

SANGYAHARAN SHODH

February 2005

Volume 8, Number 1



संज्ञाहरण शोध

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

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

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

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SANGYAHARAN SHODH

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Lox
(Lignocaine)
Anawin
(Bupivacaine)
REGIONAL ANAESTHETICS

Fent (*l*-enanyl)
Supridol (Tramadol)
Riddof (Pentazocine)

ANALGESICS

Nex (Naloxone)
OPIOID ANTAGONIST

Myorelex (Succinyl)
Neovec (Necuronium)
Neocuron (Fancdronium)
MUSCLE RELAXANTS

Thiosol (Thiopentone)
Aneket (Ketamine)
INDUCTION AGENTS

Myostigmin (Neostigmine)
REVERSAL AGENTS

Hypnothane (Halothane)
Sofane (Isoflurane)
INHALATION AGENTS

Mezolam (Midazolam)
Neomit (Ondansetron)
PREMEDICANTS


NEON
Offera

Tropine (Atropine)
Prolate (Glycopyrrolate)
ANTICHOLINERGICS

WIDER CHOICE

Editorial

I am happy to convey that our Journal is now 7 years old and is entering in the 8th year with it's 8th volume. Till now I have tried to convey message of our Association to every member of Association and to the Authorities of every corner of the country by means of Editorial Columns. During the year 2004 our Association successfully organised two National Conferences in Varanasi and Sandila. The both conferences were organised in U.P. by U.P. State members with help of Section of Sangyahan, Department of Shalya-Shalakyia and Sharir Shodh Sansthan Sandila (Hardoi). The 8th National Conference was organised by Dr. K.K. Thakral, Director, National Sharir Shodh Sansthan under the Patronship of Swami Divyananda Ji Maharaj. It was indeed a great experience to us. The two days stay at Sandila were pleasant and joyful. On behalf of Association-being the President of Association I extend my heartiest thanks to Dr. K.K. Thakral for successful organization of the conference. The next conference is going to beheld at Barahampur – Orissa. The date and schedule will be announced very soon. This journal will be in your hand at the occasion of 'Sangyahan Day – 6th Feb. 05', Congratulation to every member at this pious occasion.

Jai Hind – Jai Sangyahan Jai Ayurveda

Devendra Nath Pande
Chief Editor

APPEAL

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

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.

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Ofloxacin IV	0.2% w/v	Curadex™	100 ml
Ciprofloxacin IV	0.2% w/v	Ciprox™	100 ml
Metronidazole IV	0.5% w/v	Metris™	100 ml
Metronidazole & Dextrose Inj. IV (0.2% Metronidazole & 5% Dextrose)	0.2% w/v & 5% w/v	Dextrolus™	500 ml
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Mannitol Injection	20% w/v	20M	100 ml/ 350 ml
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Dextrose Injection	5% w/v	5D	250/500/1000 ml
Dextrose Injection	10% w/v	10D	250/500/1000 ml
Dextrose Injection	25% w/v	25D	100 ml/500 ml
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CONFERENCE PROCEEDINGS

8th National Conference of Association of Anaesthetists of Indian Medicine

Organised by National Sharir Shodh Sansthan, Sandila (Hardoi)
and U.P. State Branch, AAIM

Patron - Organising Committee – Swami Divyanand Ji Maharaj, Dr. K.K. Thakral, Director, N.S.R.I.; Chairman - Dr. D.N. Pande, President, AAIM – C.C., Reader & I/c, Section of Sangyahan, I.M.S., B.H.U.

4th-5th December 2004

Registration of delegates started at 7.00 am on 4th December and continued upto 9.00 am. Nearly 200 delegates were registered. All the guests and delegates were provided delicious breakfast. The inaugural function was arranged in Auditorium of National Sharir Shodh Sanshtan. **Dr. R.S. Yadav**, Dean, Faculty of Ayurveda (UP State) – Guest of honour, **Dr. S.B. Pande**, Chief guest, **Dr. K.K. Thakral**, Director, **Dr. D.P. Puranik**, Guest of honour, **Dr. D.N. Pande**, President C.C., Dr. P.K. Sharma, President (U.P.), Dr. S. Sharma, Secretary C.C., Dr. K.K. Pandey, Sr. V.P. – C.C. were present on dias.

Mangalacharan was performed and garlanding to photo of Lord Dhanwantari was done by **chief guest** and dignitaries on the dias. Garlanding to dignitaries on dias and welcome was done by L.O.C. members. Presidential address was delivered by Dr. D.N. Pande - President, AAIM Central Council, Prof. D.P. Puranik blessed and appreciated the activities of association. Prof. R.S. Yadav, Dean Faculty of Ay. (U.P.) expressed his views regarding the importance of sangyahan for development of surgical disciplines in Ayurveda vis-à-vis. Ayurveda in Total Dr. K.K. Pandey, Sr. U.P., AAIM, Dr. S. Sharma, Secretary AAIM, Dr. P.K. Sharma, President U.P. Chapter also addressed the house. In inaugural address Dr. S.B. Pandey, Chief Guest of the conference expressed thanks to the organisers for inviting him as chief guest and he appealed to the authorities present in the hall to start PG and UG courses in Sangyahan at all the Ayurvedic institutions, so that the demands of skilled anaesthetists would be fulfilled to the Ayurvedic Surgeons all over the country. **Ashwinau Award** was presented to **Prof. A.B. Limye** of Pune. Due to sickness he was not present in the function, therefore the Award was received by General Secretary of Maharashtra Branch Dr. Shyndye V.N. **Life time achievement** award was presented to **Dr. S.B. Pandey**, Patron, AAIM by hands of Prof. R.S. Yadav, Dean, Faculty of Ayurveda (U.P.). Vote of thanks was raised by Dr. Raj Tayal. The inaugural function ended with National anthem.

A high tea was served in the hall by organisers & immediately first Scientific Session was started.

Ist Scientific Session : **Late Prof. P.J. Deshpande Memorial Oration**
Orator : Dr. S.B. Pandey, Patron, AAIM
Chairperson : Prof. R.S. Yadav, Dean, Faculty of Ayurveda, UP.
Co-Chairperson : Prof. R.C. Pant, Head, Department of Shalya Shalakyas,
Govt. Ayurveda College, Lucknow.

IInd Scientific Session : **Late Smt. Sushila Devi Memorial Oration**
Orator : Prof. M. Sahu, HOD Department of Shalya-Shalakyas
I.M.S., B.H.U.
Chairperson : Prof. M. Dwivedi, Head, Department of Prasuti Tantra,
I.M.S., B.H.U.
Co-Chairperson : Dr. V.N. Shendye, Pune

Lunch: 2.00 – 3.00 pm

IIIrd Scientific Session

Late Pt. R.A. Pande Memorial Best Paper Contest Session

Chairperson : Dr. K.K. Thakral, Director, NSRI, Sandila
Co-Chairperson : Dr. K.K. Pandey, Sr. Vice-President, AAIM

The following papers were presented:

1. Dr. R.K. Verma – Management of wound and it's pain
2. Dr. B.N. Maurya – Evaluation of Analgesic Properties of Shigru Guggulu
3. Dr. Awaneesh Kumar – Resuscitative Measures Described in Ayurvedic Texts with management today.
4. Dr. Jagdish Singh – Shock and it's Management
5. Dr. Pravesh Tomar – Sangyahan 'Glory in the Past'.
6. Dr. Shivanand A. Khembhavi – Role of Triphala guggulu and Gandhak Rasayan in the management of Pain in P. Op. Cases.

Session ended with vote of thanks to the chair and co-chair.

IVth Scientific Session : **Guest Speaker Session**

Chairperson : Prof. D.P. Puranik, Principal, Tilak Ay. College, Pune
Co-Chairperson : Dr. Borse N.V., Lecturer, Tilak Ay. College, Pune

Guest Speaker

1. Prof. M. Dwivedi – B.H.U. – Anaesthesia in present Scenario and it's future aspects.
2. Dr. D.N. Pande – B.H.U. – Monitoring in anaesthesia
3. Dr. K.K. Pande – B.H.U. – Palliative Care a Vision in Ayurveda

4. Dr. L. Singh – B.H.U. – Surgical Ethics in Ayurveda
5. Dr. P.K. Sharma – Risk of High Spinal Techniques in Private Practice
6. Dr. R.K. Jaiswal (Lecture presented by Dr. A.K. Roy) B.H.U. – Blood Transfusion: **Ancient and Modern View.**
7. Dr. Raj Tayal आयुर्वेदिक फिजिशियनए 190, सी.बी. गुप्ता कालोनी, शामली-247776 - पीड़ा के प्रकार और उनके निवारण।

The guest speaker session ended with a concluding remarks of Prof. D.P. Puranik. Vote of Thanks were raised by Prof. K.K. Thekral to the Chairman and Co-chair of the session.

6.30 pm : General Body Meeting

After completion of Ist day Scientific Session a General body meeting was called in the same hall. Dr. S.B. Pande, Patron, AAIM, Prof. D.P. Puranik, Ex-President, AAIM-C.C., Dr. D.N. Pnade, President AAIM, C.C., Dr. S. Sharma, General Secretary AAIM and Dr. S.V. Shyndye were on the dias. In the Presidential opening Remarks – Dr. D.N. Pande express his thankfulness to all the seniors of the Association and other members for their active support in smooth conduction of the Association activities. He also appealed to raise the land purchase fund and to donate Rs. 100/- as postal charges in favour of Journal. The Annual accounts and reports were presented by the concern office bearers and were accepted unanimously. The proposal of Dr. C.K. Das to organise IX National Conference at Barahampur (Orissa) was accepted unanimously. At last a vote of thanks was raised by Dr. S. Sharma, General Secretary.

5th Dec. – Breakfast was served to all delegates from 9.00 –11.00 am

Award Presentation Session

Session started with lighting of lamp by **Swami Devendra Mohan Seroglou** – Patron of the Organising Committee. A welcome to Swamiji was hold by Dr. K.K. Thakral and others dignitaries by garlanding him. Dr. K.K. Thakral, Director, N.S.R.I. announced the Name for Best Ph.D. Award. Dr. S. Sharma, Varanasi and Dr. C.K. Dash, Barhampur (Orissa) were facilitated by Swami Ji with a Cash Award of Rs. 2700/- and a certificate for their Ph.D. work. This prestigious Award session ended with blessing remarks of Swami Ji.

Vth Scientific Session – 12.00 - 1.00 pm

Late Prof. B.G. Ghanekar Oration

- | | | |
|----------------|---|--|
| Orator | : | Dr. K.K. Thakral, Director, NSRI, Sandila |
| Chairperson | : | Dr. D.N. Pande, Reader & I/c, Section of Sangyahan, I.M.S., B.H.U., Varanasi |
| Co-Chairperson | : | Dr. S. Sharma, Secretary, AAIM |

Prof. K.K. Thakral paid his regards to Late Prof. B.G. Ghanekar and remembered him as a learned and devoted scholar of Ayurveda. Dr. Thakral focussed his views regarding the prevention of 'Back Pain' in his oration lecture. The oration ended with thanks to the orator and chairpersons.

A tea was served in the Hall to all the participants.

Vith Scientific Session - 1.00 pm - 3.15 pm

Workshop on C.C.P.R.

- Chairperson : Dr. K.K. Thakral, Director, N.S.R.I.
Co-Chairperson : Dr. C.K. Dash, Barhampur
Demonstration by : Dr. D.N. Pande, (B.H.U.), Dr. K.K. Pande (B.H.U.)
and Dr. Ram Shankar Gautam (B.H.U.)

A very knowledgeable practical demonstration was presented. All the delegates from Govt. Ayurveda College, Lucknow participated in the workshop and appreciated the programme. The session ended with a vote of thanks to the chairperson and the quest speakers.

Valedictory Function

Started at 3.15 pm. The honourable Minister – Krishi and Dharmarth Karya, **Dr. Ashok Vajpai** was the chief quest. First of all Dr. Ashok Vajpai inaugurated the valedictory function with lighting of the Lamp. Dr. K.K. Pandey was the master of Ceremony. Dr. Pandey invited the chief quest. Dr. Vajpai, Guest of Honour, Prof. D.P. Puranik, President AAIM, C.C. - Dr. D.N. Pande, General Secretary - Dr. S. Sharma & Dr. K.K. Thakral, Director, N.S.R.I. to hold their respective places on the dias. The introductory remark was raised by Dr. D.N. Pande, President C.C., Prof. Thakral welcomed the guests and delegates. He expressed thanks them for participating in the conference. **Life time achievement Award** was presented to **Prof. D.P. Puranik**, Principal Tilak Ayurveda College, Pune for his noble work in the field of Sangyahan, by hands of Dr. Ashok Vajpai, Agriculture Minister. Vote of thanks were raised by Dr. K.K. Pandey, Sr. Vice President, AAIM, Valedictory function ended with National Anthem.

A good bye delicious Lunch was served to all the guests and participants. In this way our 8th National Conference ended successfully.

D.N. Pande
President
A.A.I.M. - C.C.

Presidential Speech

8th National Conference of Association of Anaesthetists of Indian Medicine

Dear Colleagues,

It is a great privilege to address second time as President of Central Council of AAIM at the inaugural function of 8th National Conference of Association of Anaesthetists of Indian Medicine at the pious Sant Kripal Nagar Ashram, Sandila in premises of National Sharir Research Institute. It is to mention that 'Sharir Shodh Sansthan' is celebrating its 13th foundation day and thus the day automatically will be in our memory for ever. I congratulate the founders as well as the members of this organization for their continuous services of 12 years.

I am proud of our association which successfully organized Seven National Conference at different places in India, Varanasi, Puri, Pune, Udupi, Sawantwadi and again continuously twice at BHU, Varanasi. We could be also able to organize one International Conference at Varanasi. Our mission was the spread to message of Sangyahan and we succeeded to spread our message. Now atleast everybody is realizing the essential role of Sangyahan in the development of Surgical discipline and ultimately in the development of Ayurveda. The lakhs of Ayurvedic Physicians and Surgeons are working in the field, amongst them thousands of surgeons having P.G. Degree are facing lot of trouble to perform surgical procedures. To fulfill there demands we have to produce more and more Sangyaharak. It is regret to say that till date a very few institutions are coming forward to start P.G. Courses in Sangyahan. Without starting new P.G. Centres we cannot provide adequate hands to the Ayurvedic Surgeons and Institutions. Therefore I appeal the administrators and the authorities to start P.G. Courses in Sangyahan at their centers immediately. At this juncture I appeal to the Ministrer of Health, Govt. of India to declare approval of P.G. Course in Sangyahan immediately. I appeal to Swami Ji to establish a P.G. Institute having specialty of Shalya Shalakya, Prasuti Tantra, Balroga and Sangyahan. This is the real need of Nation and we should Share it.

Our Association was established in the year 1996. We have passed 8 years with manifolds achievement e.g. we organized regular conference and workshops, published our journal regularly, established new branches at Maharashtra, U.P. and Karnataka but still we have to do a lot. Where we have explored indigenous premedicant like Jatamasni, Ashwagandha, Brahmi, Vaca and Parsikyawani and Vedanahar like – Nirgundi, Rasna, Parijat, Bhringraj, Erandmool and Shigroo for postoperative pain management, till date we have no indigenous anaesthetics. It is correct that now anaesthesia is advanced too much and safer anaesthetics are available in the armamentarium of anaesthesiologist but we have to explore safe anaesthetic of our indigenous source. We have to go further in this direction. I will appeal to you all that kindly inform us if you have any information regarding any indigenous source near by you. We will try this at our center, where we have all the required research facilities are in hand.

In the last part of my speech I will appeal to our postgraduate scholars, teachers and administrators to train more and more Ayurvedic Physicians and Surgeons in CCPR at their centers, so that we would have a good team for intensive care of the patients in every village of our country.

सर्वे भवन्तु सुखिनः, सर्वे संतु निरायमः ।
JAI HIND ! JAI SANGYAHARAN !

D.N. Pande
Chairman, Organising Committee
President, AAIM – C.C.
Reader & Incharge, Section of Sangyahan
Department of Shalya Shalakya
Institute of Medical Sciences,
Banaras Hindu University, Varanasi - 5

HIMRATAN OIL (हिम रत्न)

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

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

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

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

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

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

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Guest Lecture

**Delivered on 4th December 2004
In the National Conference of AAIM, Sandila (Hardoi)
Monitoring in Anaesthesia**

PANDE D.N.

*Reader & I/C, Section of Sangyahan, I.M.S., B.H.U., Varanasi
President – A.A.I.M. (India), Chief Editor – Sangyahan Shodh*

ABSTRACT

Now a days monitoring devices are an essential part of anaesthetic procedures. For safety of patients some minimum monitoring facilities are required. These facilities are being available in most of the developed countries but it is still partially available to the developing and undeveloped countries.

KEY WORDS

Morbidity, Anaesthetic, devices, Rehearsal.

INTRODUCTION

It is said – '**Man behind the machine is important**', but it is also true that without machine, the efficacy and accuracy of the man can not be improved. In present scenario it was observed that morbidity and mortality rates can be reduced in anaesthesia practice with help of monitoring devices and to follow strictly the guidelines framed by I.T.F. (International Task Force – on Anaesthesia Safety).

I.T.F. – is an international Medicine Communication Organisation.

Office – U.S.A. and Europe.

Recommendation - Presented first time 1992 – 'World Congress of Anaesthesiologist in Hague'.

Aims:

1. to provide guidance and assistance to anaesthesiologist, hospitals and Govt. for improving the safety and quality of anaesthesia.
2. to periodically update and improve the minimum monitoring standards as applicable to each country on the basis of medico-legal, cultural norms, customs, racial, endemic and environmental factors.

Developed Countries

Accepted of the recommendations and developing country like – India are in the way. Indian Government has also taken action and fixed some standard for safety but the implementation is very slow.

We should follow the directive for safe anaesthesia practice and to avoid causality.

The component to be incorporated:

- Safety of Patient
- Safety of O.T. personnel
- Safety of the O.T. Environment

1. SAFETY OF THE PATIENTS

For the safety of the patient we should follow the following points:

- (a) Preanaesthesia checkup
- (b) Institutionally trained Anaesthesia Provider
- (c) Communication facility
- (d) Trained O.T. personnel (Familiar to all the equipments and steps of C.P.R.)
- (e) Rehearsal of C.P.R. at a fixed interval
- (f) Monitoring facility

(a) Preanaesthesia checkup

- is the foundation of the safe anaesthesia. Each and every patient undergoing anaesthesia should be checked strictly in 'Preanaesthetic checkup clinic.

(b) Institutionally trained Anaesthesia Provider

All the operation should be performed only under presence of an anaesthesiologist (Sangyaharak).

(c) Communication facility

Hospitals/Nursing homes should have an adequate communication facility to deal the causalities at any moments without losing any time.

(d) Trained O.T. personnel

O.T. Personnels should be trained and familiar with all the equipments related to monitoring and C.C.P.R.

(e) Rehearsal

The O.T. Staff should rehears C.C.P.R. at fixed interval and fake emergency call be organized time to time, to test the efficacy of staff and equipments.

(f) Monitoring facility

'Vigilance and quick reflexes are above all the monitors.'

Set of Standard Codes to minimize the hazards of interconnections

- For cylinder identification
- Uniformity of cylinder colour coding
- Pin-index system
- DISS System
- Parkodex connections
- Oxygen failure devices
- Accuracy of Calibration of Vaporizers – e.g. Flutac mark II
- Position of Vaporiser – and leakage
- Equipments
 - Needs pre-evaluation
 - Proper service
 - Staff education regarding use and hazards of various equipments.

● **Optimum monitoring Standard**

Standard I – adapted by all countries - Involves the presence of Anaesthetist through out the whole procedure - from induction to recovery room.

Standard II – Includes

- Continuous Oxygen evaluation
 - Ventilation evaluation
 - Circulation evaluation
 - Temp. evaluation
- } by methods monitors

● **Routine Monitoring**

- Basic monitors
 - Stethoscope
 - Sphygmomanometer
 - ECG monitor with display and audible indicator
 - Temp. monitor

- Other monitors when necessary
 - Pulse Oxi-meter
 - End tidal CO₂ monitor
 - Neuromuscular function monitor
 - Basic monitors

- **Advance Monitoring**

- Intra-arterial Pressure
- Central Venous Pressure
- Pulmonary-artery Pressure

Area to be monitored

(a) Anaesthetic delivery system

- Pressure
- Concentration of gases
- Alarms

(b) Effect of anaesthetic management on the patients body function

- Basic Monitoring - for all patients
- Specialized - for special problems - diabetes, HTN
- Expanded - for critically ill patients requiring CABG, transplant

2. SAFETY OF O.T. PERSONNEL

- O.T. cleanliness and aseptic conditions.
- Use of Gloves, mask-cap and over the whole body with O.T. Gown
- To keep the O.T. free from concentration of Volatile gases and foul smells
- To take proper care regarding HIV and Hepatitis B

3. O.T. ENVIRONMENT

- Air Conditioned with temp. regulation
- Airy and spacious
- Not crowded
- Restricted Entry/No direct Entry
- Free from pathogens

- Electric points on the Standard of ISI
- Explosion free.

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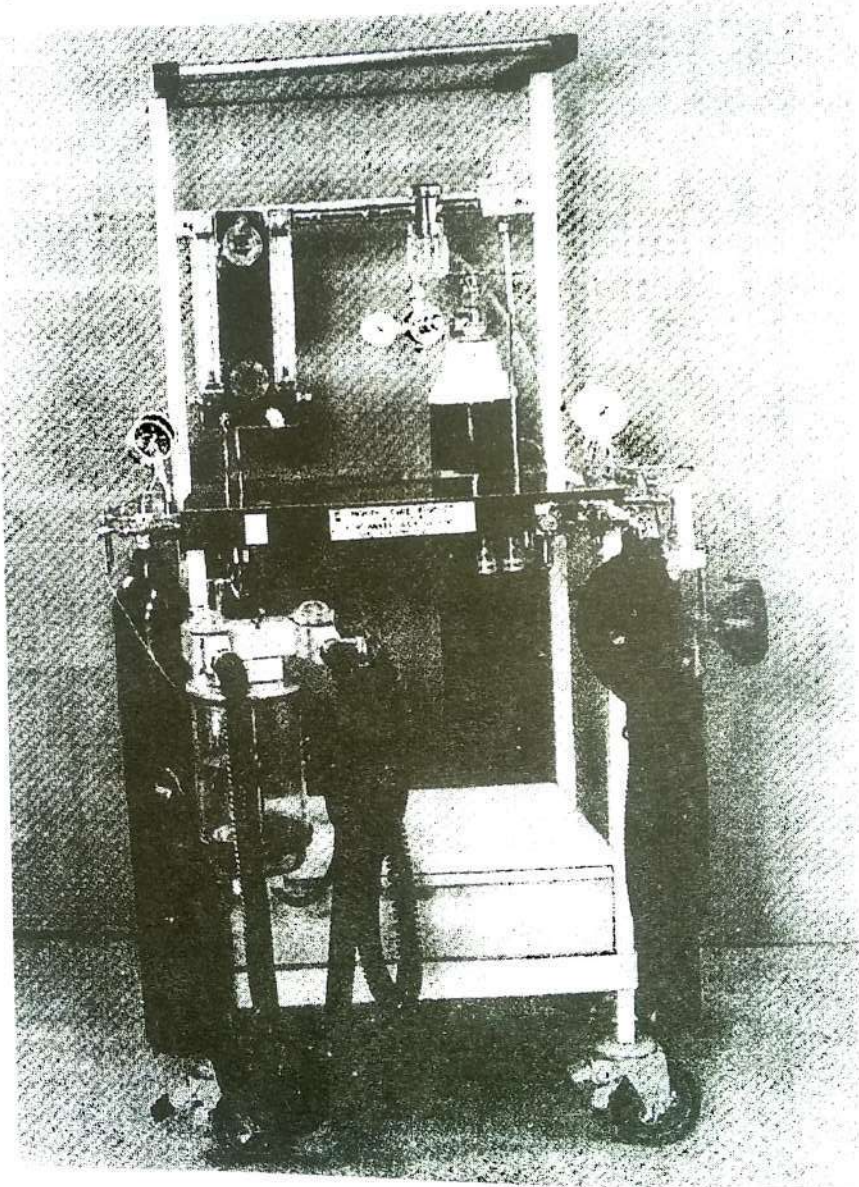
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Shock – An Ayurvedic View

PANDE D.N* and SINGH JAGDISH**,

आयुर्वेदिक संहिताओं में Shock का विवरण चरक एवं सुश्रुत संहिता में मिलता है। चरक संहिता में यह अवस्था मद मूर्च्छा सन्यास के सन्दर्भ में मिलती है। इसमें इसकी चिकित्सा भी आधुनिक Shock से सामन्जस्य रखती है।

सुश्रुत संहिता में-

तन्त्रान्तार्लोहितं पाण्डु शीतपादकराननम् ।
शीतोच्छासं रक्तनेत्रमानद्धं च विवर्जयेत् ॥
(सु. चि. २)

रक्त से भरे हुए कोष्ठ वाले, श्वेत शरीर से युक्त तथा लाल नेत्र और दोष एवं मल के रुकावट से पीड़ित रोगी को त्याग देना चाहिए।

यह Hypovolumic Shock के Resistant Stage को व्यक्त करता है। जिसमें रोगी असाध्यता की तरफ जा चुका होता है।

शीतलेन जलेनैनं मूर्च्छन्तमवसेचयेत् ।
संरक्षेदस्य मर्माणि मुहुराश्वासयेच्च तम् ॥
(सु. सू. २७/७)

यहाँ पर आचार्य ने मूर्च्छित होते हुए व्यक्ति (Syncopal Attack) की चिकित्सा शीतल जल से सिंचित कर करना चाहिए एवं हृदय मस्तिष्क आदि मर्म की रक्षा करना चाहिए एवं बार बार उसे हर्ष जनक बातों से आश्वासन देते रहना चाहिए।

चरक संहिता में मद मूर्च्छा एवं सन्यास की सम्प्राप्ति में कहा गया है कि -

यदा तु रक्तवाहीनि रस संज्ञावहानि च ।
पृथक्-पृथक् समस्ता वा स्रोतासिं कृपिता मलाः ।
मलीनाहारशीलस्य रजोमोहावृतात्मनः ।
प्रतिहत्यावातिष्ठन्ते जायन्ते व्याधयस्तदा ।
मदमूर्च्छा संन्यासास्तेषां विद्याद्विचक्षणः ।
यथोन्तरं वलाधिक्यं हेतु लिङ्गापशान्तिषु ॥

(च. सू. २४)

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यहाँ मलिन आहार जैसे - मद, भंगा, अहिफेन आदि विषाक्त द्रव्यों के सेवन से आत्मा रज और मोह से युक्त होने से कुपित वात, पित्त, कफ अलग-अलग या समस्त दोष रक्त वाही, रसवाहि संज्ञावाही स्रोतों को अवरूद्ध कर मद मूर्च्छा सन्यास उत्पन्न करता है।

यहाँ पर रक्तवाही स्रोत से R.B.C. एवं रसवाही स्रोत से Circulatory Fluid एवं संज्ञावाही स्रोत से Nervous System का Disturbance होता है। रक्तवाही एवं रस वाही के Disturbance से पर्याप्त Tissue Perfusion नहीं होता है एवं Hypoxia Develop हो जाती है एवं संज्ञावाही स्रोत के Disturbance से मानसिक लक्षण - Confusion, Disturb Consciousness आदि मिलने लगते हैं। रक्त की Supply सुचारु रूप न हो जाने पर Tissue Injury हो जाती है जिसके कारण Multi Organ Failure भी हो जाता है।

मद, मूर्च्छा एवं सन्यास तीनों Shock की Early, Middle and Last Stage के लक्षण क्रमशः Compensated Shock, Established Shock and Resistant Shock से मिलती है।

नीलं वा यदि वा कृष्णमाकाशमथवाऽरुणम् ।
पश्यस्तमः प्रविशति शीघ्रं च प्रतिबुध्यते ॥
वेपथुश्याङ्गमर्दस्य प्रपीडा हृदयश्च च ।
काश्यं श्यावारुणाच्छाया मूर्च्छाये वात सम्भवे ॥

(च. सू. २४)

यहाँ पर उपरोक्त लक्षण Cardiac Ischaemia के समय उत्पन्न होते हैं।

रक्तं हरितवर्णं वा वियत् पीतमथापि वा ।
पश्यस्तमः प्रविशति सस्वेदः प्रतिबुध्यते ॥
सपिपासः ससंतापो रक्तपीताकुलेक्षणः ।
सभिन्नवर्चाः पीताभो मूर्च्छाये पित्त सम्भवे ॥

(च. सू. २४)

उपरोक्त लक्षण Neurogenic shock से समानता रखते हैं। पित्त का स्थान नाभि व हृदय के मध्य में अर्थात् आंत्र माना गया है।

षष्ठी पित्त धरा नाम या कला परिकीर्तिता ।
पक्वाशय मध्यस्था ग्रहणी सा प्रकीर्तिता ॥

मूर्च्छित अवस्था में Nervous system का नियन्त्रण आंत्र पर न होने से भिन्न मल, की प्रवृत्ति होती है।

आचार्य चरक ने मद मूर्च्छा सन्यास चिकित्सा में लिखा है कि-

अन्जनान्यवपीडाश्च धूमाः प्रधमनानि च ।
सूचीभिस्तोदनं शस्तं दाहः पीडा नास्तरे ॥

लुभ्चनं केशलोम्नां च दन्तैर्दर्शनमेव च ।
आत्मगुप्तावघर्षश्च हितं तस्यावणोधने ॥

उपरोक्त चिकित्सा में आचार्य ने सभी क्रियाओं द्वारा शरीर को Reflex Stimulus देकर Sympathetic Activation को बढ़ाने का प्रयास किया है।

समूर्च्छितानि तीक्ष्णानि मद्यानि विविधानि च ।
प्रभूत कटुयुक्तानि तस्यास्ये गालयेन्मुहुः ॥
मातुलुङ्गरसं तद्वम्लौषधसमायुतम् ।
तद्वत् सौवर्चलं दद्यादुक्तं मद्याम्लकाञ्जीकैः ॥

यहाँ पर मुख्यतः अम्ल द्रव्यों का प्रचुर मात्रा में प्रयोग है। फिर कटु एवं लक्षण द्रव्यों का प्रयोग किया गया है। अम्लं हृद्यानां, अम्लं हृदयं तर्पयेति, बलवर्धयति, वातमुलोभ मनोबोधयम् मनोबोधयम् आदि कार्यों के आधार पर अम्ल रस Heart को बल प्रदान करता है। जिससे Heart active होकर Vascular supply को Maintain करता है। अम्ल रस स्रोतो में घुसकर उसके रुकावट (Obstruction) को दूर करता है। अर्थात् स्रोतोशोधक का कार्य करता है।

लवणं मार्गान् विशोधयति, सर्वशरीरावयवमृदुकरोति अर्थात् लवण रस स्रोतो में अवरुद्ध कफादि दोषो (cholesterol etc.) को घुलाकर बाहर निकालता है।

विस्मापनैः स्मारणैश्च प्रियश्रुतिभिरेव च ।
पटुभिर्गीतवादित्र शब्दैश्चित्रैश्च दर्शनैः ॥

.....
प्रबुद्धसंज्ञं मतिमाननुबन्धमुपाक्रमेत ।
तस्यं सरंक्षितव्यं हि मनः प्रत्यक्ष हेतुतः ॥

(च. सू. २४)

यहाँ पर आचार्य ने Neurogenic Shock की चिकित्सा को सम्बोधित किया है। आगे इन रोग से रक्षा के लिए आचार्य ने Prophylactic एवं Preventive चिकित्सा के लिए पंच कर्म का प्रयोग किया और साथ ही कल्याणकृष्ट, तिक्त घृत, षट्पल एवं कौम्भ घृत का प्रयोग होता है।

आचार्य सुश्रुत ने Haemorrhage Shock की चिकित्सा में कहा है कि

अतिनिम्नतरक्तो वा भिन्न कोष्ठः पिवेदसृक् ।

(सु.चि. २/५४)

अर्थात् जिस मनुष्य के शरीर से रक्त स्राव अधिक हो गया है अथवा कोष्ठ फट गया है उसे रक्तपान करना चाहिए। आज कल इसके लिए Blood Transfusion का निर्देश किया गया है।

चरक ने इसे जीवादान के उपद्रव की चिकित्सा में और भी स्पष्ट कहा है।

मृगगो महिषाजानां सद्यस्कं जीवतामसृक् ।
पिबेज्जीवाभि सन्धान जीवं तद्धयाशु गच्छति ।
तदेव दर्भमृदितं रक्तं वस्ति प्रदापयेत् ॥

(च. सि. अ. ६/८२-८४)

जीते हुए मृग, गौ भैंस और बकरे के ताजे रक्त को प्राणधारण करने के लिए पिलाना चाहिए। तत्काल निकाले गये रक्त का पान करने से शीघ्र ही जीव रक्त के साथ मिलकर शीघ्र ही शोणित रूपता को प्राप्त करता है।

तृष्णा मूर्च्छामदार्तस्य कुर्यादा मरणात् क्रियाम् ।
तस्य पित्तहरीं सर्वामति योगे च या हिता ॥

(च. सि. अ. ६)

यदि जीव रक्त निकलने पर तृष्णा, मूर्च्छा और मद ये उपद्रव होते हैं तो इसमें मरण पर्यन्त चिकित्सा करनी चाहिए एवं पित्तनाशक चिकित्सा अर्थात् शीतोपचार करना चाहिए। इनके ताजे रक्त में कुशा को रख मलकर रक्त की बस्ती देनी चाहिए। यहाँ पर कुशा Anti Coagulant का कार्य करता है। जिसके कारण रक्त जमता नहीं है।

सुश्रुत उत्तर तंत्र में

पृथिव्यमीतमोरूपं रक्तगंधश्च तन्मयः ।
तस्याद्रक्तस्य गन्धेन मूर्च्छन्ति भूवि मानवाः ।
द्रव्यस्वभाव इत्येके यदभिमुहुयति ॥

यहाँ पर Neurogenic Shock के हेतु को निर्दिश किया गया है।

भोज ने लिखा है कि-

स्तब्धाङ्ग दृष्टिर्वति गूढोच्छ्वासस्तथैव च ।
दर्शनादसृजस्तज्जार्दं गन्धाच्चैव विमुह्यति ॥

रक्त के दर्शन से तथा उसकी गन्ध से व्यक्ति स्तब्ध अंग एवं दृष्टि वाला हो जाता है। गहरा प्रस्वास करता है तथा मूर्च्छित हो जाता है।

आचार्य सुश्रुत ने मूर्च्छा कि चिकित्सा में कहा है कि

सेकावगाहौ मणयः सहाराः शीता प्रदेहा व्यजनानिलाश्च ।
शीतानि पानानि च गन्धवन्ति, सर्वासु मूर्च्छास्वनिपारितानि ॥

(सु. उ. त. - ४६)

मूर्च्छापित्तमोप्रायाः होने से शीत प्रधान चिकित्सा को निर्दिष्ट किया गया है।

Resuscitation in Ayurvedic Texts and Management Today

PANDE D.N.* and AWANEESH KUMAR**

ABSTRACT

Ayurveda the most ancient and living Health System focused light on the principles procedures and importance of the resuscitation. Now a days resuscitation is not only a procedure to save a life in emergency conditions but it is a very specialized field of critical care. It is an emerging branch of medicine with due an important role of anaesthesiologist. This paper includes the historical background with modern management.

KEY WORDS

Pranpratyagaman, Nadiyantra, Ventilation, Asystole, VF : Ventricular Fibrillation, VT : Ventricular Tachycardia.

CONCEPT

Resuscitation literally means efforts to revive after apparent death. Modern history of resuscitation begins in middle of 18th century when a wave of Humanitarianism spread through Europe. A Society for the recovery of Drowned Persons was founded in Amsterdam in 1767.

But in Indian System of medicine it dates back to period of Charak Samhita when he advised Pranpratyagaman techniques while resuscitating a new born.

अश्मनो संघट्टन कर्णयोमूले : Auditory stimulation → Sympathetic drive↑

CA↑

शीतोदकेनोष्णोदकेन वा मुख परिषेकः : Cutaneous stimulation ↓

HR↑ Breathing

तथा स क्लेशविहतान् प्राणान् प्रत्यागमनं पुनर्लभेत् ।

Ch.Sh. 8/42

This is special reference of neonatal resuscitation.

As resuscitation is considered always as an acute emergency. Here Sushruta Samhita suggests about management of emergency:

* Reader & Incharge, Section of Sangyahan

** Jr.-II (M.S. Sangyahan)

Department of Shalya Shalakyas, Institute of Medical Sciences, Banaras Hindu University, Varanasi.

अतिपातिषु रोगेषुनेच्छेद्धिधिमिमं भिषक्।
प्रदीप्तागारवच्छीघ्रं तत्र कुर्यात् प्रतिक्रियाम्॥

S.Su. 5/41

The routine patient care techniques are not supposed to be adopted in severe emergency condition but one should have act promptly and immediately for the management as like saving the burning house from fire.

PROVISION OF PAENT AIRWAY

जातुषे तु कण्ठसक्ते कण्ठेनार्डी प्रवेशयेत्तथा चाग्नितप्तां सूक्ष्ममुखीं शलाकाम्। अथ तां गृहीतशल्यां शीताभिरद्भिः परिषिच्य स्थिरीभूतामाहरेत्। अजातुषेऽप्येवमेव तप्तां जतुमधृच्छिष्टान्यतरप्रदिग्धां शलाकाम्।

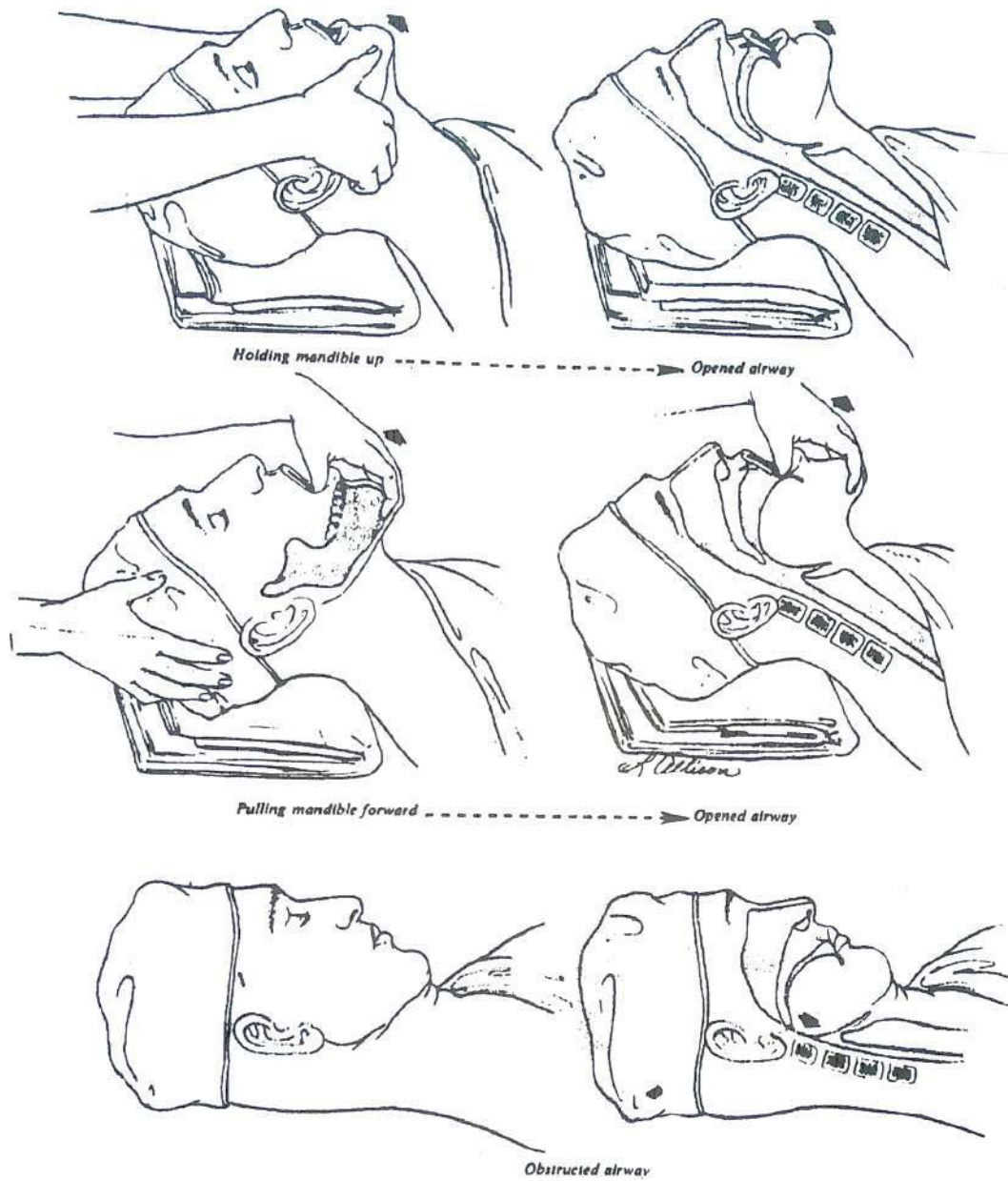
- Exhaled air ventilation
- Closed chest (external) cardiac compression

EQUIPMENTS

- Airways
- Anesthetic breathing system
- Laryngoscope with blades and range of tracheal tubes
- Tilting table



Equipment For C.C.P.R.



Head Position

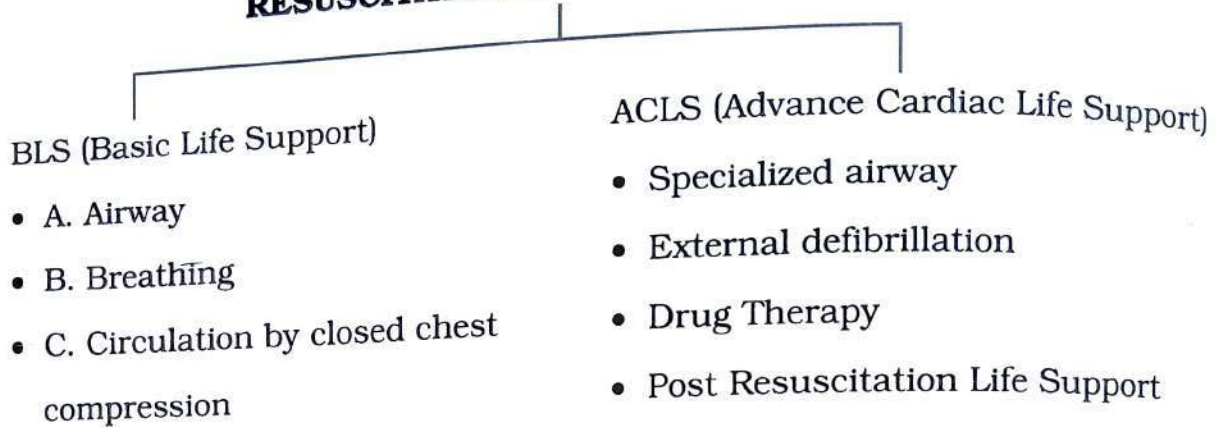
- Suction apparatus
- Drugs

Equipments basically used in Resuscitation can aptly be correlated with various types of Yantra described in Sushruta Samhita.

- ETT – **Nadiyantra** for
- Airway – **Nadiyantra**
- Laryngoscope – **Nadiyantra** used for स्रोतोगतशलयच्छहरण एवं रोग दर्शन i.e. extraction of FB and visualizing pathology.

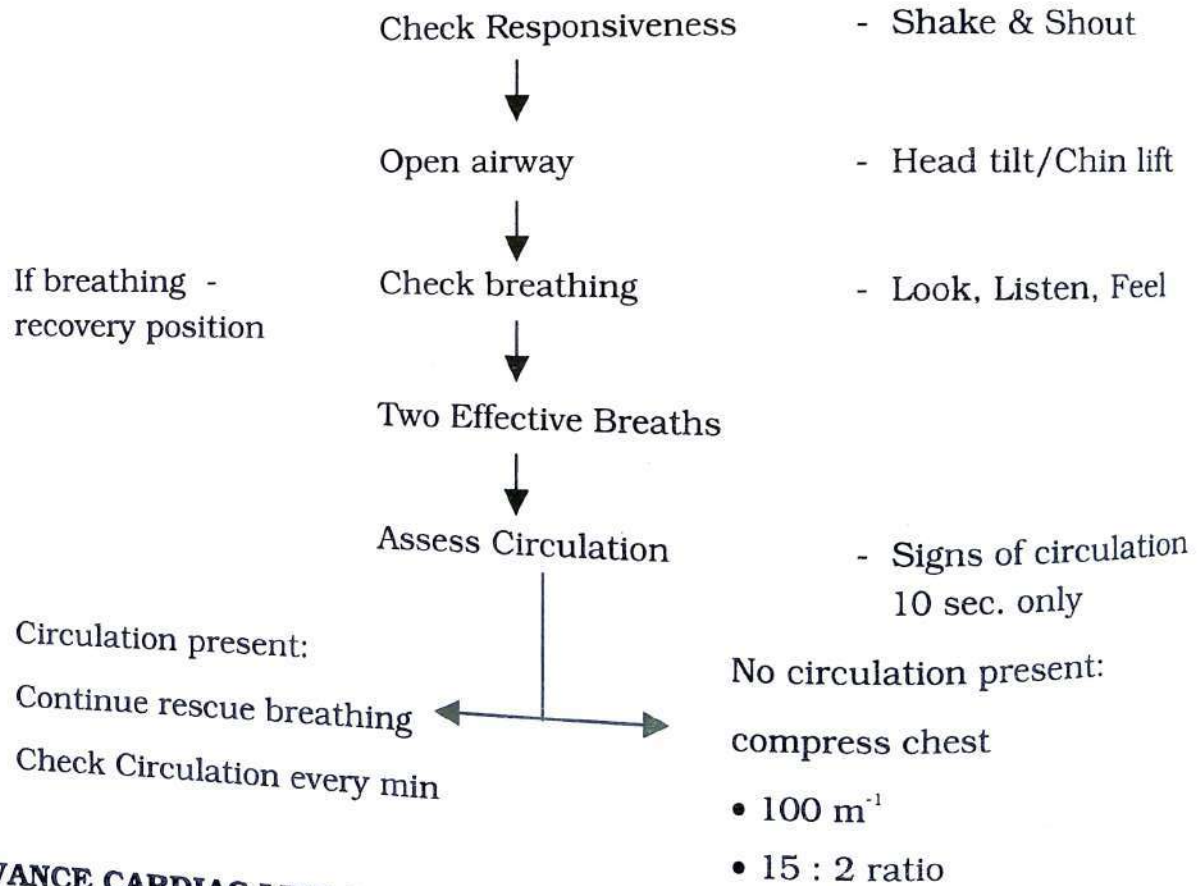
- Suction Catheter - Nadiyantra used for आचुषण i.e. Suction.

RESUSCITATION IS CATEGORIZED INTO



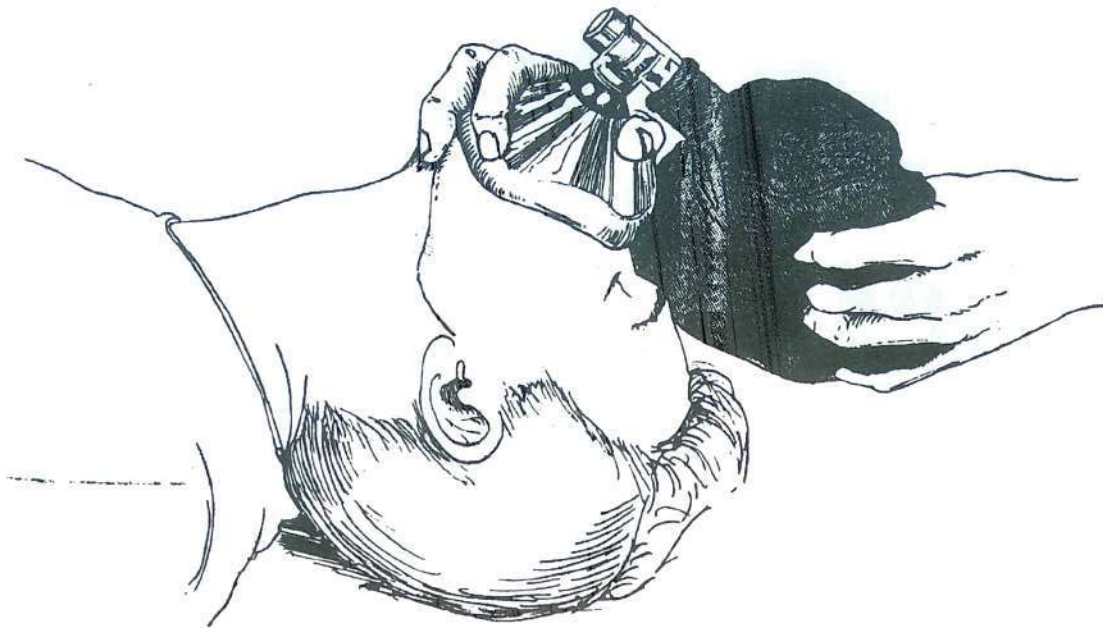
The highest survival rates and quality of survival are attained when BLS is initiated within 4 minutes from time of CP arrest and ACLS initiated within 8 min.

BLS (Basic Life Support)

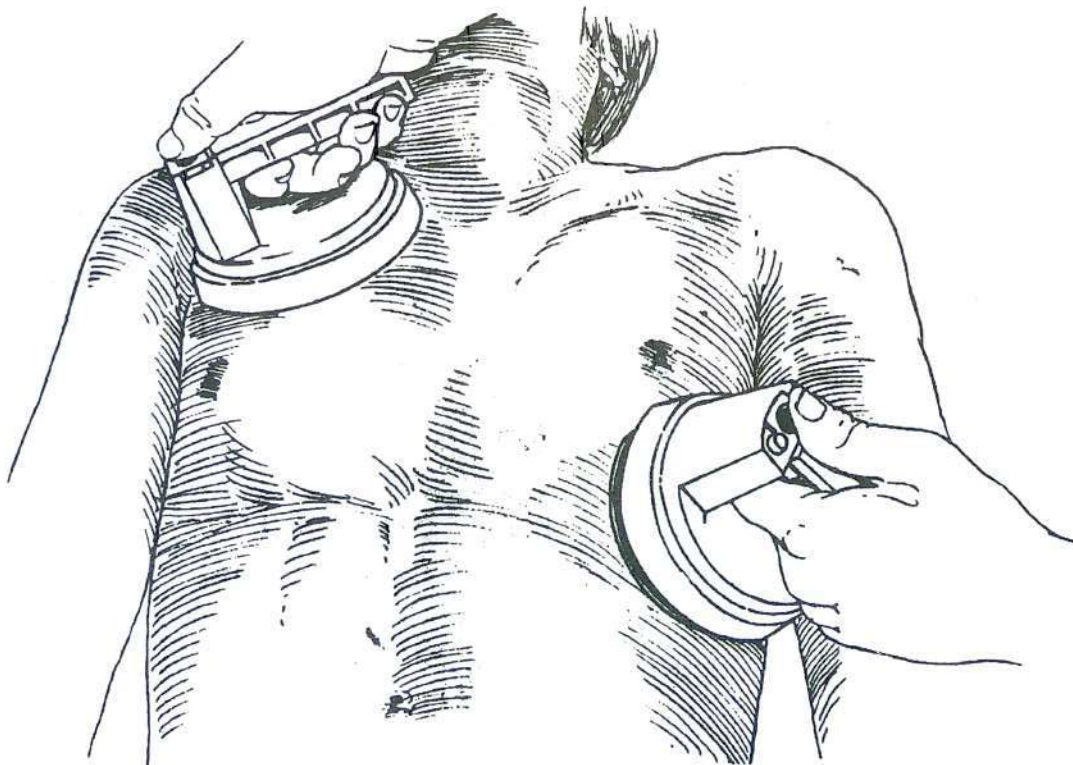


ADVANCE CARDIAC LIFE SUPPORT (ACLS)

- Specialized equipment to maintain airway:
 - Bag and Mask
 - Cuffed tracheal intubation



Bag Ventilation



Defibrillation – Paddle Position

- Esophageal obturator airway
- External defibrillation and T/t of VF/VT
 - Defibrillate 3 times – 200 J, 200-300 J, 360 J
 - Drug Therapy : Epinephrine
 - 0.5 to 1 mg IV every 3-5 min.
 - 3-8 mg IV
 - Precordial Thump : Single precordial thump
 1. VF/VT if monitored
 2. Cardiac asystole due to complete heart block
- PRLS (Post Resuscitation Life Support)
 - Close monitoring
 - Drug therapy to optimize vital organ function

REFERENCES

1. Charak Samhita, Sh. Sthan - 8/42.
2. Sushrut Samhita, Sutra Sthan - 5/41.
3. Ashtang Sangraha, Sutra Sthan.
4. Clinical Monitoring – by Carol L-Lake, R.L. Hines and C.D Blitt.
5. Principle and Technique of Clinical Anaesthesia, pp. 283, 521, 523, 536.

Association of Anaesthetists of Indian Medicine

(Bharatiya Sangyaharak Association)

Annual Report 2003 – 2004

During the year 2003–2004 following activities were performed:

Executive Meetings were held on 30.04.2004 and 30.07.2004.

Sangyahan Day was celebrated at Varanasi and Pune on 6th February 2004.

Workshop – Organised on C.C.P.R. – at B.H.U. – on 6th Feb. 2004 – One day. C.C.P.R. – at B.H.U. – 3 Workshop of 7 days each. Total 102 participants were trained by the Section of Sangyahan till date.

Execution General Body Resolutions dated 06 Feb. 04:

1. Following accounts were accepted by the E.C. member on 30.07.04
 - A.A.I.M. (C.C.) accounts
 - U.P. State Branch accounts
 - Sangyahan Shodh accounts
 - A.A.I.M. CON-04 accounts
2. Ashwinau Award and Late Pt. R.A. Pande Memorial best paper Award were announced by the concern committee. The name of Dr. A.B. Limaye (Pune) was proposed for Ashwinau award – 2004 and best paper award were presented to – Dr. Shivananda A. Kembhavi (1st prize – Rs. 501/- with certificate and a memento), Dr. R.K. Jaiswal (2nd prize – Rs. 301/- with certificate) and Rajesh Singh (3rd prize – Rs. 201/- with certificate) by the hands of Prof. Gajendra Singh, Dean Modern Medicine, I.M.S., B.H.U., Varanasi. The Award were sponsored by Dr. D.N. Pande, President C.C. in the memory of his father Late Pt. R.A. Pande.
3. **Orations:** Two orations were organised during the conference 2004, 6-7th Feb. – Late Prof. P.J. Deshpande Memorial Oration – by **Prof. D.P. Puranik**, Principal, Tilak Ayurved College, Pune and Late B.G. Ghanekar Oration – by **Dr. S.B. Pande**, Former I/c, Section of Sangyahan, B.H.U.
4. Journal **Sangyahan Shodh** was published in the month of Feb. 04 and August 04.
5. Life Membership raised to:

U.P. Member	- 114	} 206
M.S. Member	- 50	
Other states Member	- 42	

6. Membership list is published in the journal regularly.
7. **Ashwinau Award** & Best paper award committee were framed for the year 2003-2004, Membership Share distributed to:

U.P. State Share - 4,500.00

M.S. State Share - 1,000.00

Sangyahan Shodh Share - 6,600.00

8. Activities of State Branches

U.P. State Branch: executive meetings, clinical meetings and two national conferences were organised during this year.

M.S. State Branch: - organised workshop on C.C.P.R. and lecture programme during this year.

Important Achievement

- (1) Land purchase fund was raised to Rs. 31,410.00. (2) Dr. R.K. Jaiswal of Section of Sangyahan, B.H.U. and Dr. Rajesh Singh, Anaesthetist of Varanasi, Life members of A.A.I.M., U.P. State, received 2nd and 3rd prize respectively during the 7th National Conference (Late R.A. Pande Memorial Best Paper Award Contest)

Future Plans

- to start more branches.
- to start new P.G. Centres.
- to start more workshops in Intensive Care at more places.
- to create Palliative Care Centres all over India.
- to purchase land and build A.A.I.M. - Bhawan.

Dr. S. Sharma
Secretary

Dr. D.N. Pande
President

**U.P. State Branch
Association of Anaesthetists of Indian Medicine
Annual Report 2003-2004**

During the year 2003-2004 following activities were performed:

Executive Meetings - were held in Hotel Hindustan International Maldahia followed by a guest lecture session, in which Dr. P. Bhattacharya, Head, ICU, I.M.S., B.H.U. delivered lecture on '**Painless labour**'.

7th National Conference and **Sangyahan Day** was celebrated at Varanasi on 6th Feb. 04. A general body meeting of UP State bearer was held on 7th Feb. 2004. The members unanimously adopted Dr. P.K. Sharma as senior vice-president of U.P. state branch.

Workshop - Organised on Neonatal Resuscitation - at B.H.U. - on 6th Feb. 2004 - One day. **Workshop on C.C.P.R.** - at B.H.U. - 3 Workshop of 7 days each. The Section of Sangyahan trained total 102 participants till date.

(1) Following accounts were accepted by the E.C. members of AAIM

- U.P. State Branch Accounts
- A.A.I.M. CON-04 Accounts

FELICITATION

Dr. Ashok Dixit received Ashwinau award for the year 2003, Dr. R.K. Jaiswal (2nd prize of Rs. 301/- with certificate) and Dr. Rajesh Singh (3rd prize Rs. 201/- with certificate) received best paper 2nd and 3rd prize respectively in the late R.A. Pandey memorial best paper session, by the hands of Prof. Gajendra Singh, Dean Modern Medicine, Institute of Medical Sciences, Baharas Hindu University, Varanasi.

Dr. Hari Om Singh
Secretary

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

ASSOCIATION OF ANAESTHETISTS OF INDIAN MEDICINE, B.H.U., VARANASI
RECEIPT & PAYMENT ACCOUNT FOR THE PERIOD ENDED ON 31.03.2004

Receipt	Amount (Rs.)	Payment	Amount (Rs)
To <u>Opening Balance</u>		By <u>Audit Fee</u>	1,000.00
Bank Balance (SBI)	19,127.02	By Photostate, Printing & Stationery	965.00
Bank Balance (BOB)	2,520.00	By Travelling Expenses	2,356.00
Cash	2,344.14	By Postage Expenses	314.00
To Membership Fees	14,700.00	By Telephone	23.00
To Ashwinau Award	4,650.00	By Bank Charges	50.00
To Donation for Land	25,900.00	By Momentos	800.00
To Interest on FDR, S/B A/C		By Mixc. Expenses	154.00
I.D.B.I. & H.D.F.C.	9,007.00	By T/T M.S. State Share	5,558.00
To Share Received from Sawantwari Conf.	8,485.40	By <u>Closing Balance</u>	
		Bank Balance (SBI)	11,338.02
		Bank Balance (BOB)	47,462.40
		Cash in Hand	18,832.14
	86,743.56		86,743.56

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

AUDITORS REPORT

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

Place : Varanasi
Dated: 10.10.2004

For A.K. Keshary & Associates
Chartered Accountants

Sd/-
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Sunderpur, Varanasi, Ph. 316644ASSOCIATION OF ANAESTHETISTS OF INDIAN MEDICINE, B.H.U., VARANASI
BALANCE SHEET AS AT 31.03.2004

Liabilities	Amount (Rs.)	Assets	Amount (Rs.)
Capital Fund:		Investment & Deposit:	
Opening Balance	1,69,864.63	F.D. with SBI	6,000.00
Add: Membership fees	14,700.00	F.D. with SBI	21,000.00
Add: Donation for Land	25,900.00	F.D. with SBI	15,000.00
Add: Ashwinau Award	<u>4,650.00</u>	F.D. for G.B. Operation	5,000.00
	2,14,314.63	H.D.F.C.	50,000.00
Add: Excess & of Income over expenditure	<u>11,830.00</u>	F.D. for Ashwinau Award	6000.00
	2,26,144.63	IDBI Bank	10,000.00
Unsecured Loans:		HDFC	30,000.00
Conference Account	1,10,542.51	Loans & Advances:	
Sangyahan Sodh	8,810.00	Loans To Conference	3,000.00
		Fund Transfer for Journal	10,838.00
		Fund T/For F.D. in favour of Sangyahan Sodh Journal	45,000.00
		Loan to Sangy. Sodh Journal	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 (2003)	9,805.00
		Sangyahan Sodh Jour. (02)	2,357.00
		Sangyahan Sodh Jour. (03)	19,619.00
		Share of Conf. Journal	
		Sangyahan Sodh Journal	25,450.00
		Current Assets:	
		Bank Balance (SBI)	11,339.02
		Bank Balance (BOB)	47,462.40
		Cash in Hand	16,682.14
	3,45,497.44		3,45,497.44

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

Place : Varanasi
Dated: 10.10.2004

For A.K. Keshary & Associates
Chartered Accountants

Sd/-

(Arvind Kumar Keshary)

Proprietor

A.K. Keshary & Associates
CHARTERED ACCOUNTANTS

Off : Moti Bhawan, First floor
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Resi. : B-6, Brijenclave Colony
Sunderpur, Varanasi, Ph. 316644

SANGYAHARAN SHODH JOURNAL, B.H.U., VARANASI
RECEIPT & PAYMENT ACCOUNT FOR THE PERIOD ENDED ON 31.03.2004

Receipt	Amount (Rs.)	Payment	Amount (Rs.)
To <u>Opening Balance</u>		By Printing Charge	12,200.00
Bank Balance (SBI)	6,378.40	By Postage	1,644.00
Bank Balance (BOB)	3,591.00	To Stationary	2,290.00
Cash	701.50	To Bank Charge	545.00
To Membership Fees	2,390.00	By Misc. Expenses	85.00
To Advertisement	8,000.00	By <u>Closing Balance</u>	
To Interest on F.D.R.		Bank Balance (SBI)	4,558.49
& S.B. A/c	4,511.00	Bank Balance (BOB)	12,887.40
To Donation Received of	2,356.00	Cash in Hand	2,313.50
To Share in Surplus			
Sawantwadi Conf.	8,495.40		
	36,423.39		33,423.39

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

AUDITORS REPORT

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

Place : Varanasi
Dated: 21.09.2004

For A.K. Keshary & Associates
Chartered Accountants

Sd/-
(Arvind Kumar Keshary)
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A.K. Keshary & Associates
CHARTERED ACCOUNTANTS

Off : Moti Bhawan, First Floor
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U.P. STATE BRANCH, A.A.I.M., B.H.U., VARANASI
RECEIPT AND PAYMENT ACCOUNT FOR THE PERIOD ENDED ON 31.03.2004

Receipt	Amount (Rs.)	Payment	Amount.(Rs)
To Opening Balance		By Printing & Stationery	200.00
Bank Balance (BOB)	22,980.88	By Refreshment & Meeting	145.00
Cash	Nil	By <u>Closing Balance</u>	
To Dr. D.N. Pande	145.00	Bank Balance (BOB)	23,608.88
To Interest on S/B A/c	828.00	Cash in Hand	Nil
	23,953.88		23,953.88

President : Sd/-
Secretary : Sd/-
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of U.P. State

AUDITORS REPORT

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

Place : Varanasi
Dated: 21.09.2004

For A.K. Keshary & Associates
Chartered Accountants

Sd/-
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CHARTERED ACCOUNTANTS

Off : Moti Bhawan, First Floor
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AAIM CON – 2004, B.H.U., VARANASI
RECEIPT & PAYMENT ACCOUNT FOR THE YEAR ENDED ON 31.03.2004

Receipt	Amount (Rs.)	Payment	Amount (Rs)
To Subscription Received	99,650.00	By Printing & Stationery	20,017.30
		By Conf. Pad & Pen	787.00
		By Postage	902.00
		By Telephone & Fax	2,003.40
		By Xerox	90.00
		By Typing	100.00
		By Conveyance	933.00
		By Refreshment	335.00
		By Mementos	6,134.00
		By Conference Bags	13,200.00
		By Conference Badges	1,129.00
		By Decoration	1,100.00
		By Audio & Photo	2,800.00
		By Catering	42,750.00
		By Banner	220.00
		By Bank Charges	400.00
		By Over Time	1,233.00
		By Guest House	1,733.00
		By Misc. Exp.	922.40
		By Balance T/T	
		Sangyahan Shodh	834.00
		U.P. AAIM.	1,112.00
		AAIM C.C.	834.00
	99,650.00		99,650.00

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

AUDITORS REPORT

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

Place : Varanasi
Dated: 10.10.2004

For A.K. Keshary & Associates
Chartered Accountants

Sd/-
(Arvind Kumar Keshary)
Proprietor

**WORKSHOP ON C.C.P.R.
XIIIth Batch: 06th February to 12th February 2005**



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Mau Nath Bhanjan
Distt. - Mau



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S/o Mr. Abdul Hai
Domanpura Kassari
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11-13th Feb. 05

Contact:

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Prof. V.K. Shukla

Deptt. of General Surgery, I.M.S., B.H.U., Varanasi-05

25-27 Feb. 05

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Prof. V.K. Grover

Organising Secretary, ISNACC-2005

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5, 6, 7th March 2005

Contact:

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