

SANGYAHARAN SHODH

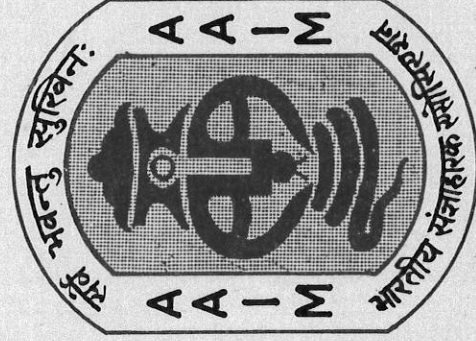
February 2004

Volume 7, Number 1

SOUVENIR AAIMCON - 2004

7th National Conference of
Association of Anaesthetists of Indian Medicine

6-7th February 2004



Organised by

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Department of Shalya-Shalaky
Institute of Medical Sciences
Banaras Hindu University
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SANGYAHARAN SHODH

August 2004

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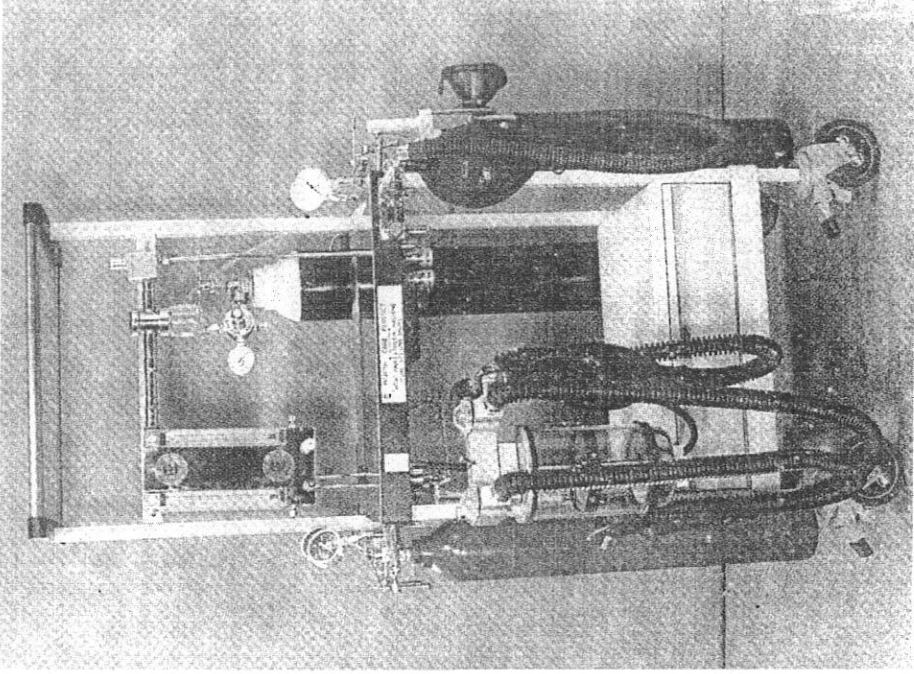
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Editorial

Honourable Guests, distinguished personalities, Scholars, dignitaries and our members of Association.

I welcome you all Sir, to this auspicious 7th National Conference of Bharatiya Sangyaharak Association - in this old holy city of Lord Vishwanath, Kashi - Varanasi, the seat of learning and wisdom. Kashi is known as 'Tirth of knowledge and Philosophy'. It is also known as oldest city of medical school, established in 1000 B.C. when Divodas Dhanvantari, the King of Kashi expounded 'Sushrut Samhita'. Acharya Sushruta was his most brilliant student. In the lap of this holy city, Pt. Madan Mohan Malviyaji the King of beggars the King of Kings established Banaras Hindu University in 1916 and Ayurvedic College in 1927 with A.M.S. Degree. The U.G. Course was stopped in 1963 and P.G. course was started on 15 August 1963. Fortunately the U.G. Course is now revived and is going on with full swing. The teaching training standard of Faculty of Ayurveda, Banaras Hindu University is accepted globally. Our aim is to impart integrated teaching and training to the U.G. and P.G. Scholars so that the common man of the country be provided cure by Ayurvedic or Allopathic Medicine per their requirement within minimum expenditure. Bharatiya Sangyaharak Association too is making effort to explore newer procedure and drugs within indigenous source to minimise the doses of Anaesthetics or analgesic or capable to minimise the side effects of anaesthetics. Since establishment of our association in 1996 we have organised all ready 6 National and one International conference only to draw the attention of Ayurvedic people to work in this new emerging Ayurvedic speciality and to explore better anaesthetics for benefit of the mankind. We are holding regular conferences, workshop and are publishing a Journal regularly to popularise the Sangyahan speciality amongst Ayurvedic Surgeons as well as Allopathic Surgeons. I am proud of our scholars who have proved themselves better than Allopathic anaesthetists - as practitioner as well as academician in a very short span of time.

At this juncture I will remember once again the lines of Sushruta -

सततथनमं वादः परतन्त्रावलोकनं । तद्धिद्याचार्यं सेवाच बुद्धिमेधाकरो गुणः ॥ (सु.चि.स्थ. २८)

This is the aim of our conference - to discuss and to update our knowledge by means of incorporating the different medical systems.

The organising committee of 7th National Conference will arrange Guest lectures of imminent scholars, Workshops, Orations and Free paper session. A discussion on 'Integrated Health Policy and Education' will be also held.

This conference will also focus to create Department of Sangyahan in all the P.G. Institutes of Indian System of Medicine.

The 14th issue of 'Sangyabharan Shodh' including souvenir of 7th National Conference is in your hands. This will include the messages of our wellwishers. Abstracts of Scientific papers, Advertisement, Presidential speech, some selected full papers and many thing more. This fruitful journey of our Journal is possible only due to your help and cooperation. I am really thankful to you all – my elders, my colleagues and my students who inspired me and encouraged me. I am thankful to all the members of Editorial board and Organising Committee for their help and support.

I am thankful to the honourable Vice-Chancellor Prof. P. Ramachandra Rao, the director Prof. S. Mohanty, the Dean Prof. V.B. Pandey, the head Dr. M. Sahu, office staff and other faculty members for their support and guidance.

At last I hope that your stay at Varanasi will be full of joy and pleasure. We will try to make your stay comfortable and memorable.

D.N. Pande
Chief Editor

HIMRATAN OIL (हिम रत्न)

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

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हिम रत्न (आयुर्वेदिक शीतल तैल - हिमालय की जड़ी-बूटियों से निर्मित)

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

हिम रत्न शीतल तेल - 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 तेलों की तरह इसमें कोई रासायनिक तत्व नहीं है । इस तेल को आयुर्वेदिक चिकित्सकों के परीक्षण और उपयोगी करने वालों के प्रामाणिकतानुसार बालों की विभिन्न समस्याओं में अत्यन्त उपयोगी पाया गया है । हिमरत्न शीतल तेल 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 तेल जल्द असर करता है ।

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Presidential Speech

by

Dr. D.N. Pande, Reader and Incharge, Section of Sangyahan,
Department of Shalya Shalakya, I.M.S., B.H.U., Varanasi

In 7th National Conference of AAIM

It is the most precious moment of my life to give presidential address from the dias of AAIM specially 'Banaras Hindu University, Varanasi' the largest residential university in Asia. I am the fourth and the youngest President of AAIM. My predecessors - Founder President Dr. S.B. Pande from Varanasi, first President Late Dr. M.N. Chaudhary from Pune and second President - Dr. D.P. Puranik from Pune all were the stalwarts of Sangyahan - I salute them. Under their supervision and Dynamic leadership Association could able to achieve it's goal. Since the inception of our Association being the Vice President I tried always to respect them and to implement their directive and decisions. Due to dedication and devotion to the objective of Association I tried my level best to promote the scientific temper and academic atmosphere all over the country by means of organising conferences workshops and publishing the 'Sangyahan - Shodh' regularly. When we met in March 1997 at BHU, Varanasi, first time the Association recognised some prime goals for it - they were -

- to struggle for recognition of 'Sangyahan' as speciality by CCIM.
- to improve teaching and training of sangyahan in U.G. & P.G. Institution of Indian Medicine.
- to update and review the 'Sangyahan Syllabus'.
- to create awareness for development of Sangyahan so that the surgical disciplines of Ayurveda be revived.
- to start process to approve Sangyahan and to include in central Govt. Gazette.
- to Organise Conferences, Seminar and Workshops all over the country to draw the attention of Ayurvedic peoples and authorities.
- to equippe Ayurvedic Physician and surgeon with knowledge and skill of intensive care.
- to start Sangyahan speciality in other institutions.
- to convince the authorities to establish separate department of Sangyahan in all the P.G. institutions all over the country.

No doubt I am in position to announce that our Association has achieved many of these goals within only seven years as like we have organised seven National and one International Conference at the different places in India - Varanasi (I), Puri (II), Pune (III), Udupi (IV), Sawantwadi (V) and Varanasi (VI). This year once again we are starting our circle from Varanasi with this inaugural function of 7th National Conference. All the

conferences were better than previous one. We have conducted meeting of Board of Studies in B.H.U. in which the pattern and methodology of P.G. and U.G. course of Sangyahan was discussed and approved. This proposed course by B.H.U. was also approved by C.C.I.M. and finally now declared in the Government Gazette.

C.C.I.M. circulated a notification to all the Ayurvedic Institutes to create Post of lecturer Sangyahan in their institutions.

We organised workshop on Cardio-cerebro-pulmonary Resuscitation in our specialised centres - Varanasi, Pune and Udupi and provided training to the Ayurvedic Surgeons and Physicians. Thus now Ayurveda is prepared to take over the responsibility of intensive care too.

- Due to our efforts Pune, Papparola and udupi are ready to start P.G. Courses at their Centre without delay.
- Now three State Branches are established and are working well - U.P., M.S. and Karnataka. A few more are in process.
- We are publishing our Journal of Association, Sangyahan Shodh regularly without fail, with maintaining its standard even in financial crisis.
- Due to our conferences and journal Sangyahan Shodh - the mouth piece of Association we are able to spread the message of it's Motto - to spread 'Movement' of Sangyahan.

My predecessor Prof. D.P. Puranik Principal, Tilak Ayurveda College, Pune had made a tremendous efforts to start P.G. Course at Pune and I hope this will be started from the next session. I congratulate him for this achievement.

In the last part of my speech I appeal to you all the dignitaries and authorities to start P.G. Sangyahan at your institutions and also to develop separate Sangyahan Department at P.G. Level. I am sorry to say that at the birth place of Sangyahan we could not be able to create separate departments of Sangyahan though it is already approved by the Faculty since long. I pray to the honourable Vice-Chancellor, Banaras Hindu University to pass an administrative order in this regard and to fulfil the long standing demand of the Association.

I appeal to our Postgraduate scholars, teachers and administrators to train more and more Ayurvedic Physicians and surgeons in C.C.P.R. at their centres.

I appeal to the state Branches to organise monthly clinical meetings to discuss their problems and to update their Knowledge. They should forego their practice once in a month. This will provide strength to the Association too.

Our ultimate Goal is to provide 'Painless, Healthy and Happy life to mankind' and for this we have to work hard.

Jai Hind - Jai Sangyahan Jai Ayurveda

From Patron's Desk

It is an immense pleasure for me as the Patron of this Association to welcome the Chief Guest, guests, delegates, post graduate students and their family attending the VII National Conference of the Sangyahan Association in this holicity of Kashi. The association is holding its annual convention for third time here in Banaras Hindu University - the seat of Ayurvedic learning. The organisers have arranged many scientific sessions for updating the knowledge in recent advances in the field of Anaesthesia by exchanging their views and experiences. The high light of the conference are orations, guest lectures and scientific papers etc.



Further, the faternity of Anaesthetists of Indian Medicine and the administrators of the Ayurvedic institutions are glad to know that the Health Ministry, Govt. of India has recognised the PG Sangyahan degree course which is a significant event. Although this important course was launched and was approved by the Govt. of India due to the commendable efforts of some senior Ayurvedist, but it is still in its own forming phase. In this regard, I would like to congratulate the authorities of the Banaras Hindu University, speacially the then Vice Chancellor Prof. R.P. Rastogi for taking the lead in starting the PG degree course in Sangyahan for the first time in the country.

Now it is the high time for the experts and teachers of Sangyahan to think over the proper teaching and training of the Sangyahan students at under graduate and post graduate level for raising the standard of education. I am sure, the delegates of this VII National Conference convention of AAIM will certainly devote some time to discuss this problem. Thus, this convention of the AAIM is the most timely event and has many important tasks to thrash, which needs reasonable thinking. I and also the other members of the organising committee wish all the best for the fruitful deliberations of National Convention which may brighten the future of Sangyahan as a discipline and the fate of its man power.

I am thankful to the President of AAIM (C.C.) Dr. D.N. Pande for inviting me to give message for the convention.

I wish the Conference every success.

(Dr. S.B. Pande)

Patron, Ex-Reader & I/c
Section of Sangyahan

From the Desk of Organising Secretary

It is a great privilege to have the honour of organising 7th National Conference of Association of Anaesthetists of Indian Medicine at Varanasi. I extend my cordial and warm welcome to the members, delegates, Post graduates, guests and their families who are assembled here in the 7th National Conference at Varanasi. The first National Conference was also organised at it's birth place - Banaras Hindu University. In the series of conferences the 6th National and 1st International Conferences also organised at Varanasi. The organising secretaries of those respective conferences - Dr. D.N. Pande and Dr. K.K. Pande were my teacher. I inspired with them and learned to organise grand events like this. This is my first experience to organise an academic activity in this great University I pray Lord Vishwanath to make the conference successful. I am very grateful to the executive members of Bharatiya Sangyaharak Association and Dr. D.N. Pande, Reader & I/c Section of Sangyahan who gave me this great occasion to celebrate here in the section of Sangyahan Department of Shalya Shalakya, Institute of Medical Sciences, Banaras Hindu University. We have accepted the challenge to revive Sangyahan in Ayurveda for the development of Ayurveda as a 'Medical System of India.' Our Central Government has also accepted the necessity of Sangyahan for Ayurvedic education system. By this 'Rajagya - Government recognition now Sangyaharak can help all the surgical disciplines of Ayurveda. At this juncture now I request all the authorities to pave the way to create Departments of Sangyahan in their institutions. This will serve the cause of Ayurveda.

I am thankful to you all the delegates, the guests, chairman, Co-chairman, Rapourtiers of the sessions, our donors for their financial support, the residents of Sangyahan and faculty of Ayurveda, Institute of Medical Sciences, Banaras Hindu University, staff members and teachers of the faculty, Press and Media person and Pharmaceutical.

I am confident that you all will enjoy the academic programmes arranged for you. I hope you will bear with our short comings during your stay.

Dr. P.K. Sharma
Organising Secretary
Incharge Sangyahan
State Ayurvedic College, Varanasi



From the Desk of Head, Department of Shalya Shalakyia

M. SAHU

Professor and Head

STARTING OF P.G. COURSE IN INDIAN MEDICINE

After closure of under graduate course, the Post-graduate Institute in Indian Medicine & Research (PGIM) was established in 1964 with the help of Ministry of Health & Family Welfare by the great efforts of late Padmsree Prof. K.N. Udupa, Director, IMS and late Dr. C. Dwarkanath, Director composite drug research system of ministry of health. Initially the MD (Ay.) degree was started in Shalya Shalakyia in addition to other degree of the faculty.

The department had produced nearly 300 MD (Ay)/MS (Ay) P.G. Student since, 1964. Most of our students have been appointed in different colleges as Lecturer, Reader and Professor, some of them joined research centre and working as R.O., S.R.O., Asstt. Director, Deputy Director and some have joined administrative post like Dean, Director of the provinces and adviser-Govt. of India.

NEED TO START SANGYAHARAN

Our students appointed in almost all the teaching Institutions and Hospitals of the country, were facing great problems in utilising the benefit of their teaching and training they received at this centre due to lack of facilities of Sangyahan. At the same time anaesthetist of Modern side were not tune or aware of the modalities of Ayurvedic concept, and its mode of action. Under the circumstances they also feel embarrassing to provide anaesthesia to our students. Besides, large number of complains have lodged by our P.G. Students, regarding such performance which becomes futile exercise in their routine Medical-Surgical services and also in teaching and training to their own students of the subjects. Number of post were lying vaccant due to non availability of proper candidates of Sangyahan particularly who are acquainted with Ayurvedic concepts and modalities. In view of this a joint board of studies of faculty of Ayurveda was held in the year 1985 where it was felt necessary to start P.G. Course in Sangyahan at this centre which can fulfill the requirements of teaching and training of SHALYA SHALAKYA in all the Ayurvedic Institutions of the country. This resolution was then passed by the faculty, academic council and executive council under the chairmanship of Prof. R.P. Rastogi the then Vice-Chancellor, BHU.



INITIATION OF TRAINING COURSE

Initially Prof. P. Chandra, F.F.A.R.C.S. (Lond), Ex. Head of the department of Anaesthesiology and subsequently Prof. K. Pandey, Ex. Prof. & Head emerities Professor of Anaesthesiology had realised the potentialities of Indian System of Medicine and emphasised for enriching this system by extending the utility in modern anaesthesia. This is the system by which India may become self dependent of anaesthetic drugs, provided serious thought and extensive research may carried out. In view of this they produced anaesthetists persons belonging to Indian Medicine who later on received Ph.D. degree on the subject related to Ayurveda in addition to their practical training. Based on these fruit full experimental results it was felt necessary to extend the teaching and training programme in Indian System of Medicine leading to MS (Ay) degree. This was instituted for further research and contribution to nation including advancement of this system of medicine in the field of Sangyahan to make the India self sufficient on anaesthetic drugs in days to come. This would be only possible if the students are fully aware of the basic fundamental of anaesthesia, its modality, advance technology and pharmacology of known available drugs.

The pattern of education and research being continued at post-graduate level particularly to find out break through in anaesthetic drugs by Ayurveda which is full of such literature. Besides, efforts are also being made to minimise the toxicity of anaesthetics during and post anaesthetic trauma after using various modalities prescribed in Ayurveda and asses the requirements and response scientifically with the help of advance technology.

At present I can say that the Sangyahan Section of department of Shalya Shalakyia has significantly contributed for the development of Prasuti Tantra Department and Shalya-Shalakyia too.

From the Desk of Incharge Section of Sangyahan

D.N. PANDE

Reader



Section of Sangyahan is a viable unit of the faculty of Ayurveda. It is a result of sincere efforts of many academicians and administrators like – Prof. P. Chandra, Prof. K. Pandey, Prof. A. Lal, Prof. P.J. Deshpande, Prof. L.M. Singh, Prof. P.V. Tiwari and Prof. G.C. Prasad. The architect was Dr. S.B. Pande, A.B.M.S., Ph.D., Reader, Department of Shalya-Shalakyas. The progress of Section was slow but steady. Upto 1995 the teaching training and researches were going under collaboration of Department of Anaesthesiology, Faculty of Medicine. In the meantime Dr. S.B. Pande retired and I joined on 16th March 1993 as lecturer – Sangyahan (Anaesthesiology) in the Department of Shalya Shalakyas. I took over the charge from Dr. S.B. Pande as Incharge of the section. It was a difficult task for a new comer but I accepted the challenge. Unfortunately Department of Anaesthesiology with drawn their collaboration unilaterally and it was also a big challenge for me to continue the same facility – teaching, training and services with single hand. Fortunately Dr. K.K. Pandey joined as M.O.-Anaesthesia (IM) from the panel list made by the then wise Honourable Vice-Chancellor Prof. C.S. Jha. We tried our level best to maintain the standard of teaching and training. Prof. P.V. Tiwari the then Head of Department of Prasuti Tantra provided one Sr. Resident from her Department to help us. But unfortunately Dr. M. Dwivedi when took over the charge from Prof. P.V. Tiwari after superannuation withdrew the Post of Sr. Resident and Dr. K.K. Pandey was appointed as Lecturer-Striae Rog-Sangyahan in the Department of Prasuti Tantra. Department of Prasuti Tantra denied to transfer or attach Dr. K.K. Pandey in the Section of Sangyahan but due to efforts of Prof. P.V. Tiwari, Dr. K.K. Pandey was attached with section of Sangyahan for services of both department. Till these problems could be solved a new one arised and Shalya Shalakyas Department also withdrawn their Sr. Resident post of Sangyahan Section with plea that if Prasuti is not providing why Shalya Shalakyas should sacrifice their own post for the services of Prasuti Tantra. Any way a post of Sr. Resident in IX plane was sanctioned to the Section of Sangyahan but it was categorised under S.T. quota and due to nonavailability of S.T. candidate the Post lapsed. In the mean time this was a wise decision of P.P.C. of Department of Shalya Shalakyas to lebel the teaching Posts of the department and thus one Reader post was lebeled for Sangyahan. I requested many time to raise the staff position for smooth running of Sangyahan Services. In anticipation to get these hands I kept

to continue the routine and emergency services sincerely but till now the posts are vacant. The section is facing deep crisis of hands to cater the need of Indian Medicine Wing. The Hospital records prove that emergency score of Department of Prasuti Tantra is higher and is putting too much load. The Department of Shalya Shalakyia with its Anorectal, Urology and Eye-ENT division also putting an extra load. The situation becomes very pitiable during vacations roster when only one consultant is available on duty. It is not humanly possible to continue the duty round the clock daily for months with single handed. No doubt section of Sangyahan is a most viable unit of Faculty of Ayurveda but it is working under pressure and tension due to sort of hands which was not previously when the work was handled in the collaboration of modern Anaesthesiology Department.

Now for smooth running of this section the vacant posts should be filled up on priority. We are not providing only anaesthesia but are providing service to our medical wards too. At the same time we have the Research Work responsibility for M.S. and Ph.D. Scholars. Our aim is also to contribute something fruitful in the field of pain management, palliative care and Sangyahan for the suffering humanities. Therefore we need hands for development of all the surgical discipline.

Existing Position of the Section

Reader	: 1 (Vacant)
Lecturer	: 1 (Filledup and upgraded under C.A.S. as Reader)
Sr. Resident	: 1 (IXth Plan lapsed and is in process to revive in Xth Plan)
Jr. Resident	: 1 per year
M.O. Anaesthesia (S.S. Hospital)	: 2 (Vacant)

Note: One lecturer post of Sangyahan is occupied by the Department of Prasuti Tantra.

Work Load

O.P.D. – Sangyahan – Vedanahar Clinic – 3 days per week.

Routine Sangyahan Services

Shalya	– 3 days
Anorectal	– 1 day
Shalakyia	– 1 day
Prasuti	– 2 days
Urology	– 1 day (Under consideration)

Emergency

- Labour Room Emergency – Round the Clock with help of Dr. K.K. Pandey, Lecturer – Stree Roga, Sangyahan.
- Shalya Shalakyā – Round the Clock emergency and routine services with help of service Sr. Resident Dr. R.K. Jaiswal.

Teaching load

- B.A.M.S. final professional
- M.S. Shalya Sangyahan
- Ph.D. Scholars

Training Programmes

Three workshops of 7 days each per year for practical training in intensive care.

Achievement

This section is one of the best division of the faculty of it's own nature at national level. Nearly 35 Postgraduates are produced by this section and are holding different positions in the country. Many of them are practicing anaesthesia in different Hospitals. The Section has developed a model of Research work on the principle of Ayurveda. The section conducts special researches in the area of premedication, Analgesia, preoperative preparation of the patients to enhance the safety margin. A wonderful work on postoperative pain is going on. The section has established its own pain clinic and preanaesthetic checkup clinic in 1995 which is providing good result and better patient care. This may be summarised:

1. Ph.D. Produced : 6
2. M.D./M.S. (Ay.) produced : 35
3. Research papers published : 150
4. Book Published : One (Sangyahan Prakash by Dr. D.N. Pande)
5. Journal Published : One -biannual – Sangyahan Shodh,
Chief Editor – Dr. D.N. Pande

6. Provides Services to the Department of Shalya-Shalakyā, Prasuti Tantra and Kaychikitsa.

Future Plan

- To develop a separate Emergency operation Theatre in Indian Medicine, O.T. Block for round the clock services.
- To develop our own I.C.U.
- To develop an experimental Lab separately.
- To develop an emergency Lab facility
- To enhance the number of Junior Resident and Sr. Resident for smooth running of Sangyahan Services.
- **Ultimately to develop a separate department of Sangyahan.**

The Sangyahan Section has significantly contributed as follows:

Researches Done in the Section of Sangyahan, Institute of Medical Sciences, Banaras Hindu University, Varanasi

Topic	Research Scholar	Supervisor
Ph.D.		
1. Evaluation of some indigenous drugs as adjuvants in anaesthesia (Experimental study)-1977	Dr. SB Pande	Prof. PJ Deshpande Prof. K Pandey
2. Ether anaesthesia in relation to Dehaprakriti-1978	Dr. FS Gundevia	Prof. PJ Deshpande
3. Further studies on Poorvakarma in anaesthesia-1990	Dr. DN Pande	Dr. SB Pande
4. Role of Medhya drug in Sangyahan (Anaesthesia) – 1994	Dr. KK Pandey	Dr. SB Pande
5. Anaesthesia in relation to Dehaprakriti (Clinical study)-1997	Dr. CK Dash	Dr. DN Pande
6. Role of Ashwagandha in Sangyahan with special reference to regional anaesthesia-1997	Dr. Sanjeev Sharma	Dr. DN Pande
M.D.		
1. Role of certain indigenous compound – Shankhpuspi and Jalamimba as medicant before anaesthesia-1977	Dr. Lalta Prasad	Prof. PJ Deshpande
2. Free fatty acids and blood glucose studies after use of Jalamimba and Shankhpuspi as premedicants-1978	Dr. SN Pant	Prof. PJ Deshpande
3. Studies on certain indigenous anaesthetic agent-1979	Dr. (Km) H Kaur	Prof. PJ Deshpande

Contd...

Topic	Research Scholar	Supervisor
4. Studies on role of Pariskyavani as preanaesthetic agent-1980	Dr. Ashok Dixit	Dr. SB Pande
5. Duration of effect of muscle relaxant Dr CB Verma in different Prakriti-1982	Dr CB Verma	Dr. SB Pande
6. Role of Jalandhara and Parsikyavani as premedication in local anaesthesia-1984	Dr. YP Sham Rao	Dr. SB Pande
7. Role of Jatamansi in anaesthesia-1985	Dr. PK Gulati	Dr. SB Pande
8. Studies on Poorvakarma in relation to anaesthesia-1986	Dr. DN Pande	Dr. SB Pande
9. Studies on Poorvakarma in relation to anaesthesia-1988	Dr. S Bhat	Dr. SB Pande
10. Clinical evaluation of some indigenous drugs as analgesic in surgical cases-1989	Dr. AK Rai	Dr. SB Pande
11. Application of anaesthesia in the management of Gudroga with special reference to Ksarsutra-1990	Dr. BC Serapati	Dr. SB Pande
12. Evaluation of Ashwagandha as preanaesthetic agent-1991	Dr. KK Pandey	Dr. SB Pande
13. Studies on the alcoholic extract of Ashwagandha (W. Somnifera) as preanaesthetic medication (An experiment and clinical study)-1992	Dr. Sanjeev Sharma	Dr. SB Pande
14. Studies on halothane anaesthesia in relation to Prakriti-1992	Dr. CK Das	Dr. SB Pande
15. Comparative clinical study of Brahmi and Ashwagandha as preanaesthetic medication-1993	Dr. Anil Dutta	Dr. SB Pande
16. Clinical evaluation of Mandukparni (C. Asiatica) in anaesthesia-1994	Dr. SR Manchala	Dr. SB Pande
17. Clinical studies on an indigenous compound (Nirgundi, Erandmula, Bala) as analgesic in post-operative pain-1995	Dr. RK Ghose	Dr. DN Pande
18. Biochemical studies on Parasikayavani as premedicant-1995	Dr. K Lal	Dr. SB Pande
19. Evaluation of Brahmi as preanaesthetic agent in relation to Dehaprakriti-1996	Dr. R Asthana	Dr. DN Pande
20. Evaluation of Jatamansi as preanaesthetic medication – A biochemical study-1997	Dr. PK Sharma	Dr. DN Pande

Topic	Research Scholar	Supervisor
21. Clinical and experimental studies on Dr. PS Pandey an indigenous compound (Nirgundi, Erandumula and Bhringraj) as an analgesic-1997	Dr. PS Pandey	Dr. DN Pande
22. Study on Brahma as premedication in Ether anaesthesia in relation to Dehaprakriti-1997	Dr. CP Bhusal	Dr. DN Pande
23. Studies on water extract of Ashwaganda as premedicant in epidural anaesthesia-1997	Dr DAR Shakuntala	Dr. DN Pande
24. Guggulu in the management of postoperative pain-1998	Dr. PR Mishra	Dr. DN Pande
25. Evaluation of Vaca as premedicant-1998	Dr. SK Mishra	Dr. DN Pande
26. Study of Parijat in postoperative pain under subarachnoid block-1998	Dr. G Shah	Dr. DN Pande
27. Studies of Rasna (P. lanceolata C.B. Clarke) in the management of Pain-1998	Dr. SB Chaurasia	Dr. DN Pande
28. Studies of Parijat in postoperative pain management under Sarvadaihik Sangyahan-1999	Dr. SK Singh	Dr. DN Pande
29. Studies of Rasna (Clinical) in postoperative pain management under Sarvadaihik Sangyahan-1999	Dr. A. Pai	Dr. DN Pande
30. Evaluation of Triphala Guggulu in Post Operative Pain	Dr. H.O. Singh	Dr. DN Pande
31. Comparative Study on Postoperative analgesia & Anti-inflammatory Activity of Rasna & Parijat as premedicant	Dr. R.K. Jaiswal	Dr. DN Pande
32. Biochemical Studies of Parijat Ghansatva during & After Intrathecal Anaesthesia	Dr. Rajesh Singh	Dr. DN Pande
33. A Comparative Study on Shigru Ghansatva of Stembark & Rootbark for Post operative Pain management	Dr. Champak Medhi	Dr. DN Pande
34. Evaluation of Shigru Guggulu in Sangyahan as Vednahar	Dr. B.N. Maurya	Dr. DN Pande

BANARAS HINDU UNIVERSITY **Sir Sunderlal Hospital** **(Indian Medicine Wing)**

H.S.K. AGRAWAL

Dy. Medical Supdt., Indian Medicine, S.S. Hospital, I.M.S., B.H.U., Varanasi

The Ayurvedic College was started as early as 1924 by the Founder of Banaras Hindu University Pt. Madan Mohan Malviya. The present Ayurvedic Hospital Building was started functioning in 1926. In 1980 later on the bed strength was raised to 125 from 96 on the recommendations of Dr. M.L. Dwivedi Committee. This Hospital is the center for training and Education to Undergraduate and Postgraduate Students besides serving the suffering humanity. The students come from adjoining countries as well like Nepal and Srilanka. It is also imparting special short course training programme for students from West Germany, Austria, Spain, Italy etc.



The Banaras Hindu University is the only University in India which has a full fledged Faculty of Ayurveda and Faculty of Modern Medicine under one roof and common administrative control. This unique situation provides ample opportunities of academic interaction between the two faculties. The Faculty of Ayurveda, BHU to which this hospital is attached is rated as number one of the three Apex Institutions of Ayurveda in the country. This faculty was giving Postgraduate degree i.e. M.D. (Ay.)/M.S. (Ay.) for 25 students since 1963 in as many as 15 specialities subjects. Recently from 2001 an undergraduate (BAMS) course has also been started admitting 35 students every year. The Faculty has also developed a course Capsule on Essentials of Ayurveda to be introduced in MBBS course as directed by MCI. Sir Sunderlal Hospital is the integral part of Faculty of Ayurveda having 125 beds and OPD services.

FACILITIES AVAILABLE IN THE HOSPITAL

(1) O.P.D. Facilities

Following OPDs are working in the hospital –

- | | | |
|------------------------------|---|---------------|
| (a) Bal Roga OPD | - | Daily |
| (b) Prasuti & Stree Roga OPD | - | Daily |
| (c) Kayachikitsa OPD | - | Daily |
| (d) Shalya OPD | - | Daily |
| (e) Shalakyia OPD | - | Daily |
| (f) Anorectal Clinic | - | Daily |
| (g) Dravya Guna OPD | - | Alternate Day |
| (h) Rash Shastra OPD | - | Alternate Day |

(i) Psychosomatic Clinic (Basic Principles)

(j) Pain Clinic (Sangyabaran) - Monday, Wednesday, Friday

Besides these, some specialized clinics are also working like Infertility Clinic, Manas Roga, Hradaya Roga and Geriatric etc.

(2) Indoor Services (Bed strength – 125 Beds)

Kayachikitsa	-	72 Beds
Shalya Shalakyā	-	33 Beds
Prasuti and Balroga	-	22 Beds

(3) Labour Room Services

All the 24 hours this service is available including operative facilities.

(4) Neonatal Services

Bal Roga has acquired modern equipment in Neonatal Nursery.

(5) Operation Theatre

Shalya Shalakyā and Prasuti Tantra Departments are operating every day in three most modern and fully equipped Operation Theatres.

(6) Laboratory Facilities

Modern Pathological Laboratory is working for OPD and Indoor patients. Recently a Semi Auto Analyser has also been purchased and installed.

(7) Radiological Services

One 500 MA X-ray Machine has been installed recently. It is catering the needs of OPD and indoor patients.

(8) Panchkarma Therapy Centre

A regular Panchkarma Unit is functioning in the hospital which accepts patients for specialized treatment on payment basis. Modest facilities for classical as well as Keralaiya Panchkarma Therapies are available under supervision of experts.

(9) Anorectal Clinic

This is another speciality which has given name and fame to the Department of Shalya Shalakyā. This clinic is over crowded and patients are coming from far off places for Kshar Sutra treatment in Piles and Fistula.

(10) Ayurvedic Side Pharmacy and Dispensary

Catering the needs of OPD and Indoor patients by providing different decoctions and Kwaths and dispensing ayurvedic drugs.

(11) Coronary Care Unit

Recently in Kaya Chikitsa ward under the supervision of Department of Kayachikitsa one bedded coronary care unit has been started.

(12) Anaesthesia (Sangyahan Services)

Sangyahan Section provides round the clock services – routine and emergency to the patients of Department of Shalya Shalakyā and Prasutin Tantra.

(13) Dietary Services

Hospital is providing Milk Diet to the patients up to the tune of 40% of Bed occupancy.

RECENT DEVELOPMENT IN THE HOSPITAL

- (a) Renovation of OPD Complex
- (b) Renovation of Operation Theatre Complex
- (c) Electrical rewiring of entire Indian Medicine Wing
- (d) Operation Theatre has been fully equipped and Air-conditioning of Operation Theatre has been done.
- (e) Laboratory has been equipped with –
 - (i) Binocular Microscope
 - (ii) Water deioniser, Hot Air Oven
 - (iii) Photo electric calorimeter etc.
 - (iv) Semiautoanalyser etc.
- (f) Cardiac Unit established in Kayachikitsa
- (g) New 550 MA Siemens X-ray Machine installed.
- (h) Neonatal Nursery equipped with radiant warmers and Phototherapy units.
- (i) Teaching Aids for clinical seminar rooms and furnishing of Hospital Lecture Theatre.
- (j) Office Equipments i.e. computer with printer and photocopier.
- (k) 200 KV Generator installed and connected with Indian Medicine Wing.
- (l) Foetal Heart Monitor for Prasuti Labour Room.

FUTURE PLANS

1. Increase in bed strength

The present 125 beds are insufficient to cater the needs for training and education of BAMS (Undergraduate course which has recently been started). There is an urgent need for having an additional 250 bedded hospital for the training of undergraduate and postgraduate students. Research activities may be expanded with an increase in bed strength.

2. Renovation of Heritage Building

The present Hospital Building was constructed 75 years ago and has lived its life. There is an urgent need for its repair and renovation.

3. Casualty Services

The casualty services are very essential component of training and teaching of students. They must be exposed to different type of emergencies which they have to face in the field.

THRUST AREAS OF RESEARCH AND DEVELOPMENT

1. Development of safe and effective treatment for chronic intractable disease like Asthma, Arthritis, Diabetes, Psychosis, Allergy etc.
2. Standardization of special therapies of Ayurveda such as Panchkarma Therapy and Kschar Sutra Treatment.

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
- पैथोलॉजी
- ई.सी.जी.
- यू.एस.जी.

From the President's Desk
U.P. State A.A.S.M.

It is my proud privilege to welcome all the distinguished guests and delegates on behalf of the U.P. State Chapter of Bhartiya Sangyaharak Association (BSA) to this auspicious 7th National Conference of BSA in the holy city of Varanasi, the abode of Lord Vishwanath. I am thankful to the members of the Central General body of the association for accepting our invitation and giving us the honour and privilege of hosting this conference again after six years.

At present, for updating the knowledge of our members in Sangyahan discipline, the U.P. Chapter Organizers Academic meetings from time to time. In these meetings the guest speakers like Prof. K. Pandey, Prof. A. Lal, Dr. P. Bhattacharya, Dr. Mathur, Dr. S.B. Pande, Dr. D.N. Pande, Dr. K.K. Pandey and others extended their full support and cooperation, I express special thanks to all of them.



The primary aim of the State Branch is to raise the prestige and status of Anaesthetists of Indian Medicine among our own Ayurvedic people. For that we are organizing workshops on CCPR (Cardio-Cerebro-pulmonary Resuscitation) and seminars on shock managements. Both the topics were nightmare for our students. But after being trained in the above programmes our students can handle the Emergencies in a better way. On 6th February every year at the time of Sangyahan day celebration particularly we organizes these workshops and seminars. Apart from that Section of Sangyahan also organizes one week certificate course on CCPR from time to time, which provides the opportunity for our graduates and postgraduates.

At last I want to say only one thing that if we work sincerely in our field and proved ourself useful to humanity along with our own Ayurvedic Sciences we would definitely survive-and flourished like any other science.

I am grateful to all, who make it possible to come together for a noble cause.

Jai Hind, Jai Sangyahan

(Dr. Ashok Dixit)

M.D. (Ay.) Sangyahan
President, U.P. State
Bhartiya Sangyaharak Association

डॉ. अरुण निगवेकर
अध्यक्ष



विश्वविद्यालय अनुदान आयोग
बहादुर शाह जफर मार्ग, नई दिल्ली-०२
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Dr. Arun Nigavekar
Chairman



MESSAGE

I am very happy to know that Institute of Medical Sciences, Banaras Hindu University, Varanasi is hosting the *7th National Conference of Association of Anaesthetists of Indian Medicine* on 6th & 7th February, 2004. The Anaesthetists of Indian Medicine are making painstaking efforts to contribute in the field of Sangyahan (Anaesthesia) in serving the suffering humanity. In this direction the animal experimental studies and clinical trials conducted in the BHU by the workers of Sangyahan section had given encouraging and fruitful results. The discussions and deliberations of the Conference will not only influence the Anaesthetists of the country but will definitely have the global impact, which will open a new era in the management of suffering humanity for all the systems of medicine. The discussions will be focused on framing integrated health policy for India. On this occasion, you are planning to bring out a Souvenir. I send my best wishes and greetings to all the participants and wish the conference/ Publication good luck and grand success.

(Arun Nigavekar)

प्रोफेसर पी. रामचन्द्र राव

Professor P. Ramchandra Rao
M.Sc., B.E., M.Sc. (Met. Engg.), Ph.D.
FIE, FNAE, FNAsc., FIM, FAsc., FNA
कुलपति

VICE-CHANCELLOR



काशी हिन्दू विश्वविद्यालय

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MESSAGE

I am happy that the 7th National Conference of Association of Anaesthetists of Indian Medicine is scheduled to take place in Varanasi on February 6-7, 2004. I understand that during the last two decades the Association is engaged in improving the status of Sangyabaran (Anesthesia). The Conference provides a platform to scholars and professionals of the discipline to exchange their experiences. I believe its deliberations will aid accomplish the objectives of the Association.

I wish the Conference all success.

(P. Ramachandra Rao)
Vice-Chancellor

Dr. P.N.V. KURUP

VICE-CHANCELLOR

Gujarat Ayurveda University
Chanakya Bhavan
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MESSAGE

It is praiseworthy to note that the Association of Anaesthetists of Indian Medicine (Bharatiya Sangyabarak Association) is organizing its 7th National Conference during February 6-7, 2004 at Banaras Hindu University with a theme-Ayurveda in New Millennium. This is the era of globalization of Ayurveda and majority of the people wants to be treated by Ayurveda, globally as it is easily available, eco-friendly, toxicity free and cost effective due to its holistic approach. Lots of developments have taken place in the growth of various specialties in Ayurvedic discipline. The Banaras School of Ayurveda has made significant contribution in the field of Sangyabaran from the perspective of Ayurveda by conducting clinical and experimental studies. The organization of such conferences will certainly pave the way to develop this speciality on strong scientific footings. The administration of Ayurvedic Sangyabaran having proven effect scientifically will be more acceptable to the patients and will certainly lessen the dependency on such modern drugs. It will also develop the faith of young enthusiastic scholars of Ayurveda in their own system of medicine. I am sure that fruitful and meaningful discussion will take place in the conference to pave the way for establishing the speciality of Sangyabaran in all the Ayurvedic Institutions throughout the country. I wish the 7th National Conference a grand success.

*(Dr. P.N.V. Kurup)
Vice Chancellor*

Rajasthan Ayurveda University, Jodhpur

City Office 82-Income Tax Colony Paota C-Road Jodhpur
Tel. No. 0291-2553002, Tel. Fax 0291-255993

Prof. Ram Harsh Singh
Vice Chancellor



MESSAGE

Dear Dr. Sharma,

I am happy to learn that the 7th National conference of the Association of Anaesthetists of Indian Medicine is being held on Feb. 6th and 7th, 2004 at Varanasi. I send herewith my best wishes to the Association and its active members for the continued effort being made to receive and develop this important branch of Ayurved. It cannot be over emphasized that Surgery and Surgical Skill was at its Zenith in ancient times and many recent advances in the field of modern surgery owe their origin to Shalya Tantra of Ayurveda. Surgery and Medicine were two distinct twin disciplines of healing sciences from the very inception as signified by the twin divine healers Ashwini Kumars. With the successful advent use of Kshara Sutra Technique and related Para-surgical procedures a great hope has been aroused about revival of the surgical component of Ayurved. It cannot be overemphasized that development of Anaesthesiology is an integral part of revival and development of Shalya Shalakya.

It will be pertinent to observe that except initial innovative studies and strategies developed at Banaras Hindu University in the leadership of Prof. P.J. Deshpande, there has not been any break through in this direction. There is no place for complacency in such matters. There is a need of extended efforts of Research and Development in this field so that this discipline may establish its own identity and may prove to be of added value in the care of suffering humanity.

Yours Sincerely

(Prof. Ram Harsh Singh)

Dr. S. MOHANTY

M.S. (Surg.), M.Ch. (Neuro), F.A.C.S.
 F.A.M.S., F.I.C.S., F.A.I.S. D.D.G. (IBC)
 Professor of Neurosurgery

DIRECTOR**INSTITUTE OF MEDICAL SCIENCES**

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**MESSAGE**

To,
 Dr. P.K. Sharma
 Organising Secretary
 7th National Conference of Association
 of Anaesthetists of Indian Medicine
 Section of Sangyahan
 Department of Shalya-Shalakyā
 Institute of Medical Sciences
 Banaras Hindu University

Dear Dr. Sharma,

I am happy to learn that 7th National Conference of Association of Anaesthetists of Indian Medicine is going to be held in the Institute of Medical Sciences, Banaras Hindu University on 6th and 7th February 2004. Department of Shalya Shalakyā, Prasuti Tantra and Sangyahan move together and the Faculty of Ayurveda of IMS has been promoting the development as a pioneer Institute. Several original contributions have been made in the field of Sangyahan at IMS, BHU. I welcome all the delegates of this national conference and wish them both academic feast and mutual exchange of views.

I wish the conference great success.

Yours sincerely

*(S. Mohanty)
 Director*

PROF. V.B. PANDEY

Dean
Faculty of Ayurveda

INSTITUTE OF MEDICAL SCIENCES
Banaras Hindu University
Varanasi

MESSAGE

I am happy that the Department of Shalya-Shalakyā, Faculty of Ayurveda is going to organize the 7th National Conference of Association of Anaesthetists of Indian Medicine on February 6-7, 2004. Although Sangyahan (Anaesthesia) in Ayurveda has not much been explored but sincere efforts have been made for integrated approach in Sangyahan. I have every hope that the discussions and deliberations in the conference will definitely suggest some newer possibilities in Sangyahan.

I wish the conference a great success.

V.B. Pandey

BANARAS HINDU UNIVERSITY

Dr. (Mrs.) S. Chooramani Gopal
 M.S., M.Ch. Ped. Surg. (AIIMS), FAMS
 Professor of Paediatric Surgery
 Institute of Medical Sciences
Medical Superintendent
 Sir Sunderlal Hospital
 Banars hindu University
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Ref. No. SSH/F. 8/03-04/2790

Dated: 02.01.2004



MESSAGE

Dear Dr. P.K. Sharma,

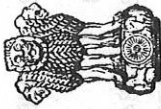
It is heartening to learn that you are going to host the 7th National conference of Association of Anaesthetists of Indian Medicine (Bharatiya Sangyabarak Association) on 6-7th Feb. 2003 at Institute of Medical Sciences, B.H.U.

The whole world today realizes that Shushrutha was not only the father of surgery of India but is the father of surgery of the world. His method of nose reconstruction (rhinoplasty) is even practiced today. His description of burn injury is super. One can easily imagine that if surgery was so advanced in those days, certainly there must have been a way to anaesthetize the patients. Joining hands with other Indian Medicine people on the issue of Sangyabaran would certainly pave the way to look into the past and to plan and develop the newer approaches for anesthesia from the wealth of Ayurveda. Your main theme of 'Ayurveda in New Millennium' during this conference is really a welcome idea.

I wish the Conference a grand success.

With best wishes,

(S. Chooramani Gopal)



सत्यमेव जयते

INDRAVIJAYSINH JADEJA

No. Minister/H&FW, R&B, CP, UD&UHD/622
**Minister for
Health & Family Welfare, Roads &
Building, Capital Project, Urban
Development & Urban Housing**
Government of Gujarat
1/8, Sardar Patel Bhavan
Gandhinagar-382 010

Date: 6 January, 2004

MESSAGE

I am pleased to know that the 7th National Conference of Association of Anaesthetists of Indian Medicine is being organized in the holy city of Varanasi on 6th-7th February, 2004.

The conference would provide a common platform to Anaesthetists to exchange their novel views and knowledge.

I wish the conference a grand success.

(Indravijaysinh Jadeja)

राजवीर सिंह 'राजू भैया'

मंत्री

स्वास्थ्य एवं चिकित्सा
आयुर्वेद एवं होम्योपैथिक चिकित्सा



कार्यालय : 0522 - 2238061
सी.एच. : 3304
आवास : 0522 - 2238499
2237949

विधान भवन, लखनऊ

दिनांक 200

MESSAGE

I am happy to know that Bharatiya Sangyaharak Association is organizing 7th National Conference of Association of Anesthetists of Indian medicine during 6th & 7th February 2004 at Institute of Medical Sciences, Banaras Hindu University, Varanasi and publishing a Souvenir on this occasion. I am in belief that Seminar will discuss main theme of "AYURVEDA IN NEW MILLENNIUM"

All good wishes for success of organizing seminar and publication of Souvenir both.

(Rajeveer Singh)
Minister

राजकीय आयुर्वेद महाविद्यालय एवं चिकित्सालय



सम्पूर्णानन्द संस्कृत विश्वविद्यालय, वाराणसी - २२१ ००२
STATE AYURVEDIC COLLEGE & HOSPITAL
Sampoornand Sanskrit University, Varanasi - 221 002

प्रधानचार्य एवं अधीक्षक/संकाय प्रमुख

कार्यालय - फोन: २२००४६४



MESSAGE

It gives me great pleasure to learn that section of Sangyabharan Department of Shalya Shalakya Institute of Medical Sciences, Banaras Hindu University is organising 7th National conference and first international congress of Association of Anaesthetists of Indian Medicine (AAIMCON-2004) on 6th to 7th February 2004 in the seat of learning Banaras Hindu University.

The increasing hazards, complications and the cost effective treatment forced the world to look after such a remedy, which is easily acceptable to all. In this direction even the western world is keenly looking towards the Ayurved, which has great potential in prevention and cure of the disease. The fundamental principles of Ayurved can also play an important role.

I am confident this conference will be able to bring out some concrete proposals to improve the quality of life and better survival.

I welcome the delegates to this ancient city of religion and culture and to the temple of learning Banaras Hindu University.

I wish the congress a great success.

(Dr. B.P. Pandey)
Principal



Rashtriya Shikshan Mandal's
Tilak Ayurveda Mahavidyalaya
 टिळक आयुर्वेद महाविद्यालय, पुणे

583/2, Rastra Peth, Pune – 411 011.

(Affiliated to Pune University & Maharashtra University of Health Sciences, Nashik – 316/98)

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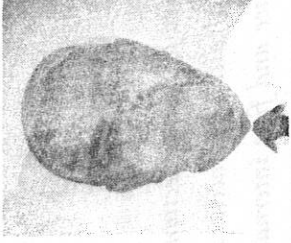
Principal

Dr. D.P. Puranik

B.A.M. & S.F.F.A.M.

Ref. No. :

Date:



MESSAGE

I am very happy to learn that the 7th National conference of A.A.I.M. is being organised at Varanasi on 6-7th February 2004.

It is very appreciable that the organisation has consecutively organised 6 conferences since its inception in 1996.

The theme, "Ayurveda in New Millenium" will definitely Provoke the scholars and researchers to come together for funding out National Integrated health policy. I am sure that there will be lots of discussions and deliberations during the conference days.

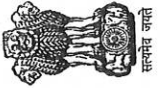
From the botom of my heart, I wish a Grand success to his National Event.

(Prof. D.P. Puranik)

Principal

Tilak Ayurveda mahavidyalaya, Pune

Chairman, Organising Committee AAIMCON-04



**CHIEF MINISTER
RAJASTHAN**

MESSAGE

I am glad to know that Institute of Medical Sciences, Banaras Hindu University, Varanasi is hosting the 7th National Conference of Association of Anaesthetists of Indian Medicine (AAIM) at Varanasi on February 6-7, 2004 and souvenir is being published to mark the occasion.

It is laudable that experimental studies and clinical trials are being undertaken in BHU by Anaesthetists. It will help explore the possibilities in the field of Anaesthesia.

I am sure that the discussions and deliberations during the conference will not only be helpful to the Anaesthetists of the country but also have a global impact for all systems of medicine.

I wish the seminar and the souvenir a grand success.

(Vasundhara Raje)



RAJASTHAN
CHIEF MINISTER

MESSAGES

I am glad to know that Institute of Medical Sciences, Bikaner, Bikaner
University, Jaipur is participating in National Conference of Association of
Universities of India, Bikaner (AUI) at Jaipur on 14th and 15th 2004
and knowledge would be shared to mark the occasion.

It is laudable that administrative staff will help and give their support in
arrangement in I.I.T. Jaipur. It will help and give the knowledge in
the field of health services.

I am glad that the Government has taken various steps to
improve the health services and to provide the health services in
the field of health services.

When the Government has taken various steps to

(Agriculture Deptt)

ABSTRACTS

1

Shigru Ghansatva in the Management of Post Operative Pain

CHAMPAK MEDHI¹, D.N. PANDE²

¹Junior Resident III, ²Reader & Incharge, Section of Sangyahan, Department of Shalya-Shalakra Institute of Medical Sciences, Banaras Hindu University, Varanasi.

Shigru is known as anti-inflammatory by our Ayurvedic Physicians since long. It was used in several inflammatory conditions effectively by our ancient surgeon called as Father of Surgery - Acharya Sushruta. Keeping in view these references we have conducted a clinical trial on thirty patients selected for surgery for different surgical problems. The patients were divided randomly into three groups and were assessed on a standard proforma established by our section of Sangyahan. All the patients were assessed on ASA scale before going under anaesthesia. The result were very encouraging. We will present our observation during the scientific session.

2

Role of Matra Basti with Bala Taila in the Management of Pain of Post Operative Cases of Inguinal Hernia

**SHIVANAND A. KEMBHAVI, A.R. ACHARYA¹, MURULIDHAR SHARMA²,
SUBRAMANYA BHAT³, K.R. RAMACHANDRA³**

¹Lecturer, ²Assistant Professor, ³HOD, Department of Shalya Tantra
S.D.M. College of Ayurveda, Udupi.

In the surgical practices, the management of the post-operative pain is one of the important step. There are many techniques presently being used to overcome this pain.

Taking into consideration of the Ayurvedic management of the post operative pain, Bala taila matra basti is tried in the operated cases of inguinal hernia.

10 patients of operated inguinal hernia were selected from the IPD of Sri Dharmasthala Manjunatheshwara Ayurveda hospital. Udupi, for the study. The details of which will be presented in full paper.

3

Jeevavesha Prakriya vis-a-vis Medical Emergency in Ayurveda**SUJIT KUMAR DALAI¹, K. SHANKAR RAO², L.K. DWIVEDI³**

¹P.G. Scholar, ²Assistant Professor, ³Prof. & Head, P.G. Department of Rasashastra & Bhaishajya Kalpana National Institute of Ayurveda, Madhavilas Palace, Amer Road, Jaipur

Medical emergencies are the commonest emergencies met in the day today practice. The emergency may range from a simple colic pain to Syncope, Asphyxia and even up to Sadyo-mrityu. In either case the patient needed to be managed immediately in order to relive and resuscitate to save life.

Ayurveda is a system of medicine in India. But these emergencies in Ayurveda lack proper identification and analysis and are almost a neglected subject, may be because the entire subject matter lies scattered in the literature.

But at the same time the text "Rudrayamala tantra" 3rd cent. AD mentioned measures of management of emergency even in cases of Sadyo-mrityu through Jeevavesha Prakriya. There the conditions were excellently managed with the available means of methods and treatment.

The present paper intended to deal emergencies through Jeevavesha Prakriya as described in "Rudrayamala tantra" which may beneficial to the students, teachers and also research workers in the management of medical emergencies including Sadyo-mrityu.

4

Role of Psychological Factors in the Manifestation of the Heart Diseases**UDAY PATANKAR¹, UJWALA PATANKAR, S.K. KHANDEL² AND L.K. DWIVEDI³**

¹M.D Scholar, ²Assistant Professor, Department of Roga Nidan, ³Head, Department of Rasa Shastra, National Institute of Ayurveda, Amer Road, Jaipur – 302 002 (Rajasthan)

In the present era of Information Technology the man is running after physical satisfaction, which he thinks are the latest reachable goal of his life. Due to this he has no time to pay attention towards his body for which he is doing everything. This ultimately resulting in production of life style oriented diseases like DM, HTN, IHD and many more. Very often the measures adopted by the well-developed Modern Medicine become so short in curing must say relieving these disorders. And when the modern drugs fail to combat the mission, physician thinks of psychological intervention to that problem.

We throughout the paper are going to describe pathogenesis and importance of stress in manifestation of cardiac diseases.

Details of the paper will be described at the seminar.

5

Ksharasutra-Preperation, Standardisation and it's Application in Arshas (Haemorrhoids)

A.A.J. PUSHPA KUMARA*

*Department of Shalya and Shalakya

The recent innovations and research in the field of Modern surgery is primarily aimed at those techniques which are of either non-invasive or with bare minimum tissue interventions into the Human body. But this ideal was already in practice during the period of Sushruta. That is why he in his treatise Sushruta Samhita, apart from surgical procedures, has laid more emphasis on various Para-surgical procedures. Ksharasutra therapy, one amongst various Para-surgical, procedures has been advocated in the management of various surgical diseases by Ancient Ayurvedic scholars. Off late efficacy of Kshara sutra in the management of Ano-rectal diseases has been re-established by Modern Ayurvedic scholars through multicentral research work. Now Ksharasutra technique is universally accepted as an effective treatment modality in the management of Bhagandara and Arshas.

Ksharasutra therapy is equally effective both in Bhaandara as well as in Arshas. But it's practice is more concentrated in Bhagandara only. Arshas, the most common ano-rectal anomaly, poses greater difficulty in the management and has reasonable reoccurrence chances after conventional surgery. Hence this disease too is best suited for Ksharasutra therapy. It is for these reasons that in this paper discussed preparation of Ksharasutra and standardization and it's application in Arshas (Haemorrhoids) is highlighted.

6

Aromatherapy

MAHESH NARAYAN GUPTA¹, SHARMA R.D²

¹JR-1, M.D. 1st year, ²Prof. & Head, Bal-Roga, Institute of Medical Sciences,
Banaras Hindu University, Varanasi

From morning till night, smells are part of our daily lives. Some are pleasing & invigorating, others nauseating or poisonous. The human being could be capable of

differentiating upto 10,000 different smells. The olfactory nerve ends directly in the higher centres of the brain. It is the rhinencephalic part of brain which identifies and deciphers olfactory stimuli.

It has long been known that the subtle element of plants-the aroma of the flowers is contained and concentrated within the essential oils. In keeping with tradition, we see the fragrances as the soul of plants. Aromas and perfumes have unsuspected therapeutic revitalizing and rejuvenating powers.

Perfumes and aromas have been intimately associated with humanity, religious rites, healing arts and food preparation since the beginning. They open up an extraordinary field of activities for both prevention and therapy in human beings.

This paper will elaborately deal with the composition of essential oils, how essential oils affect the body, properties and uses of various types of essential oils in combating various ailments.

7

Stress and Society – Probability of Ayurveda

RANI AGRAWAL¹, K.K. PANDEY², M. DWIVEDI³

¹Jr. Resident, ²Sr. Lecturer, ³Professor, Department of Prasuti Tantra, Institute of Medical Sciences, Banaras Hindu University, Varanasi.

शरीरं हि अपि सत्वमनुविधीयते, सत्वं च शरीरम्।

(Cha.Sha. 4/36)

What happens in the mind of man is always reflected in the disease of his body.

The stress response of body is somewhat like an aeroplane ready for take off. Virtually all systems (heart, lungs, digestive system, brain etc.) are modified to meet the perceived danger.

Over the lengthy course of human evolution stress was designed as a life saving measure to facilitate primitive man's ability to deal with physical challenges such as:

- Heart rate and BP to increase blood flow to the brain to improve decision making.
- Blood sugar rises to furnish more fuel for energy as a result of breakdown of glycogen, fat and protein stores.
- Clothing occurs more quickly to prevent blood loss from lacerations etc.

In our ayurvedic texts, stress is related with etiology of various psychie and somatic disorders and various measures are described to combat with it, which will be discussed and presented in the conference.

8

Effects of Parijat Ghan-Satva on the Biochemical Status of Operative Patient during Anaesthesia

RAJESH SINGH*, D.N. PANDE**

*Consultant Anaesthesiologist **Reader and I/c Section of Sangyahan, Department of Shalya-Shalaky, Institute of Medical Sciences, Banaras Hindu University, Varanasi.

In our section of Sangyahan, Department of Shalya-Shalaky, Institute of Medical Sciences, Banaras Hindu University, many studies were done to explore the utility of an indigenous source for the management of post-operative pain. The previous workers selected Nirgundi, Rasna, Parijat, Bhringraj and Erandmool for study. They observed that these indigenous sources are very much useful and are effective in the post-operative pain management. In this series of research work a study was conducted on bio-chemical changes during intrathecal anaesthesia. An indigenous source Parijat Ghan-Satva was used as pre-anaesthetic agent. The biochemical changes were recorded on a standard proforma. The results will be discussed at the time of scientific session.

9

Review of Post operative Pain Management

B.N. MAURYA*, D.N. PANDE**

*Junior Resident Section of Sangyahan, **Reader and I/c Section of Sangyahan, Department of Shalya-Shalaky, Institute of Medical Sciences, Banaras Hindu University, Varanasi

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 personals. The works to explore the different drugs and techniques are continuously going on but till date no perfect remedy is available in hand. This paper will reflect, the different approaches and techniques of postoperative pain management. The details will be presented in the scientific session.

10

Role of 'Snehan – Swedan' in Hypothermia**R.D. SHARMA¹, RAKESH NAGAR²**

¹HOD, Department of Prasuti Tantra, ²J.R. Ist, Kaumarbhritya, Institute of Medical Sciences, Banaras Hindu University, Varanasi.

Beginning of life from birth the baby came from an warm, clean, quiet and comfortable environment. The external temperature is about 2°C lower than the temperature of womb and environment of labour room is not so clean and homogenous like uterus for baby. So the newborn is wet partially asphyxiated in labour room environment, because of insufficient thermo-regulatory effects baby is predisposed to hypothermia.

The study of Ayurvedic literature shows the Bala tail application and bath with 'Kshiri Vriksh Twak Kwath' after delivery of new born effectively protects heat loss and this help in prevention of hypothermia. This effect shows the benefit of Snehan and Swedan. That will be discussed in detail in full paper.

11

Agnikarma Therapy in Pain Management**VYSADEV MAHANTA¹, ANANTA KUMAR SHEKOKAR²,
MANJUSHA R.³ & P.D. GUPTA⁴**

¹M.D. Scholar (2nd year), ²M.D. Scholar (Final Year), ³1/c, H.O.D. & ⁴Visiting Prof., Department of Shalya Shalakyā, I.P.G.T. & R.A., Gujarat Ayurveda University, Jamnagar

Pain is an unpleasant sensation causes untold mental agony as well as physical discomfort and acts as a warming signal against disturbances. As a symptom it demands prompt relief. Physicians who manage pain within no time become god for the patient. There are so many procedures and drugs that have been mentioned to overcome painful condition in Ayurveda and modern medicine.

Agnikarma is a prestigious Para surgical measure to counteract such conditions. Pain is described in Ayurveda as Vataja, Pittaja and Kaphaja etc. By Agnikarma Vata, Kaphaja pain at local places is result oriented and gives instant relief to the patient.

The detailed description regarding the Agnikarma procedure and management of painful conditions of various diseases will be discussed in scientific session.

12

Drugs of Sangyasthapan Mahakashya: An Analytical Study

TUSHAR KANTI MANDAL¹, S.D. DUBEY²

¹Sr. Resident, ²Prof. & HOD, Department of Dravyaguna, Institute of Medical Sciences, Banaras Hindu University, Varanasi

The term Sangyasthapan denotes:

संज्ञां ज्ञानं स्थापयतीति संज्ञास्थापनम् । (Chakradutta)

That means which regain the consciousness called as Sanghasthapan.

According to Acharya Charak the causes of संज्ञा नाश is due to the Avarana (आवरण) of मन (mind) and बुद्धि (Intellect) by Tamoguna.

The Drugs of Sangyasthapan Mahakashya due to their Dravyaguna Prabhav clear the Avaran of मन and बुद्धि and regain the consciousness.

The drug of Sangyasthapan group:

हिङ्गुकैट्यारिषेदा वचा चोरकवयःस्थगोलोमीजटिलापलंकशशोकोरुहिण्य इति दशमानि संज्ञास्थापनानि भवन्ति । (C.Su. 4/48)

The name of the drug are Hingu, Kaitarya, Arimad Vacha, Chorak, Brahma, Guduchi, Jatamanshi Guggulu and Katuki.

An attempted to be made in detail in full paper the description and property of action of the drugs and analytical study of Sangyasthapan to enlightened with modern correlation along with recent research work.

13

Different Types of Methods/drugs to be used for Analgesic/ anodynes/anaesthetic purpose as per Charak and Sushrut Samhita

GOVIND PAREEK¹, P.K. GOSWAMI²

¹(Jr. R. Ist), ²Reader & Head, Department of Ayurveda Samhita, Institute of Medical Sciences, Banaras Hindu University, Varanasi

The aim of Ayurveda is-

“स्वस्थस्य स्वास्थ्य रक्षणं अतुरस्य विकार प्रशमनं च” ।

So for the purpose of “स्वस्थस्य स्वास्थ्य रक्षणं” a lot of methods are Illustrated in Ayurvedic text like as Dincharyā Ritucharyā, Rasāyan therapy but for second aim there are three types of Chikitsa described in Charak Samhita.

(1) Antah Primarjan, (2) Bahi Primarjan and (3) Shastra Pranidhan

In Shastra pranidhan chikitsa there is the main problem of feeling severe pain at the time of Shastra Karma. So there was a need of pain relieving agent. According to Ayurveda pain is the character of "Vata" "वातदुते चरति रोग" .

So all the methods/drugs which can subside the effect of "Vata" can be used for analgesic/anodyne/anaesthetic Purpose.

and for this a lot of methods/drugs are described in Ayurvedic texts.

Like as - Snehan, Swedan, Abhyang, Awagah, Parishek, Mirdu-Samshodhan, Agnikarma, Siramokshan, Nasya, and Dhoompan in different diseases.

And a lot of drugs like - Vednahar Mahakashaya, Shool Prashman Mahakashay, Rasna, Pippli, Pippli Mool, Koolatth, Hingu, Bala, Sunthi, Vacha, Atis, Madya, Sura, Arista.

Although the analgesic/anaesthetic effect of these methods/drugs not so much potent. But the properties of these drugs can give a guide line for developing a potent analgesic/anaesthetic agent in Ayurveda.

It will be described in a full paper while paper presentation.

14

Ayurvedic Drugs and Pain Management

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Pain has been very tough problem for medical personnel to deal with. The main object of every medicinal system is to ameliorate the sufferings of living being. Ayurvedic classical texts describe various kinds of pain according to their Dosis configuration i.e. dosis dominance decides the nature of pain.

Many Ayurvedic concepts present and prove their important role in relieving pain but among them various Ayurvedic (Herbal/Herbomineral) formulations are known to be effective. Details of the subject will be discussed while paper presentation.

15

Role of Jatamansi in Anaesthesia

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Sushruta the father of Surgery has elaborately described about surgery. He has given a detailed information about the various surgical principles, instruments and methodology of various surgeries like general surgery, orthopaedic surgery, plastic surgery. He very well explained about the management of various types of burn, head injury and Marmaghata (shock) during surgery. The methods of pain relief were existent but their knowledge unfortunately disappeared due to many reasons. The Scientists of Ayurveda suggest about some organisms creating disturbance in wound healing. Sushruta terms them as Nishacher (micro-organism). To eradicate or to save the patients from these organism and making the patients free from pain he has put forward some principles termed as Pedva Karma. In anaesthesia it is well correlated as premedication which has two fold purpose. It serves to prepare a patient for anaesthesia by providing a state of acquiescence to the induction of anaesthesia and by obtunding nervous system activity. Secondly it serves to contribute to the anaesthetic process or state itself and reduces the anaesthetic drug requirements.

Jatamansi (Nordostachys Jatamansi) has been taken as one of the drug with expectation of extra advantage over immense synthetic drugs or to minimise their toxic or adverse effects. Jatamansi Ghansatwa is a safe and effective premedicant. It produces good sedation. It reduces recovery period and makes it safe without emetic sequelae. Details of the topic would be discussed while paper presentation.

16

Effect of Shirodhara in the Management of Tension Type Headache

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It is now well established that high B.P., coronary artery disease, cerebrovascular accident, Diabetes Mellitus, Peptic ulcer, headache are caused initially by disturbed conditions of the mind. Followed gradually be derangements in one or more vital organs of the body. Excessive love or hatred, jealousy, passion and anger

if one experience excessively may lead to agitated mental state further resulting to disease.

Tension headache is one of the disease of all these elements. This is the most common type headache and is experienced by majority of people. The pain is usually constant and dull. In contrast to other types of headache the pain may continue for weeks and months without interruption and there is no associated vomiting or photophobia.

The cause of tension headache is obscure. Emotional strain or anxiety is a common precipitant to tension headache and there is sometimes an depressive illness also present.

Here one should realise that as with the declining the infections diseases, the incidence of stress associated disease like tension headache markedly increased in recent years. Because of the fact that tension is primarily a psychic phenomenon.

Medical or surgical managements does not give a full protection to these patients. It has been observed that all over the world in such situations, non pharmacological approaches can give a great benefit to the needy patient.

This disease has become a great challenge for the medical world and by Ayurvedic Treatments like **Shirodhara** a good relief has been observed. The studies conducted at BHU with the parameters (a) VAS, (visual analogue scale) (2) Immediate memory Scale (3) Attention fluctuation scale and HARS (Hamilton's anxiety Rating scale) and (4) Mc Gill Pain Questionnaire (MPQ) Scales shows significant improvement in patients suffering with tension headache, the present paper will discuss very widely about the same.

17

Aromatherapy and Ayurveda

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Aromatherapy is derived from two words, Aroma means fragrance or smell and therapy means treatment. Using of Aromatic substances especially the essential oils and volatile oils in the therapeutics is nothing but the aroma therapy. Historical evidences are available regarding the use of essential oils since ages Egyptians, Romans, Greeks, Europeans and Indians are known to these oils from good olden days. Acharya Charaka and Sushruta have explained very widely the use of

essential oils singly and in combinations with medicines in therapeutics, for external and internal use.

The present paper will discuss the fundamental principals, concepts, treatment modalities of Aromatherapy in comparison to Ayurveda in detail.

18

Effect of Raktamokshan by Jalauka application in Khalitya (Alopecia Areata): A Clinical Study

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The term Alopecia means loss of hair. It mainly divided in to two types, one is localized and other is diffused. Alopecia areata is rapid onset, total hair loss in a sharply defined, usually round area. It is a localized, non-scarring variety of alopecia. It affects about 2% of the patients seen in OPD's. It found usually on the scalp. The condition may also affect the eyebrow, eyelashes and beard.

According to Ayurvedic texts this type of hair loss is due to Rakta Dusti. So Rakta mokshan is a best procedure to treat a Dusta Raktajanya Vyadhi.

कुर्याच्छोणितरोगेषु रक्तपित्तहरी क्रियाम् । विरेकमुपवासं च स्रावणं शोणितस्य च ॥

A clinical study was conducted in 7 patients of Alopecia areata and they were treated by the application of leech on affected area. The result was found significant and no recurrence were found in follow up.

The present paper will discuss the procedure and probable mechanism of action of leech application along with the clinical observation in detail.

19

Dramatic Response of Taila dhara in Joint Disorders – Some Clinical Case Report

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Dhara karma is one of the most essential therapy mentioned under keraliya Panchakarma. Pouring of different medicated decoction, oil in different disorders is known as Dhara karma. Taila Dhara in different joint disorders is a very much

effective treatment. In so many patient of joint disorders admitted in I.P.D., Department of Kayachikitsa we have trial for this therapy which shows magic response. Some of these patient was Osteo chondroma in lesser trochanter of right femur which dissolved completely after one month therapy. It was also effective in knee joint ligament inflammation, Frozen shoulder and so many other disorders.

Details clinical data and radiological findings will be shown at the time of presentation of this paper.

20

Premedication for Spinal Cases

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There are so many different opinion regarding the premedication in the cases undergoing spinal anaesthesia. Some anaesthetists like to advice premedication to their patient before going under spinal anaesthesia, whereas some are of the opinion that no premedication is required for spinal cases. What are the real positive points and negative points in favour of both opine. I will try to put before you with my personal opinion including my experiences on 10,000 cases.

21

Chittodvega (Anxiety)

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Anxiety is specific unpleasant state of Tension which indicates the presence of some danger to the organism.

It may be present in all subjects including patients. In the latter it may be present as a symptom (e.g. in Schizophrenics, depressives) or as a syndrome (anxiety neurosis).

In India and other developed countries anxiety neurosis appears to be the most common and most frequent clinical entity.

Pharmacological agents like minor and major Tranquillizers, antidepressants and beta blockers are used for its treatment. But they provide only superficial relief

of symptoms. They do not help the individual to combat adequately to stress and strain.

Thus there is need for non pharmacological treatment methods.

Patanjali's Yoga a form of meditation, called Psycho physiological therapy consisting 8 practical stages in sequence.

They are, 1. Yama, 2. Niyama, 3. Asana, 4. Pranayama, 5. Pratyahara, 6. Dharana, 7. Dhyana, 8. Samadhi are useful for decreasing neuroticism, depression anxiety, irritability and increases internal self control, self actualization and happiness. It also improves the patients ability to stand up adequately to stress and strainful situations.

The paper will discuss the procedures, materials, methods to control anxiety in detail.

22

Physiological Effect of Kativasti

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The physiological effect of Kati vasti is similar to Paraffin wax bath therapy in physiotherapy. Both works on the principle of conduction and latent heat.

We have preferred kati vasti in cases of low Backache as wax application is not possible in this condition. Kati vasti provides warmth, vasodilatation, reduction in skin resistance, increases local tissue metabolism, analgesic effect, increases nerve conduction velocity, elasticity of muscles, ligaments and lapsular fibres due to it conduction and latent heat effect.

It is mainly useful in prolapsed Intervertebral Disc. Facetal problems mechanical back pain. Which are mainly occupational.

23

Electromagnetic Induction: A non invasive Adjuvant to Panchakarma in Pain Management

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Jhon Milton complained in Paradise lost that "Pain is Perfect Misery, The worst of All Evils."

The Gate Control theory of Pain predicts that selective activation of large diameter non - nociceptive myelinated primary afferent neuron i.e. by electrical stimulation of peripheral nerve, would reduce pain.

Panchakarma therapy widely known for its importance for purification of the microchannels of human system and pacification of vitiated bodily humours along with Electromagnetic Induction therapy such as Diathermy, Diapulse, Biupentherapy, Structural Muscle System, Drenalift, Dialaser D etc. achieve the above motive of stimulating the peripheral nerve ending there by reducing pain and also enhancing the process of healing to a greater extent.

24

Concept of Renal Colic in Ayurveda

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Renal colic is one of the symptoms associated with various diseases of renal origin and is responsible for distress and apprehension to patients. In Ayurveda, various urinary disorders are described under the heading of Mutrakricchra and mutraghata. Apart from these, some other diseases are also mentioned in other context related to urinary system. Tuni is one of them which is described under heading of vata vyadhi in Sushruta Samhita.

“अधो या वेदना याति वर्चोमूत्राशयोत्थिता ।

भिन्दतीव गुदोपस्थं सा तूनीत्यभिधीयते” ॥ सु. सुं. नि. १/८६

Due to Vitiation of vata dosha there is severe pain arising from rectum and bladder. On the basis of presentation we can consider it as renal colic. As per

management, acharya Sushruta has advocated both Samshamana and samshodhana Chikitsa.

Details of the paper will be discussed at the time of presentation.

25

Leech Application in Pain Management

SHERKHANE RAHUL NAGNATH¹, AWANEESH KUMAR ROY², S.J. GUPTA³

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Since dawn of medical history various attempts had been made to evolve absolute solution for the problem of pain. Ayurveda describes variety of pain as per their Doshic dominances and their corresponding management. Various measures have been adopted as a way out for pain management. Classical text of Ayurvedic surgery, Sushruta Samhita, has mentioned various parasurgical methods to get rid of pain. Among some important methods Raktamokshana (blood letting) high position.

Role of leech application (Jalaukacharan) in management of inflammatory pain will be discussed elaborately while paper presentation.

26

Role of Yogic Management in Stress

**NAVANEETHA KRISHNA¹, MURULIDHAR SHARMA², A.R. ACHARYA²,
SUBRAMANYA BHAT², K.R. RAMACHANDRA³, MOHAMMED RAFIQ B.N.Y.S.⁴**

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The word "Stress" is derived from Latin – Stringi, which means "to be drawn tight" Although it is difficult to define stress, all of us experience stress all our life – at home, work, and even in sports. We need stress – without it life would less exciting and challenging. From a positive perspective, stress is source of motivation and a necessary component to survival. But certainly, excessive or prolonged stress can be detrimental and may take a toll of our health.

Considering these points, a study is conducted in S.D.M. Hospital, Udupi on 20 patient who were under stress, by adopting Yogic procedures as stress busters. The details of which will be presented in full paper.

27

Effect of Vaman Therapy in Amlapitta**RANA MADHU¹, BRIJESH MISHRA², N.P. ROY³, B.N. UPADHYAY⁴**

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Amlapitta is very common disease in all age group especially in 4th, 5th, 6th decade of life in male and females both. Amla pitta is due to vikriti of qualities and quantity of the pitta dosa. Etiological factor of Amla pitta are stressful life style, spicy food, junk food and untimely dietary habits. Amlapitta may be correlated with hyperacidity, gastritis, and reflex oesophagitis. There is no satisfactory treatment in modern medicine as after complete treatment relapse is very common. Vaman karma is one of the pradhan karma of panch karma in the management of the Amlapitta. Details will be discuss in paper presentation.

28

Neonatal Resuscitation**P.S. UPADHYAY¹, R.D. SHARMA², B.M. SINGH³**

¹J.R. 2nd (Kaumarbhriya), ²HOD of Prasutitantra & Kaumarbhriya, ³Lecturer of Kaumarbhriya, Institute of Medical Sciences, Banaras Hindu University, Varanasi.

Establishment of breathing in neonates is of top priority as proper resuscitation of neonates means revival from apparent death. Most of the times baby establishes spontaneous breathing without any active assistance, however about 3.5% to 7.5% babies do have difficulty initiating spontaneous breathing thus needs active resuscitation. Most commonly immediate after delivery, cyanosis, bradycardia, hypothermia, seizures and opneic attacks can occurs. How ever some delayed complication e.g., cerebral oedema, HIE, CP, NEC etc. may occur.

Ayurvedic texts had advocated various methods for the revival of neonates having partial or massive hypoxia under the heading of Acheshta bal paricharya. These procedures shall be discussed in full paper along with their scientific explanation.

29

Stress and Society

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Ayurveda represents the totality of life and gives the total knowledge required to maintain the holistic balance of functioning of mind and body.

Mind and body constitution is psychobiological make up of and individual regarding the etiology of diseases in Ayurved. Following three groups have been found most important causative factors:

1. Asatnya – indriyarth Samyoga (Physical stress)
2. Pragyaparadha (Psychic stress)
3. Parinam (Seasonal stress)

The stress may be explained due to exposure of sense organs to a material, generating high wavelength or very low wavelength wave for which our body is not accustomed, or due to arousal of emotions which may be pleasant/unpleasant or unexpected for which individual is not prepared and feels insecure.

The detail description will be discussed at the time of paper presentation.

30

Antiemetic in Pre Operative Cases

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Jambu-amra pallava Kwatha was administered to Pre operative patients and compared with control group. The antiemetic effect produced by this kwath will be presented in the conference.

31

Effect of Hypothermia in Neonatal Resuscitation**RAM SHANKAR¹, R.D. SHARMA²**

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Hypothermia is a major problem in newborns. Baby resides in utero in a warm environment comfortably at 2°C more than external surrounding temperature. From this comfortable environment baby comes out naked, wet and partially exhausted in labour room environment. Infant loses heat due to evaporation, radiation, convection and conduction when environmental temperature is low. Because of insufficient thermoregulatory mechanism baby is predisposed to hypothermia.

Exposure to cold or nursing in an environmental temperature with low neutral range of ambient temperature is proportional to maturity and postnatal age triggers to hypoxia, hypoglycemia, acidosis etc.

The effect of hypothermia and its management as per ancient texts and recent trends shall be discussed in full paper.

32

Analgesic & Anti-Inflammatory Activity of Rasna and Parijat – A Comparative Study**R.K. JAISWAL¹, K.K. PANDEY², D.N. PANDE³**

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There are many synthetic and nonsynthetic analgesic agents in the armamentarium of physician and surgeon but non is without toxic or side effect. Therefore, there is an urgent need to search out an indigenous product without or with least side effect. 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. The present work is an effort to find out a potent analgesic and anti-inflammatory indigenous drugs. The details will be discussed at the time of paper presentation.

33

Promising Herbal Anaesthetics

P.P. Mistry*

*Professor, Surat

Since ages various materials of herbal origine are used either as hallucinogens, narcotics, anodynes and anti-inflammatories to treat the painful body disorders. Most of the works has concentrated on the isolation of the single active molecule later to be introduced in allopathic Medicines. Morphine from opium is glorious example. The present paper attempts to discuss the importance of some other promising taxa

34

Assessment of Pain in Clinical Trial Studies

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Pain is a complex experience which is subjective and is differently experienced by each patient. Such experience can't be known directly by the others. There is considerable insterpatient variability in their capacity to perceive pain.

For adequate treatment of Pain, assessment of pain is of great importance. In assessment the physician collects data in order to shed light on the patient's problem. A variety of factors should be considered - such as the nature of the noxious stimuli, physiological, behavioural and emotional responses, the patients self report, environment and situational factors and reactivity to previous painful stimuli. After the collection of these informations the physician then attempts to determine which of these variables are most important and to find meaning from data in relation to actual pain experience.

Various scales are designed for assessment of pain in clinical trial studies. Details will be discussed at the time of full paper presentation.

35

New Dimension of Post Operative Pain Management with Herbal Drugs

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The management of post operative pain is a multidimensional approach of treatment. Pain is the biggest problem of patients during immediate post operative period. Although there are tremendous advancements in the knowledge of pathophysiology of post operative pain and pharmacology of analgesics and the development of more effective techniques for post operative pain control.

In post operative period there is the release of algesn substances like prostaglandin and histamine. Because of the complexity of the nature of etiology and the means available to treat post operative pain a careful selection of method of treatment is very important to reach a desired good. The therapeutic approaches to control pain are drug therapy, physiotherapy and psychotherapy. For relief of pain many synthetic and semi synthetic drugs like opioid and NSAIDs have been developed and widely used.

Although these synthetic and seonisynthetic analgesic drugs have good pain killing properties but non of them are devoid of their well known untowards effects like acute gastrointestinal disturbances, nephropathies and liver disorders etc. Hence to over come to these untoward effects or to minimize the ill effects of common analgesic drugs being practised, a well known vedanahara and shoold-prasamana herbal drugs mentioned in vrihat panchamool groups was selected and compared during post-operative period on standard pain assessment parameters. The detail shall be discussed and be presented.

36

References of Shigru as Vedanahar and Shothhar

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In ancient Samhita books references of Shigru are mentioned in the conditions of different type of inflammation and pain. In our section (Section of Sangyahan, Department of Shalya-Shalakra, Institute of Medical Sciences, Banaras Hindu

University) many workers are trying to explore some potent analgesic, anti-inflammatory having no or least side-effect for management of post operative pain. Post operative pain is very troublesome for surgeons and patients both. Since long back many efforts are being made by researchers of this field to make it painless is continuing.

Our paper will discuss literary background concerning this research oriented field.

37

Clinical Evaluation of Virechana Karma in the Patients of Kamala Vis-a-Vis Jaundice (Hepatitis)

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Hundred patients of hepatitis of different origin and nature were subjected for evaluation of virechana karma (Medicated purgation). The patients were selected from Kayachikitsa O.P.D. & I.P.D. The sign and symptoms along with biochemical investigations were done before and after the treatment. The patients were divided in to five groups randomly i.e. Group A (Haritaki), Group B (Phaltrikadi Kwath) Group C (Icchabhedi Rasa) Group D (Devadali Nasya) Group E (Controlled). They were given different formulation of Ayurvedic regimen along with controll group. The results were analysed clinically (symptomatological) as well as biochemically. The statistical analysis was done along with compared t and p test. It was observed that all the groups which were taking the Ayurvedic treatment, the improvement symptomatically as well as biochemically i.e. p vlaue <0.001 were highly significant. But on comparing p and t test it was observed i.e. the Ayurvedic treatment along with virechana drugs, the compared t test and p value was highly significant i.e. p = 0.001.

The details about the clinical study will be further discussed in your seminar.

38

Appraisal Study of Stress in Dermatological Disorders

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Stress is a protective mechanism of the body to combat the adverse conditions. When this protective mechanism prolongs it passes unhealthy conditions leading to Anxiety, Depression, Sleeplessness, Inability to cope up with day to day activities, Hypertensions, Ulcers etc. All the adverse conditions leave a deep impression on the skin condition.

Skin speaks volumes about the physical and mental state of the person. Stress leading to skin disorder creates a social stigma, unabling social support to people.

Stress has direct effect on the synthesis as well as secretions of various biochemicals such as catecholamine, histamine, melanin, on various systems of the body which have their manifestation on skin as various dermatological disorders.

The details about the management of skin disorder with respect to stress will be discussed during paper presentation.

39

Pain Management with the Help of Pulsed Electro-Magnetic Field

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The issue of pain is an extremely urgent health and socio-economic problem. This large population realise lacuna in the medical community for the effective management for pain. Many physicians are now reflecting chroic pain sufferers to no drug based therapy, i.e. 'Complimentary and alternative medicines', in order to reduce drug dependent invasive procedures/side effects. The main challanges are to find the least invasive, non toxic, easy and inexpensive approach to attain this.

The current scientific literature indicates that short peirodic exposure to PEMFs (Pulsed electro-magnetic fields) has emerged as the most affective form of electro magnetic therapy. Research is showing that human nervous system is strongly affected by thearupatic PEMFs.

cause PEMFs of various kinds and strength have been found to have good results in a wide array of painful condition. There is little risk, in comparison to the potential invasiveness of other therapeutics, i.e., the risk of toxicity, addiction and complications from medications.

40

Role of Yoga in the Management of Stress induced Genetic Problem

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In todays highly stressful world geriatric patients health and performance depend to a large extents on remaining calm under pressure. The stress which occurs in them is due to isolation in their life. Most of the families now live in cellular family as compared to past where they had been having in joint families. This state of isolation leads to stress and strain in daily life.

Repeated stress leads to an exertion of mental and physical energies, weak immune system. Many experimental studies shows back bend Asanas, practice of pranayam and Mudra-Pranayam together with meditation could provide significant improvement in their stress level in daily life. This paper highlights various psycho-physiological mechanism of stress induced disorders in geriatric patients and suggest some non pharmacological remedies. In old age with proper care on diet and yoga plays imminent role to minimise stress induced geriatric problems.

41

Vedanasthapak Dravyas in Ayurvedic Text

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The management of pain devoid of unwanted effects is a challenge till now. In the Ayurvedic text there are certain herbal drugs which can be proved effective for the management of analgesia. Charaka has described fifty Mahakashayas in which Vedana-Sthapana mahakashaya is a group having 10 drugs. These drugs are likely to have the analgesic properly Sushruta has also described similar drugs in Lodhradi gana in his classification. Most of the drugs described in these both group are also having similar properties.

Keeping in view of there facts it is clear that Ayurvedic literature is full of such type of drugs which can be used in the place of modern drugs. For proper scientific evaluation pharmacological and clinical study is essential to clarify the pharmacodynamics and therapeutic efficacy of these drugs.

42

Concept of Alternative Medicine

RAKESH KUMAR GUPTA¹, AVANESH KUMAR ROY², LAXMAN SINGH³

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Even after trying with maximum efforts and exploiting Scientific developments modern system of medicine is yet to design a fullproof and absolute drug as an analgesic keeping this scienerio in view different complementary and Alternative medicinal system like Ayurvedic, Unani etc present probable solution to various disease process and pain specially.

Role of Ayurvedic medicinal system in management of chronic illness will be elaborately discussed while paper presentation.

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Pain Management and Panch-Karma

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Our Ayurvedic literature reveals a lot about variety of pain and their respective managements e.g. jalaukacharan (Leech Application), administration of drugs, Agnikarma (Local Application of heat) etc. Pancha Karma (i.e. Vaman, Virechan, Anuvasan Vasti, Asthapan Vasti, Nasya) is one of the most important means to get derived. Purvkarma of Panchakarma i.e. Snehan (Oleation) and Swedan (sudation) hold high position in management of variety of pain sensation. Vasti (medicated enema) has been mention as special therapy in Reference to pain of neurological origin. Nasya Karma (ure of medicine via Nostrils) Prevents Solution of N.E.T. diseases e.g. Trigeminal Neuralgia, Ardhavbhedaka, Suryavrata (migraine).

Thus Panchkarma therapy holds special position in management of pain with certain reforms keeping basic concept Intact. This therapy is proving its utility in treatment of various diseases. Detail of subject will be discussed elaborately while presentation.

Comparative Study of Anatomy of Brain

VIJAY LAXMI GAUTAM¹, ARUNA AGRAWAL², H.H. AWASTHI³

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Ayurveda is one of the oldest Science of Medicines dealing with science of longevity. Sushruta Samhita to some extent is scientific in its exposition of Anatomy. But many interpolations crept in it and hence there is need to unravel the facts pertinent to Anatomy. Ayurveda has accepted the inherent relationship between body and mind (Structure and Function). Heart and brain both are Considered to be the seat of mind. They are interconnected but their functions are independent.

In ancient literature, Head of the yogi is very well guarded treasure of organs, vital air, food and nobel thoughts protect the head. Word Mastiska (Brain) has been used so many times in Charaka, Sushruta and Vagbhata and other Ayurvedic texts but there is no mention of definite Anatomy of organ Mastiska. The clear Conception of Bhela is that mind is in the brain (even Rigveda designates as Mastiska) and this is between the crown of the head and palate.

The controlling and coordinating power freezed like ghrith that is said to be Mastulunga. Function of Manas Like. Indriyabhingraha, Swanigraha, Uhya and Vichara are similar to that of functions of Brain described in modern medicine.

The detail will be presented at the time of seminar.

Surgical Approach of Sushruta Samhita

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Sushruta Samhita is one of the ancient Indian surgical book written by Acharya Sushruta in 2nd B.C. In Sushruta Samhita surgical approaches are mentioned in different chapters. Concept of surgery was defined scientifically. That is why Sushruta is called **father of Indian surgery**. Anything that produce pain in body is called Shalya and removal of shalya is done by surgery. Surgery can be divided in 3 parts i.e. Pre-operative, Operative and post operative. Patients preparation, Equipments, Sterilization, anaesthesia and consent of patient comes under pre-operative procedures. Types of incision, counter incision, multiple incision, quality of incision, operation comes under operative procedures.

Management of pain, dressings, vaikritapahan comes under post operative procedures.

All the three process are essential for the success of the surgery. Details will be discussed at the time of paper presentation.

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An Ayurvedic Approach to Pain Management w.s.r. to some Gynaecological Problems

ANURADHA ROY¹, I.U. MISTRY²

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Pain is a signal of disease, indicate, localize, and identify tissue damaging process. Since different diseases produce characteristic patterns of tissue damage, the intensity, course, location of pain is different. Hence in Ayurveda pain has been described in different terms as toda, bheda, osha, plosa, daha, davathu, angamarda, shool etc as per different humourals (Doshas) and sites involved. Pain is the duality of both subjective sensation and emotion.

In different gynaecological problems such as udavarata, paripluta, prakharana yonivyapad, raktagulma, asrigdar etc. are associated with different types of pain.

Any source of pain can be better managed with indigenous compounds consisting vedanasthapan and vatashmak drugs, panchakarma specially vasti and its related snehan-svedan. A full paper will be discussed in details at the time of seminar.

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Stress and its Management with non-drug Therapy

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The “Ayu” is conjunction of body, sense-organs, mind and soul-includes psychosomatic components. Disturbance in any level produces abnormalities which interact soma with psyche and vice-versa. Thus the treatment involves is for the person (Purusha) wholly and not partly.

Stress is an outcome of psychosomatic imbalance. This imbalance occurs in external (pressure of the outside world), between external and person's ego, or internal between the person's impulses (reactions) and conscience.

Whether an event is perceived as stressful, depending on the nature of the event and on the person's personality (psychological defense, coping mechanism etc.). Every life-style is associated with varying degree of disruption and stress under different situations.

Psychosomatic disorders have traditionally been prevented or treated with non-drug therapies-psychotherapy (Sattvavajaya chikitsa) and behaviour modification (includes Swasthavritha, Sadvritta, Achar rasayan) like-counselling, muscle relaxation therapy, biofeedback, hypnosis, controlled breathing, yoga and massage. Both psychotherapy and behaviour modification deal with the interaction of the psyche and the soma. The aim is to improve the psychosomatic equation. The details will be discussed during seminar.

48

Hypnotherapy: a Non Pharmacological Adjunct in Preanesthetic Medication

RENU SINGH¹, ONKAR CHAUDHARI², K.H.H.V.S.S. NARASIMHA³

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It is popular misconception that hypnosis can control an individual's mind and free will. But in real sense hypnosis guide persons how to expertise their own states of awareness to affect psychological and physiological responses.

It is quite evident that patients undergoing surgery are very anxious and fearful regarding the invasive and uncomfortable medical procedures during surgery. In such patients the stimulated reticular activating system (RAS) alert the various higher brain centers leads to release of hormones and neurotransmitters that disturbs whole psychology and physiology of the persons.

So by using the hypnotherapy, half or an hour before surgery one can induce deep relaxation and an altered state of consciousness in such patients. Thus this way it reduces the dose of preanesthetic medication and provides greater postoperative relaxation. Details will be presented at the time of full paper presentation.

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A Clinical Study on the Role of Hypnotherapy in Samprapti**PASHMINA JOSHI¹, MANJUSHA R.², G. SINGH³**¹III M.D. Scholar, ²1/c H.O.D., Department of Shalya Shalakyas, ³Hon. Dean I.P.G.T. & R.A.,
Jamnagar

Today, word stress is widely used in common language. This is because it is very commonly encountered in this era of urbanization. Stress is an organism's natural response in a flight or fight condition, be it right or wrong. Studies suggest that inability to adapt to stress is associated with depression or anxiety. This leads to a number of physical and emotional changes. When this condition persists for a long time it leads to the harmful condition of distress. Distress makes a person debilitated to perform his or her normal mental or physical functions like making decisions or fight against diseases.

In Vimana-sthana Acharya Charaka has said that many manasik bhavas like abhidroha, anrutacharana, bhaya, krodha, parushya, shoka, etc. have appeared in treatayuga and human-beings lost one quarter of their span. This statement by Charaka points that ayurved, distinctively believes that every disease having its origin in mind has its effect on the body and visa versa.

Hypnosis is a state of increase susceptibility and suggestibility of mind. It makes the mind healthier and stronger. It helps to cure the physiological, psychological and neurotic problems. Hypnosis is a relaxed state of body and more of mind. Suggestions given to a person are accepted without argument. Serene Mind and fewer, even solitary thought in mind, in this state helps one to understand the situation in proper perspective and to develop insight. Thus, Hypnosis becomes an effective modality in stress management. Increasing the livelihood of a person, it breaks the samprapti of vishada. The data of the study conducted and result gained on a group of twenty-five persons from different works of life will be discussed during the presentation.

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Consequences and Management of Obstetrical Haemorrhagic Shock**RITU SINGH¹, MUKTA SINHA²**¹Junior Resident-II, ²Reader, Department of Prasuti Tantra, Institute of Medical Sciences,
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The basic lesion in shock is circulatory inadequacy leading to poor tissue perfusion. Haemorrhagic shock in obstetrics is associated with post partum or post

abortal haemorrhage, ectopic pregnancy, placenta previa, abruptio placentae, rupture of uterus, genital tract lacerations, coagulopathies and obstetrical surgery.

Obstetrical haemorrhage is most likely to be fatal in circumstances in which blood or its components are not available immediately. Haemorrhagic shock leads to oliguria, mental confusion, circulatory failure, Metabolic acidosis, DIC and cellular death.

Basic management of haemorrhagic shock in obstetrics is immediately identify the presence of uterine atony, retained placental fragments or genital tract lacerations and stop the bleeding and prompt and adequate refilling of intravascular compartment by replacing the blood, which has been lost, either by the whole blood or by dextran, saline, serum albumin or 5% Dextrose.

Details will be discussed in paper.

51

Psyche: Major Factor in Treatment

B.N. VISHWESH¹, KISHORE PATWARDHAN², K.K. PANDEY³, MUKTA SINHA*

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Psychological social and economic factors known to play important role in the production and consequences of several diseases. Stress in the above forms is often associated with Bronchial asthma, Hypertension, Menopausal, syndrome, irritable bowel syndrome and such other psycho somatic problems.

In many cases the family members of patients themselves are the major contributors for the several stress related problems. It is observed that psyche of patient and relatives plays an important role in prognosis and treatment in many diseases.

So in the treatment aspect boosting of human psyche is one of the important factor. It is the duty of the physician to assure the patient and relatives and thus helping him to come out from disease. The detail will be discussed during presentation.

52

Concept of Stress: An Ayurvedic View**AMIT KUMAR MISRA¹, K.H.H.V.S.S.N. MURTHY²**

¹Junior Resident, Kayachikitsa, Manas-roga, ²Lecturer, Department of Kayachikitsa, Institute of Medical Sciences, Banaras Hindu University, Varanasi

Stress is the phenomenon in living organism for a physical, chemical physiological, psychological or other wise environmental stresses. Upto some extent stress is useful to maintain the health of organism but here to one point it causes ill health which is R/a "Roga" in Ayurveda. The imbalances of dosas are considered as "Roga" and the causative factors for this imbalance are innumerable' any how there are three major causes viz. Asatmendriyartha samyoga, Pragyaparadha and Parinama. The stress includes in all three different categories e.g. listening high pitch sound is a physical stress considered as Atiyoga of Karnendriya, exposure to heat (environmental) during summer is atiyoga of "Kala", so Ayurveda understands आधि विरत (Vyadhi Nidana) which may be a kind of stress phenomenon. Stress produces a lot of changes in the microcosm through altering the internal psychoneurohormonal balances. The same has appreciated by ayurvedic scholars in terms of "Doshik imbalances".

The treatment for this stress depends on its cause (category of stress) viz. physical, chemical etc. The same also explained in Ayurveda as "Nidana Parivarjana" samsodhana, Samsamana, Ashayapkarsha, Prakriti Vighata.

The present paper deals with Ayurvedic view of under standing the stress on its management with a critical approach in detail.

53

Role of some Indegenous drugs in Pain Management**KRISHNAMVIRUPAKSHA GUPTA¹, NEERAJ KUMAR²**

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Pain (Algesia) is an illdefined unpleasant sensation evoked by external or internal noxious stimulus. Pain is an alarming symptom indicating the underline pathology. Hence it is a blessing, not a curse. In the management of pain a wide range of analgesics like opioid and non opioid (NSAIDs) are used in the modern medicine. Analgesics relieve pain as a symptom without affecting the cause, hence the holistic approach is needed.

An elaborate description regarding the different types of pain, their etiology and management found in the classics. In samhitas formulations effective in pain are mentioned. Most of them are originated from herbs. Later on in the medieval period a number of Rasoushadhis have been added for the successful management of pain.

The holistic approach of our ancient scholars, the details of formulations like Ekangaveera Rasa, Rasaraja rasa and Vata gajankusa rasa etc. and their role in pain management will be discussed during the seminar.

54

'Labor Pain' Concept and Management with reference to Ayurveda

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अव्यावृत्ते स्त्रिया गर्भे विवृते चापरामुखे । ग्राहीषु वर्तमानानु विविवर्तते गर्भिणी ॥

(का. सं शा. ५/३०)

Labor is defined as progressive dilatation of cervix in association with repetitive uterine contractions which leads to the act of birthing forth offspring. When two dynamic processes are embodied into one uniquely female experience. It is not hard to imagine the complexity of the process.

Though it is a normal physiological phenomenon, there is pain throughout labor, due to dilation of cervix and contraction in 1st stage, stretching and tearing of perineum in 2nd stage, even in recovery period significant pain is felt due to vaginal laceration, episiotomy and uterine shrinkage. As labor pain can also evoke neuroendocrinal reactions, it is clear that body's normal response to pain can have deleterious effect on mother and fetus, and also counterproductive to birthing process.

According to Ayurveda, there is displacement of 'Tridoshas' and 'Dhatu's' during labor and woman gets exhausted due to intense pain and become susceptible to different diseases:

न तीक्ष्णं ग्राही शूलेषु क्षिप्रं नारी प्रजायते । विलम्बिताभिरावीभिर्गर्भः क्लेशयते स्त्रियम् ॥

(का. सं शा. ५/३०)

Therefore the concept of 'Sukh Prasava' has been emphasised in Ayurveda along with management of labor by various internal and external incasures. They include Dharana, Nasya, Asthapan, Anuvasana Vasti etc. the details will be discussed during the seminar.

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Concept of Pain in Ayurveda**RANI SINGH* and LAKSHMAN SINGH****

*Lecturer, Department of Basic Principles, **Lecturer, Department of Shalya Shalakyā, Institute of Medical Sciences, Banaras Hindu University, Varanasi.

Pain is a more or less localised sensation of discomfort, distress or agony resulting from stimulation of specialized nerve endings. It serves as a protective mechanism as it educes the sufferer to remove or withdraw from the source.

Ayurveda has its own style of description, concept of pain is described as 'Shula' which is a symptom of many diseases as well as an independent disease. The mythological view of Shula is described in Hareet Samhita like other diseases as Jwara and Rajayakshama etc. Shula means the feeling of pain due to the penetration of Trishula (the Sharp-pointed weapon/ Trident of Shiva).

Acharya Carak has not described Shula as independent disease but as a symptom of many diseases at many places. According to modern science different types of colics and pearsing pains are considered as shula.

Sushruta has described it as a complicaition of Gulma in U.T. 42 as well as independent disease same as Gulma - 5 types and 5 places.

Madhavkar has given a great contribution to Ayurveda by describing Shula as an independent disease in detail like Amavat and Amla pitta etc.

Acharya Gana Nath Sen has interpreted the mchanism of Shula (Pain) quite similar to the modern science that pain is caused due to the liberation of many chemical substances from the site of non-mylinated nerve endings of the affected/damaged site. According to Sen, pain is felt due to the irritation of localised Vatanaris (Nerve endings) of affected site.

The description of Shula (Pain) like other diease is found according to doshas causes as well as the site like Vatika, Paitik, Kafaj,Dwandaj, Sannipataj, Parshvashula, Prishta Shula, Annadravashula, Parinamshula etc.

Among the three Doshas Vat is held responsible for Shula (Pain) and the intensity and characters of it depend upon the involvement and characteristic of other doshas.

The concept of Prakruti (Human Constitution) is the sum total of physique, physiology and psychology depends upon the predominance of doshas (mental and physical) is quite comprehensive in Ayurveda. So the manifestation of pain is also related with personality type. The person who is vatik in somatic and Rajas in Psychic constitution is more prone for the perception and manifestation of pain.

The context of Dashvidh Pariksha (10 points of examination of patient). Satva Pariksha (examination of mental stamina) has given a great importance for the diagnosis and Prognosis point of view. Three types of mental stemina-pravar (higher) madhyam (middle) and Avar (lower) are described in Ayurveda according to which the person possessing 1st type having maximum tolerance range for pain and stress, while the last one having minimum tolerance. As every concept is described in terms of psychosomatic, so pain is also not apart from that. Therefore, person possessing Avar Satva (lover mental stamina) and Vatik constitution are more prone to the perception and manifestation of the pain. According to modern science, if mind is disturbed, the threshold of pain is decreased.

Ayurveda is given a great importance for sex and age for different types of tolerance like drug etc. So, female, old aged and children are very sensitive for the perception and manifestation of pain.

As for as the treatment of pain is concerned, the various types of Shula Prasaman (Pain Killer), Drug and procedures are mentioned in different Ayurvedic classics. One thing is very interesting, proved by various workers, Dubey et al that the Vatik type of people which manifest more requires less doses of drugs while the Kafaj type personality requires higher doses for the subsidal of pain due to the stability of Doshas as the Vatik type are hypersensitive and low pain threshold while the Kafaj type having higher pain threshold.

So, the concept of pain in Ayurveda is described in detail at different places with different references.

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Clinical Values of Parijat (Nyctanthes arbor Tristis. Linn.) in Day to Day Anaesthesia Practice**SANJAY KUMAR SINGH¹, K.K. PANDEY² and D.N. PANDE³**

¹Consultant Anaesthetist, Varanasi, ²Sr. Lecturer, Department of Prasuti Tantra, ³Reader, I/c Section of Sangyabaran, Department of Shalya Shalakyā, Institute of Medical Sciences, Banaras Hindu University, Varanasi.

These days various synthetic and semi synthetic analgesics are extensively used by anaesthetists in their clinical practice. In the texts of Ayurveda a large number of drugs are mentioned possessing analgesic properties viz. Rasna, Nirgudi, Eranda and Parijat and are being practiced since long time for the pain management.

In clinical study 40 healthy patients of either sex scheduled for appendicectomy, herniotomy and bilateral tube ligation, in the old operation theatre of S.S. hospital, Institute of Medical Sciences, Banaras Hindu University were selected. Patients were divided into two groups randomly containing 20 patients in each group. Inj. Glycopyrrolate 0.2 mg I.M. and Tab. Diclofenac sodium orally with an ounce of plain water in group I and Inj. Glycopyrrolate 0.2 mg I.M. and two capsules of Parijat ghansatwa (500 mg each) orally with an ounce of water in group II were given 90 mts before commencement of anaesthesia. The psychophysical response were evaluated 90 mts after premedication in both the groups.

The observation and result will be discussed in the scientific session.

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Risk of High Spinal Technique in Private Practice**P.K. SHARMA¹**

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Some Anaesthesiologist oftenly choose high spinal technique for upper abdominal cases as like cholecystectomy but there are so many disadvantage as well as advantages of this technique. Therefore high spinal technique should be avoided in such cases where extream indication is not present. In this paper I will explain practical experience of several cases. The paper will include the technique of Spinal analgesia, indication, precaution and contraindication.

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Rasna: For Pain Management

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Still today no analgesic is in existence without having toxic and side effect. Therefore it was urgently needed to explore an indigenous source. An attempt was made to prove the efficacy of *Rasna* as analgesic and anti-inflammatory through this experimental trial. The trial was conducted on adults healthy CF strain albino rats of either sex weighing between 150-200 gms for tail flickmethod and also for hypnotic potentiation. Fine powder, water extract and Ethanolic extract of Rasna was used by oral route or by intraperitoneal injections. The results are very encouraging. The details will be presented at the time of Plateform presentation.

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**Role of Tiktadi Ghrita in the Management of Infected Wound
(Dust Vrana) - A Clinical Study**

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The dust vrana is one of the commonest problem among the human community existing the period of unknown. In ancient Ayurvedic text Sushruta Samhita, Acharya Sushruta elaborately discussed about the treatment of dust vrana.

The clinical features of dust vrana may be correlated with many types of non-specific and malignant ulcers.

The Tiktadi Ghrita is one of such preparation mentioned in Chakradatta may be used locally in the management of dust vrana. This polyherbal compound preparation contains Katuki, Haridra, Yastimadhu, Karanja, Patol patra, Jati patra, Nimb patra. These individual drugs have Tikta rasa and actions like Krimighna, Puyanashaka, Pachana vishaghna which are helpful in Shodhana of Dust vrana. Raktaprasadan action of this polyherbal compound promote vrana ropan (wound healing).

The active constituent of Tiktadi Ghrita are curcumine, vitamin A, protein (in haridra), Karanjin in Karanga, salicylic acid and jasminin in jati, play an important

role in vana ropan and vana shodhana. The Tikatadi Ghrita is prepared as follows: Kalka of Katuki, Haridra, Yasti madhu, Karanj phal and Patra, Patol Patra, Jati patra, Nimb patra were taken, after that ghrita murchana was done and the Kalka and water is mixed. The ratio of Kalka, Ghrita and water is 1:4:16, Ghrita pak was done on mild heat until complete water is removed from preparation.

The study has been carried on 16 patients of infected wound (8 patients in group). Group I was treated by Trial drug i.e. Tikatadi ghrita where as in Group II standard known drugs like Chlorine water and betadine solutions. Results are encouraging. Detailed of study will be discussed.

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Evaluation of Antimicrobial Activity of Indigenous Ayurvedic Preparation for their Possible Use as Antiseptics

VINOD KUMAR SINGH¹, M. SAHU², G. NATH³

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Post-operative wound sepsis is a major problem in the field of surgery.

Sterilization and disinfection are the processes adopted during various surgical procedures to overcome these problems.

Normal skin harbours various strains of micro-organism that may cause wound sepsis when invaded in systemic circulation.

For the eradication of skin commensals various anti-septic solutions are available in market having more cost efficacy and various adverse effects.

There are several drugs available in our Ayurvedic classics that possess antimicrobial activity and they are of less cost efficacy and having no side effects.

This paper will draw the attention towards the antimicrobial activity and indigenous drug used as skin preparation.

The details will be discussed at the time of paper presentation.

Association of Anaesthetists of Indian Medicine

(Bharatiya Sangyaharak Association)

Annual Report 2002-2003

During the year 2002-2003, Association had made several activities for progress of Sangyahan. Execution of general body resolution were made. The state branches also functioned well. The following activities were performed –

Executive meetings were held on 25.07.2002 and 05.02.2003.

Sangyahan Day was celebrated at Pune and Varanasi on 6th February 03. An International Congress and 6th National Conference was organised at the occasion of Sangyahan Day.

Conference

The 6th National Conference and 1st International Congress was organised by U.P. State branch in collaboration of Section of Sangyahan Department of Shalya Shalakyā, B.H.U., Varanasi on 6-8th February 03. Nearly 300 delegates participated in the conference.

Workshop

Workshop on C.C.P.R. was arranged by section of Sangyahan, Department of Shalya-Shalakyā from 01.02.03 to 07.02.03, 01.03.03 to 07.03.03 and 10.03.03 to 17.03.03 successfully. Twenty five participants were being trained during this periods.

Execution of General Body Resolution dated 06.02.2003 –

1. **Account of A.A.I.M. – 2002-2003:** audited account was accepted by E.C. on 24.07.03.
2. **Account of Sangyahan Shodh – 2002-2003:** audited account was accepted by E.C. on 24.07.03.
3. **Account of U.P. State Branch – 2002-2003:** audited account was accepted by E.C. on 24.07.03.
4. **Account of M.S. State Branch – 2002-2003:** audited account was accepted by E.C. on 19.01.04.
5. **Account of VI National Conference & 1st International Congress – 2002-2003:** audited account was accepted by E.C. on 24.07.03.
6. Ashwinu Award and Late Pt. R.A. Pandey Memorial Award declared and presented by the concern committees. The name of Dr. Ashok Dixit was

selected for Ashwinau Award - 2003. Late Pt. R.A. Pandey Memorial best Paper award was presented by hands of Prof. R.H. Singh, Vice Chancellor, Rajasthan Ayurved University to Dr. P. Rajnish Giri - B.H.U. and Dr. Dheeraj Malhotra - Jammagar. A memento was given to both winner with a cash of Rs. 500/- to each.

7. **Two Oration** - Late Prof. P.J. Deshpande Memorial Oration was delivered by Prof. Kulwant Singh, Dean, IPGT, RA, G.A.U., Jammagar and Late Prof. B.G. Ghanekar Memorial Oration was delivered by Prof. D.P. Puranik, President A.A.I.M. and Principal Tilak Ayurved College, Pune during 6th National Conference in Varanasi.

8. **Surplus money** of Vth National Conference was distributed as per guidelines of our byelaws - State Share - 40% was kept with M.S. State Branch, 50% of rest 60% surplus money was divided equally and deposited in the Account of A.A.I.M. C.C. - Rs. 8495.40 and in the Sangyahan Shodh Ac. Rs. 8495.40.

9. **Journal - Sangyahan Shodh** was published regularly and timely.

10. Life Membership raised to - up to 09.01.04

U.P. Member	- 83	Bonafide	- 54
M.S. Member	- 45	Associate	- 124
Other states Member	- 37	Hon.	- 2
Hon. Member	- 2		

11. Membership list is published in Sangyahan Shodh.

12. Ashwinau Award Committee and Best Paper Award Committee for the year 2003-2004 was framed as below:

Ashwinau Award Committee: (a) Dr. D.P. Puranik; (b) Dr. D.N. Pande, (c) Dr. S.B. Pande
Late R.A. Pande Best Paper Award Committee: (a) Dr. Sanjeev Sharma; (b) Dr. Anil Dutta; (c) Dr. D.N. Pande

13. **Activities of States Branches:**

U.P. State Branch - Clinical meeting and executive meetings and National Conference were held by U.P. Branch.

M.S. State Branch - M.S. Branch also hold Seminars, Workshops and Lecture Programmes during this period. Sangyahan Day was Organised by M.S. State Branch.

Important Achievement

1. Land purchase fund was raised upto Rs. 22700/-

2. Prof. D.P. Puranik – Former President Central Council was assigned as Principal of Tilak Ayurveda College, Pune.
3. Dr. D.N. Pande President C.C. was appointed as Reader in the Department of Shalya-Shalakyia, I.M.S., B.H.U., under C.A.S. on 26.12.2003.
4. Dr. K.K. Pandey, Sr. Vice President was appointed as Lecturer in Sr. Scale on 26.12.03 in the Department of Prasuti Tantra.
5. Service Sr. Resident Post was created in Faculty of Ayurveda first time due to extraordinary leave of Dr. D.N. Pande to join as Reader in Jamnagar.
6. Sangyahaaran Speciality was declared in the Gazette of Central Govt.

Future Plans

1. To start more branches.
2. To start New P.G. Centres.
3. To start more workshops in Intensive Care at different places.
4. To create Palliative Care Centres all over the country.
5. To purchase the land and to build AAIM Bhawan.
6. To beg land from BHU for AAIM office and training centre.

D.N. Pande
President, AAIM

With Best Compliments from



DR. ARUN DIAGNOSTIC CENTRE

(In Front of Bata Shop)
LANKA, VARANASI

TEL : 0542-2366108

Sangyahan Shodh

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

Annual Report 2002-2003

1. During 2002-2003 – two issues were published in the month of Aug. 2002 and Feb. 2003.
2. Regular advertisements were received e.g. B Braun, Neon, Savitri Diagnostic, Himratna Oil, Vimal Pathology, Leon, H.C.P., Dindayal, Rasashala and Shiv Ayurveda.
3. Journal covered the Association activities, events, Progress of Association, Accounts, minutes of states and central council meetings and research papers. World News about conferences and Seminars were also included.
4. Journal received the share from surplus money of Vth National Conference held at Sawantwadi as Rs. **8495.40**.
5. Account of Sangyahan Shodh was audited and was presented in E.C. meeting dated 24.07.2003. The account was accepted unanimously.
6. Due to enhancement of Postal Charges the editorial board felt an urgent need to request the members to pay the postal charge excluding life membership subscription.

D.N. Pande
Chief Editor

With Best Compliments from

Alaknanda Hospitals

Plot No. 21 Ravindrapuri (Part) Ext. Ravindrapuri, Varanasi
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X-rays | 3. Orthopedic |
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Holter Recording
ECG | 4. Pediatric |
| | 5. Nephrology |
| | 6. General Surgery |
| | 7. Plastic Surgery |
| | 8. Urology |
| | 9. Gynaecology |
| | 10. Neurology & Neurosurgery
(A complete Trauma Centre) |

U.P. State Branch Association of Anaesthetists of Indian Medicine

Annual Report 2002-2003

New Body

Executive Body

President	:	Dr. Ashok Dixit
Vice President	:	Dr. P.S. Pandey
Secretary	:	Dr. Hari Om Singh
Joint Secretaries	:	Dr. S.K. Singh Dr. Rajesh Singh
Treasurer	:	Dr. A. Ali
Ex. Members	:	Dr. S.B. Chaurasia Dr. K. Lal Dr. A. Pai Dr. P.K. Sharma Dr. R.K. Jaiswal

Executive Meeting : E.C. Meetings were held on 1.5.2002, 1.6.2002, 6.7.2002, 7.9.2002, 2.11.2002 and 12.01.2003

Clinical Meeting : Clinical meeting was held on 1.6.2002 and 7.9.2002.

6th National Conference & 1st International Congress

Was organised on 6-8 February 2003 successfully, 2 orations, 5 Scientific Sessions, two Workshops, 1 quest lecturer session and Pannel discussion was arranged. Nearly 300 delegates from India, Nepal and Srilanka Participated in the conference.

Felicitation

Ashwinau Award was received by Dr. K.K. Pandey Vice President of Association.

Late Pt. R.A. Pande Memorial Best Paper Award was received by Dr. Dheeraj Malhotra - Jamnagar and Dr. P. Rajnish Giri jointly. A cash of Rs. 1000/- and memento was presented by hand of Prof. R.H. Singh - Vice Chancellor, Rajasthan Ayurved University, Jodhpur.

Workshop

Two, one day and 3 workshops of 7 days each were organised.

Dr. H.O. Singh
Secretary, U.P. State, A.A.I.M.

Maharashtra State Branch Association of Anaesthetists of Indian Medicine

Seminar and Workshop - Report

Association of Anaesthetists of Indian Medicine (Maharashtra State Branch) had organised a seminar and workshop on 11th and 12th Oct. 2003 at N.I.M.A. Hall, Tilak Ayurved Mahavidyalaya, Pune jointly with A.I.M.S. of India and C.P.G.S. and R.A. Tilak Ayurved Mahavidyalaya, Pune.

For this programme, Post Graduate students, Teachers and member of the Associations were invited.

On 11th Oct. 2003, seminar was started at 2.30 p.m. More than 200 delegates were attended the seminar.

Dr. Abhay Inamdar extended welcome speech.

Dr. S.I. Nagaral, Mumbai, was Chairman of this programme. He perform Lord Dhanwantari Poojan. Dr. Inamdar introduced all three guest speakers of the day. Dr. S.I. Nagaral felicitated them with gift and floral bouquet.

Dr. Shashikant Apte elaborated the topic 'Blood Transfusion in Clinical Practice', He gave detail information about necessity, efficacy and methods of blood transfusion. He added his experiences with it.

Dr. Shrikant Solav delivered a lecture on Nuclear Scans in Clinical Practice'. This was a new topic of everyone's interest.

Dr. Viren Kulkarni delivered a lecture on 'Interventional Radiology'. This was also a new aspect of Radiology. He elaborated a role of radiology not only for diagnosis but also for treatment. He described that now surgery can be avoided by this technique.

Dr. Inamdar proposed vote of thanks and programme was concluded.

Workshop on Cardiopulmonary Resuscitation was organised on 12th Oct. 2003 at 9 A.M. at Tilak Ayurved College, Pune. This was arranged in collaboration with Shree Medical Foundations 'Critical Care Centre, Prayag Hospital, Pune.

About 80 dllegates were attended the programme. Prin. Dr. D.P. Puranik was the Chairman of the workshop. The workshop consists of following topics-

- (1) Basic Life Support
- (2) Airway Management
- (3) Intravascular Access
- (4) Fluid Resuscitation

There were four separate stations for above topics. Group of twenty delegates rotated through each station. Duration of every station for each batch was about 45 minutes.

Dr. Shirish Prayag, Dr. Sandhya Talekar, Dr. Mridula Kanhere, Dr. Abhay Inamdar conducted the stations. They demonstrated the topic with the help of audiovisual, and on dummies. Participants got an opportunity to perform intubation and ventilation on the dummies and get a knowledge about how to tackle and resuscitate patients in shock, various cardiac problems etc.

After workshop, there was a closing ceremony. Dr. Prayag appreciated the activities and assured for further co-operation. Principal Dr. D.P. Puranik stressed the need of such workshops. He felicitated Dr. Shirish Prayag and his team with gift and floral bouquet.

Dr. V.N. Shendye proposed vote of thanks and workshop was concluded after Lunch.

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

With Best Compliments from

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Maharashtra State Branch Association of Anaesthetists of Indian Medicine

Annual Report 2002-2003

During this year following Executive Committee was functioning

President	: Dr. S.V. Marathe (Pune)
Vice President	: Dr. R.K. Gupta (Sawantwadi)
General Secretary	: Dr. V.N. Shendye (Pune)
Joint Secretary	: Dr. N.B. Gujarathi (Pune)
Treasurer	: Dr. N.V. Borase (Pune)
Members	: Dr. R.N. Gangal (Pune)
	Dr. V.R. Shet
	Dr. S.B. Patawardhan (Sangli)
Invitee Member	: Dr. D.P. Puranik (Pune)
	Dr. N.D. Nalawade (Pune)
	Dr. B.N. Deshpande (Akurdi)

EXECUTIVE COMMITTEE MEETINGS

During this year four executive committee meetings were held. In those meetings planning of seminar, workshop, general body meeting were done.

ACTIVITIES OF THE ASSOCIATION

Seminar 1

Seminar on Intensive Care Unit was organised on 8th Jan. 2003 at N.I.M.A. Hall Tilak Ayurved Mahavidyalaya, Pune. Dr. Subhan Dixit, Dr. Mrs. Vidya Mulye, Dr. Trilok Dhopeshwarkar were guest speakers.

Seminar 2

Seminar was arranged on 11th Oct. 2003 at NIMA Hall Tilak Ayurved College, Pune. Dr. Shashikant Apte, Dr. Shrikant Solav and Dr. Viren Kulkarni were guest speakers.

Workshop

Workshop on Cardio Pulmonary Resuscitation was arranged on 12th Oct. 2003 at Tilak Ayurved Mahavidyalaya. Basic Life support, Airway Management, Fluid Resuscitation, Intravascular Access were the some of the contents of this workshop. Shree Medical Foundation's Dr. Shirish Prayag and his team presented the demonstrations with the help of audio visuals and on dummies.

Participants also get an opportunity to perform intubation and ventilation on dummies. About eighty delegate, participated in the workshop.

Conference

Members of Maharashtra State Branch participated the 6th National Conference of the Association at B.H.U., Varanasi. U.P. on 6 to 8 Feb. 2003. Dr. D.P.

Puranik delivered a lecture in Dr. Ghanekar oration. Dr. V.N. Shendye and Dr. N.V. Borase presented their papers in this conference.

Elections for Executive Committee of Central Council of A.A.I.M. was held on 6th Feb. 2003. Dr. D.P. Puranik's name was included in central council as a member in the capacity of immediate past president. Dr. N.V. Borase was elected as Jt. Secretary Dr. V.N. Shendye and Dr. R.K. Gupta were elected as a member of Executive Committee.

General Body Meeting

Annual General Body Meeting of the branch was called on 8th Jan. 2003. Minutes of last General Body Meeting (16th Dec. 2001); Annual Report of branch (2001-2002), Audited Statement of Accounts 2001-2002 were presented by Dr. V.N. Shendye and were confirmed and passed unanimously.

Elections for Executive Committee of the branch for 2003-2005 were held in the same General Body Meeting and above executive committee came into existence.

Congratulations for Achievements

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

1. Dr. D.P. Puranik – Appointed s Principal – Tilak Ayurved Mahavidyalaya Pune.
2. Dr. N.V. Borase – Elected Vice President of N.I.M.A. (Pune District Branch).

Feelings of General Secretary

I am very thankful to all the members of the branch for giving me as opportunity to work as a General Secretary of the branch for second time. I am thankful to President Dr. S.V. Marathe, Patron, Dr. A.B. Limaye; Ex. President (C.C.) Dr. D.P. Puranik for their valuable advise and suggestions. I am also thankful to all office bearers for their cooperation.

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

With Best Compliments from

PRAKASH PATHOLOGY & RADIO DIAGNOSTIC

1st FLOOR, KHATRI COMPLEX, BHU GATE, LANKA, VARANASI, Tel. 2367296, 23666707

Dr. S.P. Singh
MBBS, MD (Pathology)
Ph.: 0542-2366707

Dr. Sandeep Singh
MBBS MD (Radiodiagnosis)
Ph.: 0542-2367296

Maharashtra State Branch Association of Anaesthetists of Indian Medicine

Minutes of Annual General Body Meeting - 08/01/2003

General Body Meeting of Association of Anaesthetists of Indian Medicine. (Maharashtra State Branch) was called on 8th Jan. 2003 at 4.00 pm at N.I.M.A. Hall of Tilak Ayurved Mahavidyalaya, Pune with prior notice.

The meeting was adjourned due to want of quorum and was resumed at 4.30 pm.

Following members were present for the meeting – Dr. D.P. Puranik, Dr. R.K. Gupta, Dr. N.V. Borase, Dr. V.N. Shendye, Dr. S.V. Marathe, Dr. Nitin Nalawade, Dr. N.C. Gujarathi.

General Secretary Dr. V.N. Shendye welcomed all the members.

President Dr. S.V. Marathe was in the chair and with his permission meeting was resumed.

Dr. V.N. Shendye read the notice of the meeting.

Subject 1.

To read and confirm minutes of last Annual General Body Meeting held on 16th Dec. 2001.

Dr. V.N. Shendye presented the minutes of last Annual General Body Meeting held on 16th Dec. 2001. There were no queries and minutes were passed.

Resolution 1

This General Body Meeting of A.A.I.M. (M.S.B.) held on 8th Jan. 2003 hereby resolves to confirm the minutes of last General Body Meeting held on 16th Dec. 2001.

Proposed by – Dr. Nitin Nalawade

Seconded by – Dr. N.V. Borase

Subject 2.

Dr. V.N. Shendye read the annual report. After correcting some typographical mistakes Annual Report was confirmed by the house.

Resolution 2

This General Meeting of A.A.I.M. (M.S.B.) held on 8th Jan. 2003 hereby resolves to confirm the Annual Report of the branch for 2001-2002.

Proposed by – Dr. N.C. Gujarathi

Seconded by – Dr. R.K. Gupta

Subject 3.

To consider and adopt audited statement of accounts of the branch for the year 2001-2002.

Treasurer Dr. N.V. Borase presented the audited statement of accounts and the balance sheet for the year 2001-2002.

Resolution 3

This General Body Meeting of A.A.I.M. (M.S.B.) held on 8th Jan. 2003 hereby resolves to confirm and adopt an audited statement of accounts of the branch for year 2001-2002.

Proposed by – Dr. D.P. Puranik

Seconded by – Dr. V.R. Shet

Subject 4.

Discussion on questions and resolutions if any.

There were no questions and resolutions from the members.

Subject 5.

Appointment of auditor and fixation of his honourarium.

It was discussed and then decided to appoint Mr. A.H. Joshi as a auditor for the year-2002-2003 and to pay Rs. 500/- as an honourarium.

Resolution 4

This General Body Meeting A.A.I.M. (M.S.B.) held on 8th 2003 hereby resolves to appoint Mr. A.H. Joshi as an auditor for the year 2002-2003 and honourarium of Rs. 500/- be given to him.

Subject 6.

Information about activities: Dr. V.N. Shendye informed the meeting about 6th National Conference of A.A.I.M. Varanasi, and appealed to participate each and every member by presenting the papers and attending the conference which is going to held on 6th, 7th and 8th Feb. 2003 at Banaras Hindu University, Varanasi.

Subject 7.

Elections of Executive Committee members for the year 2003 to 2005.

Dr. Shendye V.N. informed that he had received following applications for respective posts.

President	- Dr. S.V. Marathe
Vice President	- Dr. N.C. Gujarathi
Joint Secretary	- Dr. N.C. Gujarathi
Treasurer	- Dr. N.V. Borase
General Secretary	- Dr. V.N. Shendye

Dr. Gujarathi N.C. withdrawn his application for the Vice President post.

General Body accepted the nomination forms and declared that the members elected unoppose.

Resolution 5

The General Body Meeting of A.A.I.M. (M.S.B.) held on 8th Jan. 2003 resolves that following members are elected unoppose as office bearers for the year 2003 to 2005.

President	- Dr. S.V. Marathe
Vice President	- Dr. R.K. Gupta
General Secretary	- Dr. V.N. Shendye
Joint Secretary	- Dr. N.C. Gujarathi
Treasurer	- Dr. N.V. Borase
Executive Members	- Dr. S.B. Patwardhan
	- Dr. R.N. Gangal
	- Dr. Nitin Nalawade
	- Dr. B.N. Deshpande
	- Dr. V.R. Shet
	- Dr. Puranik D.P. will be special invitee.

Subject 8.

Dr. R.K. Gupta, Org. Chairman of 5th National Conference presented the statement of accounts of the 5th National Conference held at Sawantwadi in Jan. 2002.

After discussion on the statement, it was decided to adopt the statement.

Resolution 6

The General Body Meeting of A.A.I.M. (M.S.B.) held on 8th Jan. 2003 hereby resolves to adopt the statement of accounts of the 5th National Conference of A.A.I.M. and also resolves to congratulate the organising committee for successfully organizing the conference and completing the accounts in stipulated time.

Proposed by – Dr. Borse N.V.

Seconded by – Dr. Gujarati N.C.

Resolution 7

The General Body Meeting of A.A.I.M. (M.S.B.) held on 8th Jan. 2003 hereby resolves to present audited statement of accounts and details of the accounts to the Central Council for the approval.

It was also resolved to close the saving account in the name of 5th National Conference of A.A.I.M. in State Bank of India, Sawantawadi Branch and also resolves to transfer the balance amount in the saving bank account of A.A.I.M. (M.S.B.) for further execution.

Proposed by – Dr. D.P. Puranik

Seconded by – Dr. Nitin Nalawade

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

Invitation of Lecture Programme

Date	:	25th Jan. 2004
Venue	:	NIMA Hall, Tilak Ayurved Mahavidyalay, Pune
Time	:	10 A.M.
Topic	:	Advance Techniques in Regional Anaesthesia
Faculties	:	Dr. Yashwant Nanakar
	:	Dr. Mrs. Vidya Mule

With Best Compliments from

GAYATRI NURSING HOME

GURUDHAM, VARANASI

Dr. M.K. JALAN
MBBS, MD (Shalya)

With Best Compliments from

ALOK NURSING HOME

BHADAINI, ASSI, VARANASI

Dr. P.D. MISHRA
MBBS, MS (Ortho)
IMS, BHU

Dr. (Smt.) ARCHANA MISHRA
MBBS, MD (Gynae & Obs)
IMS, BHU

Off : 561, Sadashiv Peth
Laxmi Road, Pune - 30

A.H. Joshi & Co.
CHARTERED ACCOUNTANTS

ASSOCIATION OF ANAESTHETISTS OF INDIAN MEDICINE
(MAHARASHTRA STATE BRANCH)
RECEIPT & PAYMENT ACCOUNT FOR THE PERIOD ENDING ON 31.03.2003

Previous Yr. 31.03.02	Receipt	Amount (Rs.) 31.03.03	Previous Yr. 31.03.02	Payments	Amount (Rs.) 31.03.03
2,314.00	To Opening Balances	732.00	732.00	By Printing & Stationary	1,093.00
Nil	Cash in hand	528.00	528.00	Postage	546.00
2,314.00	In S.B. A/c No. 2314	66.00	802.00	Bank Charges	Nil
35,000.00	with Rupee Co-op Bank	1,980.00	1,980.00	Traveling Expenses	24.00
35,000.00	(Laxmi Road Branch)	5,189.00	Nil	Meeting Expenses	24.00
35,000.00	In Fixed Deposit with	Nil	Nil	Annual Conference Expenses	1083.00
35,000.00	(Laxmi Road Branch)	37.00	37.00	Miscellaneous Expenses	Nil
662.00	Rupee Co-op Bank	40,189.00	Nil	Account Writing Charges	1,200.00
3,000.00	(Laxmi Road Branch)	35,000.00	Nil	Audit Fees	1,050.00
662.00	Central Office	Nil	Nil	Anamat Refunded	577.50
3,000.00	Branch Share	2,000.00	3,759.00	Dr. Shende	2,079.50
754.00	Subscription	Nil	Nil	Dr. Borse	1,502.00
3,000.00	Interest	3,759.00	3,759.00		

Previous Yr.	Receipt	Amount (Rs.)	31.03.03	Previous Yr.	Payments	Amount (Rs.)	31.03.02
31.03.02		31,03,03		31.03.03		31,03,02	
525.00	Audit Fees Received back	Nil	Nil		Closing Balance	Nil	
577.50	Anamat: Received	2,214.00	5,189.00		Cash in Hand Nil		
1,502.00	Dr. Shende	1,311.00	3,525.00		In S.B. A/c No. 2314		
	Borse				with Rupee Co. Op. Bank		
					(Laxmi Road Branch)	12,398.00	
					In Fixed Deposit with		
					Rupee Co-op Bank		
					(Laxmi Road Branch)	30,000.00	
44,334.50	Total Rs.	49,473.00	44,334.50		Total Rs.	49,473.50	

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

20 November, 2003

President : Sd/-
Secretary : Sd/-
Treasurer : Sd/-
of AAIM (M.S.B.)

Workshop on Cardio Cerebro Pulmonary Resuscitation (Apada Prabandhan)

Section of Sangyahan, Department of Shalya-Shalaky
Faculty of Ayurveda, IMS, BHU, Varanasi – 221005

Incharge and Chief Coordinator of Workshop

Dr. D.N. Pande

Reader & Incharge, Section of Sangyahan

VIIIth Batch: 1st February to 7th February 2003



Dr. Mritunjai Prasad
C/o Sharma Fracture Clinic
Ravi Nagar
Mughalsarai
Distt. – Chandauli



Dr. Rani Singh
Deptt. of Basic Principles
IMS, BHU
Varanasi



Dr. Dheeraj Malhotra
89, Lawrence Road
Amritsar - 143001



Dr. Amit Kataria
Ambala City
Haryana - 134003



Dr. Ashu Vinayak
545, Urban Estate
Sec. 7, Ambala City
Haryana - 134003



Dr. Rajneesh V. Giri
Deptt. of Shalya Shalaky
IMS, BHU
Varanasi

Dr. Mukesh Malhotra
Malhotra Hospital
SCF 7.8.9, H.P.H. 8
Sai Road, Baddi
Solani - 173205
Himachal Pradesh

Dr. Sanjai Tiwari
Maniar, Ballia
(U.P.)

VIIth Batch: 1st February to 7th February 2003

Dr. Rinku Tomar
Deptt. of Prasuti Tantra
IMS, BHU
Varanasi

Dr.R.K. Rai
Deptt. of Ras-Shastra
IMS, BHU
Varanasi

Dr. P. Ramesh Bhat
Deptt. of Shalya Shalakyā
IMS, BHU
Varanasi

Dr. Alok Srivastava
Deptt. of Kayachikitsa
IMS, BHU
Varanasi

Dr. Manish Joshi
Deptt. of Dravyaguna
IMS, BHU
Varanasi

Dr. Gayatri Juneja
Deptt. of Basic Principles
IMS, BHU
Varanasi

Dr. Veena Taneja
Deptt. of Basic Principles
IMS, BHU
Varanasi

Workshop on C.C.P.R.

VIIIth Batch: 1st March to 7th March 2003



Dr. Elizabeth P. John
Assistant Professor
A.L.N. Rao Memorial
Ayurvedic College
Koppa – 577126
Distt. – Chikmaglure
(Karnataka)

शुभकामनाओं सहित

अभ्यास कार्यक्रम

डी.एल.डब्ल्यू. - बी.एच.यू. रोड, सुन्दरपुर, वाराणसी फ़ोन: २३१६८२६

डा. एस. जे. पटेल

एम.एस. (सर्जरी), बी.एच.यू.
(पेट रोग विशेषज्ञ)
लैप्रोस्कोपिक एवं जनरल सर्जन

जनरल सर्जरी

यूरो सर्जरी

प्लास्टिक सर्जरी

आर्थो सर्जरी

डा. (श्रीमती) ममता पटेल

एम.डी. (प्रसूति), बी.एच.यू.
प्रसूति एवं स्त्री रोग विशेषज्ञ

सुविधाएं

स्त्री रोग

मेडिसिन

ई.एन.टी.

न्यूरो सर्जरी

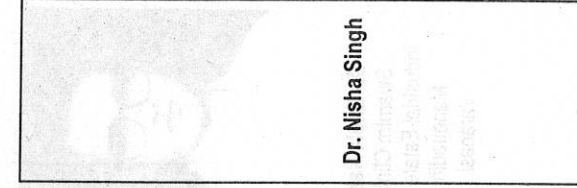
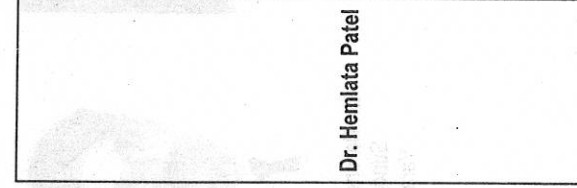
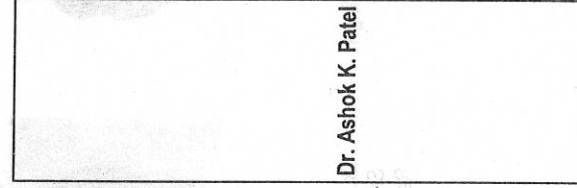
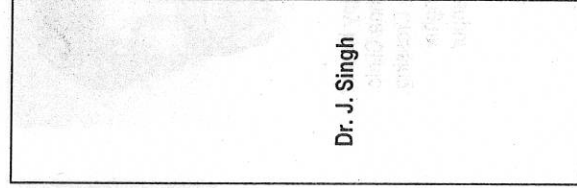
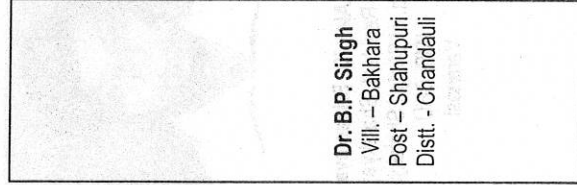
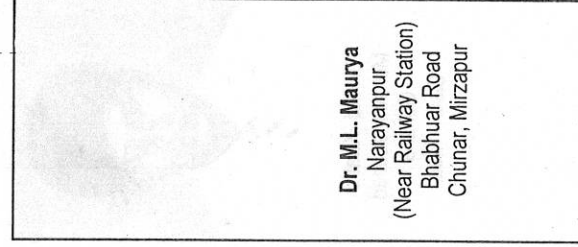
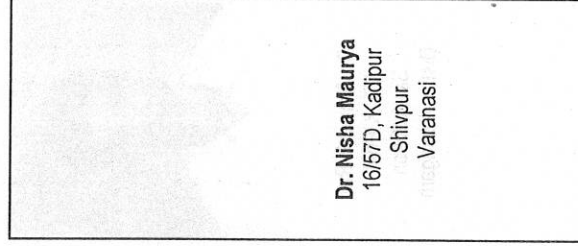
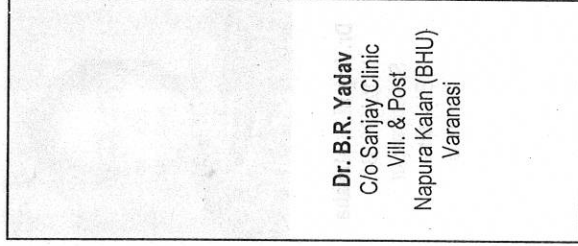
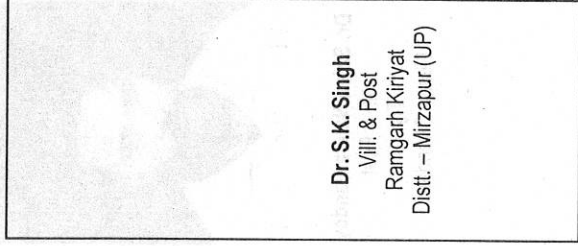
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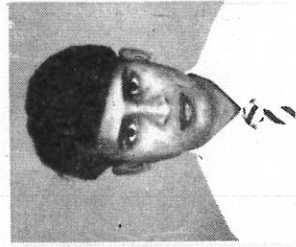
एक्स-रे

पैथोलॉजी

एम्बुलेन्स

IXth Batch: 10th March to 17th March 2003

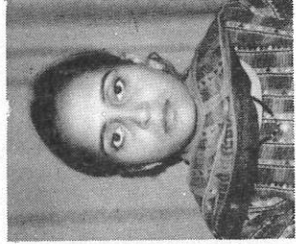


Xth Batch: 20th November to 27th November 2003

Dr. Md. Khalid
 Mohammadabad
 Gohana
 Distt. – Mau



Dr. Ramesh Rai
 Vill. & Post
 Saraimohan
 Distt. - Azamgarh



Dr. Anjani Kushwaha
 N-12/406, B-1
 Sheeratanpur
 Bajardiha
 Varanasi



Dr. Shiva Nanda Pandey
 Vill. & Post
 Tijara
 Distt. - Chandauli



Dr. Bholu Nath
 Swarnim Clinic
 Industrial Estate Rd.
 Manduadih
 Varanasi



Dr. Narendira Singh
 Sunderpur
 Varanasi



Dr. Sanjay Kumar
 Sri Krishna Clinic
 Railway Crossing
 Janghai
 Jaunpur



Dr. Alok Kr. Srivastava
 Sr. Resident, Shalakya
 Deptt. of Shalaya Shalakya
 IMS, BHU
 Varanasi

Xth Batch: 20th November to 27th November 2003

List of New Members in continuation of previous list (Gang. 2003, Vol. 6, No. 2)

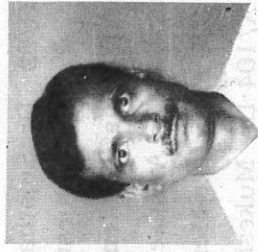
Convictor



Dr. Haramohan Moharana
JR III Shalya
Deptt. of Shalya Shalakyia
IMS, BHU
Varanasi



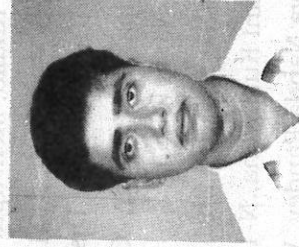
Dr. Champak Mehi
JR III Shalya
Deptt. of Shalya Shalakyia
IMS, BHU
Varanasi



Dr. Sanjay Kr. Singh
Sr. Resident, Shalakyia
Deptt. of Shalya Shalakyia
IMS, BHU
Varanasi



Dr. Rakesh Kr. Jaiswal
Sr. Resident, Sangyabaran
Deptt. of Shalya Shalakyia
IMS, BHU
Varanasi



Dr. Vinod Kr. Singh
JR III Shalya
Deptt. of Shalya Shalakyia
IMS, BHU
Varanasi

New Members

List of New Members in continuation of previous list (Aug. 2003, Vol. 6, No. 2)

Correction

S/52 Dr. Sujatha Sanjai Bapat, A/P – Mahable, Govt. Sangameshwar Ma Hospital, Govt. Guest House, Distt. – Raigad – 415611 (Ratnagiri).

Life Bonafide Members

S/54 Dr. Awaneesh Kumar Rai, S/o Mr. S.S. Roy, ORA, Azamgarh – 276208.

Life Associate Members

A/104 Dr. Mukesh Malhotra, Malhotra Hospital, SCF 7.8.9, H.P.H. 8, Sai Road, Baddi, Solan – 173205, Himachal Pradesh

A/105 Dr. Dheeraj Malhotra, 89, Lawrence Road, Amritsar – 143001

A/106 Dr. Amit Kataria, Ambala City, Haryana – 134003

A/107 Dr. Ashu Vinayak, 545, Urban Estate, Sec. 7, Ambala City, Haryana – 134003

A/108 Dr. Elizabeth P. John, Assistant Professor, A.L.N. Rao Memorial Ayurvedic College, Koppa – 577126, Distt. – Chikmangiure (Karnataka)

A/109 Dr. Sanjai Tiwari, Maniar, Ballia (U.P.)

A/110 Dr. Sanjai Kr. Singh, Vill. – Baraipur, P.O. – Pahhipatt, Distt. – Varanasi – 221208.

A/111 Dr. Md. Khalid, Mehrupur, P.O. – Mohammadabad Gilhan, Mau – 276403.

A/112 Dr. Lodha Naresh Kantilal, C/o Rukmini Collection, Near Post Office, Shirdi – 423109, Tal. – Rahata, Distt. – A. Nagar.

A/113 Dr. Shilpa D. Zarekar, C/o Major D.K. Zarekar, ASD/26, Ashwin Nagar CIDCO, Nasik (M.S.).

A/114 Dr. Ramesh Rai, S/o Shri Awadhesh Rai, Sarai Mohan, Azamgarh – 276001.

A/115 Dr. Anjani Kushwaha, N-12/406-13-1, Sheo Ratanpur, Bajardiha, Varanasi

A/116 Dr. Shiva Nanda Pandey, Vill. & P.O. – Tiyara, Distt. – Chandauli.

A/117 Dr. Bhola Nath, Swarnim Clinic, Industrial Estate Road, Maduadih, Varanasi
A/118 Dr. Sanjay Kumar, Shri Krishna Clinic, Railway Crossing, Janghai, Jaunpur – 212401.

A/119 Dr. Narendra Kr. Singh, Narendra Clinic, N-14/27, Ashutosh Nagar, Sarainandan (Dashmi), Khojwan, Varanasi.

A/120 Dr. Alok Kumar Srivastava, C/o Shri Mohan Lal Srivastava, Q-653, Quanoon Goyan, Barabanki – 225001.

- A/121 Dr. Jaya Srivastava, C/o Shri Mohan Lal Srivastava, Q-653, Quanoon Goyan, Barabanki - 225001.
- A/122 Dr. Vinod Kumar Singh, 20/380, Garulpar (Near Vijaya Cinema), Deoria - 274001.
- A/123 Dr. Haramohan Moharana, At - Badagola, P.O. - Sisua, Via - Astarang, Distt. - Puri (Orissa).
- A/124 Dr. Rajeev Jaiswal, C/o Dr. L.L. Jaiswal, C.H.C. Kerakat, Jaunpur (U.P.).
- A/125 Dr. Mohammad Khalid, C-15/230-A, Lallapura, Varanasi.
- A/126 Dr. Jalil Ahmad Khan, Baburi Bazar, Varanasi.

Date of Birth and Sex

Qualifications

Designation/Profession

Permanent Residential

Address with Tel. No.

Present Address to which
correspondence to be sent

Specialty

Membership Fee

(w.e.f. 01.04.2003)

Associate Membership

Membership Fee

Association

I agree to abide by the rules and regulation of the Bharatiya Sangyabaran

Signature of Applicant

Date

Correspondence Address

Bharatiya Sangyabaran Association

Operation Theatre Block Indian Medicine

S.S. Hospital, I.M.S., B.H.U., Varanasi

Medicine Varanasi - 221 002.
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Our station cheques should be accompanied by Rs. 30/- as bank charges. Cheques

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Date of Birth and Sex :

Qualifications :

Designation/Profession :

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Present Address to which correspondence to be sent :

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

Date :

Signature of Applicant

Correspondence Address

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

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