S.S. Hospital, Varanasi on 30.07.04. The following agendas were presented.

Agenda 1.

Reading and confirmation of minute of last meetings.

Resolution

The minutes of last meetings were read by Dr. S. Sharma, Secretary before the house and were confirmed unanimously.

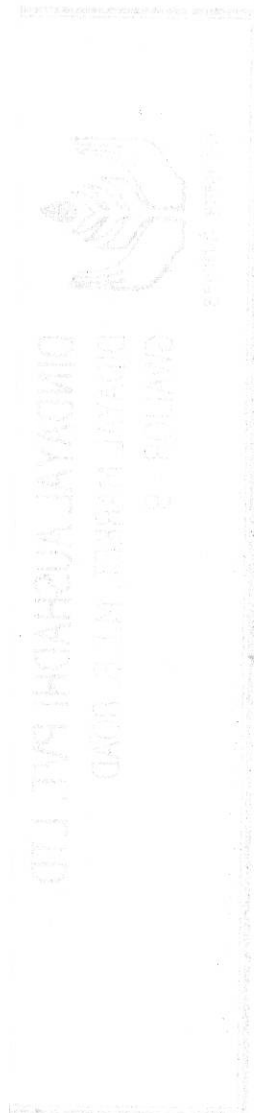
Agenda 2.

Execution of decisions of last E.C. meeting 05.02.04

Resolution

In reference to execution, the Ashwinau Award 2003 was presented to Dr. Ashok Dixit, Varanasi in the Conference.

- Annual reports and accounts of association were accepted by G.B. meeting 06.02.04.





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Late Prof. P. J. DESHPANDE MEMORIAL ORATION

Delivered by Prof. D.P. Puranik

Principal, Tilak Ayurveda College, Pune

“Key to Become “Successful” Sangyaharak

Modern anaesthesia made tremendous progress in 20th Century, especially after Second World War. Since then Anaesthesia has not only kept pace with rapid advances made in Surgery but has in many instances enabled these advances to be made. In the last few decades the scope of Anaesthetist's work has widened and now takes lead in pre-operative assessment, post operative care, supervision of Intensive Care Unit (ICU), Pain clinics, Researches and Post Graduate education.

The recognition of Anaesthesia as a speciality with full equality with other medical and Surgical specialities came into existence in the second half of 20th Century. Post graduation in Anaesthesiology was made available in India, first at Kolkata (Calcutta) and there after it was made available gradually in different parts of India. Before the degree courses, Diploma (D.A.) courses were available at different universities and college of Physicians and Surgeons (CPS).

According to figures available, more than half lakh (50,000) qualified Anaesthesiologists are engaged in the profession all over India.

Post graduate speciality in “*Sangyahan and Anaesthesia*”, for the graduates of Integrated/Indian System of medicine, first of all started in Maharashtra in 7th decade of 20th Century and there after this speciality course was made available at most Esteemed Institute i.e. Banaras Hindu University. All these qualified and Institutionally trained Anaesthesiologists, from Indian System of Medicine, inspite of having less in number, are facing problems of tough competition from modern anaesthesiologists, scarcity of Job opportunities with Governments and private Institutions.

Anaesthesiologists (रसायनज्ञ) from Indian System of Medicine, who are engaged in private profession have to work against so many odds and are having so many obstacles in their way.

Inspite of having good knowledge and better skills, they are finding it difficult to prove themselves and to become “Successful” Sangyaharak.

Now the question arises how to find way out and how to become “Successful” Sangyaharak (Anaesthesiologists) in the resented era.

With the help of special “Keys” the “Lock of Success” can certainly be opened; These “Keys” can also be called as “Hints” or “Dos and Don’ts” or “Formula” or “Path” to become “Successful Sangyaharak”.

KEY 1-S : Anaesthetist should be selective.

SELECTION OF:

Case

- Pre-operative assessment.
- Premedication.
- Technique – Suitable and facilities available.
- Anaesthetics – Drugs.
- Post operative and post anaesthetic medications.

Place

- If a place i.e. operation theatre is not suitable for particular case, it should be placed at such a place where necessary amenities and facilities are available.

KEY-2 - U : UNDERSTANDING

It is “A thing agreed upon” or “Comprehension” or “Showing Insight”
Anaesthetist should have understanding of-

- **The case** – Disease condition, aetiopathology, investigations, Management, complications to face.
- **Technique selected** – Its theoretical knowledge & Practical aspect, advantages, disadvantages.
- **Drugs** – Thorough knowledge of Pharmacology – Mode of action, side effects, untoward effects, antidotes etc.
- **Surgical Procedure** – Anaesthetist should have detailed knowledge of surgical problem, Surgical Procedure. On many occasions, he is of great help to a surgeon.

MOST IMPORTANT IS -

Understanding between Surgeon & Anaesthetist

Surgeon and anaesthetists are like wheels of a car on two side. For smooth running it is very essential to have good understanding, Co-ordination, and Co-Operation in between them. If there is good understanding then only it is easy to reach the goal/destination properly.

KEY-3 C : CARE

It is a serious attention or thought and caution to avoid damage or loss.

Every case is a new experience to an Anaesthetist and so Anaesthesiologist should always take utmost care so that undesired complications can be avoided. Majority of complications in anaesthesia are “Man made” and due to carelessness and negligence.

Care should be taken about :

- Examination of patient before surgery.
- Checking of the machines, equipments & their working conditions, etc. eg. Gases, valves, bags etc.
- Checking of stocks of anaesthetics, gases, especially oxygen.
- Checking of emergency drugs stocks, fluids - etc. Carelessness of anaesthetist can cost loss of life to the patient and so, Anaesthesiologist should always remain alert, active and vigelent throughout and till end of Surgery.

KEY-4 C : CONFIDENCE

Anaesthesiologist should always be confident about himself and about Surgeon.

Self confidence will only be able to yield excellent performance.

If the anaesthetist is not confident about surgeon, it will affect the working of team and will eventually affect the result of surgery.

Anaesthetist should also have confidence in Paramedical staff working in the theatre. But at the same time should not have over confidence in them.

If the anaesthetist is confident, bold and courageous then only he can overcome any problem or complication.

KEY-5 E : ETHICS - It is a Science of moral duty :

Anaesthesiologist should always do Ethical practice and should follow a system of moral principles, lead down by Acharya and Hippocrates. He should follow rules or right and wrong. Anaesthetist should never take disadvantage of the patient who is being anaesthetised and has lost the consciousness temporarily.

Ethical practice boosts the confidence of a person.

KEY-6 S : SAFETY - It is a Freedom from harm or danger :

Patient's Safety – Anaesthetist should always look for the safety of patient. This is achieved by :

- a. Use of suitable drug and technique.
- b. Pre-anaesthetic counselling – knowing previous experience of anaesthesia, drug allergies, etc.
- c. Leaving the patient at the safe hands after the surgery.

Anaesthetist's Safety – This is achieved by

- a. Use of drugs and technique with which anaesthetist is well versed.
- b. Avoiding to leave the present case before it is completely finished and patient is in position to be shifted to ward/recovery room.
- c. Checking all the machinery before starting the operation.

KEY-7 S : SKILL – It is the ability to do things well/Dexterity.

Skill is not a god given gift, one has to develop it by repeated studies. Dexterity can also be developed by experience. It also depends upon ability and capability of an individual.

A skilled person gets boost in the profession.

KEY-8 F : FLATTERY – It is over praising or Compliment insincerely or Exaggerate good looks of:

It could be a controversial point. But again Flattery of Surgeon could be a part of profession and essential virtue of professionalism.

Flattery of the patient helps to get good Co-operation from him and helps in good conduction of operation procedure. This is more helpful in regional analgesia.

KEY-9 U : UN-NERVE – It is deprive of firmness or Strength :

As a rule Anaesthesiologist should always remain firm, confident, bold and should not become un-nerve at any moment. Anaesthesiologist should always be courageous and should not give up till the last minute.

KEY-10 L : LEGALITY

It is very essential for the Anaesthesiologist to have adequate knowledge of Legal rules and acts which are applicable to Medical Specialist. Ever since the medical profession has been brought under the consumer protection Act, it has become necessary to have knowledge of at least basic things of the act.

Having Speciality qualification does not permit anybody to kill the patient. If negligence is proved every body is punishable in the Court of Law.

To avoid legal complications it is always advisable to (a) do lawful practice (b) should know self limitations (c) to have adequate Indemnity Insurance Coverage.

KEY-11 L : LUCK - It is fortune or chance.

Luck plays pivotal role in all the professions. Anaesthesiologists are not exception to this. All other factors are in favour but if luck is against then it is not possible to become **SUCCESSFUL** in career.

If all the **KEYS** for different leavers of lock are combined, a **Lucky and Wise**, Anaesthesiologist can prepare a "**MASTER KEY**" out of it and with this **KEY** a **LOCK OF SUCCESS** can be easily opened to become "**SUCCESSFUL**" Sangyahaarak i.e. Anaesthesiologist.

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 की जनसाधारण तक पहुँचाना ही हमारा उद्देश्य है ।

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

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

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Guest Lecture

Delivered on 7th February 2003

In the International Congress of AAIM, BHU, Varanasi
Ayurvedic Prospect and Perspective of Anaesthesia in Present Era

Dhaneswar Kalita

*Principal and Head of the Department, Department of Shalya Shalakya,
Government Ayurvedic College, Guwahati - 14*

Shalya Chikitsa was very rich in India and Sushruta Samhita was the pioneer text of Shalya Chikitsa. In different context of Sushruta Samhita adoption of various procedures for relieving pain during surgical operation were found. So the existence of Sangyahan was found right from the very beginning of shalya chikitsa in the world.

Hence there is a prospect of using Anaesthesia by Ayurvedic Surgeons for Surgical practice.

Historical Background

In Sushruta Samhita - the text book of Indian surgery, various mode of use of Sangyahan were found. In Bhoja Probandha also various drugs were found to be used for Anaesthesia.

Relation of Shalya Chikitsa with Sangyahan

Shalya and Sangyahan both the subjects are co-existed and inter-dependant. The subject, Anaesthesia has got immense importance for development and research in many types of shalya chikitsa. For any type of modern research in shalya tantra the help of anaesthesia is mandatory, Hence equal importance should be given to develop the subject Sangyahan.

During the interference of socio-cultural and lack of political patronage there had been disruption of development of Shalya and Sangyahan subject. And because of this big gap both these branches could not develop. On the other hand modern anaesthesia subject has been developed far ahead.

Justification of Inclusion of Modern Subject in Sangyahan

Now-a-days various question arises regarding Ayurvedic Anaesthesiology like -

- What is the importance of sangyahan in the advanced day of modern anaesthesiology?
- Whether Sangyahan duplicates the work of modern anaesthesia?

- Why the modern advance knowledge should be included in the curriculum of Sangyahan? etc.

Friends, how much of contribution has been added to the subject of Anaesthesiology by the Indian anaesthetist, it is not properly known to me. But I think it is not so much countable if even added something. Now it is high time for Indian people to add something new into the subject so that rest of the world look towards India. Irrespective of Ayurveda and Modern both the discipline can do collaborative work to find out a break through for prosperous India.

There are enormous organization for research in Modern Anaesthesia worldwide. But the scope is quite wide for research and development of the subject indigenously. And if we can achieve the goal we may find out cost effective Anaesthesia.

Modality of Research for Sangyahan

- (1) Provision of sufficient financial assistance.
- (2) Collection of information of pain relieving method used in remote-areas of our country.
- (3) The main function of Anaesthesia is – loss of consciousness without hampering the vital function of the body. So Ayurvedic Anaesthetist may look for such a substance or a method which will not interfere with consciousness but will relieve the pain keeping the biological function in normal condition.
- (4) Inclusion of Biomedical Instrument Technologist and Biotechnologist for collaborative works.
- (5) Research should be made to find out a strategy for an electronic instrument to calculate the level of pain threshold and level of consciousness in terms of Pancha Jyannendria for understanding the efficacy of Ayurvedic drugs.

Information about a New Herbal Anaesthetic Agent

In an accidental incident it was observed in a picnic spot or remote tribal-area of Meghalaya-Assam border, some local tribal people were catching the fishes with a grounded herbal paste which was put in the running stream at high level. And it was seen that fishes present in the water became unconscious and some were killed. On inquiry it was learnt that after ingestion of water fishes became unconscious and if the time became prolonged fishes die.

If the unconscious fishes are put in fresh water they regain their consciousness. So this incident attracted us to observe the herb for its anaesthetic effect on human being through a series of experiment.

If some active principle could be find out for general anaesthesia it will be a new addition in the field of Anaesthesiology.

The perspective of the Sangyahan should be such that without hampering the basic principle of Ayurveda the Sangyahan department should try to achieve following goal-

- (1) Search for new drug preferably herbal.
- (2) Search for new instrumentation.
- (3) Seek help from the new technology.

With this perspective if we go ahead definitely Sangyahan department will contribute a new creativity to the Anaesthesiology.

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, 2004.

The members who will donate Rs. 1001.00 or more will be presented a Certificate and their name will be published in the Journal with their Photographs.

Garbhakar 6 Bhavas (six major components for embryogenesis). The Matrij (mother), Pitrij (father), Atma, Rasaj (Aharas nutrition) and Satmya (the wholesome) act directly or indirectly through the P.M.B. Out of six four related to the mother, the mother (Matrij) Rasa (diet) Mana (psyche) and Satmya (wholesome). The Matrij Bhavas are skin, whole GIT, heart, Nabhi Rasa, Rakta, Mansa, Meda, liver, spleen, pancreas, kidney, uteter, bladder and uterus etc. are some of the characters which are derived from the mother to her progeny according to Ayurveda. All these characters are influenced by P.M.B. At the time of conception they descent in conceptous (Garbh) along with Atma. After conception they play an important role in differentiation and development of the fetus as Akash gives space, Vayu divide into different body parts (differentiation) Agni do Pak (transformation) the Jala maintain liquids fraction of Garbha (pregnancy) and Prithvi solidify it. They also affect the psychic makeup of the individuals as Akash is Satwa dominated, Vayu Raja, Agni Raja and Satva, Jalja Satva and Tama, Prithvi Tama dominated.

The concept of inheritance was 1st given by Mendal about 150 years, ago after an experiments on pea plants but medical genetic has advanced only in last 25 years. After a large numbers of experiments and studies now it is accepted that genes, environment and combination of both affects the inheritance.

According to Ayurveda the all types of characters are govern by Panchmahabhuta and in modern science by the different gene. Under the genetic factors the defect in chromosome, part of chromosome as different trisomics or gene are accounted for variation or defects. The same is said in Ayurveda that the defect in Beej (ovum or sperm), Beej Bhaga (chromosome) Beej Bhagavyaa (gene) cause variation or defects as said in Charak Chikitsa Sthana Chapter 30.

The concept of mitochondrial genome is a new concept only decade old according to which the neuromuscular disease are caused due to the mutation in mitochondrial genome which is inherited from the mother only because at the time of fertilization the zygote contain only maternal mitochondria as the paternal mitochondria remain outside the ovum, only the nuclear part of sperm take part in fertilization. So it is clear that the neuro muscular tissue is derived from mother as said by the ancient Ayurved Acharyas, that Mamsa (muscle) is a Matrij Bhava (maternal character). The characters derived from mother accordingly to Ayurveda, more than 50% are muscular as different part of GIT, muscle, ureter, bladder, heart, uterus etc. The work on this concept has ben also carried out in Department of Biochemistry with collaborations of Department of Surgery, Institute of Medical Sciences, Banaras Hindu University. The role of mitochondrial genome in Ca breast by Dr. Patra, under the Supervision of Dr. G.K. Rao and Dr. Anand Kumar.

The Ayurvedic concept of Atulya Gotriya has great importance in this context as in modern science consanguenous marriages are more prone to cause hereditary disease so these should be avoided. It has great importance in genetic counselling.

Keeping these views in mind an effort has been made to understand the concept of Matrija Bhavas described in different Ayurvedic texts, so the above-cited topic was chosen as a problem in the present study. No such type of work seems to be done previously. So the study on 60 pregnant women done in Department of Basic Principles with the collaboration of Department of Obstetric and Gynaecology of Sir Sunder Lal Hospital, Institute of Medical Sciences, Banaras Hindu University.

Aim to Study is

- (A) To make old doctrine understandable in present context by different scientific means and methodology as this is the demand of time today to understand the fundamentals by modern technology.
- (B) To analyse the hypothesis given by Ancient Acharyas that the particular parts are derived from particular component of embryogenesis, e.g. mother Rasa, father, Atma, Satva and Satmya.
- (C) Same as medical genetic as the diagnosis, prevention and treatment of hereditary disease specially which are related to mother e.g. lebarsoptic neuropathy, Ca breast and other neuromuscular disease caused due to mutation in mitochondrial genes.

Material and Method

Sixty pregnant women between age 20-35 years, mostly first and second gravida and very few 3rd and 4th. Most of the patient belongs to middle socio-economic status, mostly housewife, and normal pregnancy with good health status. The study was carried out in 2 phases 1st in OPD in Antenatal period and IInd in Indoor (Post-natal Ward) after delivery mainly the new born child.

The examination of both the subject (mother and child) was done according to the proforma prepared in Department of Basic Principles, according the Matrij Bhavas by the subjective and objective methods whatever is possible according to Ayurvedic and modern medical science.

Observations

During the study period it has been observed that:

1. Most of the patients were housewife, middle socio economic status and 20-30 years of age group which is appropriate life for reproduction because before 20 years the reproductive system of female is not mature to bear this responsibility and after 30 or 35 years the chances of

congenital anomalies get increased. Most of the mother belongs to 1st, 2nd gravidae and very few 3rd and 4th which shows the significance of family planning and awareness of population towards this programme. Some abnormal cases were also considered along with normals.

Prakriti

Prakriti is the genetic constitution of living being which is derived from the parents and is affected by many environmental factors also. As Acharya Sushruta says that at the time of fertilization, which particular Dosha is dominant, Prakriti is formed according to that. Same is said about Panchmahabhuta in relation to constitution. It is also observed in this study that most of the mothers are of vatic Prakriti (46%) and their babies also 43.33% and rest of the mothers are Pittaj and Kaphaj having same ratio (26.66%). But the babies are less Pittaic 20%, and more Kaphaj 36.66%. The reason may be that the father is also responsible for Prakriti formation and may be due to age factor, as Kapha is more dominant during the childhood (also called Kala Prakriti in Ayurveda).

Table 1. Showing Prakriti relationships between mother and baby.

Mother Prakriti	Baby Prakriti							
	Vatic		Pittaja		Kaphaja			
	No.	%	No.	%	No.	%		
Vatic	20	33.53	6	10.0	2	3.33	8	46.66
Pittaja	4	6.66	6	10.0	6	10.00	16	26.66
Kaphaja	2	3.33	0	0.0	14	23.33	16	26.66
Total	26	43.33	12	20.0	22	36.66	60	100.00

Complexion

It is observed from the table that maximum 50% patients belonged to fair colour and 70% of babies are also of fair in total complexion and very few mothers are of black complexion 6.66% and babies are 3.33% wheatish mothers are 43.33% and babies are 26.66%. It shows that the complexion of mother also produced a great influence on the complexion of their babies.

The reason may be according to Ayurveda that colour is formed mainly by Agni Mahabhuta and Pitta is dominant in this child-bearing age. In modern science colour formation in depend on melanin pigment, secreted by melanocytes act under the control of MSH secreted by pituitary. The hormones also act and the control of genes.

Table 2. Showing complexion relationships between mother and baby.

Complexion of mother	Complexion of Babies							
	Fair		Black		Wheatish		Total	%
	No.	%	No.	%	No.	%		
Gaur (Fair)	28	46.66	0	0.00	2	3.33	30	50.00
Krishna (Black)	2	3.33	2	3.33	0	0.00	4	6.66
Shyam (Wheatish)	12	20.00	0	0.00	14	23.33	26	43.33
Total	42	70.00	2	3.33	16	26.66	60	100.00

Blood Group

It is observed during this study that maximum of the mothers belonged to B group 36.33% and their babies also 56.66% and the ratio between blood group of both in other groups also quite similar, the variation is due to paternal inheritance, but mothers blood group is affecting the blood group of their babies in significant ratios, which supports the view of ancient Acharyas that the Rakta (blood) is the character derived from mother.

Relationship between Rh factors

It is observed in present study that all negative mother given birth to positive baby. The negative mothers are 13.33% and none of their baby is negative. It does not happens always, negative mother also, delivers negative child. But in this study it is seen that all negative mother given birth to positive baby. The percentage of negative cells is also very low in this study. This shows that father is also equally responsible for Rh factor. This is the natural phenomenon that abnormal characters always remain recessive until they become homologous.

Table 3. Showing Blood group relationships between mother and baby.

Blood Group of Mother	Blood Group of Baby									
	'O' Group		'A' Group		'B' Group		'AB' Group		Total	%
	No.	%	No.	%	No.	%	No.	%		
O Group	6	10.00	2	3.33	4	6.66	2	2.33	14	23.33
A Group	0	0.00	2	3.33	2	3.33	4	6.66	8	13.33
B Group	2	3.33	0	0.00	16	26.66	4	6.66	22	36.66
AB Group	0	0.00	2	3.33	12	20.00	2	3.33	16	26.66
Total	6	13.33	6	10.0	34	56.66	12	20.00	60	100.00

Table 4(A). Showing Rh Negative and Positive factor of mother.

Blood Group of Baby	Rh Factor					
	Positive		Negative			
	No.	%	No.	%		
O Group	10	16.66	0	0.00	10	16.66
A Group	10	16.66	0	0.00	10	16.66
B Group	36	60.00	0	0.00	36	60.00
AB Group	4	6.66	0	0.00	4	6.66
Total	60	100.00	0	0.00	60	100.00

Table 4(B). Showing Rh Negative and Positive factor of baby.

Blood Group of Baby	Rh Factor					
	Positive		Negative			
	No.	%	No.	%		
O Group	10	16.66	0	0.00	10	16.66
A Group	10	16.66	0	0.00	10	16.66
B Group	36	60.00	0	0.00	36	60.00
AB Group	4	6.66	0	0.00	4	6.66
Total	60	100.00	0	0.00	60	100.00

Weight

It is observed that most of the mother's which fall in 60-70 kg (53.33%) delivered 3-3.5 kg babies (36.66%), and very few mother's fall in 40-50 kg (3.33%) none of their babies in low weight group, this shows that mother's weight have great influence on their babies weight. It is also proved by previous workers that mother's weight is directly related to the weight of their baby's if other parameters like blood pressure, Haemoglobin, urine, blood sugar, remain controlled, the reason is that fat, proteins, carbohydrates, vitamins and minerals pass through the placenta if no placental pathology is associated. It is seen that few healthy mothers he also delivered low birth babies due to prematurity, H.T., low Hb and placental pathology, etc. but the incidence is low.

Height

As for as the relation of the height between mother and their babies is concern in this study motherly height is also influencing their baby height as long mothers have delivered long babies but according to modern science dwarfism is result due to paternal genetic defect it means that height related to father. Height of an individual depends on the length of bone and bone are derived from father according

to Ayurveda but according to some recent workers - height and weight of the progeny is directly related to height and weight of women if other factors - Hb%, BP, nutrition, remains controlled (Dougherty & James, 1982). This is some controversial from both views, which need further studies and experiments, Diet and normalcy of Pregnancy also an important role in fetal outcome. The other reason may be that the father's of those babies may be tall which were not included in the study.

Table 5. Showing Blood group relationships between mother and baby.

Weight of Mother (kg)	Weight of Baby (kg)									
	2.0 - 2.5		2.5 - 3.0		>3.0 - 3.5		>3.5 - 4.0		Total	%
	No.	%	No.	%	No.	%	No.	%		
40 - 50	0	0.00	2	3.33	0	0.00	0	0.00	2	3.33
50 - 60	4	6.66	10	16.66	8	13.33	0	0.00	22	36.66
60 - 70	6	10.00	8	13.33	12	20.00	0	0.00	32	53.33
70 Above	0	0.00	0	0.00	2	3.33	0	0.00	4	6.66
Total	10	16.65	20	33.33	22	36.66	0	0.00	60	100.00

Table 6. Showing height relationship between mother and their babies.

Height of Mother (cm)	Complexion of Babies							
	40-44 cm		45-49 cm		52-55 cm		Total	%
	No.	%	No.	%	No.	%		
145 - 149	2	3.33	14	23.33	4	6.66	20	3.33
150 - 154	2	3.33	14	23.33	14	23.33	30	50.00
155 & Above	0	0.00	4	6.66	6	10.00	10	16.66
Total	4	6.66	32	53.33	24	40.00	60	100.00

Muscles

It has been seen that most of mother having thick muscles has given birth to thick muscle babies which indicate that this character of mother influences the babies also as in modern science the muscular diseases caused due to mutation in mitochondrial gene and mitochondria is derived only from mother as the fertilized ovum contains only mothers mitochondria Leber's optic neuropathy, myopathy, Ca breast etc are some of the example caused done to mutation in mmitochondrial gene. So mitochondrial genomic theory proves tht muscular tissue is derived from mother as said by ancient Acharyas, still then it needs more studies and explanation. The character which are derived from mother are more than 50% muscular as parts of GIT (intestine to rectum), urinary system (ureters and bladder),

heart, uterus and others muscular tissue in the body. Intestine is a muscular tissue and Crohn's disease is inherited from mother.

Table 7. Showing muscular compactness between mother and baby.

Muscles of Mother	Muscles of Baby		Total	%
	Thin	Thick		
Thin	4	6	10	16.66
Thick	18	32	50	83.33
Total	22	38	60	100.00

GIT

In this study in GIT (whole alimentary canal, liver, pancreas is included as all take part in digestion). According to Ayurveda GI Tract is derived from other. During this study it is found that most of the mother and their babies having normal GIT, as the study was done by subjective methods (questionnaire). It seem a long term study and needs scientific explanation because in a small baby this type of study is difficult and symptoms may appear later on in life but this study supports the view of ancient Acharyas that GIT is derived from mother. Crohn's disease is inherited from mother proved by the scientist, is related to intestine (muscular organ). If both parents suffers from this disease the chances of inheritance are more (PG Medical Journal, June 2002). This also support that GIT, which is also muscular, is derived from mother. According to Modern Science GIT is derived from endoderm and it said by many workers that mothers characters are derived from endoderm and fathers from ectoderm but even them there is no clear-cut demarcation till now that the organs derived from 3 different layers are inherited from mother or father because according to modern science each character is govern by a pair of gene each from both parents.

Heart

Like GIT heart was also normal in all mothers and babies examined by detail history and examination as auscultation. One RHD affected mother gives birth to a normal baby as it is not a heredity disease and the patient was also under treatment of cardiologist.

Congenital anomalies

As far as congenital anomalies are concern all the mothers and babies were examine thoroughly and no one was affected with the same. The reason may be that only gross congenital anomalies are detected at the time of birth, mild may appear in later life. But this finding supports the view of our ancient Acharyas.

Abnormal cases

As few abnormal cases were also included in the study 2 patients were diabetic, 1 RHD, 1 Thyporoidism, 2 H. among 2 diabetic patients, one was booked and under the treatment and other was unbooked with out treatment. The diabetic patient who was under treatment delivered a male child, who was normal in all respect and having no diabetes as the blood sugar level was investigated just after birth 1, 2, 3, 4 hourly and found within normal limit but the patient who was unbooked without treatment delivered a dead male baby (still birth) suffering from macrosomia. Similarly the RHD patient was booked and under treatment of cardiologist also delivered a male child who was normal having no cardiac problem. Thyroid patient was also under treatment and delivered a normal female baby, having no evidence of thyroid disease. Between 2 hypertensive patients 1 delivered IUGR baby and 1 normal. This indicate the importance of treatment and as an environmental factor responsible for variation, disease.

Investigations

Routine investigations of urine R/M, USG (for fetal well being) Hb% (to assess anaemia), VDRL (R NR) veneral disease, blood sugar, ABO, Rh factor to exclude any pathological conditions. All investigations were found normal in most of the patients.

Conclusion

It is seen that the concept of Ayurveda and modern medical sciences are similar. The difference is only in their terminologies as the modern science says that genes are responsible for different characters and variation while the Ayurveda says that different combinations and per mutations of Pancha-Mahabutas are responsible for the same.

In the present study the maternal characters were found dominant about 60-70% cases by different parameters with some controversies. According to the modern genetics each character is controlled by a pair of gene one from mother and one from father. In these characters (derived from mother) the mother was found dominant but it need genetic analysis also. The study done by ancient seers was by prolong observations only because in ancient time sophisticated techniques were not present so it is very difficult to say clearly that a particular character is derived from mother or father until it is proved by modern technique. Thus it needs more study and scientific explanation.

It can help the medical personal to use this concept for the diagnosis, prevention and treatment of hereditary disease specially related to mother, with confidence not only by Aptopdashas.

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Review of Post Operative Pain Management

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ABSTRACT

Postoperative pain is a routine problem for surgeons and patients too. To mitigate the post operative pain is the goal of present day pain management

KEYWORDS:

Postoperative pain, Shula, Vedana, Analgesic, Rasyoga.

INTRODUCTION

- Either perfect pain relief is not attainable in practice or not desirable.
- Pain is protective mechanism which compell the patients to take proper rest after Surgery.
- Pain relief is a compulsion for both humanitarian and Therapeutic reasons.

SEVERITY OF ACUTE SURGICAL PAIN DEPENDS ON

- Site of operation (Th > Upper Abd. > L Abd.)
- Age
- Sex
- Premedication employed
- Used of anaesthetic agents
- Psychological factor.
- Diurnal factor (more in evening)

RESULT

Abdominal and Thoracic wounds results in grunting, in efficient respiration which cause hypoxia.

The area of spontaneous atelectasis may arise with regional under ventilation inequality and shunting of venous blood.

FRC is reduced.

The normal periodic breathing are inhibited by pain so that it relief undoubtedly aids respiration.

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PAIN SCORING

Simple code of pain scoring is -

1. Comfortable – awake or sleep.
2. Slight pain – only elicited by close questioning.
3. Moderate pain – Bothering of the patients but after controllable by lying still. The patients will either be asking for analgesic or gladly received it if afterd.
4. Severe pain – Dominating the consciousness and calling out for urgent relief.

PRINCIPLES OF PAIN MANAGERMENTS

- Management of pain is required the return to consciousness.
- The dose of analgesia required to prevent pain is only fraction of that required to control at once. It has become severe.
- Management of the return of pain is required when the first post operative dose of analgesic has worn off.
- It is ideal to give (deliver) before pain brakes through.

APPROACHES OF PAIN MANAGEMENT

- Several approach have been made to solve this problem.
- Removal of cause of pain e.g. catheterize the distended bladder.
- Intermittent injection of opioids.
- Use of opioids.
- Patients controlled analgesia.
- Use of long acting regional block where appropriate.
- The use of very long acting opioids e.g. Methadona, Dextromeramide.

MATERIAL AND METHODS

This is managed by

- Removal of cause of pain
- Analgesics
- Regional block
- Hypnosis

- Acupuncture
- Aroma therapy
- Magnet therapy

SIMPLE ANALGESIC

1. Periferally acting analgesic

- NSAIDs – Diclofenac 50-100 mg
- Asprine 1 gm
- Action – Reduction of synthesis of prostocycline.
- Asprine is not recommended for children because of the rare risk of Ray's syndrome.

2. Centrally acting Analgesic

- Paracetamol – Analgesic as well as antipyretic although not anti-inflammatory.
- It inhibite prostaglandin senthesis with in the central nervous system.

3. Other NSAIDs

- Diflunisal (Dolobid) 500 mg BD especially in bone pain.
- Indomethacin 100 mg
- Piroxicom 40 mg OD but initially may need to be give hourly for post operative pain.
- Note: Contraindication of NSAIDs, -

Severe Renal failure, Severe Hepatic Failure, fluid retention, Peptic Ulceration.

4. a. Morphene

b. Codine Sulphate 15-16 mg

Analgesic, Antitussive, and anti-diarrhoeal agent.

5. Regional local analgesic block including epidural infusion

6. Blocked of pain afferent by regional technique

- Post operative high extradural analgesia.
- Intercostal Nerve block.
- Subcutaneous bupivacaine after Hernioraphy

7. Inhalation of analgesic gases e.g. N₂O + O₂

8. Transcutaneous electrostimulation.
9. Cryoanalgesia for individual nerve.

SCOPE OF AYURVEDA

Pain (Vedana) An Ayurvedic View

INTRODUCTION

- Vedana, shula are synonyms and described as a synonym to disease.
- Vedana many be psychic or somatic.
- Ayurvedists described physical pain with psychological pain
- According to Charaka - mind (manas) and body (Sharira) both are the site of pain.
- Raja (Manas dosa) and vata, (Sharira dosa) are responsible for the initiation of all types of pain.
- Eight (8) type of pain described by both Charaka & Sushruta.
- Madhavkar vividly described 'Shula' in a separate chapter.

DEFINITION OF PAIN

- Dictionary meaning of pain is 'Penalty'.
- Pain can be defined as unpleasant sensory and emotional experience associated with potential tissue damage.
- Pain serves a protective function.
- Pain is complex neurohumoral response that help initially to maintain homeostasis.

Management of Post Operative Pain : An Ayurvedic View

- Management of pain needs utmost care.
- Ayurvedists defined that, both sharir and Manas should be taken into consideration before planning any therapeutics procedures.

NON PHARMACOLOGICAL OR EXTERNAL DRUG

a. Dhupan of Vran

Guggulu, Agaru, Sarjras, Vaccha swet sarso, Lawan, Nimba patra, Ghrit - S.S
15/18.

b. Dhupan of Aturagar

- Guggulu, Agara, Sarjras, Vaccha, Swet sarso, Lawan, Nimba patra, Ghrit - S.S 15/18.
- Sarson, Nimba patra, Lavan, twice in day for 10 days - S.S. 19/28.

c. Lapan of Vran

- Ushna ghrit, Mulethe choorna lep - S.S 5/42.
- Madhu ghrit lep.
- Jatayadi ghrit lep

d. Parishek

- Katutoil, Kanji, amlarasa vathar aushadhi kwath - S.C. 1/117.

1. Choorna

- i. Kachoradi choorna
- ii. Panchagandha choorna

2. Sneh Pan

- Rasna ghrit

3. Guggulu

- i. Shigru guggulu
- ii. Kaishor guggulu
- iii. Yograj guggulu
- iv. Mahayograj guggulu

4. Rasana (Kwath)

- i. Rasna Saptak Kwath
- ii. Maha Rasanadi Kwath
- iii. Rasana Arand Kwath

5. Asawa Arista

- i. Draksharista
- ii. Dasmoolarista

6. Rasyoga

- i. Brihad Vat Chintamani Ras
- ii. Vat Kulantal Ras
- iii. Vat Gunja Ras
- iv. Kupelu Hingavadi Vati
- v. Vatari Rasa
- vi. Vata Gajendra Singh Rasa
- vii. Amavatari Ras

7. Anupan

- Madhu ghrit

PATHYA AHAR-VIHAR

- Purana Salichawal
- Jangal Mansa Rasa
- Ushna Snigdha laghu Ahara

APATHYA AHAR-VIHAR

- Diwa swapna
- Coitus
- Exercise
- Guru Aahar

CONCLUSION

Management of post operative pain vividly and scatterly described under various chapters by Ayurvedists.

There are certain external application of certain choornas are claimed to be very effective to give comfort and good sleep.

There are certain drugs like asavas, aristas, vati and kwath etc. are also found to be beneficial to relieve post operative pain.

Ayurveda also believes the chanting of Mantra to boost up psychological set up.

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Effect of Kustha Taila, Devadaru and Nimb (Fine powder) on Umbilical Sepsis

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ABSTRACT

120 newborn were selected for this study to evaluate the effect of an Ayurvedic preparation. The trial group was compared with the control group of Allopathic Aseptic tropical medication. The ayurvedic preparation was found having properties to prevent umbilical sepsis.

KEYWORDS

Aseptic techniques, Kustha Tail, Devdaru, delivery, Antibacteria, Anti-inflammatory.

INTRODUCTION

Umbilical sepsis has been claimed to be the major cause of neonatal mortality before introduction of aseptic techniques. Approximately 21.3% neonatal delivered at home are still admitted for neonatal sepsis, who are concomitantly suffering from Umbilical sepsis or Omphalitis. Sepsis is common in newborn because umbilical cord is a common portal of entry for systemic and local infection. Ancient ayurvedic text have emphatically stressed upon to care the cord properly by application of various medicaments. The present study has been conducted to evaluate the efficacy of medicaments mentioned for cord care in ancient ayurvedic texts.

DRUG REVIEW

The test drug opted for the present study have frequently referred in ancient Ayurvedic texts for the treatment of Nabhishotha. The present study reports two types of formulations which have specific indication to be used for aseptic cord care, these are -

1. Kustha taila for application over raw surface.
2. Devadaru (wood) and Nimb (twig bark) both powdered very fine and mixed in equal parts for dusting over stump.

These medicaments have specific properties like anti-inflammatory (Shothaghna), wound healer (Vrana ropaka), antiseptic (Rakshoghna), soothing agent (Pittahara) and antitoxic (Vishapaha).

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MATERIAL & METHODS

1. Plan of study

This study has conducted in Kaumarbhritiya- section, Department of prasuti tantra, S.S. Hospital, IMS, BHU during April - Dec 2001 by selecting neonates from labour room on random selection basis however excluding those neonates who have been delivered by the:

1. Mothers having bad Obstetrical history.
2. Gestational age between 36- 40 weeks respectively.
3. Neonates having birth weight below 2500 gm and above 3250 gm.
4. History of birth anoxia, trauma.
5. Babies of those mothers having APH, Leaking P/V more then 12 hours, Foul smelling liquor, Cord prolapse, Placental insufficiency etc.
6. Mothers fully immunized during A.N.C. period.
7. No H/O maternal illness or drug intake during A.N.C. period those essentially required.
8. No presence of congenital malformations.

Initially 120 newborn were enrolled, however infants not brought for regular follow-up in well - baby clinic, were excluded from the study.

Both experimental and control recipes, were provided to the neonates on random basis and lastly decoding them as group A and B.

2. Use of drugs

The stumps of group A infant were painted with Kustha taila on the raw surface (1-2 drops) and fine powder of Devdaru + Nimb twig bark was used for sprinkling over the base of stump twice daily till the fall of cord. While group B infants were cleaned with methylated spirit and Neosporin powder was sprinkled twice daily till the fall of cord.

All the neonates have been observed thoroughly and following aspects are specially cared-

Sex of neonates, birth weight (2.5- 3.25 kg), gestational age (only fullterm), type of delivery (both SVD & LSCS), socio- economic states, habitate (both rural & urban) & blood groups.

3. Follow-up

Neonates of both groups, who revealed sign of infection, swabs were collected and sent for microbiological assessment to Deptt. of microbiology I.M.S. BHU. All the mothers of neonates in the present study were advised to attend well- baby clinic

after one week for follow up. Cord fall & umbilical sepsis were assessed on final follow-up. The following aspects were noted in each case-

1. Status of umbilical cord i.e. dry/ wet/pus/ bleeding of any kind.
2. Erythema, induration around the umbilicus.
3. Cord fall time.

4. Criteria for Assessment of Effect

Good:

- (a) Fall of cord within six days or earlier.
- (b) Healthy (aseptic) status of cord i.e. dry base and evidence of erythema/induration.

Moderate:

- (a) Delayed fall of cord i.e. beyond six days but within ten days.
- (b) Purulent discharge/bleeding from the base of cord/mild erythema/induration around the base of cord.

No:

- (a) Delayed cord fall (>10 days)
- (b) Excessive discharge at the base of the fallen cord with presence of erythema/induration around the base of cord.

OBSERVATION & RESULTS

The observation of study with relevant statistical analysis are as follows:

Out of hundred newborn included in the present study, fifty each have been included in the group A and B. Among these 58% are male and rest 42% being female. Birth weight of 55% neonates has been recorded between 2.50- 2.75 kg and 34% having weight range between 3.00 – 3.25kg. Majority 97% of neonates are full term and incidence of SVD and LSCS deliveries is almost equal. Majority 65% of neonates belong to middle income group and 61% hailing from urban settings. Maximum 42% neonates are of B+ve blood and 34% possess O+ve blood group.

Group-A: Kustha Taila plus sprinkling of Devadaru and Nimb- twak fine powder.

Sex ration of neonates is 60:40 and percentage of neonates belonging to middle income group is 60%. Majority 56% of newborns are from urban settings. Neonates delivered vaginally (SVD) are 54% whereas 46% are born through LSCS. The range of birth weight is 2.50- 3.25 kg and 20% neonates of the sample have their weight between 2.75- 3.00 kg. All the newborns are fullterm and majority 42% of neonates are of B+ve blood group. Cord has fallen within 6 days in 64% neonates and 34% after 6 days rest 2% has fallen beyond 10 days. Complications like wet cord, pus discharge and bleeding have been noticed in 14% neonates however 86% neonates have been reported in 8% neonates whereas E. coli and Klebscella in 4% and 2% respectively. Other 86% neonates have free from infection.

Group-B: Methylated spirit and Neosporin powder

Male and female ratio is 56:44 and 70% neonates are of middle SES group whereas urban ratio of neonates is 66:34. Neonates delivered through LSCS are 52% and 48% are vaginal deliveries. Weight of 50% neonates is within the range of 2.50-2.75 kg. As regards gestational age, 94% neonates are fullterm and 6% are post-term. Blood group of 42% neonates have B+ve whereas 34% have O+ve rest are of having AB and A+ve blood groups. The cord has fallen within 6 days in 60% neonates and in 36% after 6days rest 4% has fallen beyond 10 days. Pus and bleeding has been the complications in 2% each neonates respectively and 96% neonates being free from any complications. Staphylococcal infection has been found in both these cases and cord has fallen in these beyond 10 days.

Analysis based on type of delivery and fall of cord has revealed that

- In SVD cases cord has fallen earlier (within 6 days) than LSCS cases comparatively i.e. 4% higher in SVD.
- Infection of staphylococcus and E. coli has been found relative more in vaginal deliveries.
- Incidence of complications in Kustha Taila along with sprinkling of Nimba-Twak and devadaru (fine powder) is slight high than controlled group.
- Cord stump of 50 neonates in whom Kustha Taila as well as Devadaru and Nimb- Twak fine powder has been sprinkled on and base of stump, 64% neonates have exhibited good response and 34% neonates are showing moderate response. Whereas 2% neonates revealing no visible response.

The result of the present study indicate that the trail drug had exhibited good response in combating infection as compared to well known control drug Neosporin. As regards mode of action of test recipe, Kustha had been referred to be analgesic and anti-inflammatory. It is also used locally to cure ulcers and remove maggots from wounds. Similarly Devadaru, due to its astringent and anti-inflammatory properties had been advocated in the treatment of ulcers. As regards Nimb it had been considered highly antiseptic and usually advocated for dressing of wounds. So test drug could had shown the protective & curative action over umbilical sepsis due to its specific antibacterial and anti-inflammatory properties.

CONCLUSION

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

- The recipe Kustha taila along with fine powder of Devadaru and Nimb- twig bark is a potent enough to prevent of umbilical sepsis.
- Incidence of cord sepsis is comparatively high in vaginal deliveries as compared to LSCS delivered neonates.

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Analgesic & Anti Inflammatory Activity of Rasna and Parijat – A Comparative Study

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ABSTRACT

The ancient medical science accepted the most challenging problem of pain and tried to encounter with definite procedure and indigenous herbomineral source. Acharya Carak and Sushrut describe the painful conditions and methods to relieve the pain of different origin. Keeping in view these conditions and mentioned drugs, section of Sangyahan of faculty of Ayurveda, Institute of Medical Sciences conducted some trial to get some safe, effective anti-inflammatory, analgesic for the management of postoperative pain.

In this chain a comparative study of Rasna and Parijat was conducted to evaluate its efficacy of Anti-inflammatory and analgesic activity.

The clinical study was carried on 40 healthy patients divided into two group posted for BLTL, Primary threading and herniorrhaphy. The patients of group I st was premedicated with Inj. Glycopyrolate .2 mg I.M. 60 minutes before operation and Ghansatva of Rasna with one ounce of water 90 minute prior to surgery. The patient of group II were premedicated with Inj. Glycopyrolate .2 mg I.M., 60 minutes before operation and Ghansatva of Parijat with one ounce of plain water 90 minutes before operation.

All the patients were evaluated before premedication, after premedication, during operation and during post-anaesthetic period on a standard proforma of the department.

It was observed that Rasna Ghansatva is more effective in terms of sedation and relief of anxiety and apprehension whereas Parijat is superior in longer duration of anaesthesia.

KEY WORDS

G.S. = Ghanasatwa, H.S. = Highly Significant, N.S. = Not Significant, MBP = Mean Blood Pressure.

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INTRODUCTION

A study of the literary materials reveals that people in ancient days were quite conversant with enough pain relieving drugs. Sushruta and Charaka have mentioned the use of alcohol (sura) before operation and during the delivery relieve pain, tension and allaying of apprehension, etc.

Pain is the basic and most challenging problem for surgeons from the primitive age. The primary requirement of safe and satisfactory surgery is to abolish the pain during operation.

Previously many indigenous drugs mentioned in Ayurvedic literature were experimentally screened on the animals and also studied clinically on the patients as pre-anaesthetic medication drug such as Brahma, Vacha, Jatamansi, Mandukparni etc. by some workers. Even a preliminary study on "Ghansatva of Rasna and Parijat" was also tried clinically as well as experimentally under sarvadaihic sangyahan (general anaesthesia) and also intrathecaly. In continuation to these studied we have tried to compare the analgesic and anti-inflammatory activity as well as other effects of the drugs.

MATERIAL AND METHOD

No. of patients - 40

Operation - BLTL (Bilateral tubal ligation), Herniorraphy.
 Anaesthesia - Subarachnoid block with 0.5% Bupivacaine heavy in lateral position.

Group - I (Rasna)

No. of patients - 20 (10 BLTL, 10 Herniorraphy)
 Pre-Medication - Inj. Glycopyrrolate 0.2 mg I.M. 60 minutes before operation and G.S. of Rasna 500 mg. Orally with one ounce of plain water 90 minutes prior to surgery.

Group - II (Parijat)

No. of patients - 20 (10 BLTL, 10 Herniorrhaphy)
 Pre-Medication - Inj. Glycopyrrolate 0.2 mg I.M. 60 minutes before operation and G.S. of Parijat 1000 mg. Orally with one ounce of plain water 90 minutes prior to surgery.

OBSERVATION AND RESULT

Age and Weight

It is obvious from the Table No. 1 that mean age and weight is identical in both the groups statistically.

Table 1a. Mean age (years) and weight (kg) recorded in both the groups.

Groups	Age (years)		Weight (kg)	
	Mean	±S.D.	Mean	±S.D.
I	29.7	4.05	49.05	3.56
II	29.5	3.41	49.3	2.90

Table 1b. The statistical comparison of mean age and weight between group.

	Mean age	Mean weight
Group I	Unpaired t-value - 0.16	0.24
Vs	p-value - >0.05	>0.05
Group II	Remark - N.S.	N.S.

Effect on Pulse Rate**Table 2a.** The mean pulse rate/minute before Premedication (A), 90 minutes after premedication (B), During Anaesthesia (C) and After Recovery from Anaesthesia (D).

Groups	Mean pulse rate/minute			
	A	B	C	D
I	84.8 ± 3.27	87.6 ± 3.48	88.2 ± 3.58	85.8 ± 3.16
II	83.75 ± 2.89	86.3 ± 2.98	87.2 ± 3.06	84.0 ± 2.77

Table 2b. The statistical comparison of mean pulse rate with in the group (paired t-test).

Groups		A Vs B		A Vs C		A Vs D	
		Mean	S.D.	Mean	S.D.	Mean	S.D.
I	Mean	2.8		3.4		1.00	
	S.D.	± 1.04		± 1.04		± 1.48	
	t-value	2.03		1.73		1.00	
	p-value	>0.05		>0.05		>0.05	
	Remark	N.S.		N.S.		N.S.	
II	Mean	2.6		3.5		0.25	
	S.D.	± 1.2		± 1.16		± 0.85	
	t-value	1.81		0.96		1.31	
	p-value	>0.05		>0.05		>0.05	
	Remark	N.S.		N.S.		N.S.	

Table 2c. The statistical comparison of mean pulse rate between the groups (unpaired t-test).

	Group I Vs Group II	
t-value	1.2	1.34
p-value	>0.05	>0.05
Remark	N.S.	N.S.
		1.066
		>0.05
		N.S.
		N.S.

In Table 2a mean pulse rate/minute in group I, before premedication, after premedication, during anaesthesia and after recovery period are 84.8 ± 3.27 , 87.6 ± 3.48 , 88.2 ± 3.58 and 85.8 ± 3.16 respectively. While in group II mean pulse rate are 83.75 ± 2.89 , 86.3 ± 2.98 , 87.2 ± 3.06 and 84.0 ± 2.77 in before Premedication, after Premedication, during anaesthesia and during recovery period respectively.

The Table 2b shows that the statistical comparison of mean pulse rate within the group are statistically insignificant.

The Table 2c shows that variations in mean pulse rate was found statistically insignificant during each step of the study, when compared between the groups.

Effect of Mean Blood Pressure

The Table 3a shows the mean blood pressure in group I, before premedication, after premedication, during anaesthesia and after recovery from anaesthesia are 92.46 ± 3.06 , 93.54 ± 3.21 , 90.13 ± 7.99 and 92.38 ± 3.10 whereas it was 92.36 ± 2.33 $m 93.88 \pm 2.35$, 90.11 ± 2.38 and 92.19 ± 2.54 in group II respectively.

It is obvious from Table 3b that an insignificant variation in the mean blood pressure was observed in both the groups when compared within the group.

The Table 3c shows that statistical comparison between the groups before premedication, after premedication during anaesthesia and after recovery from anaesthesia are statistically identical and insignificant.

Table 3a. The mean of mean blood pressure (mmHg), before Premedication (A), 90 minutes after premedication (B), During Anaesthesia (C) and After Recovery from Anaesthesia (D).

Groups	Mean pulse rate/minute			
	A	B	C	D
I	93.46 ± 3.06	90.13 ± 3.21	92.13 ± 7.99	92.38 ± 3.10
II	92.26 ± 2.33	93.38 ± 2.35	90.11 ± 2.38	92.19 ± 2.54

Table 3b. The statistical comparison of mean blood pressure with in the group (paired t-test).

Groups	A Vs B	A Vs C	A Vs D	
I	Mean S.D. t-value p-value Remark	1.08 ± 0.431 0.875 >0.05 N.S.	3.33 ± 0.748 1.78 >0.05 N.S.	0.084 ± 0.373 1.01 >0.05 N.S.
II	Mean S.D. t-value p-value Remark	1.02 ± 0.577 0.131 >0.05 N.S.	2.25 ± 0.602 1.72 >0.05 N.S.	0.166 ± 0.56 1.32 >0.05 N.S.

Table 3c. The statistical comparison of mean blood pressure between the group (unpaired t-test).

	Group I Vs Group II		
t-value	0.116	0.18	0.02
p-value	>0.05	>0.05	>0.05
Remark	N.S.	N.S.	N.S.

Effect of Respiratory Rate**Table 4a.** The mean respiratory rate/minute, before Premedication (A), 90 minutes after premedication (B), During Anaesthesia (C) and After Recovery from Anaesthesia (D).

Groups	Mean respiratory rate/minute			
	A	B	C	D
I	17.85 ± 1.30	17.85 ± 1.18	18.0 ± 1.52	17.85 ± 1.34
II	17.5 ± 0.88	17.5 ± 1.00	17.6 ± 0.99	17.65 ± 1.03

The Table 4a shows the mean respiratory rate in group I, before premedication, after premedication, during anaesthesia and during recovery period are 17.85 ± 1.30, 17.85 ± 1.18, 18.0 ± 1.52, 17.85 ± 1.34 respectively while in group II the mean respiratory rate are 17.5 ± 0.88, 17.5 ± 1.0, 17.6 ± 0.99 and 17.65 ± 1.03 respectively.

Table 4b. The statistical comparison of mean respiratory rate with in the group (paired-t-test).

Groups	A Vs B	A Vs C	A Vs D
I			
Mean	0	0.15	0
S.D.	± 0.97	± 0.99	± 0.79
t-value	0	0.678	0
p-value	>0.05	>0.05	>0.05
Remark	N.S.	N.S.	N.S.
II			
Mean	0	0.1	0.15
S.D.	± 0.795	± 0.967	± 0.58
t-value	0	0.462	1.14
p-value	>0.05	>0.05	>0.05
Remark	N.S.	N.S.	N.S.

Table 4c. The statistical comparison of mean respiratory rate between the group (unpaired t-test).

	Group I	Vs	Group II
t-value	0.345	1.01	0.99
p-value	>0.05	>0.05	>0.05
Remark	N.S.	N.S.	N.S.

The Table 4b shows that the statistical comparison of mean respiratory rate within the group are statistically insignificant.

The Table 4c shows that the statistical comparison between the group before premedication, after premedication, during anaesthesia are statistically identical and insignificant.

The Effect on Temperature

Table 5a. The mean temperature (°F), Before Premedication (A), 90 minutes after premedication (B), During Anaesthesia (C) and After Recovery from Anaesthesia (D).

Groups	Mean temperature (°F)			
	A	B	C	D
I	98.49 ± 0.28	98.45 ± 0.467	98.48 ± 0.27	98.52 ± 0.26
II	98.50 ± 0.22	98.39 ± 0.18	96.43 ± 0.19	96.26 ± 0.14

Table 5b. The statistical comparison of mean temperature (°F) with in the group (paired t-test).

Groups		A Vs B	A Vs C	A Vs D
I	Mean	0.04	0.01	0
	S.D.	± 0.267	± 0.18	± 0.79
	t-value	0.847	0.25	0
	p-value	>0.05	>0.05	>0.05
	Remark	N.S.	N.S.	N.S.
II	Mean	0.11	2.07	2.24
	S.D.	± 0.199	± 0.227	± 0.201
	t-value	2.5	3.179	50.9
	p-value	>0.01	>0.01	>0.001
	Remark	H.S.	H.S.	H.S.

Table 5c. The statistical comparison of mean temperature (°F) between the group (unpaired t-test).

Group I Vs Group II			
t-value	1.26	0.054	0.684
p-value	>0.05	>0.05	>0.05
Remark	N.S.	N.S.	N.S.

The Table 5a shows the mean temperature in group I, before premedication, after premedication during anaesthesia and during recovery period are 98.49 ± 0.28 , 98.45 ± 0.467 , 98.48 ± 0.27 and 98.52 ± 0.26 respectively while the mean temperature was recorded 98.50 ± 0.22 , 98.39 ± 0.18 , 96.43 ± 0.19 and 96.26 ± 0.14 in group II, respectively.

It is obvious Table 5b that mean temperature within the group I, is significant on statistical comparison whereas alteration in the mean temperature compared within the group is statistically significant in group II.

The Table 5c shows that the mean temperature before premedication, after premedication and during anaesthesia are statistically insignificant whereas it is observed highly significant statistically during recovery from anaesthesia.

Analgesic Requirement Time

The Table 6a shows that the mean 1st analgesic dose requirement time in group I is 256.3 ± 10.41 and 356.35 ± 8.77 in group II whereas the 2nd analgesic