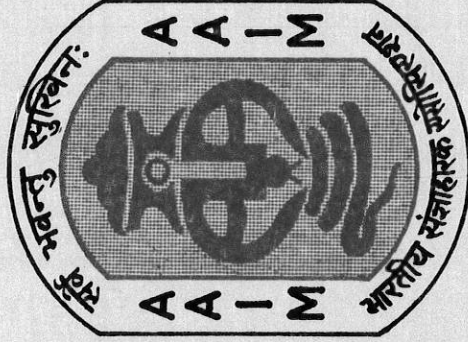


SANGYAHARAN SHODH

August 2005

Volume 8, Number 2



संज्ञाहरण शोध

An Official Journal of

BHARATIYA SANGYAHARAK ASSOCIATION

(Association of Anaesthetists of Indian Medicine)

Please encourage others to be new members

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

Postal Address

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

Announcement

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

Hon. Secretary
A.A.I.M.

SANGYAHARAN SHODH

Journal Subscription (For other than members)

Half yearly - Rs. 100.00 per copy

Annual - Rs. 190.00 for two copies

Please send cheque or D/D in favour of Sangyahan Shodh, A.A.I.M., Varanasi.

Address

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

Tariff for Advertisement in 'Sangyahan Shodh'

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

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

Chief Editor
Sangyahan Shodh

EDITORIAL BOARD - JOURNAL

Members Advisory Board

Chief Editor	Dr. Devendra Nath Pande, Varanasi	Dr. S.B. Pande, Varanasi
Associate Editor	Dr. Kuldeep Kumar Pandey, Varanasi	Dr. D.P. Puranik, Pune
Managing Editor	Dr. Sanjeev Sharma, Varanasi	Dr. Ashok Dixit, Varanasi
Treasurer	Dr. Ratnesh Asthana, Gorakhpur	Dr. S. Bhat, Udupi
		Dr. B.C. Senapati, Bolangir
		Dr. C.K. Dash, Barhampur
		Dr. A.B. Limaye, Pune
		Dr. P.K. Sharma, Varanasi
		Dr. P.S. Pandey, Varanasi
		Dr. S.K. Mishra, Bhadohi
		Dr. V.N. Shendye, Pune
		Dr. N.V. Borse, Pune

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

Subscription Rates for other than Life Members

Half Yearly	Rs. 100.00
Annual	Rs. 190.00
Life	Rs. 2000.00 (for 15 years)

Editorial Office

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

The data, opinions, statements appearing in the papers and advertisements in this Journal are the responsibility of the Authors/Advertisers concerned. The editorial staff disclaims any responsibility whatsoever for the consequences of any in accurate or misleading data, opinion or statement published herein.

Office Bearers - Central Council

Patron

Dr. S.B. Pandey

Ex-Reader and Incharge

Section of Sangyahan. IMS, BHU, Varanasi

President

Dr. D.N. Pandey

Reader and Head

Department of Shalya – Shalakyia, IMS, BHU, Varanasi

Vice Presidents

Dr. K.K. Pandey

Sr. Lecturer, Deptt. of Prasuti Tantra

IMS, BHU, Varanasi

Dr. S. Bhat

Assistant Professor

SDM Ayurveda College, Kuthpady,

Udupi

Secretary

Dr. Sanjeev Sharma

Treasurer

Dr. R. Asthana

Dr. N.V. Borse

Joint Secretaries

Dr. P.R. Mishra

Dr. A Pai

Ex-Officio Member

Dr. D.P. Puranik

Dr. P.K. Sharma

Executive Members

Dr. P.K. Gulati

Dr. Anil Dutta

Dr. Ashok Dixit

Dr. D. Kalita

Dr. C.K. Dash

Dr. R.K. Gupta

Dr. V.N. Shendye

Dr. Rajesh Singh

Dr. H.O. Singh

Dr. C. Medhi

SANGYAHARAN SHODH

August – 2005

Volume 8, Number 2

CONTENTS

Editorial Board - Journal	1
Office Bearers -Central Council	2
Content	3
Editorial	5
Workshop and Lecture Programme – M.S. Branch	7-8
Annual Report – M.S. Branch	9-10
General Body Meeting	11-12
M.S. – General Body Meeting	13-15
Bio-Data (Prof. A.B. Limaye)	16
Gazette – Feb., 2005	17-26
Accounts of AAIM	27-31
Effect of Darvyadi Kwatha with Counselling in Sweta Pradar -Dr. Mukta Sinha	33-42
Anushastra Karma – Parasurgical Therapy – Dr. D.N. Pande	43-52
Pre And Post-Operative Management – Dr. K.K. Pandey	53-59
The News	60-61

B. BRAUN MEDICAL INDIA LTD.

○ **HEMOHES**

6% Hydroxy Ethyl Starch

○ **ONCOVERTIN**

Low Molecular Dextran – 40

○ **VESOFIX**

I.V. Cannula

○ **SPINOCANCE**

Spinal Needle

B. Braun Medical India Ltd.
1st Floor
177, Vidyanageri Marg
C.S.T. Road, Kalina
Santacruz (East)
Mumbai – 400 098

EDITORIAL

Congratulations to every member of our Association. After a long struggle we have achieved our goal. Now Sangyahan speciality is included in the list of 'specialities in which Post Graduate degrees' can be conducted. The central coincole of Indian Medicine Notification dated 3rd Feb. 2005 published in the gazette of India-Extraordinary – Part III– Sec. 4 on 4th Feb. 2005 is inserted in this volume for your reference. Radiology is also included in the list It is also a grand success. At one place C.C.I.M. Notification allow us to use modern advances including modern medicine but at the other place it hesitates to verify it's own notification. This shows the weakness of our council. However first of all I would like to thank Prof. Shri Ram Sharma, President C.C.I.M., Dr. P.R. Sharma Hon. Secretary and Registrar C.C.I.M., Dr. S.K. Sharma- Advisor Ayush and other members of C.C.I.M. for this great work done by them and then I would like to appeal to stand on their notifications so that the right of Ayurvedic Practitioners may be preserved. If our council will not protect it's practitioners, the M.C.I. people will vanish all the other system of medicine in India and thus poor population of India will be deprived from their right to get cheap affordable and approachable helath facility. Lakhs of Ayurvedic Practitioners who are taught and trained in both pathies will be deprived to use their skills for their own public. It is very unfortunate and we should take all the steps to oppose this attitude. How long we have to face theseacward situation in our own country? We should take the following steps to protect our right –

1. **Public awareness** – Every integrated practitioner should make public contact to generate the awareness about the coming Antiquackery bill which includes some very objectionable clauses, effecting the public health problem in whole country. In this way public will be involved and will raise their voice against these clause.
2. **Contacts with M.L.A./ M.Ps.** – A close contacts with local M.L.A. and M.P. should made to raise this issue and to oppose this bill and to make a provision of Separate Act for integrated Practise.
3. **Contacts with Journalists** – Journalist should be contacted and should be convinced with the problem of public and practitioners ,so that they can raise the voice of public in favour of integrated practioners.
4. **Institutional Presser** – All the institutions of Ayurveda/Unani should send their representation to the concern authorities to oppose these clauses.

Lastly I pray to God to give wisdom to government of our country to frame a separate' Act' for Practitioners of our own Integrated system developed by virtue of foresight of Pt. Madan Mohan Malviya Ji.

Jai Hind- Jai Ayurveda

Devendra Nath Pande
Chief Editor

Lox
(Lignocaine)

Anawin
(Bupivacaine)

REGIONAL ANAESTHETICS

Fent (Fentanyl) **Supridol** (Tramadol) **Riddof** (Pentazocine) **Myorelex** (Succinyl) **Neovec** (Vecuronium) **Neocuron** (Pancuronium)

ANALGESICS

MUSCLE RELAXANTS

Nex
(Naloxone)

Myostigmin
(Neostigmine)

OPIOID ANTAGONIST

REVERSAL AGENTS

Thiosol (Thiopentone) **Aneket** (Ketamine)

Hypnothane (Halothane) **Sofane** (Isoflurane)

INDUCTION AGENTS

INHALATION AGENTS

Mezolam (Midazolam) **Neomit** (Ondansetron)

Tropine (Atropine) **Pyrolate** (Glycopyrrolate)

PREMEDICANTS

ANTICHOLINERGICS



NEON

Offers

WIDER CHOICE

MAHARASTRA STATE BRANCH - A.A.I.M. WORKSHOP AND LECTURE PROGRAMME – REPORT

Sangyahan Day – Report Seminar on 6th Feb. 2005

Association of Anaesthetists of Indian Medicine, Maharashtra State Branch Observed 'Sangyahan Day' on 6th Feb. 2005 at Ayurved Hospital, Akurdi, Pune at 10 am. Seminar was organised on this day.

Members of the State Branch, Post Graduate Students and Teachers of several Aryveda Colleges were invited. Dr. B.N. Deshpande – Executive Committee Member of the Branch was chief Programme Director.

Dr. B.N. Deshpande extended welcome speech. Vice Principal, College of Ayurveda and Research Centre, Akurdi, Pune. Dr. Mrs. Saroj Patil was Chairman of this programme. Dr. D.P. Puranik, Principal, Tilak Ayurveda College, Pune was present as Guest of Honour. Dr. A.B. Limaye – Patron of the Branch was present as Chief Guest.

Dr. Sonal Bhalerao and Dr. Mayura Joshi presented Lord Dhanwantari Stawan. Dr. Mrs. Saroj Patil performed Lord Dhanwantari Poojan.

Dr. V.N. Shendygave an information about activities and aims of the Association. He also informed the house about 'Sangyahan Day' and 'Ashwinou Award'. He read the bio-data of Dr. A.B. Limaye – recipient of the Award. Dr. S.V. Marathe president of the Branch felicitated Dr. A.B. Limaye and gave him prestigious Ashwinou Award.

Dr. A.B. Limaye gave his opinion and expressed thoughts on this occasion. Prof. Dr. D.P. Puranik also addressed to the house by giving some valuable guidelines.

Dr. Mrs. Saroj Patil in her presidential speech highlighted the importance of Anaesthesia and express her well-wishes towards the activities of the Association.

Vote of thanks was given by Dr. Jayesh Jadhav.

After this inaugural function, Seminar was started. Dr. A.B. Limaye was Chairman of this Seminar. Guest speakers Dr. Atul Gandhi, Dr. Hemant Kshirsagar and expert panalist Dr. Mrs. Vhatarak were felicitated with floral bouquet and gift.

Dr. Atul Gandhi delivered a speech on Pre-Anaesthesia work up and recent Drugs.

Dr. Hemant Kshirsagar delivered talk on 'Accidents and their management in Anaesthesia'. This was very interesting topic for the students. Both lectures were very informative.

After these lectures, Chairman Dr. A.B. Limaye gave his expert remarks.

After the lectures, 'Panel Discussion' was organised. Dr. A.B. Limaye, Dr. S.V. Marathe, Dr. Mrs. Vhatkar, Dr. Atul Gandhi, Dr. H.S. Kshirsagar were the expert panalist. Questions were invited from students and teachers. Delegates gave a good response to this discussion. Students were very much interested to ask their questions. The expert panalists satisfied the audience.

The seminar get very nice response from the students and teachers from various collages. More than two hundred delegates were attending the seminar.

The seminar was followed by Lunch. LOKMAT – Daily Newspaper gave a good space to flash the seminar in the paper.

(Dr. V.N. Shendye)

Gen. Secretary, A.A.I.M. (M.S.B.)

Workshop:

Association of Anaesthetists of Indian Medicine – Maharashtra State Branch organized a Workshop on ‘**Cardio Pulmonary Resuscitation**’ and a Lecture Programme on ‘**Recent Advances in Laboratory Diagnosis**’ was organized on 27th Feb., 2004 at N.I.M.A. Hall, Tilak Ayurved Mahavidyalaya, Pune jointly with A.I.M.S. of India.

For this programme, Post Graduate students, teachers and members of the Association were invited.

The workshop was started at 10 am. Dr. S.I. Nagral, Mumbai was chairman of the programme. Dr. Abhey Inamdar welcome all delegates and introduced the guest speakers. Dr. S.I. Nagral felicitated them with gift and floral bouquet.

Workshop consists of Following topics

1. Basic Life Support
2. Airway Management
3. Fluid Resuscitation

About 80 delegates were participating in this programme. They were divided into three batches and there were three stations for above topics. Every batch go through every station in circulation. Duration for every batch at every station was about an hour.

Dr. Aniket Joshi, Dr. Suhas Kalashetti and Dr. K. Selva Kumar conducted the stations. Demonstrations were done with the help of audiovisual and dummies. Participants got an opportunity to perform intubation and ventilation on dummies. Delegates got detail information about resuscitation in shock, various pulmonary and cardiac problems.

Lecture programme was followed by the workshop. Dr. V.D. Kulkarni was the guest speaker. He delivered a lecture on “Recent Advances in Laboratory Diagnosis”.

After the programme Chairman Dr. S.I. Nagral gave his remarks.

Dr. N.V. Borse proposed vote of thanks.

After Lunch, programmes were concluded.

(Dr. V.N. Shendye)

Gen. Secretary,

A.A.I.M.,(M.S.B.)

ASSOCIATION OF ANAESTHETISTS OF INDIAN MEDICINE (Maharashtra State Branch) Annual Report 2003 – 2004

During this year following executive committee was functioning.

Executive Committee

President	:	Dr. S.V. Marathe, Pune
Vice-president	:	Dr. R.K. Gupta, Sawantwadi
Gen. Secretary	:	Dr. V.N. Shendye, Pune
Jt. Secretary	:	Dr. N.C. Gujarathi, Pune
Treasurer	:	Dr. N.V. Borse, Pune
Members	:	Dr. N.D. Nalawade, Pune Dr. R.N. Gangal, Pune Dr. V.R. Shet, Pune Dr. B.N. Deshpande, Akurdi Dr. S.B. Patwardhan, Sangli Dr. D.P. Puranik, Pune

Special Invitee Executive Committee Meetings

During the year four Executive Committee Meeting were held. In those meetings planning of Seminars Workshops, General Body Meetings were done.

Activities of Association

Seminar-1 : Seminar was arranged on 11th Oct., 2003 at N.I.M.A. Hall, Tilak Ayurved College, Pune. Dr. Shashikant Apte, Dr. Shrikant Solav, Dr. Viren Kulkarni were guest speakers.

Seminar-2 : Seminar on 'Regional Anaesthesia' was organized on 25th June 2004 at N.I.M.A. Hall, Tilak Ayurved College, Pune. Dr. Mrs. Vidya Mule and Dr. Yashwant Nankar were guest speakers.

Workshop

Workshop on 'Cardio Pulmonary Resuscitation' was arranged on 12th Oct. 2003 at Tilak Ayurved Collage, Pune. 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 audiovisuals and on dummies. Participants also got an opportunity to perform intubation and ventilation on dummies. About eighty delegate participated in the workshop.

Conference

Members of Maharashtra State Branch participated the 7th National Conference of the Association held at B.H.U., Varanasi, U.P. in Feb. 2004. Prof. D.P. Puranik delivered

lecture in 'Dr. P.J. Deshpande Memorial Oration'. Prof. R.K. Gupta presented his thoughts on AIDS as guest speaker. Dr. Mrs. Harshada Dingankar also presented her paper.

General Body Meeting of A.A.I.M.

Following members of the Maharashtra State Branch were participated the meeting Dr. D.P. Puranik, Dr. R.K. Gupta, Dr. V.N. Shendye, Dr. N.V. Borse.

The name of Patron Dr.A.B. Limaye was declared selected for prestigious 'Ashwinou Award' by the selection committee.

Annual General Body Meeting

Annual General Body Meeting of the Branch was called on 25th Jan. 2004. Minutes of last Annual General Body Meeting (8th Jan. 2003); Annual Report of Branch, Audited Statement of Accounts (2001-02) were presented by Dr. V.N. Shendye and were confirmed and passed in the meeting.

Congratulations for Achievements

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

Dr.D.P.Puranik– Appointed as Principal, Tilak Ayurved Mahavidyalaya, Pune.

Dr. N.V. Borse – elected Vice-President N.I.M.A., Pune District Branch.

Feelings of General Secretary

I am very much thankful to all the members of the Branch for giving me an opportunity to work as a Gen. 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 advices and suggestions. I am also thankful to all the office bearers for their co-operations.

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

A.A.I.M. – C.C.

Notification/Invitation

Subject com Meeting	:	24 th Dec.. 05 at 5.00 pm
G.B. Meeting	:	25 th Dec.. 05 at 5.30 pm
Election of Office Bearer	:	25 th Dec.. 05 at 5.30 pm
Nomination for Office Bearer	:	From 1 st Nov., 05 to 23 rd Dec.. 05
Withdrawal of nomination	:	Upto 5.30 pm 25 th Dec.. 05
Nomination Form	:	Attached

GENERAL BODY MEETING - A.A.I.M. (C.C)

Dated : 4th December, 2004

A general body meeting of AAIM central council was called on 4th Dec., 2004 at 5 P.M. at Sandeela Hardoi in the conference hall of National Shareer Shodha Sansthan, Sandeela, during the 8th National Conference with prior timely notice.

The said meeting was resumed at 6 P.M. when Dr. D.N. Pande, President AAIM (C.C.) was in the Chair.

Agenda - 1 : President's Opening Remarks :

In President's opening remarks – Dr. D.N. Pande, President-A.A.I.M. welcomed the house and expressed his obligence towards the supports for the development of Sangyahan especially rendered by the respected members during his tenure. He also expressed his thanks to the Director National Shareer Shodha Sansthan Prof. K.K. Thakral for organizing the 8th National Conference in his institute. He also expressed thanks to Swamiji for his blessing and support to the association.

Agenda - 2: Confirmation of minutes of previous general body meeting dated 6th Feb., 2004.

Resolution : Dr. Sanjeev Sharma secretary AAIM read the previous minutes of general body meeting dated 6.4.04 The minutes were adopted unanimously.

Proposed by : Dr. Kamaran Ahmed . Seconded by: Dr. Mritunjay.

Agenda - 3 : Amendments in Byelaws if any.

Resolution : No change was proposed by any member.

Agenda - 4 : Annual report by honorary secretary.

Resolution : Dr. S. Sharma Secretary. AAIM Presented the annual report of AAIM (C.C.) which was adopted unanimously.

Dr. D.N. Pande chief editor, Sangyahan Shodha presented the annual report of Sangyahan Shodha which was accepted unanimously.

Dr. P.K. Sharma acting presented UP State presented the annual report of UP state branch AAIM which was accepted unanimously.

The accounts of Central council, state branches, workshop and Sangyahan Shodha journal was also circulated and was accepted unanimously.

Proposed by Dr. L Singh

Seconded by Dr. Jagdeesh Singh

Agenda - 5 : Venue for next conference

Resolution : The letter of Dr. C.K. Das to conduct 9th National conference at Barahampur, Orissa was put-up before the house and was accepted unanimously. The conference will be held in Dec., 2005.

Proposed by Dr. N.B. Borse

Seconded by Dr. K.K. Pandey

Agenda - 6 : Any other matter with permission of chair.

Resolution : Dr. N.B. Borse was elected as president of NIMA Pune branch. The house felicitated Dr. N.B. Borse for this achievement. The house also felicitated Dr. Sanjeev Sharma elected as president of Rotary club, Varanasi north.

Proposed by Dr. C.K. Das

Seconded by Dr. L. Singh

Agenda - 6 : Vote of thanks

Vote of thanks were raised by the secretary AAIM CC Dr. Sanjeev Sharma to the chair and to the members of AAIM. The meeting ended with a cup of Tea.

Dr. S. Sharma
Secretary
4/12/04

Dr. D.N. Pande
President

APPEAL

All the life members who had already paid Rs. 500.00 as Life Membership fee are requested to send a DD of Rs. 500.00 in favour of A.A.I.M. payable at Varanasi for purchase of Land for office of Association (C.C.) at Varanasi.

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

ASSOCIATION OF ANAESTHETIST OF INDIAN MEDICINE (Maharashtra State Branch) Annual General Body Meeting 25th Jan. 2004

Annual General Body Meeting of Association of Anaesthetists of Indian Medicine – Maharashtra State Branch was called on 25th Jan 2004 at 12.30 P.M. at N.I.M.A. Hall of Tilak Ayurved College, Pune with prior notice.

The meeting was adjourned due to want of quorum and was resumed at 1.30 P.M.

Following members were present for the meeting – Dr. D.P. Puranik, Dr. S.V. Marathe, Dr. V.N. Shendye, Dr. N.V. Borse, Dr. N.C. Gujarathi, Dr. Nitin Nalawade, Dr. B.N. Deshpande, Dr. Mrs. A.D. Puranik, Dr. Shilpa Zarekar.

Gen. Secretary – Dr. V.N. Shendye welcome 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.

Sub.-1: To read and confirm minutes of last Annual General Body Meeting held on 8th Jan. 2003.

General Secretary Dr. V.N. Shendye presented the minutes of the last Annual General Body Meeting held on 8th Jan. 2003. There were no queries.

Resolution-1

This General Body Meeting of A.A.I.M. (M.S.B.) held on 25th Jan 2004 hereby resolves to confirm the minutes of last Annual General Body Meeting held on 8th Jan. 2003.

Proposed by – Dr. R.N. Gangal Seconded by DR. B.N. Deshpande

Minutes were passed unanimously.

Sub.-2 : To read and confirm Annual report of the branch

Dr. V.N. Shendye presented the annual report of the branch for the year 2003.

Resolution-2

This General Meeting of A.A.I.M.

(M.S.B.) held on 25th Jan 2004 hereby resolves to confirm the Annual Report of the branch for the year 2003. Annual Report was passed by the house.

Proposed by –Dr. Shilpa Zarekar Seconded by – Dr. Mrs. Alka Puranik

Sub.-3: To consider and adopt audited statement of accounts for the year 2002-2003.

Treasurer Dr. N.V. Borse presented the audited statement of accounts of the branch for the year 2002-2003.

Resolution-3

This General Body Meeting of A.A.I.M. (M.S.B.) held on 25th Jan. 2004 hereby resolves to confirm the audited statement of accounts of the branch for the year 2002-2003 and to send it to Central Council for further execution.

Proposed by – Dr. R.N. Gangal Seconded by – Dr. Shilpa Zarekar

Sub.-4 : Discussion on resolutions or questions if any

Dr. V.N. Shendye informed that he has received two resolutions for General Body Meeting.

Resolution-4

This General Body Meeting A.A.IM. (M.S.B.) in the meeting held on 25th Jan. 2004 hereby resolves to appeal all the members to attend 7th National Conference at Varanasi on 6th and 7th Feb. 2004 with maximum members.

Proposed by – Dr. D.P. Puranik Seconded – Dr. N.V. Borse

Resolution-5

This General Body Meeting A.A.IM. (M.S.B.) held on 25th Jan. 2004 hereby resolves to enroll maximum numbers of life member for our Association and to conduct membership drive for the same.

Proposed by – Dr. D.P. Puranik Seconded by – Dr. N.C. Gujarathi

Both the resolutions passed unanimously

Sub.-5 : Appointment of auditor and fixation of his honourarium

In the meeting it was discussed and decided to continue the M/s A.H. Joshi and company to conduct the audit of the branch and to pay Rs. 500/- as honorarium.

Treasurer Dr. N.V. Borse explained the necessity of account writer. He suggested the name of Mr. Prakash Kulkarni.

In the meeting it was decided to appoint Mr. Prakash Kulkarni for account writing and to pay Rs. 500/- to him for the year.

Resolution-6

This General Body Meeting A.A.IM. (M.S.B.) held on 25th Jan. 2004 hereby resolves to appoint M/s A.H. Joshi and Co to conduct the audit of A.A.I.M. (M.S.B.) for the year 2003-2004.

It is resolved to pay Rs. 500/- as honourarium to him.

Proposed by – Dr. Gujrathi N.C. Seconded by – Dr. Deshpande B.N.

Resolution-7

This General Body Meeting A.A.IM. (M.S.B.) held on 25th Jan. 2004 hereby resolves to appoint Mr. Prakash Kulkarni for account writing and to pay Rs. 500/- to him for the year 2003-04

Proposed by – Dr. N.D. Nalawade Seconded by – Dr. R.N. Gangal

Sub.-6 : Budget of year 2004-05

Dr. Borse N.V. presented the budget for the year 2004-05

From receipt side Rs. 4400/- is expected from interest against fixed deposit and Rs. 2000/- is expected from yearly subscription of members total Rs. 6400/-

On payment side expected expenditures are as follows

Printing and stationary	Rs.	1200
Meeting expences	Rs.	600
Seminar expences	Rs.	600
Audit fees	Rs.	500
Account writing charges	Rs.	500
	Total	Rs. 6400

The budget was accepted by the members and passed unanimously.

Sub.-7 : Planning of Activities

It was decided to organize seminar, workshops and lecture programmes on different topics in the year.

Regarding 8th National Conference of the Association members gave their opinions and discussed about it. Dr. B.N. Deshpande from Ayurved College Akurdi was ready to organize the conference. So it was decided to extend an invitation to organize the conference next year at Pune in 2005.

Sub.-8 : Timely subjects with permission of Chair

Dr. Puranik D.P. gave an information regarding sanctioning of permission to start Post Graduate course in Sammohan and the Syllabus for the same. He informed that the gazette of the same is likely to be release very soon.

It was decided to recommend the name of Dr. A.B. Limaye, patron of our branch for Ashwinou Award. It was also decided to send bio-data of Dr. A.B.Limaye to the respective committee.

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

Secretary (M.S.B.)

BIO-DATA

- Name : Dr. Arawind Bhaskar Limaye
Address : Shashikiran Apts. B. Ashok Path, Law College Rd., Pune-411004.
Date of Birth : 21st Feb. 1939
Ed. Qualification : B.A.M.&S. (Pune) L.C.P. & S. (Bombay) F.F.A.M. (Sammohan and Anaesthesia)
Education from : Tilak Ayurved Mahavidyalaya, Pune.
Practicing Experience : Anaesthesia Practice – More than 35 years. Hospital runned – 35 yrs. In Panvel Raygad, Maharashtra.
Life Member of : National Integrated Medical Association. Association of Integrated Medial Specialist of India- Jt. Secretary for 20 years. Association of Anaesthetists of Indian Medicine: **Patron of Maharashtra State Branch from 2000.**
Lectures : Delivered lectures in various National Conferences –
(1) National Conference of A.A.I.M. 1999. Pune.
(2) National Conference of A.A.I.M. 2002. Sawantwadi
(3) Poona Hospital Research Centre, Pune etc.
Hon. Lecturer – Tilak Ayurved Mahavidyalaya, Pune.
Social Services : * Worked as Honorary visiting anaesthesiologist for more than 25 yrs.
Panvel Mata Bal Sangopan Kendra, Panvel.
Panvel Mission Hospital, Panvel
Honorary Anaesthesiologist of Seth Tarachand Ramnath Charitable Ayurvedic Hospital for 5 years.
* Founder member of Rotary Club, New Panvel Late B.V. Limaye Blood Bank.
Worked as a secretary of the Blood Bank for 10 years.
This project got 'Rare Achievements Award' in 1996-97 from Rotary International.
* Organised C.M.E. Programmes every year in his practicing period in the memory of father.
- In 1997-98 Income Tax Department awarded by giving 'SANMAN PATRA'.

रजिस्ट्री संडी०एल० - 33004/99

REGD. NO. D.L.- 33004/99

भारत का राजपत्र

THE GAZETTE OF INDIA CENTRAL COUNCIL OF INDIAN MEDICINE

NOTIFICATION

New Delhi, the 3rd February, 2005

No.1.- In exercise of the powers conferred by clauses (i), (j) and (k) of sub-section (1) of section 36 of the Indian Medicine Central Council Act, 1970 (48 of 1970), and in supersession of the Indian Medicine Central Council (Post-graduate Education) Amendment Regulations, 1994, except as respects things done or omitted to be done before such supersession, the Central Council of Indian Medicine, with the previous sanction of the Central Government in order to regulate the Post-graduate Education of Ayurveda, hereby makes the following regulations namely :

1. Short title and commencement

- (1) These regulations may be called the Indian Medicine Central Council (Postgraduate Ayurveda Education) Regulations, 2005.
- (2) They shall come into force on the date of their publication in the Official Gazette.

2. Definitions

In these regulations, unless the context otherwise requires –

- (a) 'Act' means the Indian Medicine Central Council Act, 1970;
- (b) 'Council' means the Central Council of Indian Medicine;
- (c) 'Recognized Institution' means an approved institution as defined under clause (a) of sub-section (1) of section 2 of the Act.

3. Aims and objects

The aims of the post-graduate degree courses shall be to provide orientation of specialties and super-specialties of Ayurveda and to produce experts and specialists who can be competent and efficient teachers, physicians, surgeons, obstetricians and gynaecologists (Stri Roga, Prasuti Tantraya), pharmaceutical experts, researchers and profound scholars in various fields of specialization of Ayurveda.

4. Specialties in which post-graduate degrees can be conducted – the post-graduate degree may be allowed in the following specialties :

1. Ayurveda Siddhanta

2. Ayurveda Samhitas

a. Charak Samhita

b. Sushruta Samhita

c. Vagbhat Samhita

3. Rachna Sharira

4. Kriya Sharira (Dosha Dhatu – Mal Vigyana)

5. Dravyaguna Vigyana

6. Rasa Shastra

7. Bhaisajya Kalpana

8. Prasuti Tantra avum Stri Roga

9. Kaumar Bhritiya – Bala Roga

10. Kayachikitsa

11. Swasthavritta

12. Roga Nidan avum Vikriti Vigyan

13. Manovigyana avum Manas Roga

14. Shalya Tantra – Samanya

15. Shalya Tantra – Kshar Karma avum Anushastra Karma

16. Shalaky Tantra – Netra Roga

17. Shalaky Tantra – Shiro-Nasa, Karma avum Kantha Roga

18. Shalaky Tantra – Danta avum Mukha Roga

19. Panchakarma

20. Agad Tantra avum Vidhi Vaidyaka

21. Sangyahrana

22. Chhaya avum Vikiran Vigyan

5. The nomenclature of post-graduate degree in respective specialties shall be as follows:

1. Ayurveda Vachaspati (M.D. – Ayurveda) – Ayurveda Sidhanta

2. Ayurveda Vachaspati (M.D. – Ayurveda) – Ayurveda Samhita
3. Ayurveda Vachaspati (M.D. – Ayurveda) – Rachna Sharir
4. Ayurveda Vachaspati (M.D. – Ayurveda) – Kriya Sharir (Dosha-Dhatu-Mala Vigyana)
5. Ayurveda Vachaspati (M.D. – Ayurveda) – Dravya Guna Vigyana
6. Ayurveda Vachaspati (M.D. – Ayurveda) – Rasa Shastra
7. Ayurveda Vachaspati (M.D. – Ayurveda) – Bhaishajya Kalpana
8. Ayurveda Dhanwantri (M.S. – Ayurveda) – Prasuti Tantra avum Stri Roga
9. Ayurveda Vachaspati (M.D. – Ayurveda) – Kaumar Bhritya – Bala Roga
10. Ayurveda Vachaspati (M.D. – Ayurveda) – Kayachikitsa
11. Ayurveda Vachaspati (M.D. – Ayurveda) – Swastha Vritta
12. Ayurveda Vachaspati (M.D. – Ayurveda) – Roga Nidan avum Vikriti Vigyana
13. Ayurveda Dhanwantri (M.S. – Ayurveda) – Shalya Tantra – Samanya
14. Ayurveda Dhanwantri (M.S. – Ayurveda) – Shalya Tantra – Kshar Karma avum Anushastra Karma
15. Ayurveda Dhanwantri (M.S. – Ayurveda) – Shalakyata Tantra – Netra Roga
16. Ayurveda Dhanwantri (M.S. – Ayurveda) – Shalakyata Tantra – Shiro-Nasa-Karna avum Kantha Roga.
17. Ayurveda Vachaspati (M.D. – Ayurveda) – Shalakyata Tantra – Danta avum Mukha Roga.
18. Ayurveda Vachaspati (M.D. – Ayurveda) – Mano Vigyan avum Manas Roga
19. Ayurveda Vachaspati (M.D. – Ayurveda) – Panchkarma
20. Ayurveda Vachaspati (M.D. – Ayurveda) – Agad Tantra avum Vidhi Vaidyaka
21. Ayurveda Vachaspati (M.D. – Ayurveda) – Sangyahanana
22. Ayurveda Vachaspati (M.D. – Ayurveda) – Chhaya avum Vikiram Vigyan

6. Mode of Admission

1. A person possessing the degree in Ayurveda of a University or Board or medical institution specified in the Second Schedule to the Act shall be eligible for admission in the post-graduate degree course.

2. The University or Board or medical institution as the case may be, shall constitute an admission Committee, which shall supervise the admission procedure.
3. Selection of candidates shall be made strictly on the basis of final merit index calculated out of total index of 100 marks based on written test and marks obtained in concerned subject and final year examination of degree course in the following manner namely :
Marks obtained in written test of 80 marks plus index of marks obtained in concerned subject (to be calculated out of 10 marks) plus index of marks obtained in final year examination of degree course (to be calculated out of 10 marks).
4. The written test of 80 marks shall consist of one common written paper comprising of objective type questions covering all the subjects of Ayurvedacharya (BAMS) course, the details of which shall be decided by the admission committee constituted under sub-regulation (2).
5. The minimum eligibility marks for admission in the case of general candidates shall be fifty per cent of the total index of marks and in the case of candidates belonging to the Scheduled Castes and Scheduled Tribes shall be forty per cent.
6. The sponsored candidates shall also be required to possess the percentage of marks specified in sub-regulations (5).
7. Change of subject shall be permissible within a period of two months from the date of admission, subject to availability of vacancy and guide in the concerned Department.

7. Period of Study of attendance

1. The student shall have to undergo a study for a period of three years after the admission, out of which first year shall be devoted to preliminary course and following two years for specialty course.
2. The students shall have to attend at least seventy five per cent of total lectures, practicals and clinical tutorials or classes to become eligible for appearing in the examination.
3. The students shall have to attend the hospital and other duties as may be assigned to them during the course of study.
4. The students shall have to be House job duties and Clinical Registrar's duties in their respective departments during preliminary and final courses.
5. The students shall have to attend special lectures, demonstrations, seminars, study tours and such other activities as may be arranged by the teaching departments.
6. The graduate teachers having three-year teaching experience shall be allowed to undertake Post-graduate training as regular student.

Method of training

1. Intensive training shall be provided in classical knowledge along with comparative and critical study in the respective speciality.
2. The emphasis shall be given on theoretical and intensive applied training and not in dictative lectures
3. The students shall have to acquire the knowledge about the methods and techniques of research in the respective fields making use of Information Technology.
4. In clinical subjects the students shall undertake responsibility in management and treatment of patients independently and deal with emergencies.
5. The students shall have to participate in the teaching and training programmes of under-graduate students or interns in the respective subjects.
6. In the first year of the course, the students shall have to acquire knowledge in the applied aspects of the fundamentals of Ayurveda.
7. In the clinical training the student shall have to acquire the knowledge of independent work as a specialist.
8. In the specialties of Shalya, Shalakyā and Stri Roga and Prasutantra, the student shall have to undergo training of investigative procedures, techniques and surgical performance of procedures and management in the respective speciality.
9. The student shall have to undertake training in teaching technology and research methods during the course of studies.

9. Dissertation

1. Before a student is allowed to undertake the work of dissertation, the title of the dissertation shall be registered with the University within a period of six months from the date of admission and the synopsis not later than six months after passing the preliminary examination.
2. The application for registration of the title of the dissertation shall clearly mention the full title of the dissertation with a synopsis of the proposed scheme of work indicating the familiarity of the student with the proposed theme of work, the name of the department and the name and designation of the guide or supervisor and co-guide, if any.
3. For approving the title a scrutiny committee shall be constituted by the University.
4. One copy of the synopsis of the dissertation shall be submitted to the Registrar, Central Council of Indian Medicine as soon as the title is approved.
5. The subject of every dissertation shall be practical oriented, devoid of unpromising specialities and helpful in the development of Ayurveda.

6. Once the title for dissertation is approved by the Scrutiny Committee of the University, the student shall not be allowed to change the title or the proposed theme of work without permission of the University.
7. The registration of the student shall be cancelled if he/she fails to submit the title of dissertation and synopsis within the period specified under sub-regulation (1).
8. No student shall be allowed to submit the dissertation before the expiry of one calendar year after approval of the topic and before six months of final year: Provided that the student shall continue his or her regular studies in the institution after submission of dissertation.
9. The subject of the dissertation shall have relation with the subject matter of the specialty.
10. The dissertation shall contain the methods and data of the research carried out by the student on the problem selected by him and completed under the guidance of the teacher approved by the University.
11. The dissertation shall consist critical survey of relevant literature, methodology, results of the research, discussion on the basis of existing literature of the subject, summary conclusion, and references cited in the dissertation.
12. The dissertation shall consist of not more than two hundred typed pages.
13. The dissertation shall contain, at the end, a summary of not more than one thousand five hundred words and the conclusion not exceeding on thousand words.
14. The guide or supervisor shall be a person of status of a Professor or Reader or Lecturer with five years teaching experience in the subject.
15. A Professor or a Reader can register maximum two students in each academic year and a Lecture can register only one student in one academic year.
16. The dissertation shall be a literary presentation and suitable for publication either as such or in an abridged form.
17. Five copies of the bound dissertation along with a certificate from the supervisor or guide should reach the office of the Registrar of the University six months before the final examination.
18. The dissertation shall be assessed by two external and one internal examiners appointed by the University.
19. The dissertation shall be accepted only after the approval of examiners appointed under sub-regulation (17) and in case of disapproval by one external examiner, the dissertation shall be referred to third examiner.
20. If the dissertation is not accepted, the same shall be returned to the student with the remarks of the examiners and the student can resubmit the dissertation after making

necessary improvement in the light of examiners' report to the University within a further period of six months.

21. The student shall be permitted to appear in the final examination of post-graduate degree course only after the examiners appointed for the purpose have approved the dissertation.

10. Examination and assessment

1. The post-graduate degree course shall have two examination in the following manners :

- a. The preliminary examination shall be conducted at the end of one academic year after admission.
- b. The final examination shall be conducted on completion of two academic years after passing preliminary examination.
- c. Examination shall ordinarily be held in the month of June or July and November or December every year.
- d. For being declared successful in the examination, student shall have to pass all the subjects separately in preliminary examination.
- e. The result of student shall be announced as pass or fail only.
- f. If a student fails in one subject only in preliminary examination, he/she shall have to pass in that subject before he/she is allowed to appear in the final examination.
- g. If the student fails in theory or practical in the final examination, he/she can appear in the subsequent examination without requiring to submit a fresh dissertation; and
- h. The post-graduate degree shall be conferred after the dissertation is accepted and the student passes the final examination.

2. The examination shall be aimed to test the clinical acumen, ability and working knowledge of the student in the practical aspect of the specialty and his/her fitness to work independently as a specialist.

3. The clinical examination shall aim at a careful assessment of the competence of the student, so that his/her familiarity with Ayurveda and scientific literature in the specialty could be judged.

4. The viva-voce part of the practical examination shall involve extensive discussion on any aspect of the specialty.

11. Subjects of examination

1. The preliminary examination at the end of one academic year after admission shall be conducted in the following subjects :

- a. Medical statistics and research methodology.

- b. Fundamentals of non-clinical subjects of Ayurveda with an emphasis on applied aspects along with relevant studies of basic sciences of modern medicine.

Or

Fundamentals of clinical subjects of Ayurveda with emphasis on applied aspects along with relevant studies of basic sciences of modern medicine.

2. The students shall have to undergo training in the department concerned and shall maintain month-wise record to the work done during the last two years to study in the speciality opted by him/her as under :
- i. Study of literature related to speciality
 - ii. Regular clinical training in the hospital
 - iii. Practical training of research work carried out in the department
 - iv. Active participation in various seminars, symposia and discussions
 - v. Finalization of topic of dissertation and synopsis
 - vi. The assessment of the work done during the first year on the above points shall be done at the time of preliminary examination.
3. The final examination being conducted at the end of two academic years shall consist of:
- (a) Dissertation
 - (b) written papers; and
 - (c) Clinical, oral and practical examination, as the case may be
4. There shall be four theory papers in each speciality and one practical or clinical and viva-voce examination in the concerned speciality or group of sub-specialities selected by the student for special study.

12. Scheme of examination

The scheme of preliminary examination and final examination to be followed in practical, clinical and oral examination shall be as follows :

1. The examiners shall not be appointed for a period of more than three years at a time and may be re-appointed after an interval of two years.
2. The examiner shall possess teaching experience of five years post-graduate teaching.
3. Medium of instructions shall be Hindi, Sanskrit or English.

13. Minimum requirement for post-graduate teaching center

1. The post-graduate education center shall satisfy the entire minimum requirements of undergraduate training as prescribed by the Council.
2. Facilities regarding training in basic sciences of Ayurveda and other supporting subjects as specified by the Council shall be provided by the Centre.

3. All the facilities of ancillary departments shall be made available by the Centre.
4. The Centre shall have adequate equipment and research facilities required for training in the related specialty and subject.
5. The minimum additional teaching staff required for starting post-graduate course shall be one Reader and one Lecturer of concerned subject, in addition to the teachers stipulated for under-graduate teaching. The specialty, which does not exist as independent department at UG level shall have one Professor, one Reader and one Lecturer for starting PG and in the absence of Professor, one Reader and two Lecturers of the concerned speciality can start PG Course with intake capacity of 4 students.
6. In department of Rachana Sharir, Kriya Sharir, Dravyaguna, Rasa Shastra, Bhaishajya Kalpana, Rog Nidan and Vikriti Vigyan, Shalya Tantra, following non-teaching staff shall be posted :
 - i. Laboratory Technician (one)
 - ii. Laboratory Assistant (one)
 - iii. Multipurpose worker (one)
7. The Centre shall have a fully equipped hospital consisting of at least one hundred fifty beds with specialty-wise adequate facilities in all departments.
8. The student-bed ratio in the clinical departments shall be 1:5.
9. The annual average bed-occupancy in the hospital shall be more than sixty per cent.
10. The teacher in post-graduate teaching shall necessarily be recognized by the University as Post-graduate teacher in concerned subject.
11. In clinical departments one Registrar or Senior Resident shall be appointed for every twenty beds.

14. Facilities for postgraduate students

The stipend and contingency shall be provided at the rates prevailing in the State for other medical postgraduate students.

15. Students teacher ratio

The teacher student ratio shall be such that the number of post-graduate teachers to the number of post-graduate students admitted per year is maintained at 1:2 in case of Professors and Readers and 1:1 for Lecturer(s). Maximum number of students per year per speciality shall not exceed six.

16. Qualifications for post-graduate teachers

1. The teachers deputed/appointed for postgraduate teaching shall possess post-graduate degree qualifications in the concerned subject.

2. ✓ For the post of Professor, thirteen years teaching experience including five years as Reader in postgraduate teaching in the concerned subject shall be required.
3. ✓ For the post of Reader, eight years teaching experience as Lecturer including three years in postgraduate teaching or total ten years experience of undergraduate teaching in the concerned subject shall be required.
4. ✓ For the post of Lecturer, three years professional experience after postgraduation as Clinical Registrar or Senior Resident or three years research experience in a recognized institution or three years teaching experience in the concerned subject in a recognized college shall be required.
5. Wherever there is a post of Senior Lecturer, the Lecturer with four years regular service shall be designated as Senior Lecturer.

17. Criteria for recognition

1. The postgraduate education Centre shall satisfy the entire minimum requirements of undergraduate training as prescribed by the Council; and in addition shall fulfill additional requirements of postgraduate training depending upon the type of work to be carried out in the department.
- Provided that the postgraduate Centre established by the Central Government shall satisfy the requirement specified in these regulations.
2. Facilities regarding training in basic science of Ayurveda and other supporting subjects as recommended by the Council shall be provided.
3. All the facilities of ancillary departments shall be available.
4. The Centre shall have adequate equipment and research facilities required for training in the related specialty and subject.
5. The Centre shall have a fully equipped hospital consisting of at least one hundred fifty beds with specialty-wise adequate facilities in the concerned departments.
6. The students-bed ratio in the clinical departments should be 1:5.
7. The annual average bed-occupancy should be more than sixty per cent.

P.R. Sharma, Registrar-cum-Secy.
(ADVT/III/IV/124/2004-Exty.)

ASSOCIATION OF ANESTHETISTS OF INAIAN MEDICINE BHU, VARANASI

Receipt & payment account for the year ended on 31st March, 2005.

Receipt	Amount (Rs.)	Payment	Amount (Rs.)
To Opening Balance		By Audit Fees	1,000.00
Bank (SBI)	11,339.02	By Bank Charges	52.50
Bank (BOB)	47,462.40	By Telephone	240.06
Cash	16,682.14	By Postage Exp.	127.00
To Membership Fees	10,500.00	By Printing & Stat.	120.00
To Donation for Land		By Travelling Allow.	457.00
Purchases	9,000.00	By Refreshment	157.00
To Interest on for S/B		By Transfer U.P State	
A/C HDFC	11,980.00	AAIM	4,500.00
To Surplus of		By Transfer to Maharashtra	
Conference Rece.	834.00	State	1,000.00
		By Share of Conference	
		Surplus to S. Shodh	6,600.00
		By Fixed Deposit (HDFC)	50,000.00
		By Misc. Exp.	80.00
		By Closing Balance	
		Bank (SBI)	24,545.52
		Bank (BOB)	11,917.40
		Cash	7,001.08
	1,07,797.56		1,07,797.56

Auditor's Report

We have verified above receipt and payment accounting with the records of the institution and found the same in accordance with.

For

A.K. Keshary & Accodiates

Chartered Accountants

Place : Varanasi

(Arvind Kumar Keshary)

Proprietor

ASSOCIATION OF ANESTHETISTS OF INAIAN MEDICINE BHU, VARANASI

Balance Sheet as at 31st March, 2005

Liabilities	Amount (Rs.)	Assets	Amount (Rs.)
Capital Fund		Investment & Deposit	
OP. Bal.	2,26,145.93	F.D. with SBI	6,000.00
Add: Membership		F.D. with SBI	21,000.00
Fees	14,500.00	F.D. with SBI	15,000.00
Add: Donation		F.D. for GB operation	5,000.00
For Land	9,000.00	HDFC	50,000.00
Purchases	2,45,645.00	F.D. for aswin. Award	6,000.00
Add: Excess of		IDBI Bank	10,000.00
Income		F.D. (HDFC)	30,000.00
Over Exp.	9,746.44	F.D. (HDFC)	50,000.00
	2,55,392.37		

Loan & Advances

Unsecured Loan	3,000.00
Conference A/c	
Sangyahan shdh	10,838.00
Conference Surplus Recd.	45,000.00
	3,500.00

Transfer to

MS State Share (2004)	5,588.00
MS State Share (2003)	662.00
UP State AAIM (2003)	1,195.88
UP State AAIM (2004)	9,805.00
Sang. Shodh Jou. (02)	2,357.00
Sang. Shodh Jou. (03)	19,619.00
Sang. Shodh Journal	25,450.00
MS State Share (2005)	1,000.00
UP State AAIM (2005)	4,500.00
Conference surplus to	
Sangyahan Shodh	6,600.00

Current Assets

Bank Balance (SBI)	24,545.52
Bank Balance (BOB)	11,917.40
Cash in Hand	7,001.08
	3,75,578.88

For A.K. Keshary & Accodiates
Chartered Accountants

Place : Varanasi
Dated :

(Arvind Kumar Keshary), Proprietor

WORKSHOP ON C.C.P.R. BHU, VARANASI

Receipt & payment account for the year ended on 31st March, 2005.

Receipt	Amount (Rs.)	Payment	Amount (Rs.)
To Opening Balance		By Printing & Stationary	521.00
Bank (SBI)	25,625.26	By Postage	140.00
Cash	9,932.90	By Misc.	1,120.00
To Registration Fees	4,000.00	By Honorarium	3,150.00
To Bank Int. Rece.	1,115.64		
	40,673.80		40,673.80

By Closing Balance

Bank (SBI)	35,545.90
Cash	196.90
	40,673.80

Auditor's Report

We have verified above receipt and payment accounting with the records of the institution and found the same in accordance with.

For

A.K. Keshary & Accodiates
Chartered Accountants

Place : Varanasi

Dated :

(Arvind Kumar Keshary)

Proprietor

SANGYAHARAN SHODH JOURNAL BHU, VARANASI

Receipt & payment account for the year ended on 31st March, 2005.

Receipt	Amount (Rs.)	Payment	Amount (Rs.)
To Opening Balance		By Printing & Stationary	19,507.00
Bank (SBI)	4,458.49	By Postage	919.00
Bank (BOB)	12,887.40	By Bank Charges	425.00
Cash	2,313.50	By HDFC (FDR)	20,000.00
To Membership Fees	670.00		
To Advertisement	23,000.00		
To Intt. on for S/B A/C	6,352.00	By Closing Balance	
To Share Recd from		Bank (SBI)	6,942.49
Sangyahan Shodh	6,600.00	Bank (BOB)	8,727.40
To Share of Shodh Recd.	834.00	Cash	594.50

57,115.39

57,115.39

Auditor's Report

We have verified above receipt and payment accounting with the records of the institution and found the same in accordance with.

For

A.K. Keshary & Accodiates

Chartered Accountants

(Arvind Kumar Keshary)

Proprietor

Place : Varanasi

Dated :

U.P. STATE BRANCH, A.A.I.M**BHU, VARANASI****Receipt & payment account for the year ended on 31st March, 2005.**

Receipt	Amount (Rs.)	Payment	Amount (Rs.)
To Opening Balance		By Refreshment meeting	35.00
Bank (BOB)	23,608.88		
Cash	NIL		
To Intt on for S/B A/C	843.00		
To Dr. D.N. Pande	35.00		
To Share from Life			
Membership Fees	4,500.00	By Closing Balance	
To Conference Surplus		Bank (BOB)	30,063.99
Share Rece.	1,112.00	Cash	NIL
	30,098.00		30,098.88

Auditor's Report

We have verified above receipt and payment account with the records of the institution and found the same in accordance with.

For

A.K. Keshary & Associates

Chartered Accountants

Place : Varanasi

Dated : (Arvind Kumar Keshary)

Proprieto

HIMRATAN OIL (हिम रत्न)

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

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

हिम रत्न (आयुर्वेदिक शीतल तैल - हिमालय की जड़ी-बूटियों से निर्मित)
आयुर्वेदिक दवाओं के शास्त्रीय सिद्धान्तों का अनुसरण करते हुए, हिमालय के वनों से प्राप्त प्राकृतिक जड़ी-बूटियों का प्रयोग कर, आधुनिक वैज्ञानिक अन्वेषणों और प्रयोगों के अनुसार निर्माण कर हिमरत्न 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 तरोजता 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 उपयोग 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। रूसी और जू 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।

Manufactured by

GOYAL GRAMODYOG SANSTHAN, VARANASI

YASH HEALTH CARE

Safe Lives through making life saving Injactable Antibiotics

- Inj. Y-CEF 250 mg/1 gm (Ceftriaxone Sodium)
Inj. Y-CIN 100/250/500 mg (Amikacin Sulphate)
Inj. PARZONE 1 gm (Cefoparazone + Salbactam)
Inj. ORIDOL 100 mg-2 ml (Tramadol 100 mg - 2 ml)

EFFECT OF DARVYADI KWATHA WITH COUNSELLING IN SWETA PRADAR (WHITE DISCHARGE)

Dr. Mukta Sinha¹ and Dr. Preeti Chaubey²

1. Reader, 2. Ex.-PG Student, Department of Prasuti Tantra, Institute of Medical Sciences,
Banaras Hindu University, Varanasi – 221 005.

Keyword

Homeostatis, Dosh, Dhatu, Agni, Vaginal discharge.

**Sam Doshah Samagnischa Sam Dhatu Malakriyah
Prasannatmen-riya Manah Swastha iti abhidheeyate**

According to above definition stated by *Sushruta* the *homeostatis* of function of all the Dosh, Agni, Dhatu and Mala together with happy state fo Atma, Indriya and Mana constitute a healthy person.

According to WHO:

It envisages four specific dimensions i.e. physical, mental, social and the spiritual.

INTRODUCTION:

Socio-economic conditions, social burdens, many responsibilities and mental disharmony affect the psychological status of females making them to have complaint of their genital problems to secure sympathy. The functions of reproductive system and are delicately balanced by interaction of physical, psychological health and endocrine orchestra. White discharge per vaginum is a common problem amongst all class of females, married as well as unmarried. It is a symptom which affects normal physiology and pathology as it may be either benign or malignant. White discharge is mainly due to ill health, malnutrition, vaginitis, cervicitis and psychological conditions.

The incidence of excessive vaginal discharge is quite high (about 30%) in general population. Mere a drug can not cure an ill health women without positive psychological assurance. Recurrence of white discharge is common after therapy as psychological disturbance persists.

OBJECTIVES:

It is based on clinical trials:

1. to see the effect of drug on white discharge and associated symptoms.

2. to see the effect of drug with counseling on white discharge and associated symptoms.

MATERIAL AND METHODS:

Selection of Cases

A. Inclusion Criteria:

The women with chief complaint of white discharge per vaginum since 3 months or more, attending the OPD of Prasuti Tantra, S.S. Hospital, B.H.U., Varanasi have been included in the study who satisfied the inclusive criteria.

B. Exclusive Criteria:

The case of pre ovulatory leucorrhoea, pregnant women, unmarried, anaemia, tuberculosis, hypertension, acute or chronic respiratory disorder, hypo or hyperthyroidism, diabetes, recent history of delivery, abortion, hormonal therapy and cases with organic lesion in genital tract i.e. fibroid, polyp, prolapse of uterus has been excluded from this study.

This study is based on 205 patients, consisting 113 patients in 1st group (where Darvyadi Kwath 40 ml with Madhu orally in two divided doses with counselling have been given) and 92 patients in IInd group (where Dravyadi Kwatha 40 ml with Madhu orally in two divided doses have been given). The patients had been followed upto four months three months with therapy and one month without therapy.

Assessment of Mental Status: Patient of psychological upset have been included in this study.

The anxiety state of person can be measured under the following three study:

1. Anxiety state
2. Anxiety trait
3. Anxiety free floating

In this study only anxiety state has been considered which was measured by a self rating scale perform measure of the state anxiety is developed by Tripathi R.R. and Rastogi A. (1980) known as "Svamulyan- Kama-Prashnavali. It is a questionnaire which have to be taken up by the patient herself. Illiterate patients can be helped by a doctor or attended. Scale is based on five point rating scale. This has been contested following on five emperal criteria method. The test has some positive and some negative items. Positive items (indicating the presence of anxiety) were scored positively and the negative items (which do not indicate anxiety) were scored negatively.

Likewise in Ayurveda there are reference of emotional conflicts causing gynecological disorders. Emotional irritation communicated through sympathetic and para sympathetic nervous systems most after disturbs the endocrine balance resulting in functional gynecological disorder. Due to delicate balance and complex integrated psychology and physiology of female reproductive system, almost every women will at some time develop a

psychosomatic pelvic disturbance i.e. pelvic congestion, etc. as evident from the study of Bunnemann, 1921 and Mayer, 1925.

Interpretation of score:

Table 1: The grading of anxiety state.

S. No.	Grade	Anxiety state (Tripathi TT & Rastogi)
1.	Average	28 - 40
2.	High	41 - 45
3.	Very high	> 45

Examination:

Both physical and general examination were performed to exclude diseases described under selection of cases:

Specific Examination:

- PIS, PIV (not using lubricant during PIS).
- Amount and consistency of white discharge is observed.

Scoring:

A. Amount of vaginal discharge

Psychologically there is always some discharges per vaginum in every women. The discharges were considered pathological when it cause - soaking of undergarments and irritation or ill feeling of to women.

The ideal method to quantitative vaginal discharge is to insert intra vaginal tampons, and the amount of fluid being estimated by the increased weight of tampoons. But being practically impossible this method is not used (Stone A and Gamble C.S., 1959 and Wagnen G. Leving, 1978). Scored as normal mild moderate examine grade denoted by 0, 1, 2, and 3.

The amount of discharge was scored in to normal, mild, moderate and excessive grades denoted by 0, 1, 2 and 3.

Normal (0): The discharges which moisten the vagina and vulva and do not cause spotting on undergarment is considered normal.

Mild (1): Discharge causing spotting of 1-2" in diameter on undergarments once or twice a day.

Moderate (2): Discharges soaking undergarments more than 2" in diameter and undeniable soiled and required changing of clothes daily.

Excessive (3): Excessive discharge per vaginum all the time and causing soaking of undergarments in excess sometimes there is need to wear some extra absorbent pad.

Table -2: Sign and symptoms and their score.

Sign and Symptoms	Scores		
	0	1	2
Associated symptoms	Absent	Mild	Moderate
Vaginal discharge			
(a) Amount	Normal	Mild	Moderate
(b) Consistency	Normal	Watery	Thin
			Thick
			Severe
			Excessive

Investigation:**1. General:**

Blood- Hb%, TLC, DLC, ESR, Urine- R/M, Stool- Ova/Cyst

2. Specific:

- (i) **pH of vaginal secretion** measured with the help of litmus paper.
- (ii) **Vaginal pap smear:** Material is collected after exposing the Cx with a vaginal speculum with using lubricante the whose of squamo-columner junction was scraped to obtain the material with the help of wooden Ayre's wooden spatula. The collected material is spread over the glass slide immediately and put into the fixative 85% alcohol before drying after fixation of 30 minutes the slide was taken out and dried in air and sent to laboratory for staining with papenicolaous stain and examined under the microscope by expert. Case having inflammatory and non inflammatory smear both have been included in study.
- (iii) **Vaginal swab culture** study is done to exclude the cases with pathogenic organisms.

Parameters of study: Age, education, occupation, gravidity, socio-economic status, hygienic status, associated sign and symptoms.

Grouping of cases:

250 cases had been registered at the initial stage but this study is based on only 205 cases who have completed the therapy. These cases have been divided into two groups, 113 cases in Group A and 92 cases in Group-B.

Group A has been treated with **Darvaydi Quatha (40ml)+ Madhu** in two divided doses with counselling.

Group B has been treated with **Darvaydi Quatha (40 ml)+ Madhu** in two divided doses.

Follow up study:

Continue therapy of three months and followed on 30, 60, 90 days. After completing 90 days therapy was stopped but they were continued for 30 days follow-up (total follow-up 120 days).

Most of the cases were in age group 26-35 years of age which has been considered as active reproductive period. Due to active sexual life, the physical and mental stress resulting in pelvic congestion may be the cause of white discharge.

Criteria of selection of drug:

Drug Composition: It is a compound drug consists of the combination of following:

1. Daruharidra (Daruhaldi) (*Berberis aristata*)
2. Rasanjana (*Darvighan Satwa*)
3. Bhallataka (Bhilawa) used in suddha form (*Semecarpus anacardium*)
4. Bilva (Bel) (*Aegle mormelos*)
5. Vasa (Adusa) (*Adhotoda vasica*)
6. Musta (Motha, Nagarmotha) (*Cyperus rotandus*)
7. Kirattikta (Chirayitta) (*Swertia chirayta*)

Each drug with equal quantities has been mixed well in 20 gm as a total drug and boiled in 16 times water of drug, till it remains ¼ part of total amount.

Drug collected from market quath has been selected for the following reasons:

Due to authentic literary references

- Y.R. Pradar Chikitsa/16 S. Madhya Khand 2/110.
- B.R. Pradar Roga Chi 66/19.

Ayurveda has prescribed number of remedies for its cure. In present study 'Daryadi Quath' is selected to evaluate its role in Sweta Pradar reference is available in Yoga Ratnakar (Prader Chi/16), Sharangdhar Madhyakhand (2/110) and Bhaishajya Ratnawali, Pradar Roga Chi (66/19).

Due to Kwath, Tikta, Kashaya and Ushna Guna predominance in drug forming a compound drug.

Dose schedule: has been given in tabulation form

Table-3: Showing clinical study of Dravyadi Quath

Group	Treated with	Dose*	Route of administration	Sahapana	Duration	Follow up in days			
						I	II	III	IV
A	Counselling Dravyadi Quath	40 ml BD	Orally	Madhu	3	30	60	90	120
B	Dravyadi Quath	40 ml BD	Orally	Madhu	3	30	60	90	120

* Sharangdhar Samhita Madhya Kanda 2/3.

OBSERVATIONS:**Table-4:** Improvement in Anxiety state (mean \pm SD)

Groups (n)	Anxiety State		Paired t value
	Initial	III rd follow up	
A (n=113)	41.15 \pm 5.51	35.00 \pm 3.96	5.71, p<0.001
B (n=92)	40.15 \pm 6.07 (NS)	39.70 \pm 5.70	1.53, p=NS

The mean anxiety level was 41.15 in Gr. A and 40.15 in Gr. B at the initial stage. But this level has decreased in IIIrd follow-up in both the groups, but decreased was very highly significant in Gr. A only as shown in Table-4.

Table-5: Improvement in associated symptoms

Associated symptoms	Follow-up							
	Initial		III rd		IV th			
	Gr.A	Gr.B	Gr.A	Gr.B	Gr.A	Gr.B	Gr.A	Gr.B
Backache	1.55 \pm 0.76	1.75 \pm 0.91	0.05 \pm 0.22	0.50 ^{***} \pm 0.83	0.05 \pm 0.22	0.90 ^{***} \pm 1.10	0.05 \pm 0.22	0.90 ^{***} \pm 1.10
Bodyache	1.45 \pm 0.76	1.66 \pm 0.81	0.00	0.20 ^{***} \pm 0.52	0.00	0.45 ^{***} \pm 0.76	0.00	0.45 ^{***} \pm 0.76
Weakness	1.51 \pm 0.73	1.65 \pm 0.88	0.20 \pm 0.52	0.25 \pm 0.55	0.20 ^{**} \pm 0.52	0.50 ^{**} \pm 0.82	0.20 ^{**} \pm 0.52	0.50 ^{**} \pm 0.82
Pain in lower abdomen	0.90 \pm 0.64	0.80 \pm 0.70	0.15 \pm 0.37	0.35 ^{***} \pm 0.59	0.15 \pm 0.37	0.88 ^{***} \pm 0.76	0.15 \pm 0.37	0.88 ^{***} \pm 0.76
Itching in vulva	0.40 \pm 0.60	0.40 \pm 0.60	0.00	0.15 ^{***} \pm 0.48	0.00	0.25 ^{***} \pm 0.56	0.00	0.25 ^{***} \pm 0.56
Burning sensation in hands and feet	0.55 \pm 0.21	0.51 \pm 0.21	0.00	0.10 \pm 0.31	0.00	0.15 ^{***} \pm 0.37	0.00	0.15 ^{***} \pm 0.37
Letharginess	0.57 \pm 0.19	0.55 \pm 0.37	0.00	0.00	0.00	0.05 [*] \pm 0.21	0.00	0.05 [*] \pm 0.21
Constipation	1.30 \pm 0.57	1.15 \pm 0.69	0.15 \pm 0.21	0.10 ^{**} \pm 0.31	0.15 \pm 0.21	0.25 [*] \pm 0.44	0.15 \pm 0.21	0.25 [*] \pm 0.44

* indicates significant p<0.05; ** p<0.01; *** p<0.001

Backache, bodyache, pain in lower abdomen, itching in vulva shows very highly significant improvement in IIIrd follow-up and it was maintained upto IVth follow-up. There was no significant changes in weakness between the groups at IIIrd follow-up but it was moderately significant different at IVth follow-up. During the IIIrd and IVth follow-up the bodyache, itching in vulva, burning sensation in hands and feet and letharginess was absent in Gr.A whereas only letharginess was absent in Gr.B at IIIrd follow-up. The mean constipation score was moderately significant ($p<0.01$) at IIIrd follow-up but it was significant $p<0.05$ at IVth follow-up.

Table-6: Improvement in amount of vaginal discharge.

Vaginal discharge (amount)	Groups				Significance
	A		B		
	No.	%	No.	%	
Initial					
Normal	0	0.00	0	0.00	
Mild	0	0.00	3	3.26	NS
Moderate	44	38.94	33	35.87	NS
Excessive	69	61.06	56	60.87	NS
IIIrd follow up					
Normal	94	83.19	51	55.44	$P<0.01$
Mild	13	11.50	23	25.00	$P<0.05$
Moderate	6	5.31	13	14.13	$P<0.05$
Excessive	0	0.00	5	5.43	$P<0.05$
IVth follow up					
Normal	96	84.96	43	46.74	$P<0.001$
Mild	12	10.62	22	23.91	$P<0.05$
Moderate	5	4.42	14	15.22	$P<0.01$
Excessive	0	0.00	13	14.13	$P<0.001$

Table-6 shows the distribution of cases according to amount of vaginal discharge. At the initial stage both the groups are comparable. At IIIrd follow-up 83% cases have become normal in Gr. A as compared to 55% in Gr. B. This difference is moderately significant ($p<0.01$). At IVth follow-up 85% cases have become normal in Gr.A in compared to 47% in Gr.B. This shows very highly significant difference ($p<0.001$) in both the groups. In Gr. B the percentage of normal cases has decreased by 8% from IIIrd follow-up to IVth follow-up, which shows the recurrence of vaginal discharge.

Table-7: Improvement in consistency of vaginal discharge.

Consistency of discharge	Groups						Significance
	A		B				
	No.	%	No.	%	No.	%	
Initial							
Normal	00	0.00	00	0.00			
Mild	52	46.02	43	46.74			NS
Moderate	33	29.20	28	30.44			NS
Excessive	28	24.78	21	22.82			NS
IIIrd follow up							
Normal	96	84.96	53	57.61			P<0.001
Mild	15	13.27	26	28.26			P<0.01
Moderate	02	1.77	09	9.78			P<0.05
Excessive	00	0.00	04	4.35			P<0.05
IVth follow up							
Normal	98	86.73	49	53.26			P<0.001
Mild	13	11.50	22	23.91			P<0.05
Moderate	02	1.77	15	16.31			P<0.001
Excessive	00	0.00	06	6.52			P<0.01

Table-7 shows the consistency of vaginal discharge at initial stage, IInd follow-up and IVth follow-up. There was no significant difference in the consistency of vaginal discharge at the initial stage. In Gr.A 85% cases became normal consistency of discharge in compared to 58% in Gr.B at IIIrd follow-up. At IVth follow-up 87% cases became normal consistency of vaginal discharge in Gr. A in comparison of 59% in Gr.B. from IIIrd follow-up to IVth follow-up 5% recurrence in consistency of vaginal discharge in Gr.B.

Table-8: Results of both groups at IIIrd follow up.

Groups	Cured		Improved		Partially improved		Unchanged	
	No.	%	No.	%	No.	%	No.	%
	A	94	83.19	13	11.50	00	0.00	06
B	51	55.44	10	10.87	09	9.78	22	23.91
p-value	<0.001		NS		<0.001		<0.001	

In Gr. A 83% cases have become cured in compared to 55% in Gr.B at IIIrd follow-up whereas 5% cases were unchanged in Gr.A and 24% in Gr.B at the end of IIIrd follow-up (table-8).

Table-9: Results of both groups at IVth follow up.

Groups	Cured		Improved		Partially improved		Recurrence	
	No.	%	No.	%	No.	%	No.	%
A	96	84.96	12	10.62	05	4.42	00	0.00
B	43	46.74	15	16.30	21	22.83	13	14.13
p-value	<0.001		NS		<0.001		<0.001	

At IVth follow-up 85% cases have become cured in Gr.A as compared to 47% in Gr.B. No cases have been reported as a recurrence in Gr.A while 14% cases have been reported in Gr. B. This shows that in Gr.A have better response.

RESULTS

The criteria of assessment of result has been observed as follows:

1. **Cured:** Discharges 100% absent and 90% associated symptoms were absent.
2. **Improved:** Discharges 100% absent and 80% associated symptoms were absent.
3. **Partially improved:** 70% improvement in discharges absent with 50% improvement in associated symptoms.
4. **Unchanged:** No relief in discharges and associated symptoms.
5. **Recurrence:** Appearance of discharges again on stopping the treatment.

CONCLUSION

The etiopathogenesis of disease is likely to be affected by anxiety state, socioeconomic condition, hygienic condition etc. and marital disharmony of the patients. The cause of recurrence may be due to anxiety state of the patient. Counseling has shown the significant improvement in the anxiety state of patient.

- Group A shows the better result than group B at the end IIIrd follow-up. The result also shows that there was no recurrence in Gr.A at IVth follow-up but in Gr.B 14% had recurrence. This shows that counseling has a significant role.
- The improvement in associated symptoms in group A has better than group B at the end of IIIrd and IVth follow-up.

References

1. Susruta Sutra Sthhan 15/41 Translated by Atri Dev Commmated by Dr. B.G. Ghanekar and Pt. Srilal Chandra ji, vaidya - Motilal Banarasidas Publication New Delhi, V ediction – 1975 Reprint 1988.
2. Tripathi R.R. and Rastogi A. 1980, developed Svamulankan Prashnavali.
3. Charak Samhita Sutra 11/43. Charak Samhita with Ayurveda Dipika commentary of Chakrpani Datta edited by Vaidya Yadava ji Trikamji Acharya published by Chaukhambha Surbharti Prakashan Varanasi edition 1992.
4. Busnemann O, Therap. D., Gegenw 62 : 132-136, 1921.
5. Mayer, A. Psychogene stosungen der Weiblichen sexual funktion. In O. Schwarz; Psychogenese and Psychotherapie Korperlicher Symbtome, Wein, 1925 Springer pp. 295-344.
6. Stone, A. Gamble, C.S. 1959. The quantity of vaginal fluid Am. J. Obs. And Gynee. 78:279, 1959.
7. Wagner G. Levin R. 1978 Vaginal fluids. In Hafez ESE EVANS TN (eds) : The human vaginal, New York, Elesvier/North Halland 1978. p. 121.
8. Yoga Ratnakar Pradara Chikitsa/16 – commented by Vadya Sri Laxipati Shastri, edited by Sri Brahma Shankar Shastry. Published by Chaukhambha Sanskrit Sansthan Varanasi IIIrd edition 1984.
9. Sharangdhar Samhita Madhya Khanda 2/110. Sharangdhara Samhita by Pt. Parsuram Shastrri Vidya Sagar published by Chaukhambha Oriantala Varanasi, IIIrd edition.
10. Bhaishajya Ratnawali Pradar Roga Chikitsa 66/19 Bhaishajya Ratnawali of Govind Das by Ambika Dutt Shastry edited by Rajeshwar Dutt Shastrri Published by Chaukhambha Sanskrit Sansthan, Varanasi edition 12th, 1996.
11. Sharangdhar Madhya Khand 2/3

ANUSHAstra KARMA – Parasurgical Therapy

Dr. D.N. Pande

Ex-Reader & Head, I.P.G.T. & R.A. Gujrat Ayurveda University, Jamnagar.

Reader & Head, Deptt. of Shalya Shalakyā, IMS, BHU, Varanasi

INTRODUCTION

History of Shalya Tantra

Knowledge of Shalya Tantra came in existence to mitigate the 'Pain' of Trauma and to repair of the trauma where as Ayurveda came in existence to mitigate the pain of body and soul, called as Science of life – Veda of Ayu. Ayu means life. The objective of Ayurveda is to preserve the health and to cure the diseases. Prevention is better than cure – first time realized by Ayurveda and much emphasis had been done on prevention of diseased conditions by understanding of 'Ahar-Vihar'.

Ayurveda has eight divisions¹ – Shalya, Shalakyā, Kayachikitsa, Agadtantra, Bhootvidya, Kaumarbhritya, Rasayana and Bajjikan. Sushruta Sahmita an earliest record of surgery denotes the importance of Shalya Tantra on the top in all of the eight divisions, due to quick action, description of Yantra Shastra with other medical managements. Due to mention of special management of trauma and wound, with use of Yantra-Shastra-Kshar and Agnikarma it occupied an especial² Status. Not only these issues but Sushruta Samhita also includes as the contents of Eye, E.N.T. in a very special manner in form of Shalakyā Tantra.

Here, in this book I am concerned with an especial management part which is mentioned in Sushruta Samhita as Anushastrakarma - the therapy which deals with uses of Kshar (Alkali), Agni (Cantery) and Jalauka (Leeches) etc. These are used in place of Shastra (Sharpa Instruments) for Shalya karma (Surgical procedures).

अनुशस्त्राणि तु त्वक्सारस्फटिक काच कुरुविन्द जलौका अग्नि क्षार नख गोजी
शेफालिका शाकपत्रकरीर बाल अंगुल्य इति। सु०सू० 8/15

Anushastra like bark of Bambo, Sphatic, Kanch, Kuruvinda, Jonk (Leeches), Agni (Thermoelectrical devices), Kshar (Alkali), Nakh (Nail), Goji, leaf of Harsingar, leaf of Sagaun, Karir, Hair and Fingers are used in place of Sharp instruments – 20 in number mentioned in Sushruta Samhita.

अशस्त्राण्येव शस्त्रकार्यं कुर्बन्तीत्यनुशस्त्राणि। सू०सू० इन्द्र टीका

It is also mentioned that these are used in children, in the patients who are badly afraid of sharp instruments and in absence of instruments it is used for incision and drainage.

शिशुनां शस्त्रमीरूपां शस्त्राभावेच योजयेत्।

त्वक्सारादिचतुर्वर्ग छेदे भेदे च बुद्धिमान्। सु०सू०अ० 8/16

Still today the scope and importance of these procedures are proved. Not only in absence of Shastra but in some diseases these procedures are more beneficial to the patients and can not be replaced by surgery. Even they start working when surgery fails. In this book I will share my views and experiences which I gained at Gujarat Ayurveda University, Jamnagar. I am fortunate enough that I got experiences of both schools – School of Varanasi and School of Jamnagar. I am able to say that Varanasi School is specially known for its Shastra karma whereas Jamnagar school is specially known for its Anushastra Karma-Ksharkarma Agnikarma and Jalauka. But it is also true that kshar karma in the present shape (scientific approach) is given by Prof. P.S. Sankaran and Prof. P.J. Deshpande the learned scholars of Varanasi School which later on transferred to every corner of India by their students and thus kshar-sutra therapy was adopted by Jamnagar school from Varanasi scholars – like Prof. Kulwant Singh with some modification which will be mentioned in the next chapters.

KSHAR KARMA

Kshar :

Kshar is an alkaline substance obtained by methodological process of the ash of drugs. These kshar are used as Anushartra – in place of sharp instruments having capacity of Chedan and Bhedana.

Kshar is capable to cut the skin and deep muscular tissues. It is capable to pacify the vitiated Doshas from the body. It is mentioned in Sushruta Samhita that –

तत्र क्षरणात् क्षणनात् वा क्षारः। सु०सू० ११/४

छित्वा छित्वा आशयात् क्षारः क्षरत्वात् क्षारत्यधः। च०चि० ५/५८

Kshar is considered to be superior among Shastras and Anushastra because it can be used when surgery is not possible. As mentioned by Acharya Sushruta.

शस्त्रानुशास्त्रेभ्यः क्षारः प्रधानतमः। छेद्य भेद्य लेख्यकरणात् त्रिदोषघ्नत्वात् विशेष क्रियावचारणात् च॥ सु०सू० ११/३

Kshar is indicated to encounter bleeding and to encounter infection. It can be used safely by skillful surgeons in all the conditions which are mentioned by Acharya Sushruta.

Types of Kshar

Two types of kshar are mentioned in Ayurvedic Texts.

- i. Paniya Kshara – For oral administration
- ii. Pratisaraniya Kshara – for external use
- i. **Paniya Kshara (Milder Alkalies)** are classified into Dwikshara, Trikskhara, Kshara Panchaka and Ksharastaka.
- Dwikshara – These are Sarjakshara and Yavakshara

Trikshara – are sarjakshara, yavakshara and Tankanna

Kshar Panchaka – are Sarja kshara Yavakshara, Apamarga kshara, Tila kshara and Palas kshara.

Ksharastak – Cinca kshara, Arka kshara, Sudha alongwith the above five kshara.

ii. **Pratisarniya Kshar** is classified again as Mridu, Madhyam and Tikshna

Classification on the basis of origin –

Khanija Kshara – (Mineral origin) –

Naisargika (Natural) – Tankana, Sarja and Surya Kshara.

Kritrim (Prepared) – Sodium borate – prepared by Sod. Carbonate and Sod. baborate.

Pranija Kshara (Organic origin) – Shankha, Kapardaka, Pravala.

Vanaspatija (Plant origin) – Apamarga Kshar, Yava kshara etc.

Preparation of Kshara

1. **Collection of Plant** – Should be done when it is mature.
2. **Drying** – The plants should dried in shade and then should be cut in pieces.
3. **Burning** – These pieces, are burnt to ash.
4. **Mixing and Maceration** – The ash should be added with 6 parts of water, stirred well and kept overnight. The next morning, it should be macerated well and is filtered through a thick cloth. Washing is repeated 21 times with different water samples.
5. **Heating** – At lost the filtrates should be taken in a stainless steel vessel and should be heated to evaporate all the water.

Thus the kshara is collected in the form of flakes and is powdered for preservation in airtight glass bottles.

Preparation of Madhyam Kshara

The pieces of dried wood of Mushkaka are kept in a place protected from direct air. The unslaked lime stone is spread over it and burnt in ashes. Then the ashes of lime stone and mushkaka wood are collected separately and stored. In the same way, the wood with leaves, roots and fruits of Kutaja, Palasa, Aswakarna, Paribhadra, Vibhitaka, Argavadhya, Arka, Snuhi, Apamarga, Patola, Naktamata, Vasa, Kadali, Chitraka, Putika, Indra, Asphota, Ashwamaraka, Saptachada, Agnimantha, Gurja and other four species of Kosataki are burnt to ashes. This ashes in a quantity of nearly a drona (12228 gm) are dissolved in 6 Drona of pure water or cow urine and are stirred up. Then it is filtered and the filtered alkali water is kept in a wide mouthed vessel and is boiled on heat. When this alkaline water becomes fully saturated it is filtered by a clean linen. Half part of filtrate is taken out and rest is continued to boil. After this Kata-Sarkara the ash of burnt lime stone and Shanknabhi are burnt red hot in equal part and are immersed in the alkaline water (1/2 part previously preserved). Then the

both sample of consehtrated alkaline water are mixed together. These are preserved in Iron container and called as madhyam Kshar.

Mridu Kshar

When Ash of lime stones (Kata-sarkara) is not added during the preparation of Kshar, the end product is called – Mridu Kshar (Mild alkali)

Tikshna Kshar

During the preparation of kshar when powder of Danti, Drawanti, Saurchala, Kanaka (Ksiri), Hingu, Vaca etc. – each of 4 tolas are added the end product – kshar is called Tikshna kshar (strong alkali). Su. Sutra. Sthan. 11/12-13.

Properties of Kshar

नेवातीक्ष्णो न मृदुः शुक्लः श्लक्ष्णोद्रव्य पिच्छलः।

अविष्यन्दी शिवः शीघ्र क्षारो ह्यष्टगुणः स्मृतः॥ Su. Sut. 11/19

Kshar should neighter too much strong nor too much mild. It should be shukla-white, shlakchhana (smooth), Pichhil (soft) abhishyandi (Unable to flow), Shivah (effective) and Shighra (quick acting).

Testing of Potency of Kshar

Tikshna-Kshar(strong alkali) – will burn the Erandsnal after counting 100.

Ati-Tikshna(Stronger alkali) – Kshar – will burn the Erandnal before counting 100.

Ati Mridu Kshar (Mildest Alkali) – Will not burn the Erandnal even after counting 100.

Action (Karma) of Kshar

नानौषधिसमवायात् त्रिदोषघ्नः = Tridoshaghna

शुक्लत्वात् सौम्यः = Saumya

तस्य सौम्यस्यापि सतो दहनपचन दारणादिशक्तिरविरूद्धाः = Dahah, Pachan, Daran

Rasa-Katu, Virya-Ushna, Guna-Tikshna

Indication

Vrana Shoth, Gulma, Dusta Vrana, Raktatisrava (Bleeding), Krimi, Aam Dosh, Kapha, Kushtha Visha and Medovridhi, Bhagandar, Arbud, Arsha, Nadvirana, Charma-Keel, Tilkalak, Nyachh, Vyanga, Mashak, Upjihwa, Adjihhwa, Upkush, Dantavaidarba.

Dosage of Paniya Kshar - 2-8 gunjas (250-1000 mgs)

It can be preserved upto 5 years and can be used. But after 5 years it's potency will start decreasing day by day.

Different Kshara and Their Preparation :

Apamarga Kshara - It is prepared with Apamarga Panchanga (*Achyranthus aspera*). The preparation method is same as described earlier.

Description - Fine powder form, dull white in colour, Odour-faint, Taste-Saline.

Identification

Aqueous form – react like sodium and potassium.

pH = 9-11; Potassium – 24-27% W/W, Sodium – 19-24% W/W

Indication – Gulma, Udershula, Shwasa

Dose – 125-250 mg. with water or cow's urine

Snuhi Kshar

Prepared with Snuhi (*Euphorbia neritolia*) ash.

Preparation – as like above

Dose – 1-2 Gunjas (125-250 mg)

Indication – Shoth, Udara Roga, Shula, Shwasa, Vishuchika, Ajirna.

Yava Kshara

Yava (Barly) Ash is used for preparation of this kshar.

Description – Course powder, yellowish white in colour

Odour – Like lime, Taste – Alkaline

Identification – Ash dissolved in water react like sodium and potassium.

pH : 8-11, Sod. : 12-15% W/W, Pot. : 20-25% W/W

The other Kshar are

Vajra Kshara – pH : 7.2-8, dose : 1-2 gm

Vasa Kshara – pH : 9-10.2, dose : 250-500 mg

Palas Kshara – pH : 10-11.5, dose : 0.5-1 gm

Mulak Kshra – pH : 9-10.5, dose : 0.5-1 gm

Kadali Kshara – pH : 10-11, dose : 100-250 mg

Kshar Sutra

Initially Dr. P.S. Shankaran, Lecturer, Department of Shalya-Shalakyia invented the scope of Kshar Sutra in the management of Fistula in Ano. The theme was prevalent in Sushruta Samhita but clear methodology or indication for Fistula in Ano was not mentioned. It was the idea of Dr. Sankaran to explore the possibility to prepare Kshar Sutra and do use in the cases of Fistula in Ano. After his noble initiation Late Prof. P.J. Deshpande the then

reader of the department took up the work as a team leader and started work at different angles with scientific approach with his colleague – Late Dr. S.N. Pathak and Dr. K.R. Sharma. The modification and standardization were taken place by further research studies in the department conducted under this team. Now a days a very newer thread is prepared by the team of Prof. M. Sahu, the former head of the department of Shalya Shalakyia. This thread is less irritant and thus produce less pain and discomfort to the patients. Other centres too made efforts to adopt this technique and are now doing well. One of these centres P.G.I. of Jamnagar establish it's own reputation under Dynamic leadership of Prof. Kulwant Singh with his colleague Prof. H.J. Mankodi. During stay at Jamnagar as Reader and Head of the Department of Shalya Shalakyia I did work with Prof. Kulwant Singh and experienced a lot. His approach were quite different to our BHU approach. Sometimes I find him very conservative and safe as per Jamnagar situation. I used the both approaches there and showed to the student the difference, the merits and the demerits. I will project these two different approaches in this book for benefit of the scholars who are living in remote conditions and are deprive from using Allopathic medicine.

Preparation of Kshar Sutra

Kshar Sutra is a medicated thread prepared by applying a Kshar over it. Whereas description of Kshar in Sushrut Samhita is present but preparation of Kshar Sutra is not mentioned. It was only mentioned by Chakradatta in 11th century A.D. He described to prepare Kshar Sutra by applying paste of Snuhi Ksira and Haridra powder repeatedly over a strong thread but he too did not mention the number of coating of Haridra and Snuhi Ksira.

Later on a team work was done under the leadership of Prof. P.J. Deshpande and that team established a standard method of preparation of Kshar Sutra by a fixed thickness of thread and by a fixed number of coating.

Material and Method

Material – Thread, Apamarga Kshar, Snuhi Kshir, Haridra Powder

On the basis of experiment on different thread it was concluded to use 20 No. Surgical Linen thread which tensile strength was nearly unchanged during the whole process of preparation.

The Apamarga Kshar is prepared in the same manner already described. Snuhi Kshara (Latex of *Euphorbia nerifolia*) should be collected 2 hours before commencement of it's use, other wise it will be change into solid form. Snuhi Kshar should be collected in early morning before rising of Sun, preferably in the month of October or 'April'. The Kshar Sutra prepared during these months should be preserved in airtight test tubes.

To avoid these problems now at BHU we are using Guggulu (dissolved in alcohol) in place of Snuhi Kshar. Due to this the availability of Kshar Sutra during the whole year is maintained.

Not only due to the availability but the thread prepared with Guggulu has more tensile strength than other threads and are less irritative.

Kshar Shutra Cabinet

The special Kalinet for preparation of Kshar Sutra was also designed at the department of Shalya Shalakyā, IMS, BHU, Varanasi which is very useful and now popular every where.

It has two chambers – the large chamber is for Kshar Sutra hangers and the shorter is for hot air blower. A thermometer is also inserted to record the temperature

Cabinet – capacity – 900-1600 threads per hanger size –

Width -30 cm – to accommodate 30-50 hanger (each)

Notches – 15-20 notches at 2-2.5 cm interval - For 30-40 threads

Preparation of Kshar Sutra

Twenty number surgical linen threads are spread horizontally throughout the length of the hanger. Then it is mounted over a hanger stand. Each thread is smeared with latex of Snuhi with help of a sterile gauze-piece. The threads are smeared uniformly on every side. The hangers are now placed in the cabinet one by one. The cabinet is closed properly and hot air is blown inside for uniform drying of threads. In this way 11 coating of Snuhi kshira are done. Further 7 coatings of Snuhi Kshira with Apamarga Kshara are applied. The thread is smeared in Snuhi Kshira then it is dipped in the fine powder of Apamarga Kshar. The hanger is topped slowly and gently to remove the excess Kshar from the thread. The further 3 coating are applied with latex of Snuhi and fine powder of turmeric. Thus 21 coatings are applied over the threads.

The ultraviolet lamp fitted in cabinet should be lighted for 20-30 minutes every day for adequate sterilization. Now each threads of 28 cm – 30 cm are cut off and are sealed in glass tube.

Sealing of Kshar Sutra

The threads are folded at the middle and sealed in a polythene bag. This polythene bag is kept in a glass tube. These sealed glass tubes are once again exposed to ultraviolet radiation by keeping into the cabinet. A small silica bags is also kept inside the glass tube to absorb the moisture of glass tube. Now tubes are labeled with description of date of manufacturing, sealing and batch number.

Date of Expiry

If sealed perfectly in air tight condition it can be used for many years but if it is opened it can be used upto six months.

Indication of Kshar Sutra

Nadi Vrana, Arsha and Bhagandara. It is mentioned in Chakra Datta that –

बन्धनात् सुदृढं सूत्रं भिनत्यशो भगन्दरं। चक्रदत्त

कृशदुर्बल भौरूणाम् गतिमर्माश्रिता च या।

क्षारसूत्रेण तां छिन्धान् शस्त्रेण कदाचन। चक्रदत्त

Kshar Sutra can be used for Chedan in place of a sharp instrument in Krisha (Thin) Durbal (Weak) patients and in Shastrasadhya-Marmashrit diseases (Operable diseases of vitals).

Application of Kshar Sutra in Anorectal Diseases

Kshar Sutra can be successfully used in following Anorectal conditions –

- i. Fistula in Ano (Bhagander)
- ii. Piles (Arsha)
- iii. Sentinel Tag
- iv. Perianal Abscess
- v. Polyps

Poorva Karma

Generally all the patients going under primary threading should be assessed for Kal (time), Bala (Strength) and Prakriti. All the prevalent diseases of the patients including cardiac and respiratory are evaluated before going under threading. History of diabetes, Hypertension and Bowel habit must be considered. The following preparation should be done under this heading –

- Preparation of Patient
 - Preparation of Surgeon
 - Preparation of Operation Theatre
 - Preparation of Ward
 - Preparation of Recovery room
 - Preparation of Instrument
1. Preparation of Patient – First of all following examinations are done
 - General Examination of all the systems
 - Special Examination as per requirement
 - Local Examination for the disease
 - Cancellling of the patient about whole procedure and prognosis.

Snehan, Swedan, Vaman, Verachan and Basti should be given well before threading as per condition of the patient.

2. Preparation of Surgeon – Surgeon should be mentally ready to do the case on the basis of his diagnosis on the scheduled time. He/She should properly scrub and wash the hands with suitable antiseptic soap. A suitable size of gloves must be put on and should be changed in every case.

3. Operation Theatre – All the cases should be taken properly as like other major surgery, O.T. should be prepared properly to achieve aseptic conditions and should be fumigated well in time. O.T. table, other trolleys and Anaesthesia machine should be carbolized. The sharp instrument like blade and scissors should be kept in Lysol

Linen and blunt instrument should be autoclaved. A chittel forcep be kept always in strong solution of Dettol or Savlon. This is for holding sterilized materials during surgical procedure. These all the precautions should be cared very perfectly.

4. **Ward** – Ward for keeping the patients should be kept ready with a suction maichine tilting bed and oxygen facility. A list of operated cases should be kept in ward. Ward boys, Ward nurses and Sweepers should be trained to handle this type of cases.
5. **Recovery Room** – A recovery room adjacent to the O.T. with facility of suction and oxygen is an essential requirement for every surgery. It should be kept ready and clean.
6. **Instrument** – Special instruments like protoscope, different size of probe, rubber catheter, syringes, artery forceps and a scissors should be ready on the trolley.

Anaesthesia

A well examined patient in preanaesthetic checkup clinic is premedicated with glycopyrolate .2 mg. After one hour patient is taken on table and saddle Block with 5% xylocain is given. After keeping the patient in sitting position for 5 minutes he should be kept in lithotomy position for threading.

Threading

Now the anal area is cleaned with savlon and spirit then the left index finger is inserted in anus and the probe is inserted in the fistulus opening gently when it is felt on the Lt. index finger the probe should be bring out with the help of Lt. finger and the Kshar Sutra is inserted in the eye of probe and then it is pulled out by the Rt. hand. Now the Kshar Sutra both end is tied tightly so that it can not slipped. The thread is tied loosely so that it can be moved. Now argain the area is cleaned and a gauze piece soaked in Jatyadi Tail is kept there to cover the wound and to provide soothing and to reduce the pain. Now patient is advised to take sitz bath daily twice and to induce Anu Tail or Jotyadi Tail 20 CC per rectal by syring and catheter.

Paschat Karma

Patient is shifted in recovery room and kept for some time and then if every thing is O.K. He/She may be shifted to the ward. In the ward the patient's Blood pressure, pulserate, etc are recarded. Patient is not allowed to stand and walk upto 24 hrs. In some cases where local anaesthesia was employed, patient may be allowed to move immediately after threading. Sitz bath and Anu Tail is employed regularly after threading. At G.A.U. Jamnager for sitz bath Panch Balkal quath is used and per rectal Jatyadi Tail is used for pain management –

1. Sitz bath with Panch Balkal Quath
2. Anu Tail or Jatyadi Tail application
3. Shigru guggulu or Triphala guggulu 2 tab. thrice daily.

If fistula is very high and the pain is not controlled by above management the Allopathic Analgenic antiinflammatory like – Voveran, Combiflam, Nimusulide or Tramadol can be given orally or Intramuscularly. In most of the cases these are not required. In same cased these are required in the first post operative day.

Changing of Thread

The thread is changed weekly and every time thread is tied a lillite tight. Slowly the tract will cut automatically and healed simultaneously.

Management of Piles by Kshar Sutra

The poorvakarma for this procedure is similar. Anaesthesia technique is also similar. The Pradhan Karma is as below –

In lithotomy position the piles mass are holded by piles holding forcep and pierced around the pedicle of the pile mass with care not to prick the vesseles. The Kshar Shutra is inserted in the eye of curved needle and through this needle thread is pulled out and tied well around the pedicle. One pile mass is only tied in one shift The others are to be tied one by one in next sitting. If all the pile mass will be tied in one sitting, due to oedema the patient will not bear the pain and the passing of stool will be also very difficult. Now the patient will be shifted to recovery room and then to ward. In postop period Blood presser and pulse rate are recorded and are maintained. A Careful observation of bleeding per rectum is needed. The sitz bath is needed frequently. Per-rectal Jatyadi Tail or Anu Tail is given to reduce the pain and inflammation.

On 3rd or 4th day the pile mass is cutof and the thread is automatically come out. There may be a little bleeding for sometime but it will stop after sometime. If the bleeding persist then it should be managed by pressure or retie with simple thread. It should be always in mind that tight stool is avoided and thus a mild purgative is prescribed to all the patients.

Management of Sentinal Tag

Sometimes patients want to removè the tag. These tags may be tied with Kshar Sutra. The tag will cutoff in a few days. The other post operativecare is the same.

Management of Polyps

Rectal polyps are also tied with Kshar Shutra which gradually cutoff or it may be excised immediately. Kshat will act as cautery and will check the reoccurrence.

Perineal Abscess

In perineal abcess Kshar Sutra or Kshar Varti is kept in the cavity. It will clean the cavity and currect it also. The wound will healed with any other surgical intervention and there will be less chance of Fistula formation.

References

1. Su. Sam. Sutra. 1/3 : commentary by Dr. Ambika Dutt Shastri – IIIrd Edition – 1972.
2. Su. Sam. Sutra. 1/45-46 : commentary by Dr. Ambika Dutt Shastri – IIIrd Edition – 1972.
3. Su. Sam. Sutra. 1/22 : commentary by Dr. Ambika Dutt Shastri – IIIrd Edition – 1972.
4. Su. Sam. Sutra. 1/6-7 : commentary by Dr. Ambika Dutt Shastri – IIIrd Edition – 1972.
5. Su. Sam. Sutra. 1/26 : commentary by Dr. Ambika Dutt Shastri – IIIrd Edition – 1972.

Pre and Post-Operative Management - An Ayurvedic Concept

*Agrawal Rani, **Pandey K.K., ***Dwivedi M.

* J.R.III, ** Sr. Lecturer, Sangyahan, *** Prof. & Head Dept. of Prasuti Tantra, I.M.S., B.H.U., Varanasi.

INTRODUCTION

As early as 600 yrs. B.C., Sushruta, the father of Indian surgery had written a comprehensive treatise on surgery in which he had dealt with the fundamental aspects of the subject. Whenever a surgical procedure was thought obligatory, the patient is usually subjected to an initial preparatory regimen. This is called 'Poorvakarma' therapy followed by operative interference called 'Pradhankarma'. Allowing this, the patient is transferred to the surgical ward where he is looked after by an 'Aacharika' for a period till he recovered and is rehabilitated by bringing up his physiological functions and nutrition to normal called 'Paschat karma'.

"The entire course of surgical treatment is classified into following three stages- Poorvakarma - (pre-operative measures), Pradhankarma - (Main Operative procedures) and Paschatakarma - (post-operative care). Effective treatment of different diseases were managed according to these guide lines even during ancient period i.e. Sushruta's period.¹

Although the scenario of the pre and post operative measures has been changed due to newer advances and techniques in medical practice even the basic idea is same as described in ayurvedic texts thousand years back. Clinical importance of these measures are the main high lights of the present paper.

Key words - Poorva karma, pradhan karma, paschat karma, pre and post operative preparation snehana, swedana, vamana, virechana, wound care, physical and mental examination.

IMPORTANCE OF PRE-OPERATIVE MEASURES -

"The experts advice that, before taking any problem in hand, prior consideration should be given to intelligently".²

"Safety is in their hands, only who give consideration to all the problems beforehand"³

It means that comprehensive pre operative assessment is required for proper assessment of involved risk factors, cost factors and post-operative complications etc. The whole frame work of pre-operative measures can be divided into two parts- Assessment and Preparation of Patient.

Assessment

A-Proper History taking and Physical examination

"Not taking a correct history and not doing a thorough examination by inspection and palpation can mislead the physician."⁴

"The patient should be interrogated for his / her residence, climate of the locality, race & caste, the articles which suits his constitution and those to which he is sensitive, onset and history of present illness, intensity and nature of pain, general health, appetite, bowel and urinary habit etc"⁵

"The aim of thorough examination is to foresee the problems that they might have to face and to have thought about the methods to tackle them"⁶

The importance and proper method of history taking is very much clear, after which the patient is examined both systemically and locally.

B- INVESTIGATIONS -

"Practitioner who is keen to carry out any procedure should first of all examine and investigate the same before carrying out the actual treatment."⁷

Some routine investigations have to be done viz. haematological, biochemical, urine and stool analysis, radio diagnosis and USG etc., to rule out any gross pathology. There are also some specific investigations has to be carried out to rule out other systemic medical conditions viz. CVS, Respiratory, GIT and Urinary system related.

DECISION FOR OPERATION

In complicated cases where some of the signs and symptoms indicate and others contraindicate a particular form of treatment (surgery), the pros of cons of both should be weighed before arriving at a proper conclusion which should then be carried out."⁸

A- SELF ASSESSMENT

After the proper assessment of the patient, it is important that a surgeon should also assess his ability to do surgery. For example, if a gynae- surgeon has to perform LSCS in a patient with appendicitis, a general surgeon should also be called.

"First of all, one should consider his own merits as to whether he is capable of performing that particular work or not"⁹

B- PROGNOSIS

Before performing the surgery, the outcome of the same should be assessed properly. In obstetric surgery, both maternal and fetal life expectancy should be assessed. "Before starting the treatment of a patient, his expectancy of life must be determined by the physician"¹⁰

PREPARATION OF THE PATIENT

1- To Increase the resistance of the patient

"Unless taken care of a patient in poor general condition goes from bad to worse and later he may go beyond the possibility of any recovery.

As life depends on the power of resistance, every effort should be made to protect it and increase it. Some specific measures have been advised to built up the general condition of the patient pre operatively -

Use of Rasayanas

- ❖ To enhance auto immunity
- ❖ For smooth induction of anaesthesia
- ❖ For Better intra and postoperative monitoring with least or less complications
- ❖ To increased safety margin
- ❖ For well established post operative mental status(cognition factors)
- ❖ For overall wellbeing of patient during post operative period .11

2-Consent of the patient

"When death is certain by non- operative treatment and surgery offers the only doubtful hope, it should be carried out after taking the consent of the guardian in order to justify himself"¹²

"Before extraction of mudha garbha (obstructed foetus) the consent of guardian must be obtained explaining that if the surgical interference is not done, death is sure and even in surgical procedure there is doubt in success. After this, placing the patient in a proper position surgery should be done.¹³⁻¹⁴

Now-a-days, informed consent of the patient is taken after proper counseling in which precise information is given to the patient like symptoms and physical finding reviewed in lay terms, provisional diagnosis and proposed treatment out lined, both the risks and benefits from the surgical procedure should be told. Even audiovisual aids are helpful in presenting details of various operative procedures, possible complications and side effects.

By the above procedure, patient feels that he/she has contributed to the decision making involved in the course of treatment and assumes that patient act autonomously in matters affecting their bodies.

Also, a surgeon must be willing to spend a considerable amount of time explaining the content of any surgical procedure and it's impact upon patient's life .For example reassuring the patient who is undergoing hysterectomy that it will not make her fat, hirsute or defeminize her and not interfere with the functions of sex glands etc.

PRE-OPERATIVE CONSIDERATION

"In five disorders i.e. mudhagarbha, abdominal conditions, arsha, asmari, bhagandara and mukharoga, the surgery should be done in empty stomach because in full abdomen there may be difficulty in insertion of instruments or the patient may die and 'vata' also aggravated"¹⁵⁻¹⁶

The bowel should be emptied pre-operatively by giving enema and making the patient nil orally from previous right.

After giving anaesthesia, the empty bowel contracts so that the surgical field is increased, reduced chances of reflex vomiting, aspiration in lungs and post operatively early bowel movements starts.

O.T. Preparation

"The doctor should collect and get ready with all the requirements beforehand".¹⁷

A Surgeon should arrange for available blood, I/V fluids, and emergency medication etc. before starting surgery.

Now-a-days, prophylactic antibiotics, fluids anti anxiety drugs, antacids etc. are also given to the patient to reduce the surgical and anaesthetic complications.

"Sushruta has advised wine only to those patients who were accustomed, should be given before operation so that He/she can tolerate the pain better."¹⁸

At that time, the anaesthesia was not well developed so the patient was sedated with the strong wines.

Basis of Poorvakarma (Pre- operative Measures)

Sushruta classified the entire management of surgical treatment in sixty standard measures ('Shashti Upakrama') out of which first 12 are considered to be included in poorvakarma ('Langhanadi virekantam').

These are of 2 gps. The first group acts systemically and are commonly used internally. The second group act locally at the site of lesion making the operation easy but the second group in applicable for traumatic surgeries only.

General Preparation : Apatarpana, Snehan, Swedan, Vamana, Virechan

Apatarpana- (Negation of diet) Fasting helps to increase the level of suppressed vata dosha, eliminate the ama from the body.

Snehan - Softens various parts of the body, makes the body relaxed , increased the preperhal blood circulation.

Swedan- Take all the doshas from 'Shakha' to 'Koshtha' i.e. normalizes the balance of tridoshas (helps in maintaining homeostasis pre-operatively homeostasis) pre-operatively

Vaman & Virechan- Being down the level of those doshas (kapha & Pitta) which have gone up due to alleogical factors

POST OPERATIVE MANAGEMENT

It starts immediately after operation in O.T. and ends when the patient resumes active normal life.

Points of consideration during post-op monitoring : Maintenance of vitals, Wound care (asepsis), Fluid & electrolyte management, Physical activity & Mental status, Complications.

Maintenance of Vitals

"Sudden loss of consciousness and vital functions making the patient almost dead and wood like demands measures which are immediately effective, otherwise his life would be extinct soon. In such cases, action should be taken with the same quickness with which a wise person would try to grab a utensil which has fallen in deep waters before it reaches the bottom".¹⁹

Patient should be retained in recovery room until consciousness returns where we have to closely monitor the respiratory and CVS stability, full recovery from anaesthesia, pain and mental status. Recovery room should be well equipped with central O₂ source, suction machine, monitors etc. "In cases of lowered or deranged vitality, improvement in the condition should be tried by special restorative measures, which should not be injurious in any other respect."²⁰

Wound Care

"Patient in whom there is a break in the continuity of tissues should always be protected from dangerous and invisible creatures."²¹

"The powerfully virulent and harmful organisms, to whom fresh blood is very dear, invade the patients tissues through the portals of entry of ulcers and wounds."²²

Wound care is done by taking proper aseptic measures, dressing art, proper and timely stitch measures. The medicinal pastes should be applied over the wound which should be covered by a thick layer of pad and bandaged.²³

"After this, the old bandage should be opened on the 3rd day and reapplied exactly as before. There is no hurry to open it on the second day as it may lead to delayed healing and cause more pain."²⁴

In winter & spring, the dressing should be changed every 3rd day and in summer and rainy season every 2nd day.²⁵

"During further dressings, lotions, ointments, bandages diet, the period of ambulation and other activities should be valid depending upon the condition of the wound, the prevailing climatic conditions of the year (hot, cold, humid) and the general condition of the patient."²⁶

Fluid & Electrolyte Management

Fluids & electrolytes are given to the patient to balance pre-existing deficits, maintenance requirement and abnormal losses. In case of quick loss of fluid, immediate replacement restores the balance and stabilizes the patient.²⁷ Best treatment of any lost substance is replacement by an identical expander.²⁸

That means if excessive blood loss is there, it should be replaced with blood and other fluids should also be chosen according to the losses of electrolytes. For example in gynecological Surgery, there is no significant loss of electrolytes and therefore Dextrose 5% is the fluid of choice post operatively.

Requirement can be estimated by assessment of vitals and measuring inputs and outputs.

Abnormal losses in minor operation are 6 ml/kg/hr and in major operations 8ml/kg/hr. and the daily requirement of water is 40 ml /kg body wt/day

Na+ = 1 mEq/kg/Day

K+ = 1 mEq/kg/Day

Physical Activity

"The patient should carefully protect the wound from his own activities such as getting up. Lying down, turning on the side or while he is up and about or speaking loudly etc."²⁹

The patient should be propped up, allowed to sit, stand or move according to the type of surgical procedure, general condition of the patient and his desire or will.

MENTAL STATUS

Disturbances in cerebral functions may result from stress of surgery. In ayurvedic texts, the surroundings of the patient and his companions are described, who should accompany him in post op ward (Vranitagaar) The patient should be comfortably on a bed attended by sympathetic and affectionate friends and relatives who should be good conversationalists also.³⁰

Post operative ward

'First of all, ward for the operated case should be selected. That place should be well planned well equipped and well arranged'.³¹

The bed should be of adequate dimensions and well provided with mattresses and draw sheets, pleasant to look at the head end should face towards east and it should be well guarded.³²

Having admitted the patient to such a ward which is not exposed to blasts of wind, clear directions should be given regarding further management'.³³

Patients general health should always be maintained as it helps to lessen the intensity of the disease process'.³⁴

'An attempt should be made to increase the weight of emaciated patient by giving him highly nutritious diet without upsetting GIT'.³⁵

Timely oral sips, free fluids, semi solid diets and then regular diets should be allowed to the patient under observation i.e. by regular assessment of his / her bowel condition. The average percentage of complications are no doubt higher in surgically managed patients. They often arises due to anaesthesia techniques and drugs, surgical trauma , medication and intra and post operative posture of the patient. How for the well known complications occurring in various surgical steps are reduced and easily managed, with the proper application of poorva karma and paschat karma.

Conclusion

Pre operative preparation not only keeps homeostasis of the vital functions of a patient but also equally helpful in peri operative and post operative management. It also helps in minimizing anxiety, apprehension and excitement of the patient which results in smooth induction and good recovery of anaesthesia. The safety margin of anaesthesia and surgery is increased by this way. Remarkably reduced Post operative complications result in over all well being of the patient. Thus the perusal of the above references reveal that a very clear concept of pre and post operative preparation of a surgical patient was well known and in routine practice during Sushruta's period.

References

1. Su. Sam. Su. Sth. - 5 / 3
2. Ch. Sam. Vi. Sth. - 8 / 6
3. Ch. Sam. Sid. Sth. 10 / 5
4. Su. Sam. Su. Sth. - 10 / 7
5. Su. Sam. Su. Sth. - 10 / 5
6. Ch. Sam. Vi. Sth. - 8 / 132
7. Ch. Sam. Vi. Sth. - 8 / 79
8. Ch. Sam. Vi. Sth. - 8 / 134
9. Ch. Sam. Vi. Sth. - 8 / 86
10. Su. Sam. Su. Sth. - 35 / 3
11. Role of Medhya Sraavyas in Anaesthesia – Ph.D. Thesis
Dr. K.K.Pandey 1994, I.M.S., B.H.U.
12. Su. Sam. Chi. Sth. - 7 / 29
13. Su. Sam. Chi. Sth - 15 / 3
14. Ast. San. Sha. Sth. - 4 / 37
15. Su. Sam. Su. Sth. - 5 / 16
16. Ast. Sam. Sha. Sth. - 38
17. Cha. Sam. Su. Sth. - 15 / 3
18. Su. Sam. Sha. Sth. - 16 / 17
19. Cha. Sam. Su. Sth. - 24 / 4, 45
20. Su. Sam. Su. Sth. - 15 / 28
21. Su. Sam. Utt. Tan. - 60 / 3
22. Su. Sam. Sha. Sth. - 19 / 23
23. Su. Sam. Sha. Sth. - 5 / 17
24. Su. Sam. Sha. Sth. - 5 / 3 5
25. Su. Sam. Sha. Sth. - 5 / 3 9
26. Su. Sam. Sha. Sth. - 5 / 3 6
27. Cha. Sam. Su. Sth. - 23 / 3 1
28. Su. Sam. Sha. Sth. - 15 / 10
29. Su. Sam. Sha. Sth. - 19 / 11
30. Su. Sam. Sha. Sth. - 19 / 7
31. Su. Sam. Sha. Sth. - 19 / 3
32. Su. Sam. Sha. Sth. - 19 / 5
33. Su. Sam. Chi. Sth. - 6 / 4
34. Su. Sam. Chi. Sth. - 18 / 3
35. Su. Sam. Chi. Sth. - 1 / 12

THE NEWS

Conferences & Seminars

Date	Vene	Conference	Secretariat
23 rd – 25 th Sep., 2005	Deptt. of Medicinal Chemistry, Faculty of Ayurveda, IMS, BHU.	2 nd International Conference of ISAH and International Seminar on Chronic Diseases and its management by Compliantry and Alternative Medicine	Co-ordinator Dr. Y.B. Tripathi, Deptt. of Medicinal Chemistry, Faculty of Ayurveda, IMS, BHU.
27 th – 29 th Sep., 2005	Tel-Aviv ISRAEL	20 th International Congress of the Israeli Society of Anaesthesiologists	Ph. 972 35175150 Email : ana@targetconf.com
29 th Sep. – 2 nd Oct., 2005	Paris FRANCE	Annual Congress of Societe Francaised Anesthesie et de Reanitation	Ph : +33 1 45 25 8225 Email : sfar@invivo.edu
1 st – 2 nd Oct., 2005	Jaipur INDIA	3 rd West Zone and 10 th Rajasthan State Branch ISA Conference, Jaipur	Dr. Meenakshi Sharma Ph : 0141-2290295, Mobile : 9828014135, Email : meenaxi999@hotmail.com
21 st Oct., 2005	New Orleans USA	Society for Pediatric anaesthesia 2005 Annual Meeting	Ph : 804 282-9780 Email : spa@societyhq.com
22 nd – 23 rd Oct., 2005	IMS, BHU, Varanasi INDIA	Surgery Update	Prof. V.K. Suklla Deptt. Of General Sergy, IMS, BHU, Varanasi. Ph : 0542-2307507, 2307510 Email : vkshuklabhu@satyam.net.in Fax : 0542-2367568
22 nd – 26 th Oct., 2005	Louisiana, USA	ASA Annual Meeting	www.asahq.org www.anaesthesiology.org
25 th Oct., 2005 7 th – 10 th Dec., 2005	Louisiana, USA Chiba, JAPAN	Plasticity in Postoperative Pain 8 th Biennial Congress AOSRA and Pain Medicine	www.asahq.org www.anaesthesiology.org AOSRA-PM. Fax : 81-3-5216-5552 Email : aosra2005@congre.co.jp

26 th - 30 th Dec., 2005	Kolkatta INDIA	53 rd Annual National Conference ISA ISACON-2005	Dr. Arabinda Roy Ph : 9831639236 Email : isacon2005.rediffmail.com
19 th - 21 st Jan., 2006	San Diego USA	STA-2006	Society for Technology in Anaesthesia www.anestech.org
27 th - 29 th Jan., 2006	Mumbai INDIA	7 th Annual Conference ISNACC-2006	Dr. Anil Parakh Ph : 91-22-22076598 Email : isnacc2006@yahoo.com
8 th - 9 th Feb., 2006	Chennai INDIA	12 th Annual Conference of the Indian Society of Critical Care Medicine	Org. Secretary Ph : 91-44-55165051 www.criticarechennai.org Email : info@criticarechennai.org
16 th - 18 th Feb., 2006	Pune INDIA	9 th Annual Conference of (IACTA 2006)	Dr. Snat A.D. Ph : 9822026878 Email : iacta2006pune@rediffmail.com
24 th - 28 th March, 2006	San Francisco USA	IARS 80 th Clinical and Scientific Congress	Ph : 216-642-1124 Email : iarshq@iars.org
16 th - 17 th Nov., 2006	Mumbai INDIA	Global Update on Pain (III)	Email : globalpain2006@rediffmail.com



रोगोन्मूलनम् दीर्घजीवनम्

With Best Compliments from

DINDAYAL

- * **Femi Care**
SYUP & CAPSULES
Tonic for women's happiness
- * **Cough Care SYRUP**
For rapid relief from cough & cold
- * **RASONZYME CAPSULES**
Gastric & intestinal dysfunction
- * **LAXMI VILAS AVALEH**
A Tonic for whole family
- * **DAYAL JIWAN SYRUP**
Tonic for Growing Children
- * **MEMOWIN**
Brain Tonic for Students & Professionals
- * **Rheumadin CAPSULES**
Stops the inflammation & Relieves pain in joints
- * **ZOB[®] CAPSULES**
A powerful formula for Men Only
- * **Liv care**
Syrup, capsules, drops
For total care & protection of liver
- * **Pilonil CAPSULES**
The complete solution to piles
- * **Chaitanya CAPSULES**
Optimizing health naturally
- * **Laxy TABLETS**
For gentle laxation in a natural way
- * **Diabegon CAPSULES**
Makes life easier for diabetic pts.
- * **Diarotap TABLETS**
For faster and efficacious results in Diahorrea and Dysentery
- * **Triguni Plus TABLETS**
For prompt relief from Cough, Cold and Flu
- * **Grow Tone SYRUP**
A herbal "growth tonic" children



रोगोन्मूलनम् दीर्घजीवनम्

DINDAYAL AUSHADHI PVT. LTD.

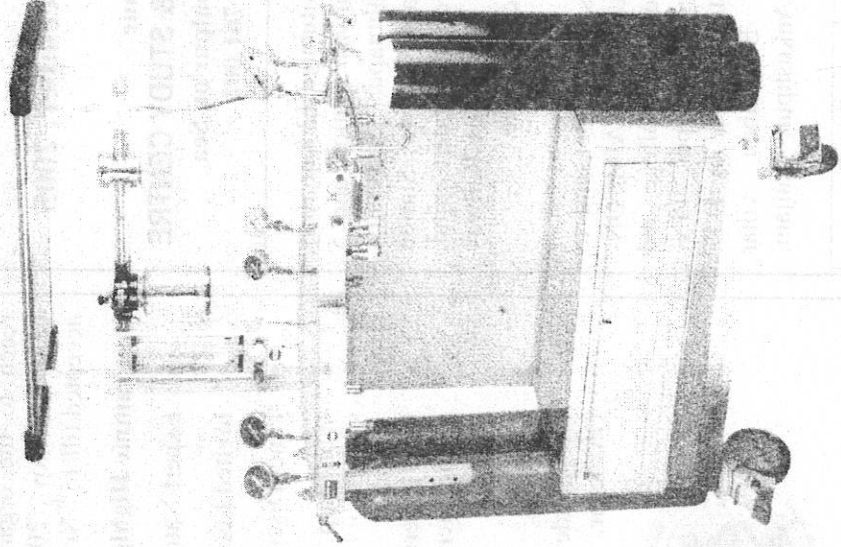
DIDAYAL MARKET, M.L.B. BOAD

GWALIOR - 9



A HOUSE OF MEDICAL APPLIANCES

Health Care Products



Major Plus Mk-IV

Authorized dealer
VARANASI SURGICAL TRADING CO. : Ritesh Kumar and Vivek Kumar
ABC Tower IInd Floor, Shop 9, Sibra, Varanasi
Tel : 2435274; Mobile : 9415204501

AAIMCON – 2005

*9th National Conference of
Association of Anaesthetists of
Indian Medicine*

(Bharatiya Sangyaharak Association)

25th to 27th December, 2005

Venue

CAREY RETREAT & STUDY CENTRE

Hill Top, Gopalpur on Sea
Orissa – 761 002

Gopalpur on Sea is situated 12 Km away from Brahmapur Railway Station and 5 Km away from Brahmapur University, Bhanja Bihar. Brahmapur Railway Station is situated 169 Km from the State Capital, Bhubaneswar, on the East-Coast Railway towards South on the coastal line.

Registration

Registration fees should be send to "The Organising Secretary, AAIMCON-2005, K.A.T.S., Ayurveda College and Hospital, Ankushpur, Berhampur, PIN-761100. Payment is to be made by D.D. payable at S.B.I., Brundaban vihar (S.M.I.T. Campus), Ankushpur, Ganjam, Code No. 8852.

S.N.	Participant	Reg. Fee	
		By 15 th Nov. 05	Spot
1.	Delegates	Rs.450	Rs.500
2.	U.G. Student	Rs.350	Rs.400
3.	Accompanying person	Rs.400	Rs.500
4.	Accommodation	Rs. 150/- per day per head	

Call for Papers :

Theme: Pain management, Aroma therapy, Stress & Society, Palliative Care, Resuscitation, Ras Aushadhi & Kastha Aushadhi and Other related Ayurvedic Principals.

Abstract in duplicat of maximum 200 words in Hindi/English Language should reach to the organizing secretary on or before 1st Nov., 2005. Full paper will be accepted till 15th Nov., 2005.

Programme Highlights

- Expert National Faculty
- Invited Lectures
- Panel Discussion
- Workshop on CCPR and Kshar Sutra
- Free Papers & Best paper session in the memory of Late Pt. R.A. Pandey
- Orations – Late Prof. P.J. Deshpande and Late Prof. B.G. Ghanekar.



Dr. B.K. Jaysingh
Principal
K.A.T.S. Ayurveda
College Berhampur
Chairman

Dr. C.K. Das

Secretary
Org. Committee

Org. Committee

M. 09437302983

Ph. 0680-2485030

M. 09437165698

SANGYAHARAN SHODH

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

Form IV (See rule 8)

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

Place of Publication : Bharatiya Sangyaharak Association (A.A.I.M.)
Operation Theatre Block (Indian Medicine)
S.S. Hospital, Banaras Hindu University
Varanasi - 221 005.

Period of its Publication : Bi-annual

Printers Name : Dr. Devendra Nath Pande

Whether citizen of India ? : Yes

Address : Bharatiya Sangyaharak Association (A.A.I.M.)
Operation Theatre Block (Indian Medicine)
S.S. Hospital, Banaras Hindu University
Varanasi - 221 005.

Publisher's Name : Dr. Devendra Nath Pande

Whether Citizen of India ? : Yes

Address : Bharatiya Sangyaharak Association (A.A.I.M.)
Operation Theatre Block (Indian Medicine)
S.S. Hospital, Banaras Hindu University
Varanasi - 221 005.

Chief Editor : Dr. Devendra Nath Pande

Whether Citizen of India ? : Yes

Address : 928/2 Ganeshpuri Colony
Susuwahi, Varanasi - 221 005.

Name and Address of Owner : Bharatiya Sangyaharak Association (A.A.I.M.)
Operation Theatre Block (Indian Medicine)
S.S. Hospital, Banaras Hindu University
Varanasi - 221 005.

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

Sd/-

Devendra Nath Pande
Signature of Publisher



Shiv Ayurvedic Pharmacy

KASGANJ - 207123 (U.P.)

PHONE - 05744-532

- VITAL COMPOUND : Palliative and Nutritional tonic for Health and appetite stimulants, ensuring bioutilization and giving better health.
- VITAL DROPS : For Paediatric - General tonic.
- HEMA CORDIAL : Uterine Sedative and Tonic, corrects ovarian function, regulates menstrual cycle, stimulates normal sexual growth and ovulation, minimization of psychosomatic disturbances at menopause.
- GASSO-WIN : For Gastric disorders, improves appetite, relieves flatulence and promotes digestion.
- COUGH-CO : Powerful Expectorant.

On behalf of Bharatiya Sangyahaarak Association (Association of Anaesthetists of Indian Medicine), Printed and Published by Dr. Devendra Nath Pande at Bharatiya Sangyahaarak Association, O.T. Block, (I.M.), S.S. Hospital, B.H.U., Varanasi - 221005. Editor: Dr. Devendra Nath Pande. Computerised typesetting by M/s Ramesh Chandra, Chitaipur, Sunderpur, Varanasi - 221 005.