SANGYAHARAN SHODH

February 2006 Volume 9, Number 1

SOUVENIR

AAIMCON - 2005

9th National Conference of
Association of Anaesthetists of Indian Medicine
25-26th December 2005

Organised by

K.A.T.S. AYURVED COLLEGE & HOSPITAL
Ankushpur, Berhampur

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Office
Operation Theatre Block, Indian Medicine, SS Hospital, B.H.U. Varanasi - 221005

SANGYAHARAN SHODH

February 2006 Volume 9, Number 1

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AAIMCON - 2005

9th National Conference of Association of Anaesthetists of Indian Medicine

25-26th December 2005

Organised by

K.A.T.S. AYURVED COLLEGE & HOSPITAL

Ankushpur, Berhampur

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SHRI NAVEEN PATNAIK
CHIEF MINISTER, ORISSA

ORISSA STATE

BHUBANESWAR
Date - 20/12/05

MESSAGE

I am glad to know that K.A. T .S. Ayurved College & Hospital, Ankuspur, Berhampur is going to organize the 9th National conference of Association of Anesthetists of Indian Medicine (AAIMCON-2005) from 25th to 26th December, 2005 and a souvenir is being brought out on this occasion.

I extend my warm greetings to the delegates attending the conference and wish the endeavour all success.

(NAVEEN PATNAIK)

Chandra Sekhar Sahu
Parliament Member (Lok Sabha)
Brahmapur, Orissa

Date : 10-12-05

MESSAGE

It is my immense pleasure to know that the K.A.T.S. Ayurveda College and Hospital, Ankushpur is going to celebrae its IX National Conference of Association of Anaesthetists of Indian Medicine from 25th to 26th December, 2005 at Gopalpur on Sea, Orissa.

I wish the function a grand success in all respect.

Chandrasekhar Sahu.

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SHRI MAHESWAR MOHANTY
SPEAKER
Orissa Legislative Assembly

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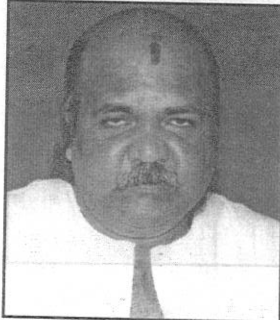
No. 1548 / SPK

Date 16.12.05



Message

I am glad to know that 9th National Conference of Association of Anaesthetists of Indian Medicines - 2005 is being organised from 25th to 26th December 2005 at K.A.T.S. Ayurved College and Hospital, Ankushpur, Ganjam and a Souvenir is being published to mark the occasion.

Indian Medicine as a health care system has a glorious tradition. People of India have great faith on this system. Now it is gaining popularity all over the world.

I wish the conference all success.

(Maheswar Mohanty)

SHRI BIJAYSHREE ROUTRAY
MINISTER
Health & Family Welfare, Orissa

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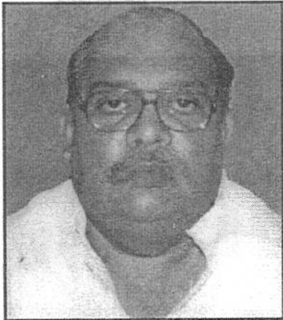
D. O. No. ..../MH&FW.

BHUBANESWAR

Date......................................



MESSAGE

I am glad to know that 9th National Conference of Association of Anaesthetists of Indian Medicine (AAIMCON-2005) is organized by K.A.T.S. Ayurved College & Hospital, Ankushpur, Ganjam from 25th to 26th December, 2005 and a souvenir is being brought out to mark the occasion.

I wish the conference and publication of souvenir a grand success.

(Bijayshree Routray)

SHRI SURJYA NARAYAN PATRO
MINISTER
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and Tourism, Orissa

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D.O. No............................/MEIT&T

BHUBANESWAR

Dated the 8.12.2005

MESSAGE

I am happy that the 9th National Conference of Association of Anaesthetists of Indian Medicine - 2005 is going to be organized at KATS Ayurved College & Hospital, Ankushpur, Berhampur from 25th to 26th December, 2005 and a Souvenir is also going to be published on the occasion. From the day of surgery, Anaesthetists are playing a vital and crucial role for the healing process. The human endeavour for painless surgery has become possible for anesthesia. A slight deviation of use of anesthesia may cause irreparable loss. Thanks to the Anaesthetists who are saving the life of many by their accuracy and sensible role.

I wish the organisation to be a grand success and the Souvenir to be appreciated by all.

(Surjya Narayan Patro)

R.N. Senapati, IAS
Principal - Secretary,
Government of Orissa,
Health & Family Welfare Department.

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Bhubaneswar.

8th December, 2005.

MESSAGE

I am happy to learn that the 9th National Conference of Association of Anaesthetists of Indian Medicine - 2005 is being organized by the Kaviraja Ananta Tripathy Sharma Ayurvedic College and Hospital, Ankuspur, Berhampur from 25th to 26th December, 2005 and a Souvenir is going to be published on the occasion.

I extend my best wishes to the Conference and the Souvenir.

(R.N. Senapati)

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Rajasthan Ayurved University, Jodhpur

City Campus: Old Pali Road, Jhalamand Circle, Jodhpur

RAU/VC (P)/05-06/1083

Date: 29.10.05

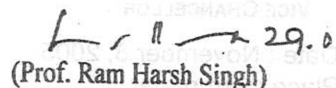
Prof. Ram Harsh Singh
Vice Chancellor

Message

I am happy to learn that the 9th National Conference of Association of Anesthetists of Indian Medicine is being organized on Dec. 25-26, 2005 at Berhampur in Orissa and a large number of practitioners of Anesthesia and academicians will assemble in this conference. It is also heartening to note that a CME on emergency management and a workshop on Cardio-ceribro-pulmonary resuscitation will be organized at this occasion. I send herewith my best wishes for the success of this conference and convey my felicitations to all the delegates and dignitaries attending this important event.

It is well known that surgical skill had grown to the highest level in the ancient classical age. The Ayurvedic classics available today prove the testimony for the same. Surgery and Anesthesiology go hand in hand. If certain dimensions of ancient surgical skill is to be revived today the discipline of Anesthesiology has to stand by. I am happy to learn that the Anaesthesiotists of Indian medicine have displayed a quality professional competence in certain centres of Ayurvedic education. Banaras Hindu University is the first institution promoting this discipline. I hope the ensuing conference will seriously deliberate on the challenges and opportunities emerging in this field.

With greetings.



(Prof. Ram Harsh Singh)

DR. S. S. SAVRIKAR
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Message

It is a matter of great pleasure that the K.A.T.S. Ayurveda College & Hospital, Berahmpur is organizing the 9th National Conference of Association of Anaesthetists of Indian Medicine -2005 during December 25-26, 2005 at Berhampur in the joint venture of the practitioners of Anaesthesia Research Scholars and academicians of Ayurveda & Allopathy with a view to exchange their knowledge and also hold a workshop on Cardio Cerebro Pulmonary Resuscitation and C.M.E. on Emergency Management. Ayurveda is globalizing and people have lot of expectations all over the world as it is eco-friendly, toxicity free and cost effective due to its holistic approach. The speciality of Sangyaharan is becoming popular and postgraduate courses in this speciality are available in certain postgraduate institutions of Ayurveda. The postgraduates of this speciality are contributing significantly for multi dimensional growth of Ayurveda. I am sure this national conference of Association of Anaesthetists will make outstanding contribution in recognition of experts of Sangyaharan in view of globalization of Ayurveda.

I wish this conference a grand success.

DR. S.S. SAVRIKAR
VICE CHANCELLOR

Date : November 8, 2005
Place : Jamnagar

DR. GAJENDRA SINGH
MS (Anatomy), MNAMS, FIMSA
Professor of Anatomy
&
DIRECTOR

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No.F.PA/636

October 28, 2005

MESSAGE

I am happy to learn that the Association of Anaesthetists of Indian Medicine is going to organize its IXth National Conference of AAIM at Berhampur, Orissa on 25th to 26th December, 2005 and is also organizing a C.M.E on emergency management and a workshop on Cardio Cerebro Pulmonary Resuscitation (CCPR) with two orations and free paper sessions. The participants will be highly benefited with the scientific sessions, as the Modern Medicine and Ayurveda practitioners are assembling together to exchange their views and knowledge.

I wish the Conference and CME a grand success.

(GAJENDRA SINGH)
DIRECTOR

Shri B. S. Panda
Director, Indian Medicines &
Homoeopathy, Orissa, Bhubaneswar

No. 12435/DIMH.
Dt. : 5/12/2005

MESSAGE

I have the great pleasure to know that K.A.T.S. Ayurved College and Hospital, Ankushpur, Berhampur, Ganjam is going to conduct "Organisation of 9th National Conference of Association of Anaesthetists of Indian Medicine (AAIMCON-2005) at his own campus from 26th to 26th December, 2005.

India stands unique among the nations of the world due to its eternal Health Care System. Now a days Anaesthesia is considered as the basic need for Shalya-Shalakya and Prasutitantra.

It also gives me immense pleasure to know that National Reputed Speakers and Scientists from the field of Ayurved are going to participate in the conference along with their valuable papers. This will certainly raise the knowledge of the participant physicians.

Further, I am glad to know that K.A.T.S. Ayurved College is bringing out a Souvenir on this occasion. I hope the Souvenir would reflect the rising importance of Anaesthesia and the role of the Ayurvedic Physician in filling up the gap in Health Care System.

I wish the Conference as well as the publication a grand success.

(Bhabani Sankar Panda)

National Sharir Research Institute

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Dr. K.K.Thakral
Director

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Mob.9415576722

Letter NO..276...

Date:..30-10-2005

MESSAGE

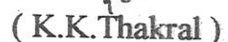
I am happy to learn that 9th National conference of association of Anesthetists of Indian Medicine is going to be held on 25th to 26th of December 2005 at Ankushpur,Berhampur, Ganjam, Orissa. Anesthesia is an important branch of medical science and it permits surgery to be performed with great ease, feasibility and concentration by the surgeon and at the same time the patient feels no pain. Many organs of the body, which were unapproachable by the surgeon a few years back are now within his easy reach and diseases can be easily cured.

Ayurvedic institutions in India are still not having enough anesthetists to support surgeons. It is an important aspect, which is lacking and needs to be fulfilled as soon as possible.

Association of Anaesthetists of Indian Medicine is doing a great job in this direction and new competent ayurvedic anesthetists are being equipped with newer techniques.

I am sure participants of this conference shall come out with new, simple and less aggressive techniques of anesthesia and shall be of great help in development of ayurvedic colleges.

Wishing you a great success for the conference.



(K.K.Thakral)

Dr K. Pandey
Emeritus Professor of Anaesthesia
IMS, Banaras Hindu University
Varanasi-221005

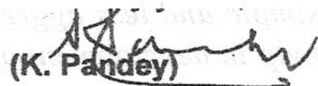
Dated : 22 October 2005.

MESSAGE

I was happy to learn that 9th National Conference of the Association of Anaesthetists of Indian Medicine is being organised at Carey Retreat & Study Centre, Hill Top, Gopalpur on Sea, Orissa-761002 from 25-12-2005 to 26-12-2005. I would have loved to attend it if the dates of the Conference were not conflicting with those of our own National Conference at Kolkata.

I hope the deliberations in the Conference will infuse a scientific spirit in the delegates and help them in raising the status of this nascent speciality in Ayurvedic Medicine to new heights by scientific research, dedicated preoperative medical care and maintaining high ethical standards so deeply ingrained in the classical texts of Ayurved.

I wish the Conference a grand success.



(K. Pandey)

प्रो० एच० लाल,
भूतपूर्व प्राध्यापक एवं
विभागाध्यक्ष,
नि० विभाग, काशी हिन्दू विश्वविद्यालय,
वाराणसी।

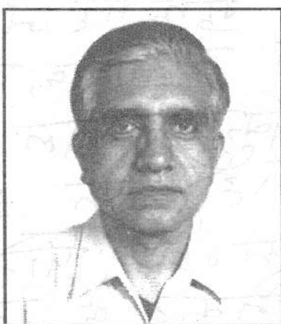
डा० श्री० के० दास
आर्गे० सेक्रेटरी,

मुझे यह जानकर हर्ष हो रहा है कि भारतीय एनेस्थेटिक एसोसियेशन अपना वार्षिक अधिवेशन, बरहमपुर (उड़ीसा) में करने जा रहा है। इस एसोसियेशन के संस्थापक डा० एस० डी० पाण्डे से हमारे बहुत पुराने व निकट के सम्बन्ध रहे हैं। हम लोग एक साथ सर सुन्दरलाल चिकित्सालय में एनेस्थीसिया का कार्य प्रारम्भ किया तथा साथ-साथ कार्य करते हुए डा० एस० डी० पाण्डे से बहुत कुछ सीखने को मिला। उन्होंने एनेस्थीसिया में अब तक लगा रहा आयुर्वेद समाज, ... में एनेस्थीसिया को एक महत्वपूर्ण स्थान दिलाने में उनका बहुत बड़ा योगदान रहा है।

आशा है अधिवेशन में एनेस्थीसिया की विशेषज्ञता, एनेस्थीसिया में हो रहे विकास एवं वैज्ञानिक उपलब्धियों का अध्ययन में समाहित करने का प्रयास करता रहेगा।

[signature]
23.10.2005

DR. PRAMOD KUMAR (M.D., D.A.)
Senior Professor and Head,
Department of Anesthesiology,
M.P. Shah Medical College,
Jamnagar – 361008, Gujarat.



MESSAGE

This is my pleasure to accept the proposal for Prof. P. J. Deshpandey's oration on 25th Dec'2005. I wish all of the organizers a successful National Conference.

I feel myself priviledged to be honoured this oration since I myself has worked with late Prof. P. J. Deshpandey in Varanasi and have given anaesthesia while he was a great surgeon and teacher.

Dr. P. Kumar.

ASSOCIATION OF ANAESTHETISTS OF INDIAN MEDICINE

भारतीय संज्ञाहारक एसोसिएशन

(Registered under Registration Act 1860, Regd. No. 521/96-97)

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Reader & Head
Deptt. of Shalya Shalakya
Faculty of Ayurveda
IMS, RHU, Varanasi -221005
President -AAIM

Date : 09-11-2005

MESSAGE

It is a matter of pleasure that the IX National Conference of Association of Anaesthetists of Indian Medicine is being organised on 25th to 26th Dec. 2005 at Berhampur. I am highly obliged for this noble cause. On behalf of the Association, I would like to pay my sincere thanks to Dr. B. K. Jayasingh, Principal, K.A. T.S. Ayurved College for providing all the helps for success of this conterence. I am sure that a large number of researchers, stalwarts and academicians will gather in this conference to discuss the important issues, to exchange their views and experiences. I hope that fruitful results will be extracted.

From the core of my heart I wish a grand success to this conference.

(D.N. Pande)
President – AAIM

☎ : (0680) 2485030 (O)

GOVERNMENT OF ORISSA
HEALTH & FAMILY WELFARE DEPARTMENT
K.A.T.S. AYURVEDA COLLEGE & HOSPITAL
ANKUSHPUR, BERHAMPUR, GANJAM (ORISSA) - 761 100

Letter No. 2092 /KATS Date 23/12/05

Dr. B. K. Jayasingh
PRINCIPAL

MESSAGE

It is a matter of immense pleasure that Kaviraj Ananta Tripathy Sharma Ayurved College and Hospital, Ankushpur, Ganjam is organising a National Seminar on "Anaesthesia in Indian Medicine" on 25th and 26th December, 2005.

I hope this National Seminar will be educative informative and beneficial for the scientists, researchers and clinicians.

I wish the National Seminar all success.

(Dr. B K Jayasingh)
PRINCIPAL.

EDITORIAL

My heartiest congratulations to Dr. B. K. Jayasingh, Principal, K.A.T.S. Ayurved College, Berhampur, Dr. C.K. Dash, Organising Secretary, IXth National Conference with all the members of organising committee for their successful organisation of our IXth National Conference at Berhampur. This is second time when we are gathered in this great State – Orissa –the Land of Lord 'Jagannath'. This is also a matter of proud that Prof. B.K. Jayasingh is once again the driving force behind this conference as Principal. This time we are celebrating our golden achievement whereas, in the year 1998 we were struggling for this golden achievement – the establishment and acceptance of Sangyaharan specialty by C.C.I.M. I would like to pray the Orissa government to start P.G. Teaching in Sangyaharan and Vikiran to strengthen Ayurveda. The integrated System of Medicine is now accepted world vide and the government of Orissa should take appropriate steps to protect the right of integrated practitioners. The Orissa government should frame a separate act to register integrated practitioners to allow them to use Allopathic medicine as per decision of Supreme Court as like Maharastra State. The integrated system is only solution to provide health for all in our country.

Hope for a prosperous future of Ayurveda in would vis-a-vis Integrated System.

Jai Hind! *Jai Ayurveda!!* *Jai Sangyaharan!!!*

Devendra Nath Pande
Chief Editor

SANGYAHARAN SHODH

February, 2006 Volume 9, Number 1

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* * *

FROM THE PATRON'S DESK

Dr. S.B. Pandey
Retd. Head, Div. of Sangyaharan,
Institute of Medical Sciences,
Banaras Hindu University,
Chief Editor, SANDESH, NIMA Jounral,
Patron, AAIM

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9415227072

On the eve of the IX All India conference of the Association of the Anaesthetists of Indian Medicine (AAIMCON-2005), I am happy to convey my sincere good wishes for a grand success of the conference. The organising committee of the AAIMCON-2005 under the leadership of Prof. B. K. Jayasingh will definitely provide an atmosphere for cool thinking and policy decision for the action during years to come.

It is the established fact that surgery was in advanced stage during Sushruta and their disciples, obviously sangyaharan also must have been in well developed stage. However, not much research has been conducted in this area. Now, the time is ripen, thus for the development of Shalya, Shalakya, Stri Roga and Prashuti Tantra, the advancement of Sangyaharan is a must. Thus, it is my earnest plea for the scholars of Sangyaharan to do research and find out the simpler, safest and cheaper method of Sangyaharan that might be helpful in serving the poor suffering humanity of this country which are in majority. Definitely it will need integrated approach of Ayurvedic and Allopathic medicines both.

To achieve this goal the government machineries of different states and Central govt. should come forward to provide better opportunity and financial help. The CCIM has included Sangyaharan (Anaesthesia) teaching in under graduate as well as in Post graduate course and requested all the teaching institutions of Ayurveda in the country to create a teaching post (Lecturer) of Sangyaharan for proper teaching and training.

I compliment the Organising Secretary Dr.C.K.Dash and his team for tremendous efforts that they have made to make this conference a grand success.

I wish the conference a grand success.

Y.S.
S.B.PANDE

* * *

PRESIDENTIAL SPEECH

9th National Conference of AAIM, Berhampur (Orissa)

Dear Colleagues,

It is my great privilege to address third time as president of AAIM at the inaugural function of 9th National Conference of Association of Anaesthetists of Indian Medicine at the Silk city of Berhampur. I am delighted to be here once again in the land of Lord Jagannath. In the year 1998 when the association was in infancy we celebrated our 2nd birthday of Association in the form of 2nd National Conference at Puri under the dynamic leadership of Dr. N.P. Das, Ex. Principal, G.B. Ayurveda College, Puri. The journey, which started from 'Kashi' in March 1997 never, disrupted and we are succeeded to organize our 9th National Conference without fail at Berhampur. This is the dedication and devotion of our members of Association and blessings of our well-wisher, which always forward us to achieve our Goal. Our ultimate Goal is to strengthen Ayurveda by means of developing the science of Sangyaharan. The surgical skills, which are our heritage, can be only preserved when we will develop Sangyaharan. Without help of Sangyaharan (Anaesthesia) the surgical branches e.g. Shalya Shalakya, Prasuti Tantra & Kaumarbhrit will die. Not only to preserve our heritage but also to practise it, Sangyaharan speciality is an essential part of Ayurvedic Medical Education. Our dream is to develop Ayurveda as a total health system with help of integration of modern advances, technology and medicine too. We should not hesitate to use modern technology or medicine within limitation/requirement. It is a matter of proud that our vision is accepted by CCIM and now Sangyaharan and Vikiran is included in gazette published on 3rd Feb. 2005. Now every P.G. Institute can start P.G. Courses in Sangyaharan and Vikiran. Without these two specialities the P.G. Courses in Shalya, Shalakya, Prasuti Tantra and Balroga are incomplete. The Postgraduate cannot get adequate surgical knowledge and skill without these two specialties. Therefore I appeal to the authorities to start P.G. Courses in 'Sangyaharan' and 'Vikiran' in their postgraduate institute. At the label of undergraduate too, basic knowledge of these two specialties are essential but I am sorry to say that even after inclusion in U.G. syllabus there is lack of adequate teaching of these topics. The authorities should take initiation and should create posts of Lecturer in these subjects at U.G. & P.G. label.

Our association is continuously trying to draw attention of authorities to create adequate facilities to the Ayurvedic Institutions. We are trying to draw the attention of Govt. to develop a policy of National Integrated Health System so that he disparity, differences and enmity can be removed. The National Health System (Integration of Indian System with modern medicine) will provide the affordable treatment to the poor population of the country and lakhs of the villages will be benefited. This is the only way to provide 'Health for all' up to 2020. You all are requested to convince your 'State Govt.' to frame new act in favour of Integrated System of Medicine which will certainly help the poor population of this region.

In the last part of my speech I would like to draw your attention regarding the training of Cardio-Cerebro - Pulmonary Resuscitation. Our graduate and postgraduate should be well trained in this most emerging fields. Day by day, due to accidents and natural calamities the need of training of Intensive Care is increasing and we have to be ready to take over this national responsibilities with our lakhs of practitioners. Keeping in view we are providing training of 7 days at our institute but more centers and more resource persons are to be required for this training programme. Therefore, I appeal to our P.G Scholars Teachers and Administrators to train more and more Ayurvedic Physician and Surgeons in CCPR at their centers so that we would have a good team for intensive care to the patents in every village of our country. We have a demonstration programme on CCPR for the participants of this conference. I hope the UG & PG students will be benefited with this programme.

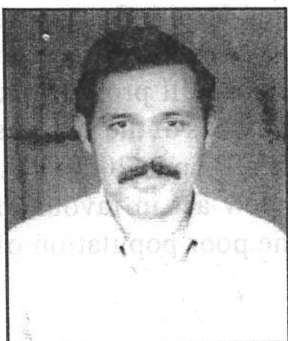
At last I would like to thank Dr. B.K. Jayasingh, Dr. C.K. Dash and other organizing committee members for holding this conference at Berhampur and providing us platform to exchange our views and experiences.

Jai Hind Jai Sangyaharan Jai Ayurveda

Devendra Nath Pande
President – AAIM &
Head, Deptt. of Shalya Shalakya
IMS, BHU, Varanasi

* * *

FROM THE DESK OF ORGANISING SECRETARY



Dear Colleagues,

It is my great opportunity to honour the distinguished delegates and to extend extremely cordial and warm welcome to extreme personalities, post-graduates, guests and their families from outside and inside the state who have assembled here, on the occasion of IX National Conference of Bharatiya Sangyaharak Association held on 25th to 26th December, 2005.

I am fortunate enough to declare here that, the Mammoths have descended down to this place, by breaking all protocols in order to share their experiences and for nourishing us. Water has come to thirsts. We should drink water to quench our thirsts.

I am thankful to the members of the Central General Body of the association for accepting my request and provided me this privilege to host this conference again after seven years.

I am also very thankful to Principal, K.A.T.S. Ayurveda College, my colleagues, and students of this institution who have shared their efforts with me for its successfulness. This state Government Ayurveda College was founded by the founder member of C.C.I.M. (Central Council of Indian Medicine) Late Kj. Ananta Tripathy Sharma. So, I think it is a justifiable decision of the Central Body to hoist this conference at Berhampur, Orisa. It was the command of my Gurujee, Prof. S. B. Pande, to proceed ahead. I think, it is by virtue of his blessings which is working in disguise and proceeding me towards successfulness.

On this occasion, I would like to express that the importance of this Sangyaharan is well accepted by Ayurvedic Scholars not only for its role in Surgery but for providing critical care and its great contribution to the safety and better management than any other branch to the ills.

It is universally accepted that Sushruta is the father of Surgery (Shalya-Shalakya). I think it will not be wrong to say the "Prasuti" (Gynae & Obst.) is our mother branch of medical science. Emphatically, I will say, the personnels of

'Sangyaharan (Anaesthesia) have great roles in helping our father as well as the mother as their true descendants.

In turn, they flourish us, nourish us, respect us, criticze us and finally it is their highness, they don't forget to recognise us.

Anaesthetist is the physician amongst surgeons. The teaching and training programme in Shalya-Shalakya and Prasutitantra and Stri Rog will be incomplete unless until they post a man of Sangyaharan in the Ayurvedic Institution. With my great discontent and astonishment, I would like to say how far the P.G. Courses in the subjects like Shalya Shalakya and Prasutitantra and Stri Rog will be successful without a Sangyaharan personnel. Now time has come to review the matter. There is a saying "Look before you leap". Otherwise we will lag behind the time.

My dear colleagues, we have strived hard for your better staying and for providing better circumstances for good interaction. However during this stupendous effort any inconvenience you face inadvertendly is regretted.

I am extreme thankful to those who have helped in my efforts to try and make this conference successful.

Once again I welcome you all.

Dr. C. K. Dash
Organising Secretary
Dept. of Shalya-Shalakya
K.A.T.S. Ayurveda College,
Berhampur
Ankushpur-760011

* * *

AAIMCON-2005

IX National Conference of Association of Anaesthetists of Indian Medicine

25th to 26th December, 2005

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AAIMCON-2005

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25th to 26th December, 2005

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IX NATIONAL CONFERENCE OF ASSOCIATION OF ANAESTHETISTS OF INDIAN MEDICINE - 2005.

SCIENTIFIC PROGRAMME

Date : 25-12-2005

12.00 P.M. - 12.15 P.M. TEA BREAK

12.15 P.M. - 1.00 P.M.

1) **Prof. P.J. Despande Memorial Oration** :

By **Prof. P. Kumar,** Prof. & H.O.D., Dept of Anaesthesiology, Shah Medical College, Jamnagar, Gujrat.

Chairperson - *Prof. S. B. Pande* (Founder Section Sangyaharan)

Co-Chairperson - *Dr. N. P. Das* (Ex-Principal, Govt. Ay. College, Bolangir)

01.00 P.M. - 02.00 P.M. LUNCH BREAK

FIRST SCIENTIFIC SESSION

2.00 P.M. - 3.30 P.M.

Chairperson - *Dr. J. Nath*

Co-chair Person - *Dr. D. N. Pande*

Titles of the Scientific Papers and Names :

1. Labour Pain and its Management - *Dr. S. R. Vaisa*
2. Blood Component Therapy - *Y. K. Mishra, R. K. Jaiswal*
3. Conquering Stress in Surgical Speciality - *Dr. Arvind Singh, Dr. Laxman Singh, Prof. Manoranjan Sahu*
4. Lactation in Post General Anaesthesia in Cesarean Section - *Sangheta Maharathi, Dr. S. R. Vaisa*
5. Effects of Dosagna Lepa in the Management of Superficial Vein Thrombosis - *Dr. Gururaj Tantri*
6. The Role of Bala Taila Matrabasti in Post-operative Pain Management w.s.r. to Inguinal Hernia.
7. Ksharasutra Application in Haemorrhoids and Fistula in Ano with or without Anaesthesia - *Dr. N. V. Borse*

03.30 P.M. - 03.45 P.M. TEA BREAK

SECOND SCIENTIFIC SESSION

03.45 P.M. - 06.00 P.M.

Chairperson - *Prof. D. Puranik*, Principal, Tilak Ayurved College, Pune

Co-chairperson - *Dr. C. B. Bhuyan*, H.O.D., Shalyashalakya, G.A.M., Puri

Titles of the Scientific Papers and Names :

1. Ayurvedic Vedanahar Drabyas - A Prospective in Pain Management
2. Stress Management through Ayurveda - *Dr. Rani Singh, Dr. Laxman Singh, Prof. S. D. Dubey*
3. Scope of Ayurveda in Palliative Care - *Dr. R. K. Jaiswal, Dr. D. N. Pande*
4. Blind Nasal Intubation - Its Technique and Use in Anaesthesia - *Dr. U. N. Shendy*
5. Dental Extraction by Jalandhar Bandh - A Painless Procedure - *Dr. B. C. Senapati*
6. Ahiphena (Papaper Somniferum) - Its Pharmacological Property and Use in Anaesthesia - *Dr. S. K. Mishra*

CULTURAL FUNCTION

06.00 P.M. - 07.30 P.M.

Date : 26-12-2005

08.00 A.M. - 09.00 A.M. BREAKFAST

09.00 A.M. - 09.45 A.M.

Dr. Ghanekar Bhaskar Memorial Oration :

By **Dr. D. N. Pande**, H.O.D., Dept. of Shalyashalakya, I.M.S.,B.H.U.

Chairperson - *Prof. S. B. Pande*

Co-chairperson - *Dr. J. Nath, Principal*

09.45 A.M. - 10.30 A.M.

Guest Lecture - **Dr. C. B. Bhuyan**, H.O.D., Dept. of Shalyashalakya, G.A.M., Puri

THIRD SCIENTIFIC SESSION

10.30 A.M. - 11.30 A.M.

Chair Person - *N. Sahu*

Co-chairperson - *Dr. D. N. Pande*

Titles of the Scientific Papers and Names :

1. Resuscitation in Meconium Stained Baby - *Dr. Bimal Panda*, K.A.T.S. Ayurved College, Berhampur

2. Post Spinal Headache Cause, its Prevention and Treatment - *Binod Bihari Dora, Dr. J. Narayan Rao,* K.A.T.S. Ayurved College, Berhampur
3. Therapeutic Standarisation of Rasasindura with Special Reference to its Rasayan Effects - *Dr. Pankaj Rai, Dr. Sudhal Dev Mahapata, Dr. Neeraj Kumar,* I.M.S.,B.H.U.
4. Hypnotic Effects of Swarna Makshika and its Use in Premedication- An Experimental Study - *Prof. C. B. Jha, Dr. Sudhal Dev Mahapatra,* I.M.S.,B.H.U.
5. Role of Some Indigenous Drugs in Depressive Illness - *Dr. Praveen Kumar Rai, Dr. N. P. Rai,* I.M.S.,B.H.U.

11.15 A.M. - 11.30 A.M. TEA BREAK

FOURTH SCIENTIFIC SESSION

11.30 A.M. - 02.00 P.M.

Chairperson - *Dr. M. Panda*
Co-chairperson - *Dr. Sanjeev Sharma*

Titles of the Scientific Papers and Names :

1. Physiology of hypertension and its control before anaesthesia - *Jobi George, Supriti Patnaik, C K. Dash,* K.A.T.S. Ayurved College, Berhampur
2. Management of hypertension during anaesthesia - *Nirupama Jena, C. K. Dash,* K.A.T.S. Ayurved College, Berhampur
3. Anaesthesia in Ancient Times Vis-A-Vis to Renent Times - *Sasikanta Majhi, Dr. C. K.Dash*
4. Diabetes and its complications and its diagnosis - A valuable report for planning of anaesthesia - *Narayan Choudhury,* K.A.T.S. Ayurved College, Berhampur
5. Physiology of pain pathways - its knowledge required for anaesthesia - *G. S. Panda,* Govt. Ayurved College, Bolangir

02.00 P.M. - 03.00 P.M. LUNCH

03.00 P.M. VALEDICTORY FUNCTION

Chief Guest - **Dr. Trinath Behera,**
Hon'ble M.L.A., Gopalpur

Hon'ble Guest - **Shri Bhabani Shankar Panda,**
Director, Indian Medicine and Homoeopathy, Bhubaneswar

Hon'ble Guest - **Sri Santanu Ratha,**
Asst. Director, All India Radio, Berhampur

05.00 P.M. - 06.00 P.M. VISING THE SITES AT SEA-SHORE

* * *

A CONCEPTUAL ANALYSIS OF ANCIENT INDIAN RESUSCITATIVE MEASURES

P. S. Upadhyay, B. M. Singh, G. Singh

Abstract:

Ancient Ayurvedic scholars have advocated various methods for revival of a baby at birth. The term Pranpratyagaman is used to describe neonatal resuscitation. Approx.3000 years back, Punarvasu Atreya has described the concept of initial steps of resuscitation and three sense organs stimulation procedures to revive the baby from apparent death just after birth. The main principles of resuscitation such as Patent airway, initiation of breathing and maintenance of circulation was adapted and resuscitation was carried out by the available measures. Cleaning of mouth, with a finger, wrapped with pre-washed clothes, followed by cleansing of other body parts; initiation of breathing with sound stimulation by striking of stones, and stimulation of thermal receptor, present in the cheek, by the sprinkles of water, use of Bala oil to maintain circulation, local and probable central, etc were the main resuscitative measures. However, one of them may be hazardous to a baby, but the used concept regarding of three sense organ stimulation is still appreciable and adaptable.

Key Words:

Pranpratyagaman, Resuscitation, Airway, Breathing, Circulation, Ashm-sanghattana, Krishna-kapalika-surpen, fetal distress.

Introduction:

Struggle for existence is started in human since the conception, continue through out the intrauterine life and persisted during the extrauterine life. After the birth of a baby, more than 90% newly born babies make transition from intrauterine life to extrauterine life without difficulty. Approx. Of the 26 million births each year in India 4-6 per cent of neonates fail to establish spontaneous breathing at birth (Deorari AK, et al ;2000). More than 5 million neonatal deaths occur worldwide each year. It has been estimated that birth asphyxia accounts for 19% of these deaths, suggesting that the outcome might be improved for more than 1 million infants per year through implementation of simple resuscitative

techniques. (WHO, 1995) Resuscitation means revival of a baby from apparent death. In other words, pranpratyagaman / resuscitation may be defined as a series of co-ordinated interventions to restore adequate ventilation and circulation, whose vital functions have been ceased.

Historical aspect:

First time, in written references of resuscitation is found in Ayurveda. Approx.3000 years back, Punarvasu Atreya has described the concept of initial steps of resuscitation and three sense organs stimulation such as ear skin & eyes procedures to revive the baby from apparent death just after birth **(C.Sh.8/41-44)** 3000 years ago. In western literature, first reference of neonatal resuscitation was mouth-to-mouth breathing, cited in Bible 2006 year ago. (Puha in Exodus-1:15-17) In 1978, AHA set up a committee to working group on paediatric Resuscitation. In 1985 AAP and AHA develops a training programme aimed at teaching the principals of neonatal resuscitation. In India During 1980 a group of senior paediatricians get together to create a academic body of National Neonatology forum of India. The neonatal resuscitation Program was launched by the forum in 1985

It is well known that to make patent air ways, positioning of infant, suctioning of mouth, nose and some times trachea is essential. Thereafter, breathing can be initiated by tactile stimulation or by positive pressure ventilation with either bag and mask or bag and endotracheal tube. The circulation is maintained by external cardiac massage and medication. Almost similar methodology was adapted with the help of available measures during the Pranpratyagaman or resuscitation.

Since ancient period, different scholars, to combat the hypoxic and anoxic sequalae, have postulated various methods for revival of newly born infants and numbers of papers have been published on them, Ayurvedic as well as recent views. (Shankar R & Sharma R D; 2003, ***Lieberman E, Lang J, Richardson DK, Frigoletto FD, Heffner LJ, Cohen A Intrapartum maternal fever and neonatal outcome. Pediatrics 2000;*** In this paper, a physio-anatomical approach of ancient resuscitative procedures has been analysed with the present advanced knowledge regarding the resuscitation.

Ancient Resuscitative Measures and their explanation

In Ancient Ayurvedic texts, the procedures have been described to revive both normal as well as asphyxiated baby at birth.

A) General Measures:

For normal new borns as.

1. Temperature maintenance:

To maintain body temperature of newborn baby, two measures were used in past by –

i) maintaining thermonutral environment of Sutikagar

ii) increasing body temperature by irrigation with luke warm Bala oil. This procedure was helpful in preventing of evaporative heat loss; and luke warm Bala oil provides heat to the baby via conduction.

2. Cleansing of Mouth etc -

Cleaning of mouth, palate, lips, oro-pharyngeal cavity and tongue should be done with sterile pre & well-washed clothes wrapped around finger with cleaned nails as well as with cotton tampon, and emesis is induced by oral application of Rock salt and Ghrit.

The concept of cleansing of mouth and other body parts is the same at present. Healthy, vigorous, newly born infants generally do not require suctioning after delivery. *(Estol PC, et al; 1992)* Secretions may be wiped from the nose and mouth with gauze or a towel. If suctioning is necessary, clear secretions first from the mouth and then the nose with a bulb syringe or suction catheter (8F or 10F) *(Susan Niemeyer et al, 2000).*

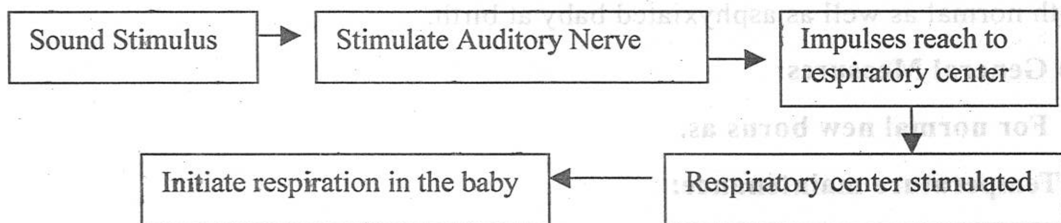
B) Specific measures:

Management of apparently dead baby

To revive the baby following measures have been advised-

A.) Striking of two stones near the mastoid process initiate respiration in following ways-

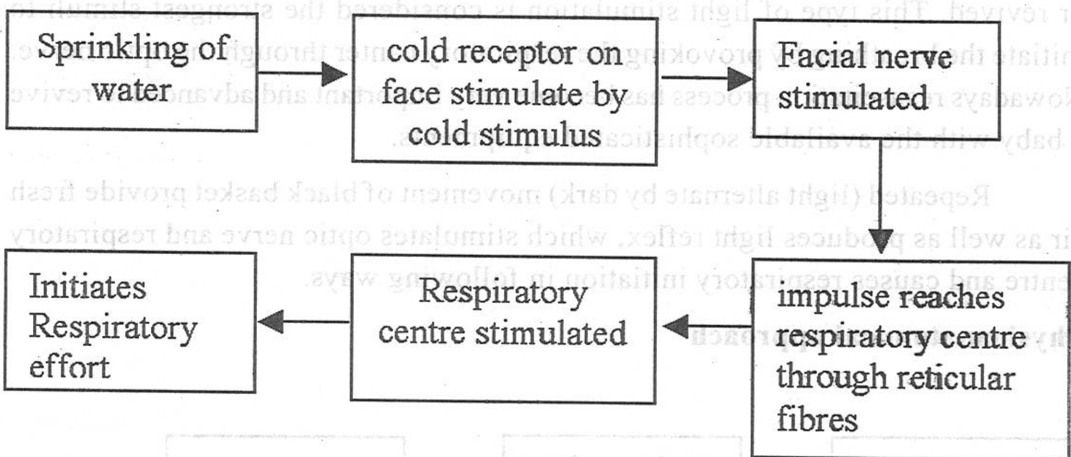
Physioanatomical approach



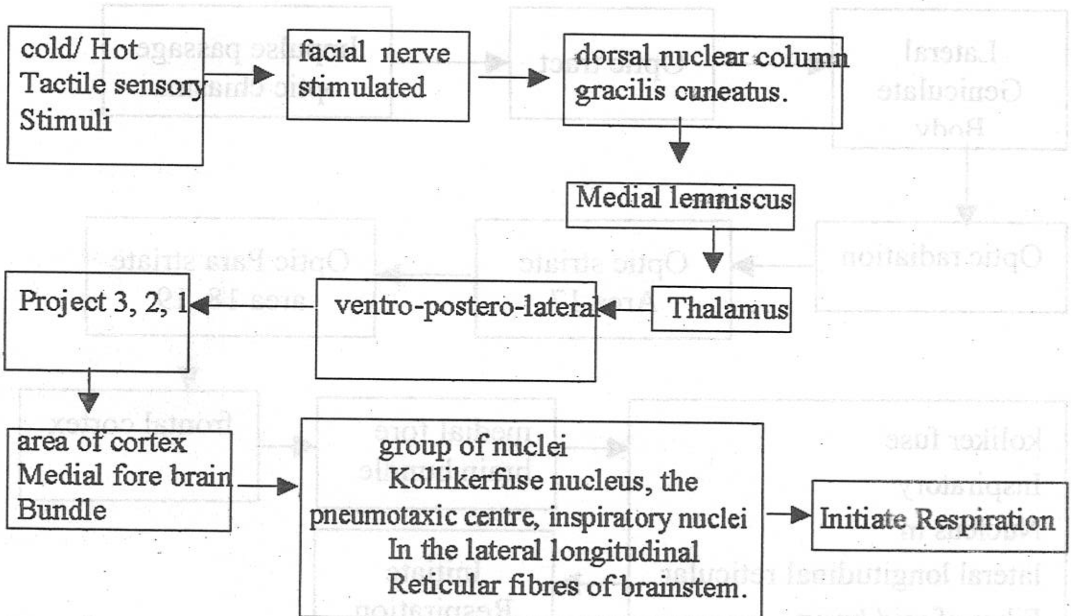
The sound stimulus travels through following neuronal pathway-

Striking of stones
Generate Sound Stimulus
Organ of Corti
Spiral ganglion
Cochlear nerve
Cochlear nuclei
Lateral Leminiscus
Inferior colliculus
Medial geniculate Body
Area 41.42 of angular gyrus
Medial fore Brain Bundle
kollikerfuse inspiratory nuclei in lateral
longitudinal reticular fibres of Brainstem
Initiate Respiration

B.) Sprinkling of Hot/cold water over face initiate respiration in following ways-Physioanatomical approach



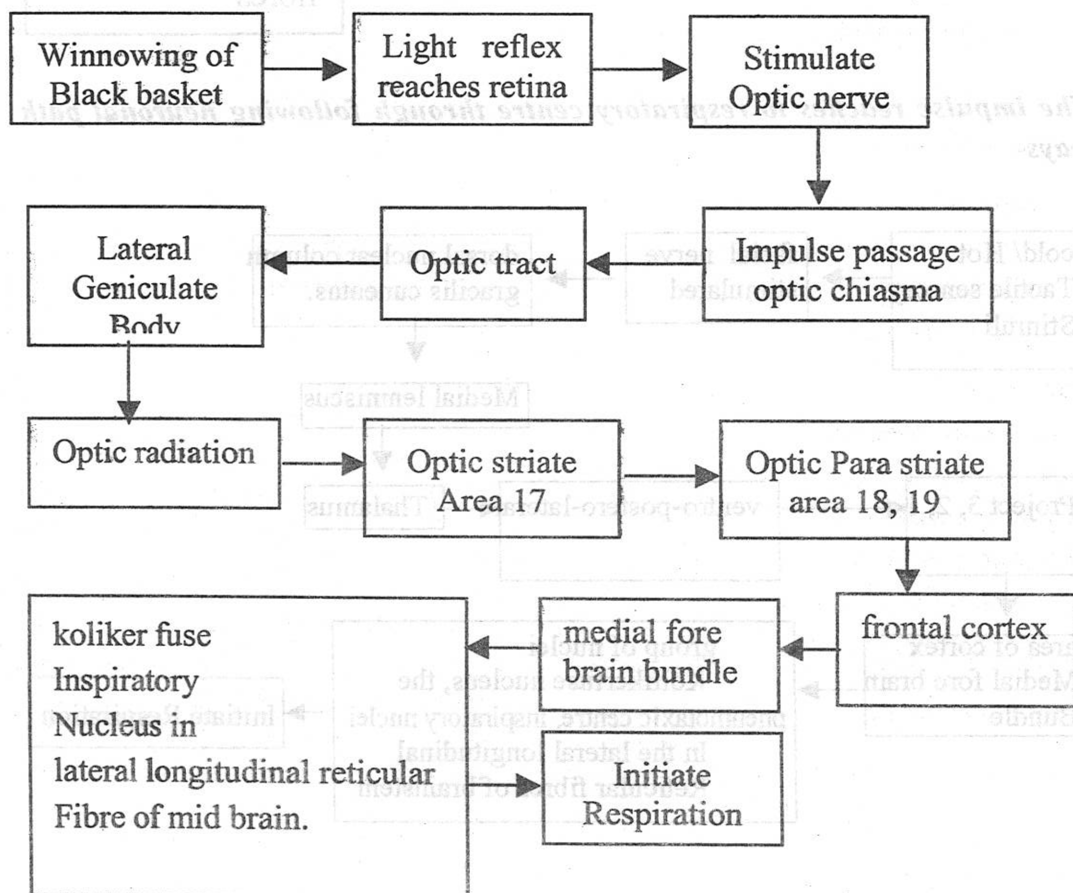
The impulse reaches to respiratory centre through following neuronal path ways-



C.) If the baby is Achesta i.e. does not response to the above said stimuli, fanning with winnowing basket made up of Krisna-kapalika (black surfaced earthen pot) is used. This process is continued until the signs of life come back or revived. This type of light stimulation is considered the strongest stimuli to initiate the breathing by provoking the respiratory canter through the optic nerve. Nowadays resuscitation process has become very important and advanced to revive a baby with the available sophisticated equipments.

Repeated (light alternate by dark) movement of black basket provide fresh air as well as produces light reflex, which stimulates optic nerve and respiratory centre and causes respiratory initiation in following ways.

Physioanatomical approach



Afferents fibres from the pneumotaxic centre (The kolliker fuse nucleus) project into an inspiratory centre in the ventrolateral part of nucleus solitarius, and a mixed expiratory-inspiratory centre in the superficial ventero-lateral reticular area. Inspiratory neurons in both centres monosynaptically projects to the phrenic and intercostal motor neurons; the axons of expiratory neurons terminate on lower motor neurons innervating intercostal and abdominal musculature. Reticular neurons in the region of kollikerfuse nucleus contains noradrelergic cells group and having function to regulate respiratory and cardiovascular activities.

(Grays anatomy)

Physiological stimuli such as sound, flash of light or mild cutaneous stimulation causes stimulation of hypothalmic region and shows dilation pupil "piloerection and respiratory stimulation in the form of provoking alarting reaction. (Samson Wright's 1989)

Greater the sharpness of contrast light and greater the intensity difference between the light and dark area the greater the degree of stimulations (Gyton and Hall).

Analytical comparison:

The ancient Pranpratyagaman measures and recent resuscitation measures have following near similarities.

Ancient measures	Recent measures
A) General measures **1. Temperature maintenance:** a) To maintain thermonutral temperature of Sutikagar as per season b) Useful in prevention of evaporative heat loss & maintain body temperature, if Bala oil used in luke warm state	To maintain thermonutral ambient temperature by Vertical Radiant warmer etc Cerebral hypothermia; avoidance of perinatal hyperthermia including hypothermia at birth *(Susan Niemeyer, et al 2000; Gandy GM, et al; 1964; Dahm LS; 1972; Perlman JM; 1999; Lieberman E et al, 2000)*
2. Patent Air Ways: a) Cleaning of oral cavity with sterile swab wrapped around little finger b) Clean the mouth first followed by other parts of body	a) Suctioning of oral and Naso-pharyngeal cavity b) Same concept
3. Stomach wash: To clean stomach, rock salt with butter oil was used to initiate emesis (A.S.U. 1/2) *(may be dangerous in floppy baby because of risk of aspiration in preterm as well as in sick baby)*	Stomach wash with Nasogastric tube and N. saline
4. Breathing initiation (a) Sound Stimulation (b) Use of cold/luke warm water sprikling stimulate cold receptor present in the cheek *(may be a risk of aspiration and hypothermia)*	Not used as a resuscitative measure @ Tactile stimulation

Now a day, tactile stimulation is used for initiation of breathing in a baby having primary apnea. It is clear that tactile stimulation may initiate spontaneous respirations in newly born infants who are experiencing primary apnoea. If these efforts do not result in prompt onset of effective ventilation, discontinue them because the infant is in secondary apnoea and positive-pressure ventilation will be required. (Dawes GF, 1968) Sprinkling of water on face is not advised because there is a chance of aspiration and hypothermia in the baby.

B) Specific Measures:

(a) *Fanning / winnowing with basket made up of Krisna-kapalika (black surfaced* photostimulation is not *earthen pot)is used until the signs of life* measure *are come back or revived*

1. O_2 Inhalation
2. Concept of used as a resuscitative

Complications:

The perinatal hypoxia is the leading cause of perinatal mortality and survivors are at greater risk for the development of permanent disabilities. Vagbhatta has described complications, similar to HIE manifestation, occurred due to obstruction and compression of foetus during the delivery. He also mentioned the complication of asphyxia including management occurred in a baby with the Bala oil, which is prepared with many drugs, useful to revive the baby as well as in combating many complications by providing drugs through the skin.

Conclusion:

Thus, descriptive measures of Pranpratyagaman in ancient text and resuscitation in recent text are seemed nearly similar. Application of Bala oil is described probably for maintaining circulation, but in recently text, it is described by external cardiac massage and medications The effect of winnowing of black basket (photo-stimulation) may be more useful noninvasive technique to revive apparently dead baby (in secondary apnea). On conceptual analysis of ancient Indian resusctitative measures shows that the producers of Prana Pratyaganaa Stimulates respiratory as well as heart rate. Therefore, it requires further exploration related to clinical as well as experimental study.

References:

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PAIN MANAGEMENT DURING LABOUR

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During labour a variety of comfort measures and relaxation techniques should be implemented. The effectiveness of various comfort measures and relaxation techniques may vary depending on the stage of labour and may vary between women. It is prudent to assist the patient with a variety of options and let her decide which ones are most effective. Labour support however, should be available to all women in active labour.

The society of obstetricians and Gynaecologists of Canada (SOGC) promotes labour support. They indicate that "the evidence does suggest that the ongoing presence of a trained support person (with or without presence of family members) significantly reduces the likelihood of operative delivery and use of analgesia and increases the mother's satisfaction.

They define labour support as "close continuous support ... the presence is timely and covers 80 to 90 percent of the time for women in active labour". (SOGC,1995)

The following guidelines present the common types of pain management during labour.

Comfort measures and relaxation technique

- Transcutaneous electrical nerve stimulation (TENS)
- Narcotics
- Obstetrical lumbar epidural analgesia.

Comfort measures mainly include :

A. Positioning :

• Walking • Standing • Knee-chest • sitting up • squatting • semi-reclining • pelvic rocking

B. Message :

• Firm sacral pressure • Effleurage • Shoulder, back, foot massage

C. Hydrotherapy : Warm or Cool

- Shower • Bath/whirlpool - may be used with rupture of membranes
- Warm or cool packs to lower back.

D. Psychoprophylaxis :

- Use of a visual focal point
- Music
- Visualisation
- Patterned breathing
- Chant, song or prayer
- Individualized relaxation techniques
- Hypnosis

E. Environmental :

- Comfortably furnished room with sensitivity to lighting, noise level and privacy.

Note - Cardiac pacemaker is a contraindication to using TENS.

Narcotics (Opioids) :

Any analgesia administered prior to active labour may abolish labour. Narcotics administered during labour will never completely remove pain, but will help the woman cope with the pain of labour.

1. Demerol :

New born respiratory depression can occur if the infant is born less than 4 hours from the injection if it is given intramuscularly, or a shorter period of time it is being given intravenously.

Use with caution in pre term labour as the preterm new born is more sensitive to the depressant effects of narcotics.

Naloxone hydrochloride should be readily available for administration to the neonate - 0.1 mg/kg IV, IM, SC, or IT.

Administration of naloxone hydrochloride to the mother to prevent neonatal depression is not recommended.

2. Fentanyl :

Compared to demerol it has no active metabolites and produces less maternal seolation, nausea and vomiting.

It is useful in early active labour, patients who have contraindication to epidural analgesia.

It is potent and it can depress maternal and new born respiration.

Use with caution in preterm labour and when there is fetal acidosis or maternal obesity.

OBSTETRICAL LUMBAR EPIDURAL ANALGESIA :

COMMON INDICATIONS :

- Patient choice for pain relief with informed consent.
- Analgesia for long labours, the distressed, fatigued patient and back-labours associated with O.P. Positions.
- Twins, breech presentation, prematurity.
- Slow progress, oxytocin augmentation / induction.
- PIH
- Caesarean delivery

CONTRAINDICATIONS :

- Coagulopathy - abnormal PTT, PT, low platelets < 100,000.
- Sepsis
- Hypovolemia
- History of allergy to local anaesthetic
- Fixed cardiac out put i.e., aortic stenosis.
- Patient refusal

RISKS :

- Nerve injury
- Dural puncture and spinal headache

- Urinary retention
- Failed block
- Infection

CONSIDERATIONS :

Prevent aorto-caval compression :

- **Never position supine**
- **Position on side**
- **Use wedge (30-45^{0}tilt) under right hip for left uterine displacement.**

LOCAL ANAESTHETIC AGENTS :

- Lidocaine (xylocaine)
- **Bupivacaine (Marcaine)**
- **Other agents added - epinephrine, Fentanyl**

COMBINED SPINAL EPIDURAL TECHNIQUE (CSE)

- **Combined Spiral Epidural Technique is similar to lumbr epidural analgesia except that some medications (opioids +/- local anesthetic) are first given into the subarachricid (spinal/intrathecal) space.**
- **Many use the term 'walking epidural' synonymously with the CSE but walking epidural can also be done using an epidural only technique.**

Walking Epidurals :

- **Any epidural has the potential to be a 'walking epidural'. As motor block will impede the woman's ability to ambutate, more dilute solutions of local anesthetic are used and combined with an opioid such as fentanyl.**
- **Motor block is minimized and sensory block is sufficient to provide adequate pain relief.**
- **Woman may sit in chair, use the bath rooms or ambulats.**
- **Patient satisfaction may be enhanced as her legs will be less heavy, the will have more choice for position and urinary catheterization may be decreased.**

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ANALGESIC & ANTI INFLAMMATORY ACTIVITY OF SHIGRUGUGGULU : A COMPARATIVE STUDY

B. N. Maurya, D. N. Pande

Abstract

The ancient medical science accepted the most challenging problem of pain and tried to encounter with definite procedure and indigenous herbomineral sources. Acharya Charak and Sushrut a describe the painful conditions and method to relieve the pain on different origin. Keeping in view these conditions and mentioned drugs, section of sangyaharan of Faculty of Ayurveda, Institute of Medical Sciences conduct some trial to get some safe, effective antiinflammatory analgesic for the management of post operative pain.

In this chain a comparative study of Shigruguggulu to Diclofenac Sodium was conducted to evaluate its efficacy of antiinflammatory and analgesic activity.

The clinical study was carried on 40 healthy patients divided in two group posted for primary threading, harneactomy with harniorraphy, skin grafting. The patients of group Ist was premedicated with gulycopyrrolate 0.2mg IM 60 min. before operation Shigruguggulu cap 1 gm with one ounce of water 2hr. perior to surgery and 10 pm at previous night. The patients of group II were premedicated with in glycopyrrolate 0.2 mg IM 60 min before operation and Tab Diclofeneace Sodium 50mg with one ounce of plane water 2 hr before operation and 10 PM previous night.

All the patients were evaluated before premedication, after premedication, during anaesthesia and during post anaesthetic period on a standard proforma of the department. It was observed that Shigruguggulu 1gm is less effective than Diclofenace 50 mg.

Key words

H.S. = Highly significant N.S. = Not significant
MBP = Mean Blood Pressure P.R. = Pulse Rate
R.R. = Respiratory rate **Temp.= Temperature**

Introduction

A study of the literary materials that people in ancient days her quite conversant with enough pain relieving drugs. Sushruta & Charak have mentioned the use of Madya (Alcohol/sura) before operation and during the delivery relive pain, tension and alloying of apprehension etc. Pain is the basic & most challenging problem for surgeons from primitive age. The primary requirement of safe and satisfactory surgery is to abolish the pain during operation

Previously may indigenous drugs mentioned in Ayurvedic Literature were experimentally screened on the animals and also studied clinically on the patients as preanaesthetic medication drug such as Brahmi, Vacha, Jatamansi, Mandukparni etc. by some worker even a preliminary study on Shigru Ghansatva & Guggulu was also tried clinically as well as experimentally under intrathecaly. In continuation of these studied we have tried to compare the analgesic and antiinflammatory activity as well as other effect of the drugs.

Materials & Method

No. of Patients : 40
Operation : Skin grafting, Harniactory with Harniorraphy Primary threading.
Anaesthesia : Subarachroid block with 0.5% Bupivacane Heavy

Group I/ Shigruguggulu

No. of Patients : 20
Premedication : Cap Shigruguggulu 1gm at 10 PM Previous night and 2hr before operation orally with ships of water and inj. glycopyrrolate 0.2mg IM 1 hr before operation.

Cramp II/Diclofenac

No of Patients : 20
Premedication : Tab diclofenace 50 mg at 10 PM previous night & 2 hr. before operation inj. Glycopyrrolate 0.2 mg 1 hr before the operation.

OBSERVATION AND RESULTS

1. GROUPING OF PATIENTS AND PREDICATION

Table 1. The number of patients and nature of premedication in the selected two groups.

Groups	No. of Patient	Premeditation
Groups I (Trial	20	1. Two capsules of Shigruguggulu (1000mg) at 10 pm (previous night) and two hours before operation. 2. Inj. Glycopyrrolate 0.2mg I.M. 1hr before the inducting anaesthesia
Group II (Control)	20	1. Tab. of Diclofenac 50mg at 10.00 pm (previous night) and 2 hrs before operation 2. Inj. Glycopyrrolate 0.2 mg IM 1 hr before the induction of anesthesia

The above table shows the nature and dose of premeditation drugs and number of patients in each group. The mode of premedication in both groups are identical.

2. AGE AND WEIGHT

Table 2A: The mean age (years) and weight (kg) recorded in both groups are as follows.

Group	Age (years) Mean ± SD	Weight Mean ± SD
I / Trial	45.65 ± 13.65	57.60 ± 7.25
II / Control	50.75 ± 10.65	62.85 ± 9.40

Table 2B: The statistical comparison of mean age and mean weight between the groups

Group Compared		Mean age	Mean weight
Trial vs control (I vs II)	t value	1.32	1.98
	p-value	> 0.05	> 0.05
	Remark	NS	NS

Thus we find that on statistical comparison of both groups, the age and weight are identical ($P > 0.05$).

3. EFFECT ON BLOOD PRESSURE

Table 3A: The MBP (in mm Hg): before premedication (A), after premedication (B), during subsequent anaesthesia (C) and after recovery from anaesthesia (D).

Group	Mean of MBP ± SD			
	before premedication (A)	after premedication (B)	during subsequent anaesthesia (C)	after recovery from anaesthesia (D)
Group I (Trial)	92.56 ± 10.63	95.76 ± 11.73	90.69 ± 9.14	91.29 ± 12.85
Group II (Control)	89.12 ± 13.28	92.63 ± 13.28	86.44 ± 12.22	90.12 ± 7.69

Table 3A shows that mean of MBP in group I (Trial) before and after premedication was 92.56 ± 10.63 and 95.76 ± 11.73, respectively, while in group II (Control) it was 89.12 ± 13.28 and 92.63 ± 13.28, respectively. Again mean of MBP in group I during subsequent anaesthesia and after recovery from anaesthesia was 90.69 ± 9.14 and 91.29 ± 12.85 while in group II it was 86.44 ± 12.22 and 90.12 ± 7.69, respectively.

Table 3B: The statistical comparison of difference in mean of mean blood pressure in mm Hg between the groups at corresponding time i.e. before premedication (A), after premedication (B), during subsequent anaesthesia (C) and after recovery from anaesthesia (D), by applying student t-test, p-values and remarks are as follows.

Comparison between the groups	t-value	p-value	Remarks
IA vs IIA Before Premedication	0.90	> 0.05	NS
I B vs II B After Premedication	0.79	> 0.05	NS
IC vs II C During Subsequent Anaesthesia	1.23	> 0.05	NS
I D vs II D After Recovery from Anesthesia	0.35	> 0.05	NS

As the above statistical comparison represent that difference in mean of mean blood pressure in between group-I and group-II at corresponding four different timings are statistically insignificant.

Table 3C: The statistical comparison of Mean of MBP in mmHg before premeditation (A), after premedication (B), during subsequent anaesthesia (C), and after recovery from anaesthesia (D), within the group by applying paired t-test, p-values and remarks are as follows

Comparison within the group	**Group I (Trial)**			**Group II (Control)**		
	Mean ± S.D	t-value p-value	Remark	Mean ± S.D	t-value p-value	Remark
A vs B	-3.20 ±7.63	t=1.87 p>0.05	NS	-3.50 ±6.81	t=2.30 p<0.05	S
A vs C	1.87 ±9.21	t=0.91 p>0.05	NS	2.64 ±6.13	t=1.92 p>0.05	NS
A vs D	1.27 ±8.13	t=0.70 p>0.05	NS	-1.00 ±6.81	t=0.66 p>0.05	NS

From Table 3C it is observed that difference of MBP before premedication and after premedication, difference of MBP before premedication and during subsequent anesthesia and before premedication and recovery from anesthesia in the both groups, is insignificant except at the level of before premedication vs after premedication in group II, where it is significant.

4. EFFECT ON PULSE RATE

Table 4A : The Mean Pulse Rate/min changes before premedication (A), after premedication (B), during subsequent anaesthesia (C) and after recovery from anaesthesia (D).

Group	Mean Pulse Rate/min; (Mean ±SD)			
	before premedication (A)	after premedication (B)	during subsequent anaesthesia (C)	after recovery from anaesthesia (D)
Group – I	81.7 ±10.45	86.2 ± 10.66	80.2 ± 13.07	84.5 ± 10.66
Group – II	77.25 ± 9.23	83.4 ± 12.53	79.3 ±12.42	78.5 ± 9.90

From Table 4A, it can be observed that mean pulse rate/min in group-I, before and after premedication was 81.7±10.45 and 86.2±10.66, respectively while in group-II, it was 77.25±9.23 and 83.4±12.53, respectively. Again mean pulse rate/min in group-I during subsequent anaesthesia and after recovery from anaesthesia was 80.2±13.07 and 84.5±10.66 while in group-II it was 79.3±12.42 and 78.5±9.90.

Table 4B: The Statistical comparison of difference of mean pulse rate/min, between the two groups at corresponding time i.e. before premedication (A), after premedication (B), during subsequent anaesthesia (C), after recovery from anaesthesia (D), by applying student t-test, p-values and remarks are as follows.

Comparison between the groups	t-value	p-value	Remarks
I A vs II A Before Premedication	1.43	> 0.05	NS
I B vs II B After Premedication	0.76	> 0.05	NS
IC vs II C During Subsequent Anaesthesia	0.22	>0.05	N.S.
I D vs II D After Recovery from Anaesthesia	1.84	> 0.05	N.S.

From Table 4B, it is observed that difference of mean pulse rate when compared in between group-I and group-II at corresponding four different timings it is insignificant.

Table 4C.

Statistical Comparison of difference in the mean Pulse rate/min. Before premedication (A), After premedication (B), during subsequent Anaesthesia (C), and after recovery from Anaesthesia (D), within the groups by applying paired t-test, p-values and remarks are as follows

Comparison within the group	Group I (Trial)			Group II (Control)		
	Mean ±SD	t-value p-value	Remark	Mean ±SD	t-value p-value	Remark
A vs B	-4.50 ±15.13	t = 1.33 p> 0.05	NS	-6.15 ±9.15	t=2.999 p<0.01	HS
A vs C	1.50 ± 16.01	t = 0.42 p>0.05	NS	-2.05 ±13.78	t=0.67 p>0.05	NS
A vs D	-2.80 ±12.30	t=1.02 p>0.05	NS	-1.25 ±11.80	t=0.47 p>0.05	NS

From Table 4C It is observed that difference of Mean Pulse Rate, at the level of before Premedication and after Premedication is non significant in group-I but highly significant in group-II and difference of mean PR before Premedication and during subsequent anaesthesia is insignificant in both the groups. Difference of mean PR before Premedication and after recovery from Anesthesia is insignificant in both the groups.

5. EFFECT ON RESPIRATION

Table 5A: Mean of mean respiratory rate (per minute) changes at the level of before premedication (A), after premedication (B), during subsequent anaesthesia (C), and after recovery from anaesthesia (D), in group-I and group-II are as follows.

Group	Respiratory Rate/min; (mean ± SD)			
	before premedication (A)	after premedication (B)	during subsequent anaesthesia (C)	after recovery from anaesthesia (D)
Group – I	20 ± 2.05	21.2 ± 1.88	19.3 ± 2.92	20.9 ± 3.58
Group – II	19.6 ± 2.39	20.8 ± 2.46	18.95 ± 2.59	19.05 ± 1.50

It is shown in Table 5A that mean respiratory rate/min in group-I at all the four level before premedication (A), after premedication (B), during subsequent anaesthesia (C) and after recovery from anaesthesia (D) is 20 ± 2.05, 21.2 ± 1.88, 19.3 ± 2.92 and 20.9 ± 3.58 respectively, while in group-II it is 19.6 ± 2.39, 20.8 ± 2.46, 18.95 ± 2.59 and 19.05 ± 1.50, respectively.

Table 5B : The statistical comparison of mean respiratory rate per minute changes before premedication (A), after premediccation (B), during subsequent anaesthesia (C) and after recovery from anaesthesia (D) between the two groups at corresponding time by applying student t-test and p-values and remarks are as follows.

Comparison between the groups	t-value	p-value	Remarks
I A vs II A Before Premedication	t = 0.57	$p > 0.05$	NS
I B vs II B After Premedication	t = 0.58	$p > 0.05$	NS
IC vs II C During Subsequent Anaesthesia	t = 0.40	$p > 0.05$	NS
I D vs II D After Recovery from Anaesthesia	t = 2.13	$p < 0.05$	S

From Table 5B, it is observed that difference of mean respiratory rate per minute when compared in between group-I and group-II at corresponding four different timings, it is statistically insignificant, except after recovery from anaesthesia where mean RR between the groups is statistically significant.

Table 5C. The statistical comparison of mean respiratory rate per minute within both groups before premedication (A), after premedication (B), during subsequent anaesthesia (C), and after recovery from Anaesthesia (D), by mean ± SD paired t-test and p-value remarks are as follows.

Comparison within the group	Group I (Trial)			Group II (Control)		
	Mean ±S.D	t-value p-value	Remark	Mean ±S.D.	t-value p-value	Remark
A vs B	-1.20 ±1.88	t = 2.85 p < 0.02	S	-1.20 ±1.88	t = 2.85 p < 0.02	S
A vs C	0.70 ±2.99	t = 1.05 p > 0.05	NS	0.65 ±2.35	t = 1.20 P > 0.05	NS
A vs D	-0.90 ± 3.28	t = 1.23 p>0.05	NS	0.55 ±2.28	t = 1.08 p>0.05	NS

From Table 5C, it is observed that RR changes are significant in both groups at the level of before premedication vs after premedication. Whereas it is statistically non-significant in both groups at the level of before premedication vs during subsequent anaesthesia, before premedication vs after recovery from anaesthesia.

6. EFFECT ON TEMPERATURE

Table 6A: Mean oral temperature (°F), in group-I and group-II before premedication (A), after premedication (B), during subsequent anaesthesia (C) and after recovery from anaesthesia (D) are as follows.

Group	Mean Oral Temperature; (mean ± SD)			
	before premedication (A)	after premedication (B)	during subsequent anaesthesia (C)	after recovery from anaesthesia (D)
Group – I	98.89 ± 0.86	98.69 ± 0.34	98.05 ± 0.05	98.89 ± 0.86
Group – II	98.68 ± 0.19	98.74 ± 0.27	98.16 ± 0.35	98.68 ± 0.19

It is shown in Table 6A that mean oral temperature (°F) in group-I, at four level before premedication (A), after premedication (B), during subsequent anaesthesia (C) and after recovery from anaesthesia (D) are 98.89 ± 0.86, 98.69 ± 0.34, 98.05 ± 0.05 and 98.89 ± 0.86 respectively, while in group-II it were 98.68 ± 0.19, 98.74 ± 0.27, 98.16 ± 0.35 98.68 ± 0.19, respectively.

Table 6B: The statistical comparison of difference in mean oral temperature (°F), between group-I and II before premedication (A), after premedication (B), during subsequent anaesthesia (C) and after recovery from anaesthesia (D), by applying student t-test, p-values and remarks are as follows.

Comparison between the groups	t-value	p-value	Remarks
I A vs II A Before Premedication	$t = 1.06$	$p < 0.05$	NS
I B vs II B After Premedication	$t = 0.57$	$p > 0.05$	NS
IC vs II C During Subsequent Anaesthesia	$t = 0.72$	$p > 0.05$	NS
I D vs II D After Recovery from Anaesthesia	$t = 1.06$	$p < 0.05$	NS

From Table 6B, it is observed that difference of mean oral temperature (°F), when compared between group-I and group-II at corresponding four different timings it is statistically insignificant.

Table 6C: The statistical comparison of difference in mean oral temperature (°F), within the group-I and group-II before premedication (A), after premedication (B), during subsequent anaesthesia (C) and after recovery from anaesthesia (D), by applying paired t-test, p-values and remarks are as follows.

Comparison within the group	Group I (Trial)			Group II (Control)		
	Mean ±SD	t-value p-value	Remark	Mean ±SD	t-value p-value	Remark
A vs B	-1.6 ±0.32	t=22.36 p<0.001	HS	-1.0 ±0.24	t = 18.63 p <0.001	HS
A vs C	0.48 ±0.59	t = 3.64 p<0.01	HS	0.48 ±0.39	t = 5.50 p<0.001	HS
A vs D	-0.36 ±0.87	t = 1.85 p>0.05	NS	-0.04 ±0.25	t = 0.72 p>0.05	NS

From Table 6C, when comparison is done for mean oral temperature (°F), within the groups at the level of before premediation with after premedication and before premedication with during subsequent Anaesthesia it is statistically highly significant in both groups but at the level of after premediation with after recovery from anaesthesia it is statistically significant in the both groups.

6. SURGICAL TIME AND DURATION OF ANAESTHESIA

Table 7: Mean surgical time and mean duration of anaesthesia in group-I and group-II (expressed in minutes) are as follows.

Parameters	Group-I (Mean±SD)	Group-II (Mean±SD)	T-value	P-value	Remarks
Total Surgical Time (min)	61.5 ±40.62	59.6±31.32	t = 0.17	>0.05	NS
Duration of Anaesthesia (min)	145.5±24.60	149.0±22.92	t=0.47	>0.05	NS

Mean surgical time in group-I and group-II expressed in minutes were 61.5±40.62 and 59.6±31.32 respectively. The statistical comparison between the groups is insignificant.

Mean duration of anaesthesia in minutes in group-I and II were 145.5± 24.60 and 149.0±22.92 respectively. The statistical comparison between the groups is found to be insignificant.

8. DESIRABLE EFFECTS AND UNDESIRABLE EFFECTS

Table 8. Incidence of desirable effects and undesirable effects in patients of both groups after premedication.

Effects	Incidence	Gr.-I		Gr.-II		Z-value between Gr.-I vs Gr.-II	Remarks
		No.	%	No.	%		
Sedation	Present	0	0	0	0	0	NS
	Absent	20	100	20	100		
Apprehension	Present	3	15	5	25	z=0.79 $p > 0.05$	NS
	Absent	17	85	15	75		
Excitement	Present	0	0	0	0	0	NS
	Absent	20	100	20	100		
Dizziness	Present	0	0	0	0	0	NS
	Absent	20	100	20	100		
Nausea	Present	0	0	0	0	0	NS
	Absent	20	100	20	100		
Vomiting	Present	0	0	0	0	0	NS
	Absent	20	100	20	100		

Z-value is Two proportions form independent groups.

Z value is calculated by

$$\frac{p_1 - p_2}{\sqrt{\left(\frac{p_1 q_1}{n_1} + \frac{p_2 q_2}{n_2}\right)}}$$

Where $p_1 = \frac{\text{Number of favourable case in control group}}{\text{Total cases in control group}}; q_1 = 1 - p_1$

$p_2 = \frac{\text{Number of favourable cases in trial group}}{\text{Total cases in Trial group}}; q_2 = 1 - p_2$

n_1 = Number of patients in group-I

n_2 = Number of patients in group – II

The comparison between the group-I and group-II regarding sedation, apprehension and excitement is statistically insignificant.

The statistical comparisons of undesirable effects like dizziness, nausea, vomiting, in between group-I and group-II at the level of after premedication is insignificant.

10. POST ANAESTHETIC SEQUEL

Table 10. The incidence of post-anesthetic sequel observed between Group I and Group II

Side Effects	Incidence	Gr.-I		Gr.-II		Z-value between Gr.-I vs Gr.-II	Remarks
		No.	%	No.	%		
Sedation	Present	1	5	0	0	Z = 1.01	NS
	Absent	19	95	20	100	p > 0.05	
Nausea	Present	1	5	2	10	Z = 0.60	NS
	Absent	19	95	18	90	p > 0.05	
Vomiting	Present	0	0	0	0	0	NS
	Absent	20	100	20	100		
Dizziness	Present	0	0	0	0	0	NS
	Absent	20	100	20	100		
Dyspepsia	Present	0	0	0	0	0	NS
	Absent	20	100	20	100		
Gastric Irritation	Present	0	0	0	0	0	NS
	Absent	20	100	20	100		
Increased Peristalsis	Present	0	0	0	0	0	NS
	Absent	20	100	20	100		
Haematemesis	Present	0	0	0	0	0	NS
	Absent	20	100	20	100		
Malena	Present	0	0	0	0	0	NS
	Absent	20	100	20	100		
Precipitatio of Asthma	Present	0	0	0	0	0	NS
	Absent	20	100	20	100		
Respiratory depression	Present	0	0	0	0	0	NS
	Absent	20	100	20	100		
Headache	Present	2	10	1	5	Z = 0.60	NS
	Absent	18	90	19	95	p > 0.05	
Backache	Present	3	15	3	15	Z=0	NS
	Absent	17	85	17	85		

Sedation - Incidence of sedation in group I was 5% and in group II there was no sedation. On statistical comparison incidence of sedation was not significant.

Nausea - Incidence of Nausea in group I (trial) was 5% and in group II (control) was 10% which is also statistically insignificant.

Vomiting - Dizziness, dyspepsia, gastric irritation, increased peristalsis, haematemesis, malena, precipitation of asthma and respiratory depression and other side effects were noted meticulously in both groups and was found to be absent in all the groups.

Headache: Incidence of headache in group-I was 10% and in group-II it was 5%. On statistical comparison, incidence of headache is insignificant.

Backache: Incidence of backache was 3 in group-I, i.e. 15% and in group-II it was i.e. 15%. Statistically they are identical.

11. REQUIREMENT TIME OF 1ST DOSE OF ANALGESIC

Table 11. The mean of the 1st analgesic dose requirement time (in minutes) of all patients in group-I and group-II were recorded and statistically compared.

Groups	Mean ± SD	t-value	p-value	Remark
Trial Group –I	236.25 ± 67.12 (n = 12)	t = 2.09	$p < 0.05$	S
Control Group – II	335.00 ± 149.92 (n = 13)			

From above Table 11 it can be observed that when 1st analgesic dose requirement time (in minutes) compared statistically between group-I and group-II it has t-value 2.09 and p-value < 0.05 which is statistically significant.

CONCLUSION :

On the basis of observation made on the both groups of patients (each group 20 patients), we are able to conclude that:

- The trial drug Shigruguggulu has Shothahar (anti-inflammatory) and Vedanahar (analgesic) property.
- Shigruguggulu have negligible side effects.
- No significant changes were found in MBP, pulse rate, respiratory rate and temperature.
- The trial drug Shigruguggulu (1 gm) is less potent in comparison to control drug Diclofenac sodium (50 mg).
- Further we suggest to study on more larger size of sample so that result can be confirmed and to be acceptable for management of painful conditions.

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* * *

PAIN CLINIC

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INTRODUCTION :

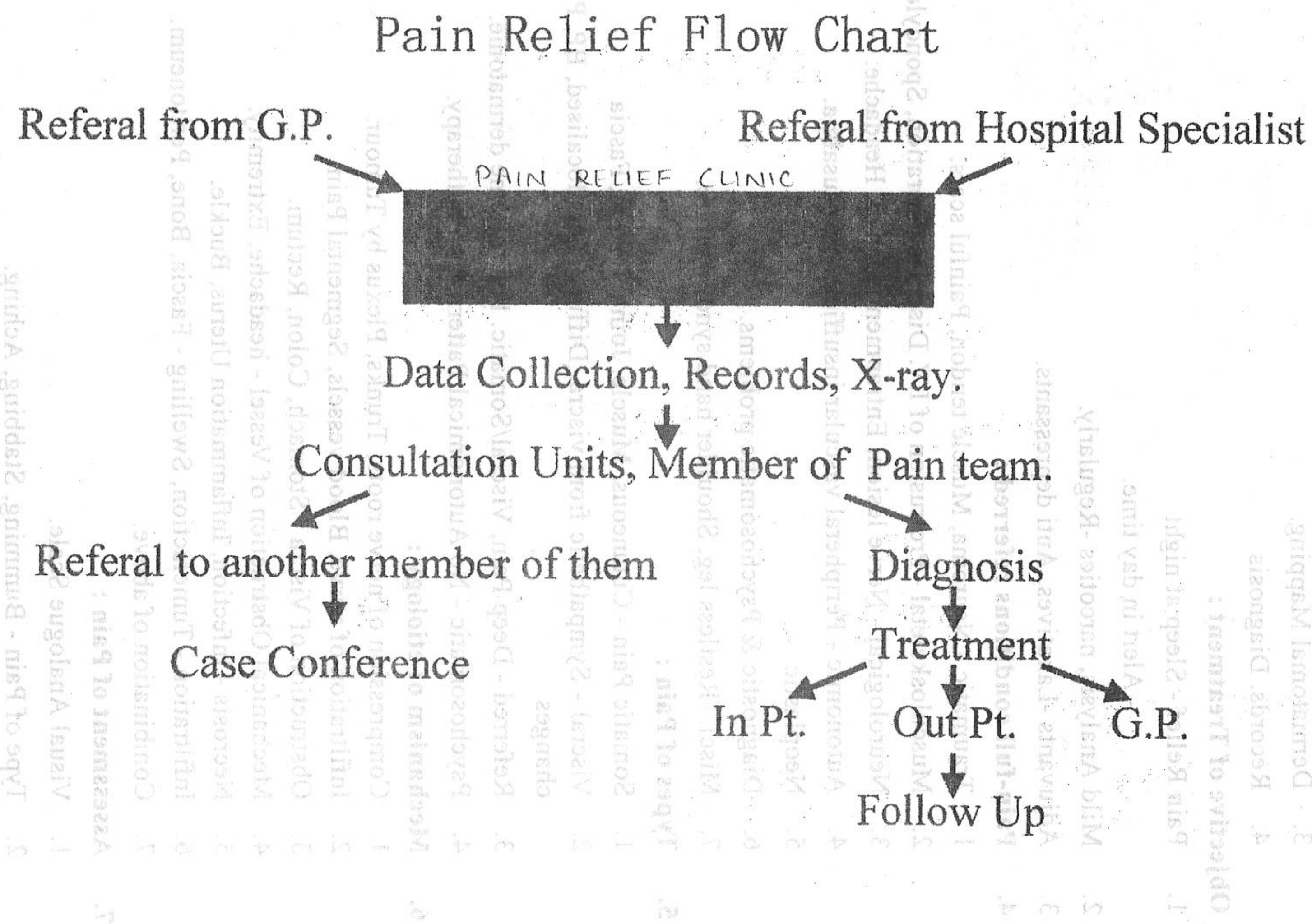
Pain is the most unpleasant sensation in the world. It has two components - such as - physical component and mental component. This has been vividly described in Sushruta Samhita. Although general anaesthesia continues to be used for most surgical procedures, but day by day regional anaesthesia has been increasing in popularity. This is because, this is not being practised during surgery but also during pre-operative and post-operative periods. Though it has been stated that in the skilled anaesthesiologists hand, one type of anaesthesia is as good as another. Still regional technique does offer benefits over general anaesthesia for its simple procedures. Now the pain-clinics carry superb importance in alleviating sufferings from the ills.

1. **Pain Clinic :**
   - Trained Doctors from established Pain Clinic.
   - Persuade Hospital Colleagues.
   - Investigate legal Practices involved.
   - Inform Specialists, Family physicians, Public.
2. **Types of PAIN CLINIC :**
   - Unidisciplinary - Single Specialist.
   - Direct Clinic -2-3 Specialists.
   - Regional Pain Clinic - University / Metros.
   - Outpatient Facility :
     - Consultation Room. - Procedure Room
     - Examination Room. - Changing Room
     - Office, Library.
   - Inpatient Facility : Hospital Beds, Specialists, Junior Doctors, Nurses, Trained Staff
3. **Pain Clinic - Management :**
   1. Detailed History
   2. Examination, Investigation

3. Dermatomal Mapping.
4. Records. Diagnosis

Objective of Treatment :

1. Pain Relief - Sleep at night
   - Alert in day time.
2. Mild Analysis, narcotics -Regularly.
3. Adjuvants -Laxatives, Anti depressants.
4. **Pain-full conditions referred :**
   1. Traumatic - Neuroma, Muscle tendon, Painful scars.
   2. Musculoskeletal - Protrusion of I.V. Disc, Degeneration, Spondylosis.
   3. Neurological - Nerve lesion, Entrapment, Dental, Headache.
   4. Autonomic - Peripheral vascular insufficiency, causalgia.
   5. Neoplastic
   6. Diagnostic & Psychosomatic problems.
   7. Miscl. -Restless leg, Shoulder hand synd; fracture.
5. **Types of Pain :**
   1. Somatic Pain - Cutaneous, Muscle, Joint, Tendon, Fascia
   2. Viscral - Sympathetic from viscra, Diffuse, Less localised, BP, Pulse changes
   3. Referred - Deep Pain, Viscral/Somatic. Felt in same dermatome.
   4. Psychosomatic - No Autonomical Pattern, Psychotherapy.
6. **Mechanism of etiology :**
   1. Compression of nerve roots, Trunks, Plexus by Tumour.
   2. Infiltration of nerve, Blood vessels, Segmental Pain.
   3. Obstruction of Viscra - Stomach, Colon, Rectum.
   4. Mechanical Obstruction of Vessel - headache, Extremity.
   5. Necrosis - Infection, Inflammation Uterus, Buckle.
   6. Infiltration - Tumefaction, Swelling - Fascia, Bone, Peritoneum.
   7. Combination of above.
7. **Assessment of Pain :**
   1. Visual Analogue Scale.
   2. Type of Pain - Bumming, Stabbing, Aching.


Pain Relief Flow Chart
Referal from G.P.
Referal from Hospital Specialist
PAIN RELIEF CLINIC
Data Collection, Records, X-ray.
Consultation Units, Member of Pain team.
Referal to another member of them
Case Conference
Diagnosis
Treatment
In Pt.
Out Pt.
G.P.
Follow Up

3 Intensity - Mild, Modemte, Severe.
4. Location -Dennatomal Mapping.
5. Quality- McGill Pain Questionnaire.
6. Unpleasant, Distressing, Awful, Agonising.
7. Pediatric Pt. -Facial expressions, VAS

8. Opiate receptors :

Site - Brain Stem, Spinal Cord, Amygdala. Limbic, Thalamus, S.G.

Types - mu-receptors -Supraspinal Analgesia. gamma-dysphoria.

kappa-Spinal Analgesia, Sedation, delta.Selective on leu-enkeph.

Endogenous Opioids :

1) Endorphins - Hypothalamus, III ventricle.
2) Leu-encaphlin - Brain Stem, Spinal Cord.
3) Met-encaphlin - Dorsal Horn, Morphine like.

<u>Action Reversed by Naloxone</u>

TNS, Acupuncture, Ketamine, Placebo.

9. COMPARISON OF ANALGESICS

- MILD ANALGESICS
  1. Less effective in large dosages - ceiling
  2. Used orally, less effective, No dependence
  3. Used in chronic low grade pain in OPD
  4. Diverse Mech. Of action, Treat cause
  5. Less side effects. Gastric
  6. Used in combination
  7. Aspirin, NSAID, Codeine, Paracetamol
- OPIATES
  1. Dose related analgesia
  2. Parenterally SC,I/th, IM, IV
  3. Used in Acute pain
  4. Opiate Receptor, Non specific
  5. More side effects. N, V, addiction
  6. Administered individually
  7. Morphine, Buprenorphine

10. INTRATHECAL INJECTIONS - OPIOIDS, NEUROLYTICS

Accurate Placement of Neurolytic Agents, Indoor.

- Indications : Ca cervix, Rectum, Pelvis,
- Agents - Absolute Alcohol - Hypobaric, Diffuses Fast, Relief, Shorter, Inflammation, Burning at site.
- Phenol 5% - Hyper panic, local analysis, Prolonged, effective Chlorocresol 5% in glycerin, Hyper baric, effective diffusion.
- Complications - Patchy degeneration, Arachnoidottis, retentions of urine paresis, N.V. Headache.

11. EPIDURAL - OPIOIDS, NEUROLVTICS :

Indications - Same as spinal, Sciatica, Ca, Post-op Pain, Long lasting

Pain relief - Catheter, Infusion Pumps.

Diagnosis & Therapy - Raynauds, Burger's D, Visceral Pain.

Malignancy - 3-5 ml of 3-10% phenol in glycerin, Ca-rectum, Viscera

Advantages - Easy injection, No complication of spinal injection.

Disadvantages - Less precise, dural puncture, Neurological

12. POST OPERATIVE PAIN RELIEF :

More pain - Abdominal, Intrathoracic

Complications - respiratory distress, Hypoxia.

Site of origin- Skin, tendons, Bone, Muscle, Viscera by coughing, straining, anxiety, psychological fear.

Methods - Analgesics - Parantral, morphine, buprenorphine, tramadol.

Watch - Regular doses, side effects, addiction.

Children - Aspirin, morphine-0.1-0.2 mg/kg., codeine 1 mg/kg.

Local analgesic blocks - Intercostal N infiltration, cryoprobe

(2) Epidural - L. A. opiates, ketamine (3) Intrathecal opiates

(4) Continuous infusion - L. A. opiates. (5) Tens.

13. LOW BACKACHE - EPIDURAL INJECTION

1. Hydrocortisone 50 mg/Depomedrol 80 mg
2. Lignocaine 0.5% / Bupivacaine 0.25%
3. Buprenorphine 0.1 mg
   1. Moderate - diclofenac, tramadol
   2. Long acting - Piroxicam - 20 mg
   3. Adjuvant - Central muscle relaxant

14. MANAGEMENT OF CANCER PAIN :

1. Mechanism producing it.
2. Localisation and severity of pain
3. Physical and mental condition of patient.
4. Type of Neoplasm, Grade of differentiation
5. Availity of modes of therapy, surgery, radiotherapy, Chemo.

15. PSYCHOLOGICAL SUPPORT :

- May not need Psychotherapist services.
- Physician provides sympathy, under standing, kindness.
- Need-Pt. senses his prognosis
- Defeatist attitude by physician towards disease.
- Adjuvants - Nourishing food, nursing care, sleep, rehabilitation

16. HOSPICE - REASONS :

1. Technology would overcome disease and death.
2. Health profession not geared to deal with treat failure.
3. Obligation to dying Pt. & family not fulfilled.
4. Care during active Tt. Re emphasized.

Ownership - 46% hospital owned, 35% independent, 25% community

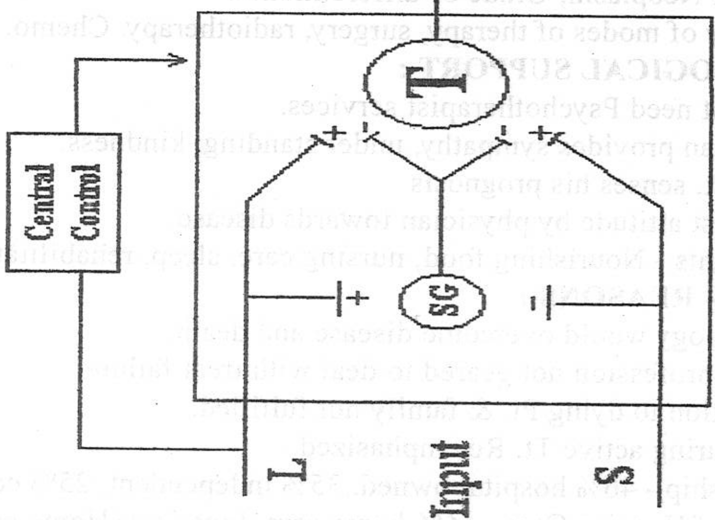
Types of Hospice Care - 56% home care, Inpatient+Home care - 31%

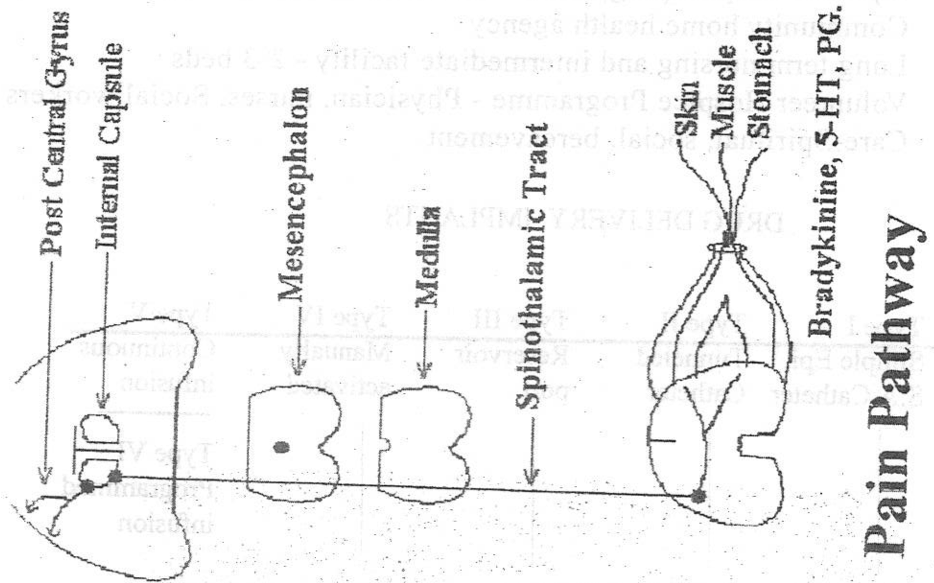
17. TYPES OF HOSPICE PROGRAM

1. Acute Care - Inpatient ward, Oncology unit, Surgery dept,
   - Home Care service by hospital based team.
2. Inpatient hospice programme - Licensed health agency private hospital
3. Community home health agency
4. Long term nursing and intermediate facility - 2-3 beds
5. Volunteer Hospice Programme - Physician, nurses, Social workers
6. Care-Spiritual, social, bereavement.

DRUG DELIVERY IMPLANTS

Type I	Type II	Type III	Type IV	Type V
Simple Epi, S.A.Catheter	Tunneled Catheter	Reservoir port	Manually activated	Continuous infusion
				Type VI Programmed infusion
Days	Weeks	Months	Years	Years


Action System
Central Control
T
SG
L
Input
S


Post Central Gyrus
Internal Capsule
Mesencephalon
Medulla
Spinothalamic Tract
Skin
Muscle
Stomach
Bradykinine, 5-HT, PG.
Pain Pathway

Pain relieving modalities

Analgesics
Adjuvants
Oral,Systemic
Epidural/spinal

Neurolytic blocks
Plexus,nerves
Epidural
Intrathecal

Neurosurgical Treatment.
Rhizotomy Deep Brain
Hypophysectomy
Dorsal root lesioning

Continuous infusion
Intravenous
Subcutaneous
intrathecal

A CLINICAL STUDY ON FISSURE-IN-ANO & ITS MANAGEMENT WITH KSHARA KARMA

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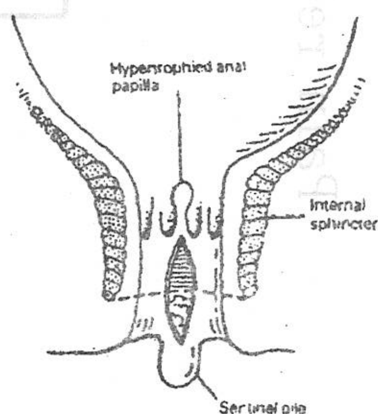
INTRODUCTION:

A Fissure-in-Ano is an elongated ulcer usually beginning at or distal to the pectinate line and extending to or beyond the anal-verge, and forms most commonly in the mid line posteriorly because of lack of adequate muscle support by the external sphincter at this point. The next most common site is the mid-line anteriorly.

The high prevalence rate of Anal fissure is between 10-50 years of age, but all age groups and both sexes are equally affected. In 90% of the cases, it is present posteriorly in the 6 O'clock position. In males, 90% of the Anal-fissures occur posteriorly and 10% anteriorly in the mid line. In females, this incidence is in the 60:40 ratio.

The fissure is commonly caused due to hard constipated stool/chronic alternative diarrhoea and dysentery and some times may be presented as an isolated primary problem but can be associated with other gastro-intestinal disorders. Fissure may be classified as either acute or chronic; further also sub-divided into primary and secondary. A primary fissure may be idiopathic, while the secondary one is either linked to a known disorder, such as Crohn's disease or leukemia, or to a cause and effect relationship such as following damage from a foreign body, childbirth or previous anal surgery and so on.



Fissure-in-Ano

The fissure is located in the cutaneous part of the anal canal between the anal valves and the anal verge. Since it involves the richly innervated squamous epithelium, it is very painful. At the lower end of the fissure, near the anal verge, is seen an edematous skin tag called the "Sentinel pile", which is due to low grade infection and lymphatic oedema of the skin beyond the fissure. Due to inflammation, oedema and fibrosis of the related anal valve, there is presence of hypertrophied anal papilla at the upper end of fissure.

Excruciating pain during and after defecation is the chief symptom. Since the pain is agonizing, patients avoid defecation and become constipated and a vicious cycle starts. Varying amounts of bleeding is present, ranging from "streaking of stools" to moderate amount.

The presence of sphincter spasm and history of pain strongly suggests a diagnosis of fissure. The sentinel pile and associated serous discharge may cause excoriation and pruritus.

Sushruta, Charaka, Vagbhata and almost all the ancient authors have described a condition by the name of "PARIKARTIKA", which occurs as a complication of Virechana and Basti, the symptoms of which resembles with Anal-fissure and in all probabilities can be compared to this disease. Kashyapa has described this condition in relation to a pregnant woman which is quite logical, and being justified because of the lack in support anteriorly due to atrophy of the perineal body as a result of repeated childbirth.

There is no satisfactory treatment for acute and chronic anal-fissure in modern surgery and also the chronic one does not respond to non-operative treatment. Even in operative treatment i.e. Sphincterotomy, disadvantages and complications are more than remedy. In this context, Kshara-Karma (Potential Cauterization) is fruitful in curing of this disease due to the simplest para-surgical measure with a wide margin of safety and its capability to work out important functions like -Chedana, Bhedana, Lekhana, Stambhana and Ropana.

MATERIALS & METHODS :

A) PATIENTS :

1. 80 number of patients, of both sexes and coming between 10-50 year age groups, have been selected and divided into 4 groups, viz- Group A, Group B, Group C and Group D.
2. Any type of systemic pathology / disease and pregnant women will not be taken in this study.

B) DRUG :

1. Mridu (Mild) Pratisarneeya Kshara Lepa,
2. Kshara Taila,
3. Both Pratisarneeya Kshara Lepa and Taila,
4. Kshara Sutra

C) PROCEDURE :

After performing all the pre-operative measures along with taking all aseptic precautions and patient in lithotomy position -

Group A - patients were treated with Kshara Lepa (prepared from mridu kshara mixed with latex of Snuhi and powder of Haridra), by applying it over the fissure twice daily.

Group B - patients were treated with Kshara Taila applying twice daily.

Group C - patients were treated with both Kshara Lepa and Kshara Taila by application of lepa at one time and taila at the other.

Group D - patients were treated by ligation of anal fissure with Kshara Sutra in an interrupted / continuous suturing method, by applying short General Anesthesia.

D) COMMON MANAGEMENT :

1. Warm *Kashayas* prepared from Nimba Udumbra sitz bath 6 hourly /8 hourly, as per the condition.
2. Bowel clearance.
3. Light blend, leafy vegetables, milk etc. and to avoid non-vegetarian food.
4. Avoid prolong sitting or standing and vehicle riding.

E) CRITERIA FOR ASSESSMENT OF RESULT :

The results are being assessed on the clinical basis of the relief and also with the help of photographs.

F) RESULT :

Acute cases, treated by above three methods, i.e. Lepa, Taila and both Lepa & Taila, get relief following to complete remedy within 2-3 weeks, whereas chronic cases respond to Kshara sutra ligation for complete remedy.

G) FOLLOW UP:

The patients were asked for check up twice in a month and to report any problem at any time. The period for follow up is upto 4 weeks.

H) COMPLICATIONS :

So far, no complications has been noted

CONCLUSION :

The present clinical study is an innovative. Patients being rejected, from modern surgery and medicine are received for the above clinical study. After follow up, it has been observed that there was no untoward effect in Gastro-intestinal tract. Anal functions and bowel habits become normal. The mental status of the patients becomes sound than earlier & the patients are able to perform their routine work normally. Hence, from socio-economic and psycho-somatic point of view, it may be concluded that such type of treatment by Indian System of Medicine is definitely an unique contribution to the medical world.

* * *

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THE ROLE OF UDUMBAR KSHIRI SUTRA IN BHAGANDAR

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Vagandar (Fistula in Ano) is one of the most common ailments pertaining to the anorectal lesion. It is so called as it break through the perineum (Bhaga), anus and bladder region Su.Ni4/3. It is an abnormal communication between any two epithelial-lined surfaces. An anal fistula is one in which there is an opening between the anal canal and the perianal skin. Acute infection of the anal crypt leads to an anorectal abscess and bursts leads to fistula. It is therefore important to drain an abscers as close to the anus as possible to avoid the formation of a long fistulous tract. Fistula may also be secondary to infections due to trauma, fissures tuberculosis, crohn's disease Carcinoma, radiation, actinomy-Cosis and chlamydia.

Sushruta the patriarch of surgery has described in detail its etiology, signs symptoms and management.

Sushruta has mentioned the treatment of Vagandar by chedan. Only where patients are unfit for chedan karma, parasurgical therapy like ksharkarma or agnikarma is applicable. The management of vagandar by kshyarsutra is being established as an ideal, most effective, and an alternative to contemporary surgery since four decades. Traditionally manufactured Kshyarsutra from Snuhi Apamarga and Haridra is found to be very effective and certain disadvantages is observed like unbearable pain and burning, sensation etc. To avoid this adverse effect, our department is experienced to develop Udumber kshir sutra for FIA.

Preparation of Kshir Sutra :

Fresh latex collected from the plant ficus glomerulata (Udumber) 20 no. of surgical cotton thread are brought and smeared the latex for 11 times after proper drying each and every time.

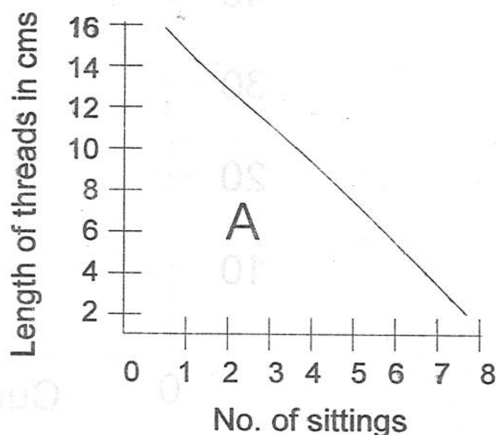
Material and methods :

50 cases diagnosed to have fistula in Ano were selected for the study irrespective of age, sex, dietary habits, chronicity, length of tract etc. Crohn's disease malignancy were excluded from the trial. Diabetes and TB patients

were also taken for study after taken anti diabetic and ATT. A hot neem kwath sitz bath is provided for every patient. The patient is placed on lithotomy in the OT and after taking proper antiseptic measure kshir sutra is ligated under local anaesthsia by the help of a special technique guided by a probe. The thread is changed as weekly intervals and each time the length of the thread plotted on a graph.

The efficacy of the thread was assessed on the UCT or unit cutting time.

$$UCT = \frac{\text{Initial length of the tract (in cms)}}{\text{No. of days required for complete excision of the tract}}$$



Observation and result :

A.

Sex	*Cases*	*UCT days/com*
Male	42	6.75
Female	8	6.50

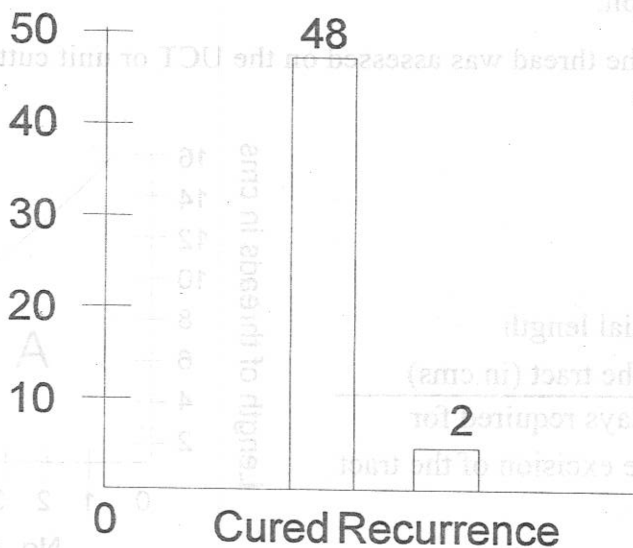
B.

Chronicity	*Cases*	*UCT*
<1 year	1	7
1-5 years	05	7
>6 years < 20 years	07	7.2
21-50 years	28	6.5
51-80 years	09	5.75

The maximum incidence of FIA was in the patients of the age group of 21-50 years. The cutting rate is very good in male aged less than 20 years with a chronicity of less than 1 year.

C. *Fistula*	*Cases*	*UCT*
Low anal	42	7.2
High anal	08	6.5

Result of treatment :



Conclusion :

The trial udumbar kshir sutra is easy to manufacture and preserve and has good therapeutic effect. Though the UCT is less in comparison to standard apamarga kshyar sutra but the unwanted symptom like severe unbearable pain and burning sensation is minimised through this kshir sutra therapy.

* * *

ABSTRACTS

STRESS MANAGEMENT THROUGH AYURVEDA

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The word stress is not used as such in Ayurvedic literature but there are so many ailments which are related with stress phenomenon. In modern era stress is defined as a series of stimuli that trigger a chronic state of anxiety or in other words an excessive autonomic reaction. It interferes the physiological equilibrium leading to many psychological and physiological disturbances which results into many psychometric disorders like migraine, hypertension, bronchial asthma, peptic ulcer and IBS etc. The causes of disease according to Ayurveda related to both body and mind, are three folds as misuse, excessive use and no use of senses and their object, mental faculties and time which results into stress. So the proper or balanced use of these objects is the cause of health and happiness. Ayurveda is a science of spirituality also, thus a great importance is given to the ethical practice in life in the form of Swasthavrita, Sadvrita, Acharrasayana and Vegdharana (code of conduct) etc. Yogic practice and use of some Ayurvedic psychotropic drugs (Medhya Rasayana) may also help to prevent the psychosomatic disturbance and maintain health.

***

BLOOD COMPONENT THERAPY

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The whole blood transfusion can be very dangerous for patient's who are suffering from C.H.F., pulmonary oedema etc. The actual need of the body is fulfilled only by the components of the blood, therefore whole blood should not be given to the patients. By component therapy we can save many patients by a single unit of blood, and it can be stored for long time, some component can be stored even for years. So component has many advantages over whole blood

transfusion. Therefore from single unit of blood we can prepare many components like platelets, fresh frozen plasma, packed cells etc.

Blood is very precious, so its conservative use should be done.

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

* * *

CONQUERING STRESS IN SURGICAL SPECIALITY

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*** Professor, Deptt. of Shalya-Shalakya, IMS, BHU

The term stress denotes the physical (pathogen, injury etc.) and psychological (fear, anxiety etc.) forces that disrupt equilibrium. It is generally believed that biological organisms require a certain amount of stress in order to maintain their well being. However, when stress occurs in quantities that the system cannot handle, it produces pathological changes. The amount of stress human can with stand without having a pathological reaction to it, varies from individual to individual as depicted in ayurvedic texts by terms 'Satva' and 'Jara'.

Surgery is a very apprehensive procedure in once life. When the patient comes to know that the only option to get rid of his suffering is surgery he/she undergoes tremendous stress, which worsens the health status of the patient even more. In this critical situation, it is the duty of a surgeon to console the patient properly and sympathetically before intervening in any surgical procedure.

The earliest record of surgical management is mentioned in the Rigveda which is supposed to be the oldest repository of human knowledge, written about 300 B.C. Sushruta, in his treatise mentioned the importance of preoperative management in the form of auspicious tithi (date), Muhurta, Nakshatra, Worshipping fire, Reciting hymns of blessings, Making offerings etc. prior to any surgical procedure.

These procedures of ancient times clearly emphasizes the importance for preoperative management which is an area of absolute disinterest now a days.

An attempt has been made in this paper to depict the need for a protocol with respect to preoperative stress management.

* * *

AYURVEDIC VEDANAHAR DRABYA-PROSPECTIVE IN PAIN MANAGEMENT

Dr. D. N. Pande

Reader & Head, Deptt. of Shalya Shalakya, I.M.S.,B.H.U.,VARANASI.

Since God created creatures on earth, the perception of 'PAIN' was felt during the delivery at beginning of one's life. The pain which started at birth is experienced at many occasions in life of every individual. Therefore Pain is the basic cause of origin of all the medical sciences.

The learned scholars of Aired too were well acquainted with these problems. They too tried different measures, therapies and drugs to mitigate the Pain. In this connection they described many drugs like –RASNA, NIRGUNDI, ERANDMOOL, PARIJAT and SHIGROO. We also tied to explore the possibilities to use these drugs in the field of Post-operative Pain Management and anaesthesia. The paper will focus on the research work already done in this field in our department. It will also cover the future prospective of indigenous analgesics.

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SCOPE OF AYURVEDA IN PALLIATIVE CARE

Dr. R. K. Jaiswal, Service Sr. Resident, **Dr. D. N. Pande,** Reader & Head,

Department of Shalya Shalakya, I.M.S.,B.H.U.,VARANASI

Palliation is a treatment for critically ill patients in whom surgery and medicine both are failed. It means that the management which provide a symptomatic relief to the patients, is named as Palliation.

It includes excision of lump or affected part without any hope of its cure and its aim is to provide a painless life. It also includes the Psychosomatic treatment of the patients. Our age-old medical system-

AYURVEDA, emphasizes on the treatment of body mind and soul. Thus enriched with so many measures for Psychological problems. There are so many drugs and therapies e. g. Pancha Karma, Rasayana and Mantra Chikitsa which can help us to provide better living to the critically ill patients. The Therapies and drugs will be highlighted during the presentation in the conference.

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RESUSCITATION IN MECONIUM STAINED BABY

Dr. B. K. Panda,
Dept. of Kaumarbhritya, K.A.T.S. Ayurved College & Hospital, Ankushpur, Berhampur

It is very important to save the life of the meconium stained baby. We have to observe whether meconium is present in the amniotic fluid or not. When the baby passes meconium in utero there is a chance that meconium will be aspirated into infant's mouth and potentially into the respiratory tract and lungs which causes small air way obstruction may produce respiratory dystress, apnea, retraction, grunting and cyanosis.

Therefore as soon as the baby's head is delivered, resuscitation should be made by suctioning mouth, nose and posterior pharynx. After full delivery other necessary resuscitation steps such as evaluation, positioning, suctioning, drying and free flow oxygen and bag and mask ventilation, chest compression and endo-trachial intubation should be taken to save the child and to establish good respiration. Because, *Give the breath, save the child.*

The detail procedure will be presented in my full paper.

* * *

ANAESTHETIC ACTION OF BHANGA AND SARPAGANDHA

Trilochan Baral

In India knowledge of medicinal plants is very old and medicinal properties of plants are described in Rigveda and Atharva Veda from which Ayurved is developed. In Ayurved, well-known treatises are Charak Samhita dealing mostly with medicinal plants and Sushruta Samhita in which surgery is mentioned.

Sangyanasa and Bedanasthapana drabyas are described by both Maharsis in different diseases. These drugs can be included under anaesthetic drugs for both general and local purpose.

Out of them Bhanga and Sarpagandha is special, which can be used as sedative and analgesic purpose. The intoxication of Bhanga and Sarpagandha can be compared with the cardinal features of general anaesthesia like loss of sensation / pain, unconsciousness, amnesia, muscle relaxant and abolition of reflexes.

This abstract is for focus on chemical constitution and its action on C.N.S. of Bhanga and Sarpagandha.

* * *

LACTATION IN POST GENERAL ANAESTHESIA CAESARIAN SECTION

Sangetta Maharathi, House Staff

Dr. Sunita Rani Vaisya, M.D.(Ayu.) IMS, BHU

In Ayurved classics C.S or Udar Bipatan chikitsa is only mentioned when the foetus is dead and the mother is living. So no question of post C.S lactation arises. However in modern science it is quite relevant to educate mother about feeding of her neonate in post C.S delivery cases.

In most of the cases LSCS is done under spinal anesthesia. In rare cases where either spinal anaesthesia can't be used or patient is reluctant for spinal and if she wants total loss of consciousness in such case G.A is being practised for delivery.

Since antiquity Udar bipatan chikitsa with or without sajnaharana process and management have been occupied its place in Ayurveda Samhita.

Matter of concern is that the neonate feeding when and how to be started from the mothers breast. The present paper deals with this condition.

The aim of this paper is to discuss the process of lactation in detail in post C.S cases under general anaesthesia.

* * *

MANAGEMENT OF HYPERTENSION DURING ANAESTHESIA

*** Nirupama Jena ** Dr. C. K. Dash**

* A student of III Prof. B.A.M.S.

** Lecturer, Dept. of Shalya Shalakya

In Anaesthesia Ether, Halothane, Volatile anaesthetics etc. alters the haemodynamic conditions. Various methods like spinal and epidural anaesthesia alters the haemodynamic conditions. Different drugs with suitable different methodology give the patient a successful recovery from anaesthesia.

This paper deals with the pharmacological approaches of hypertension in anaesthesia.

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PHYSIOLOGY OF HYPERTENSION AND ITS IMPORTANCE IN ANAESTHESIA

*** Jobby George ** Supriti Patnaik *** Dr. C. K. Dash**

* A student of III Prof. BAMS

** A student of III Prof. BAMS

*** Lecturer, Dept. of Shalya Shalakya

This paper deals with the various physiological action towards hypertension. Hypertension is a common complication in most of the individuals posted for surgery.

Anaesthesia is the branch of medical science which alters the haemodynamic status. This paper vividly deals with the physiology of hypertension and its various approaches to control it.

* * *

THE ROLE OF UDUMBAR KSHIRISUTRA IN BHAGANDAR

Dr. L. D. Barik, MS (Ay.) BHU,

Dept. of Shalya, K.A.T.S. Ayurved College & Hospital,

Ankushpur, Ganjam

Vagandar (Fistula in Ano) is one of the most common ailments pertaining to anorectal sesion. Prof. P. J. Despande, so called the father of Kshyarsutra due to his contribution in standardisation of Apamarga Kshyar Sutra and development of technique in application and management of FIA successfully. The unwanted effects like severe pain and burning sensation during this therapy is a great headache to the surgeon as well as to the patient. The trial study of Udumber Kshiri Sutra in Bhagandar is only to have alternative therapy where pain and burning sensation can be minimised. This paper deals vividly about preparation and clinical efficacy of Udumber Kshiri Sutra on FIA.

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EFFECTS OF DOSHAGNA LEPA IN THE MANAGEMENT OF SUPERFICIAL VEIN THROMBOSIS (SVT)

Dr. Gururaja Tantri
Shalyatantra PG Scholar

Under the guidance of -

Dr. Muralidhara Sharma, M.D.(Ayu) (B.H.U.)
Dr. S. Subrahmanya Bhat, M.D.(Ayu) (B.H.U.)
Dr. A. Raghavendra Acharya, M.D.(Ayu) (B.H.U.)
Dr. Jayakrishna Nayak, M.S.(Ayu) RGUHS
Dr. K.R. Ramachandra, M.D.(Ayu) (JMN) H.O.D.

Department of Shalyatantra, S.D.M. College of Ayurveda Kuthpady, Udupi

Superficial Vein Thrombosis is one of the commonest clinical condition seen in patients with IV cannula. Though it is a self-limiting condition, it can cause severe agony to the patients. This can be compared to Aganthuja Shopha. Acharya Susruta considered Alepa as the first line of management in Shopha. Here doshagna lepa is tried in cases of Shopha developed due to Superficial Vein Thrombosis.

Material and methods :

Ten patients who are admitted in SDM Ayurvedic Hospital presenting with the c/o Superficial Vein Thrombosis are subjected to study.

Doshagna lepa is prepared according to the textual reference in SDM Ayurvedic Pharmacy. Doshagna lepa is applied with Aranala once in a day for three days. Subjective symptoms like pain, and objective symptoms like size and circumference are assessed.

Conclusion :

Doshagna Lepa reduces pain and swelling due to Superficial Vein Thrombosis within three days.

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A CLINICAL STUDY ON "THE ROLE OF BALATAILA MATRABASTI IN POST OPERATIVE PAIN MANAGEMENT w s r TO INGUINAL HERNIA"

Dr. Shrinivas Reddy
Shalyatantra student.

Under the guidance of -

Dr. S. Subrahmanya Bhat. M.D.(Ayu) (B.H.U.)
Dr. A. Raghavendra Acharya. M.D.(Ayu) (B.H.U.)
Dr. Muralidhara Sharma. M.D.(Ayu) (B.H.U.)
Dr. Jayakrishna Nayak. M.S.(Ayu) RGUHS
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Department of Shalyatantra, S.D.M. College of Ayurveda Kuthpady, Udupi

Post operative pain is inevitable and needs treatment. Acharya Susruta mentioned Seka, Lepakarma for vrunavedana. But these are not practiced in the post operative cases in these days. Many Ayurvedic studies in this direction could not find a satisfactory alternative treatment.

Post operative pain management is a challenging task for every Ayurvedic surgeon. As a follower of shalyatantra it's needed to find an effective Ayurvedic management for post operative pain.

Methods of clinical study :

Patients who have undergone elective surgery of inguinal hernia are selected from SDM Ayurvedic Hospital, Udupi, and randomly grouped into two, control groups and trial group. Gandhka rasayana and Triphala guggulu were given as routine post operative treatment for both groups. In addition to that, trial group patients were given Balataila Matrabasti on previous night before surgery and then repeated once per day after surgery when patients starts feeling pain. This procedure was repeated every day till removal of sutures. They are further evaluated on the basis of proforma prepared specifically for the study.

Conclusion :

By observing both groups it's clear that Triphala guggulu and Gandhaka rasayana controls pain from second day onwards but fails on the day of surgery where Bala Taila Matrabasti succeeded the pain within three hours along with Triphala guggulu and Gandhaka rasayana orally on the day of surgery.

The need of Antibiotics and NSAID Analgesics could be effectively reduced by using both Triphala guggulu and Gandhaka rasayana along with Bala Taila Matrabasti.

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EVALUATION OF HYPNOTIC & ANXIOLYTIC PROPERTY OF SWARNA MAKSHIK ON EXPERIMENTAL ANIMAL

Dr Sudhaldev Mohapatra (Junior Resident)
Prof. C. B. Jha
Dept. of Rasa Shastra I.M.S., BHU

Rasa -Shastra, a branch of Ayurvedic science deals with the pharmaceutical processing of minerals and metals and identifying new drugs of therapeutically importance. According to Rasa literature, minerals and metals are considered as potent medicament for the management of both acute and chronic diseases.

For the development of new drugs the number of mineralic and metallic preparations have been identified and incorporated as single bhasmas as well as combinations with various other formulations.

Swarna Makskika is a compound of Cu,Fe. and S, having high therapeutic value for the treatment of Pandu, Meha, Kustha, Anidra etc., diseases after certain pharmaceutical treatment like purification calcinations (Shodhana, Marana) it is used internally. In Ayurvedic practice (Rasa Taranginee chapter 21) it is very popular medicine which is used for the treatment of Anidra by various practitioner. But considering the demand of time it is very much necessary to explain how the Swarna Makskika cures the Anidra (insomnia). So far as modern concept is considered the property of relieving from Anidra can be understood in three terms whether the drug causes sedation, hypnosis or behave as anxiolytic agent. Again it is known that sedation hypnosis, anaesthesia, comma and death are upgrading stages of CNS depression hence the above property of Swama Makskika if explained scientifically the new drugs could be developed in the direction of sedation, hypnosis and, anaesthesia. On the present paper we are trying to explain certain possible model through which we can access the therapeutic efficacy of Swama Makskika. On initial stage the hypnotic effect of Swama Makskika by pentobarbitone induced hypnotic method have accessed and the evaluation of anxiolytic property is progress by **elevated plus maize** and **open field** model in experimental albino rats. The details will be discussed in seminar. We hope the success evaluation could made the society stress free and will show new track to think up about the development of anaesthetic drug.

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ANAESTHESIA IN ANCIENT TIMES VIS-A-VIS TO RECENT TIMES

*** Sasikanta Majhi ** Dr. C. K. Dash**

* House Staff

** Lecturer, Sangyaharan, K.A.T.S. Ayurved College, Ankushpur

In ancient times, Surgery has reached its climax. This has been vividly described by Maharsi Sushruta. Though the description on Nischetan Karma (Anesthesia) is not much available, but it is predicted that, surgery without anesthesia is impossible. They used to give alcohol and some herbal medicines before surgery. They have also described the four stages of alcohol intoxication which is wel-conciding with the four stages of volatile anesthetics especially Ether. This paper will give vis-a-vis description with the stages of alcohol intoxication to the different stages of volatile anesthetics as described by a great pioneer of anaesthesia "Guedel".

* * *

POST SPINAL HEADACHE CAUSES, PREVENTION & TREATMENT

*** Binod Bihari Dora ** Dr. J. Narayan Rao,** (M.D) (M.K.C.G)

* House Staff, K.A.T.S. Ayurveda College & Hospital, Ankushpur, Ganjam.

** Consultant Physician & Anaesthetist,

Siddhartha Arogyanidhi Hospital, Berhampur, Ganjam.

For every better surgery good and ideal Anaesthesia has to be given. For betterment of the patient we choose different techniques of Anaesthesia, for CAESAREAN, HERNIA, HYDROCELE, PERINEAL SURGERY, HYSTERECTOMY, APPENDICITIES & even in nowadays, for CHOLECYSTECTOMY also Spinal Anesthesia is preferred that is high spinal. Spinal Anaesthesia besides giving much comfort and advantages to the patient and surgeon also some times has its own disadvantages like post-spinal headache followed by the Anesthesia and Surgery.

My paper deals with causes of Post Spinal Headache and also gives a light how to prevent it and ofcourse the available current treatment for it.

* * *

BLIND NASAL INTUBATION ITS TECHNIQUES AND USE IN ANAESTHESIA

Dr. V. N. Shendey

In certain conditions like T.M. joint ankylosis, patients don't open mouth adequately. So direct laryngoscopy is not possible in this condition. There are other conditions also where anaesthesiologists prefer for blind nasal intubation. This paper will vividly describe the techniques and scopes of blind nasal intubation.

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COMPARATIVE STUDY OF APPLICATION OF "KSHARA SUTRA" IN HAEMORRHOIDS OR FISTULA IN ANO WITH OR WITHOUT ANAESTHESIA

Dr. N. V. Borse

This is a comparative study of Ksharasutra ligation in ano-rectal diseases with anaesthesia and without anaesthesia. This paper will deal with condition of patient during ligation and healing effects, after surgery, and management of pain during and after surgical procedure.

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DENTAL EXTRACTION BY JALANDHAR BANDH - A PAINLESS PROCEDURE

Dr. B. C. Senapati

Govt. Ayurveda College, Bolangir (Orissa)

In the book "Hathayoga Pradipika" Jalandhar Bandha is described in 34d "Upadesh". 'Jala' means the nerve plexus i.e. the network of nerves, 'bandh' means to block i.e. to block the nerve conduction.

By this procedure the nerves, conducting pain, during dental extraction, are blocked without any drugs. No pain is felt by the patient. It needs immense practice and precautions. It is a yogic procedure.

* * *

AHIPHENA (PAPAVER SOMNIFERUM) ITS PHARMACOLOGICAL PROPERTY AS AN ANAESTHETIC AGENT FOUND IN ANCIENT LITERATURE

Dr. S. K. Mishra

This paper deals with the availability and its use in ancient times. Ahiphena was vividly described by Vavaprakash. Later on many alkaloids, synthetic products were prepared from this plants and filled the armametorium of anaesthesia.

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PAIN MANAGEMENT DURING LABOUR

Dr. Sunita Rani Vaish
M.D. (Ayu.) Obstetric & Gynecology
K.A.T.S. Ayurved College, Ankushpur

During labour a variety of comfort measures and relaxation techniques should be implemented. The effectiveness of various comfort measures and relaxation techniques may vary depending on the stage of labour and may vary between women. It is prudent to assist the patient with a variety of options and let her decide which ones are most effective. Labour support however, should be available to all women in active labour.

The society of obstetricians and Gynecologists of Canada (SOGC) promotes labour support. This paper will give its detail.

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VATASAMAKS MAY BE USED AS AALGESIC IN ANAESTHESIA

Dr. Gnyana Ranjan Mishra

This paper deals with the ancient references found in Ayurvedic Samhitas and their Ayurvedic principles. Detail will be presented in the seminar as a scientific paper.

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DIABETES : ITS COMPLICATION AND ANAESTHESIA

Narayan Choudhury

This paper depicts the various complication in Type I and Type II diabetes. It will give information to plan a particular type of Anaesthesia. Detail will be presented.

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SUSHRUTA'S POST OPERATIVE MANAGEMENT FOR LATERAL PERINEAL LITHOTOMY

* **Dr. L. D. Barik,** M.S. (Ay.) BHU

** **Dr. Biranchi Narayan Behera,** BAMS (B.U.)

* Dept. of Shalya, K.A.T.S. Ayurved College, Ankushpur

** House Staff

Lateral perineal lithotomy is an operative measure advocated by Sushruta, for Ashmari (Bladder Stone). Sushruta, the patriarch of Surgery, has described in detail. Its etiopathogenesis, symptomatology, management through medical and surgical. Not only that he has categorically mentioned different operative measures for male and female separately. As per Sushruta male persons who are affected with Ashmari diseases should be undergone a surgical operative measures i.e. laternal perineal lithotomy. This paper will be presented in detail and its scientific analysis.

* * *

ROLE OF SOME INDIGENOUS DRUGS IN DEPRESSIVE ILLNESS

Pravin Kumar Rai, N.P. Rai

Deptt. of Kaya Chikitsa, Institute of Medical Sciences

Banaras Hindu University, Varanasi - 221005

Mental disorders are common in medical practice. Anxiety and depression are the most common mental disorders of present year.

Our ancient Ayurvedic text have given vast description about the mental disorders and their treatment by certain special Medhya Rasayana which promotes mental functions.

Mandukparni, Shankhpuspi, Guduchi and Yastimadhu are included in Medhya Rasayana described by Acharya Charaka. Apart from these drugs, other drugs have also Medhya effects. These drugs are Jyotismati, Aswagandha, Vaca and Jatamansi.

According to Ayurvedic view all drugs shows their effect by rasa, guna, virya, vipaka and prabhava. Medhya drugs shows their effects by prabhava.

Medhya drugs decreases the level of catecholamine. Jyotismati and Aswagandha have antidepressant effect.

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THERAPEUTICAL STANDARDIZATION OF *RASA SINDURA* WITH SPECIAL REFERENCE TO ITS RASAYAN EFFECT

*** Dr. Pankaj Rai ** Dr. Sudhaldev Mohapatra *** Dr. Neeraj Kumar**

* Junior Resident ** Junior Resident *** Sr. Lecturer

Department of Rasashastra, Faculty of Ayurveda,

Institute of Medical Sciences, B.H.U.

For Ayurvedic drugs, standardization seems very complicated and tedious job. Standardization means reproducibility of the drug with respect to colour, odour, taste, consistency, efficacy and safety. Standardization is carried out in three phases : 1. Raw material Standardization, 2. Process Standardization, 3. Finished product Standardization. Therapeutical Standardization is a part of finished product Standardization. Here various subjective and objective parameters are selected for evaluation of certain pharmacological property of a particular drug by its therapeutic use and statistical data is established.

Rasa Sindura is a mercurial compound consisting of mercury and sulphur as major ingredients and is prepared by Kupeepakwa method of preparation. According to Rasa literature it is used very frequently to treat the dreadful as well as chronic diseases more over it is used as Rasayana. (Adjuvant therapy). To evaluate the Rasayan property various subjective and objective parameters like dizziness, dementia, decision, orientation, adaptation, sleep and insomnia (Sub.), antioxidant (Obj.) etc. are selected and studied.

In the present paper we are trying to discuss the procedures of therapeutical Standardization in connection to Rasayan property. The details will be discussed during the scientific session of the seminar.

References :

1. Dr. Ramasagar et al 2002, MD Thesis, Dept. of Rasa Shastra, IMS, BHU
2. Dr. Sanjaya Kumar et al 2003, MD Thesis, Dept. of Rasa Shastra, IMS, BHU

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Annual Report

AAIM – C.C. – 2004-2005

This is an especial year for our Association because of inclusion of Sangyaharan as a Post graduate specialty in the Gazette Notification dated 3rd Feb., 2005. Congratulation to every member of the Association for this great Achievement During this golden year Association had made several land marks e.g. organised two national conferences- 6-8th Feb. 2004 and 4-5th Dec. 2004 at B.H.U. and Sandila. The state branches also organised Sangyaharanday, Seminors, guest lectures and workshops at their centres. The following activities were organised -

Executive meeting – Were hold on 30/04/04, 4/12/04 and 22/7/05. G.B. Meeting – was held on 12/5/05 at Sandila.

Sangyaharan Day – Was celebrated at Pune and Varanasi on 6th Feb. 2005. A resuscitation workshop and guest lecture were arranged at this occasion.

Conference – 7th and 8th National Conference were hold at B.H.U., an 6-8th Feb., 04 Sandila on 4-5th Dec., 04 respectively.

Workshops – Workshop on C.C.P.R. & Marma was hold by U.P. State branch in the Section of Sangyaharan, Department of Shalya Shalakya, IMS, BHU, Varanasi under chairmanship of Dr. D.N. Pande, Reader & Head.

Execution of General Body Resolutions dated 04/12/04

1. **Account of AAIM – 2004-2005** – audited account was accepted by E.C. on 21/7/05
2. **Account of Sangyaharan Shodh – 2004-05** – audited account was accepted by E.C. on 21/7/05
3. **Account of M.S. State – 2004-2005** – audited account was accepted by E.C. on 21/7/05
4. **Account of U.P. State – 2004-2005** – audited account was accepted by E.C. on 21/7/05
5. **Account of Workshop on C.C.P.R. – 2004-2005** – audited account was accepted by E.C. on 21/7/05

Awards

Ashwinau Award was presented to Prof. A.B. Limaye, Pune on 4th Dec. 2004 (In Absence Dr. S.V. Shynde received the award).

Late Pt. Ram Autar Pande memorial Best Paper Award was given to Dr. Awanish Kumar – A memento and certificate with Rs. 501/-, Dr. Jagdish Singh – A memento, Rs. 301/- with certificate and Dr. B.N. Maurya a memento,

a certificate and Rs. 201/- cash by Dr. D.N. Pande in the memory of his father.

Orations

Two orations – I. Late Prof. P.J. Deshpande oration was delivered by Prof. S.B. Pande on 4th Dec., 04 and II. Late Prof. G.B. Ghanekar oration was delivered by Prof. K.K. Thakral, Ex. Director, Ayurveda and Unani Services, U.P. Government on 5th Dec., 05 during the VIII National Conference.

Journal

Journal of Association is regularly and timely published by the chief editor and his team.

Life Members

Membership raised as below-

Hon. Member- 4, Bonafide Member – 59, Associate Member- 152.

Prof. P. Kumar, Head Department of Anaesthesiology, M.P. Shah medical college Jamnagar and Prof. M. Sahu Ex. Head, Department of Shalya Shalakya were offered 'Honorary membership' of Association. They accepted the membership gladly.

Membership list is published in journal regularly. Ashwinau Award committee and Late Ram Autar Pande Best paper Award committee was framed for the year 2004-2005.

Activities of State Branches

U.P. State Branch and M.S. branches are doing well. The separate reports are attached.

Achievements

1. Land Purchase fund raised.
2. Post graduation in Sasyaharan and Vikiran Vide gazette 3rd Feb.and 05.
3. Dr. S.B. Pandey- Life time achievement Award at Sandila.
4. Dr. D.P. Puranik- Life time achievement Award at Sandila.
5. Dr. D.N. Pande- Appointed as Head, Department of Shalya Shalakya.
6. Dr. S. Sharma & Dr. C.K. Dash received best PhD. Thesis Award.
7. Dr. K.K. Pandey- Appointed as Reader Sagyaharan, IMS, BHU.
8. Dr. R.K. Jaiswal- Appointed as M.O. Anastasia (IM) SSH.
9. Dr. S.S. Mishra- Appointed as Lecturer Radiology in the Department of Shalya Shalakya, IMS, BHU, Varanasi.
10. Dr. A.K. Dwivedi- Appointed as M.O. Radiology in SS Hospital, BHU, Varanasi.

Share of State Branches- Up to 31.12.2004

U.P. State- 4500.00/-
M.S. State- 1000.00/-
Sagi Shodh- 6600.00/-
AAIM-CC- 14300.00/-

F.D.R.-

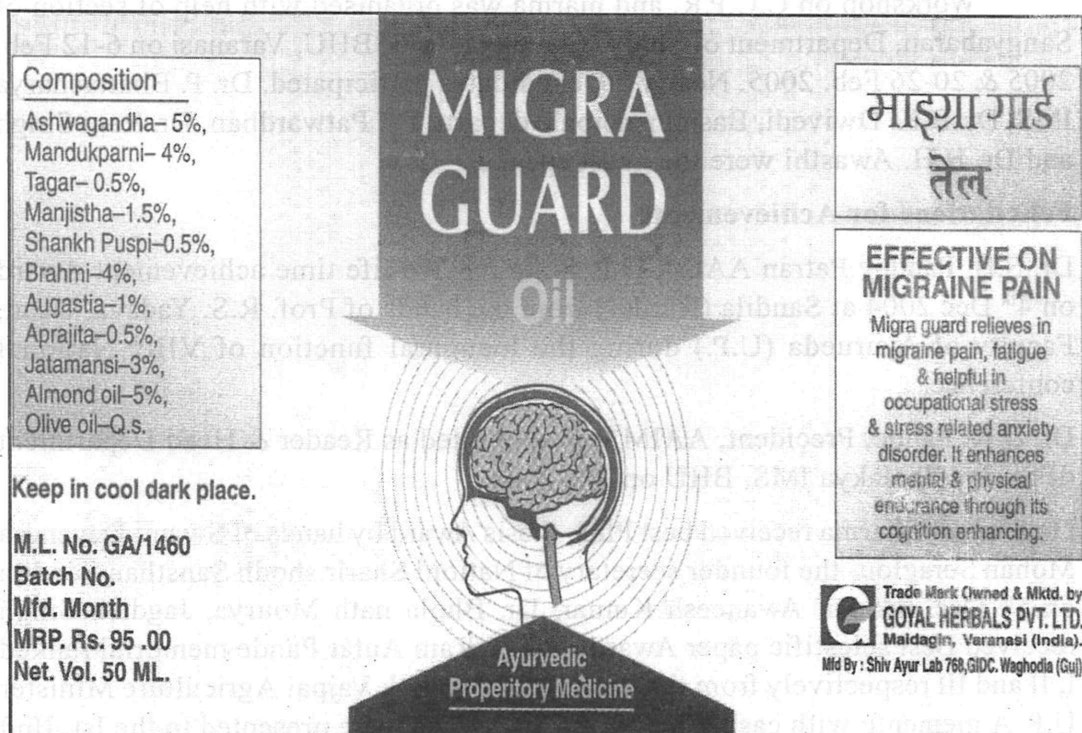
AAIM- 2 × 25000 = 50000/-
Sang Shock – 20000/-
Renewal HDFC- 50000/-

Future Plans

1. to start more new branches.
2. to start new P.G Center
3. to start workshop on C.C.P.R. at every center in all over the country.
4. to create palliative care centre all over the country.
5. to purchase land for building AAIM. Bhawan.
6. to purchase Ambulance for Association to help critically ill patients.

Dr. S. Shrma
Secretary AAIM

D.N. Pande
President AAIM



U.P. STATE BRANCH
Association of Assistants of Indian Medicine.
Annual Report- 2004-2005

Executive Meetings- The E.C. meeting of U.P. State members were held on following dates and following resolutions were adopted.- 6th Feb. 2005 – General Body Meeting, 9 April – 2005 EC Meeting, & on 16th October- 2005 EC Meeting.

Clinical meetings- was held on 9th April 2005.

Conference & Seminars-

VIIIth National conference was organised at Sundila (Hardoi) on 4-5th Dec 2004. 250 delegates all over the country participated in this conferees.

Sasyaharan Day-

Was celebrnted on 6th Feb 2005 and a workshop was organized on 'critical care monitoring devices'.

Workshop-

Workshop on C.C.P.R. and marma was organised with help of section of Sangyaharan, Department of Shalya Shalakya, IMS, BHU, Varanasi on 6-12 Feb. 2005 & 20-26 Feb. 2005. Nearly 20. candidates participated. Dr. P. Bhattacharya IMS, Dr. B.K. Dwivedi, BasicPrincipale departt. Dr. Patwardhan, Dr. Rani Singh and Dr. H.H. Awasthi were the guest speaker.

Felicitations for Achievements

Dr. S.B. Pandey Patran AAIM, U.P. State receive life time achievement Award on 4th Dec 2004 at Sandila (Hardoi) from the hands of Prof. R.S. Yadava, Dean, Faculty of Ayurueda (U.P.) during the Inaugural function of VIIIth National conference.

Dr. D.N. Pande, Precident, AAIM was appointed as Reader & Head Department of Shalya Shalakya IMS, BHU on 1-3-2005.

Dr. Sanjeev Sharma received best PhD. thesis Award by hands of Swami Devendra Mohan Seraglou- the founder secretary of Nationl Sharir shodh Sansthan Sandila on 5th Dec. 04. Dr. Awaneesh Kumar, Dr. Bhola nath Mourya, Jagdish Singh received Best sciestific paper Award- late Pt Ram Autar Pande memorial ranked I, II and III respectively from the hands of Dr. Ashok Vajpai Agriculture Minister U.P. A memento with cash Rs. 500, Rs.30,18201, were presented to the Ist, IInd

& IIIrd best Dr. D.N. Pande, President AAIM- was appointed as Reader Head Department of Shalya Shalakya on 01.03.2005.

Dr. Sanjiv Sharma Complited tenure of President of rotary club varanasi- North and received out standing Precident Award from District Governer Rotarian 'H.M. Shah' Distt. 3120.

Dr. S. Sharma was felicitated for the services in the free surgical camps for 2 month at Hindu Sewa Sadan Hospital.

Dr. K.K. Pandey joined as Reader in Section of Sangya haran.

Dr. R.K. Jaiswal was appointed as Medical Officer Anaesthesia – IM.

Dr. S.S. Mishra Joined as Lecturer and Dr. A.K. Diwedi as Medical officer in Radiology speciality in the Department of Shalya Shalakya IMS, BHU.

Membership- was raised.

Dr. H.O. Singh
Secretary

Ashok Dixit
President

* * *

SANGYAHARAN SHODH

Annual Report 2004-2005

- During the year 2004-2005 two issues of Journal were published timely.
- Regular advertisement were received by B. Braun, Neon, HimRatan oil, H.C.P. & Shiv Ayurveda.
- New advertisement form yash health care was added.
- Journal covered the association activities, everts, Progress, Accounts, Minutes of State branches with research papers. A special pages were given to 'Gaazette of India published on 3rd Feb. 2005.
- Account of Journal was audited and was approved by B.C. of AAIM- C.C.
- I am trying for Indexing of Journal too.
- Lastly I request to all the members to pay Rs. 100/- as postal charge excuding the life membership fee so that Journal can be send to each and every member without fail.

Dr. D.N. Pande
Chief Editor

* * *

Minutes of General Body Meeting
U.P. State Branch, A.A.I.M.

4/12/2005

General Body Meeting of U.P. State members was held on 4/12/2005 at 1.00 P.M. in the office of association. Following members attend the meeting.

Agenda-1 : Confirmation of minutes of previous meeting.

Resolution – The minutes of E.C. meeting and G.B. meeting dated (6/2/2005, 9/4/2005 and 16/10/2005) was unanimously accepted by members of G. Body.

Agenda-2 : Confirmation of account U.P. State Branch 2004-2005.

The account was presented by Dr. Hari Om Singh Secretary, U.P. State Branch AAIM and unanimously accepted by the house.

Agenda-3 : Annual report of U.P. State Branch

Resolution : Annual report of U.P. State Branch was presented by Dr. Hari Om Singh (Secretary) and accepted by General Body.

Agenda-4 : Sangyaharan Day Account.

Resolution: Sangyaharan Day - 6th Feb., 2005 was presented by Dr. Hari Om Singh. Rs. 18000/- was received from registration & stall. Rs.12603.50 was expend. The balance amount of Rs. 5396.50 will be used for next Sangyaharan Day – 6th Feb., 2006.

Agenda-5 : Next Sangyaharan Day 6th Feb., 2006

Resolution : The next Sangyaharan Day will be celebrated on 6th Feb., 2006. The members are requested in large no. to be present in 9th National Conference. It was also revolved to participate in 9th National Conference at Barhampur in large No. The members were requested to participate and pay Rs. 1000/- as reception committee member.

Agenda-6 : Election of office bearers of U.P. State Branch (Jan. 2006-Dec. 2006).

Resolution : The secretary – Dr. Hari Om Singh, informed the house that there is no nomination paper on record therefore the G.B. proposed the following names for the smooth conduction of association as office bearer for 2006.

Office Bearers for Jan. 2006 – Dec. 2006:

Patron	: Dr. S.B. Pande	**Executive Members :**
President	: Dr. P.K. Sharma	Dr. Raman Singh
Sr. Vice President	: Dr. P.S. Pandey	Dr. R.N. Mishra
Vice President	: Dr. S.K. Singh	Dr. S.J. Gupta
Secretary	: Dr. Hari Om Singh	Dr. Vandana Vidyarthi
Treasurer	: Dr. R.K. Jaiswal	Dr. Rajesh Singh
Joint Secretary	: Dr. S.B. Chaurasia	Dr. Awanish Rai
	: Dr. B.N. Maurya	Dr. Jagdish Singh
	: Dr. Sohail Ahamed	

Dr. D.N. Pande
Chairperson & President AAIM-C.C.

Dr. Hari Om Singh
Secretary AAIM
(U.P. State Branch)

* * *

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Qualifications : ....

Designation/Profession : ....

Permanent Residential : ....
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....

Present Address to which : ....
correspondence to be sent ....
....

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Membership Fee	:	Rs. 1500/-	Rs. 200/-
Associate Membership	:	Rs. 1000/-	Rs. 200/-

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

Date : Signature of Applicant

Correspondence Address :

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

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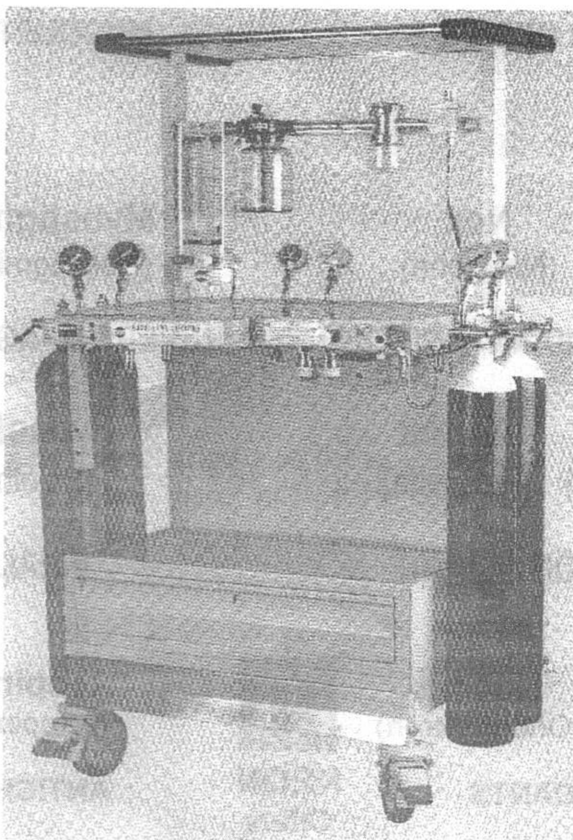

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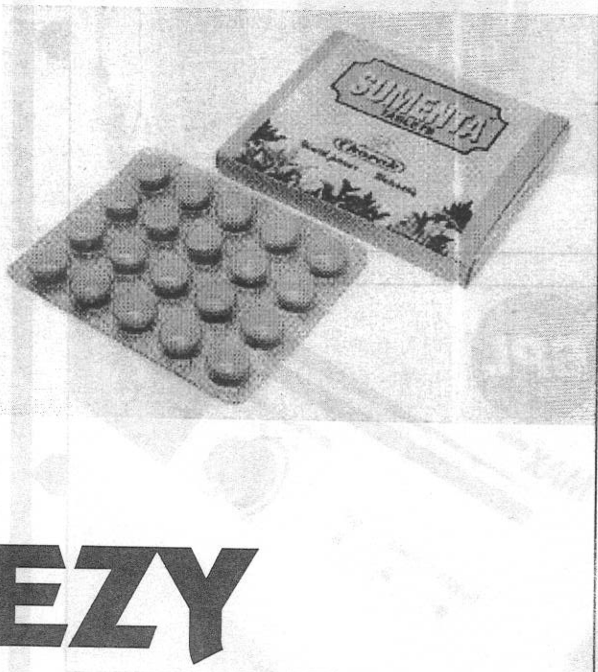

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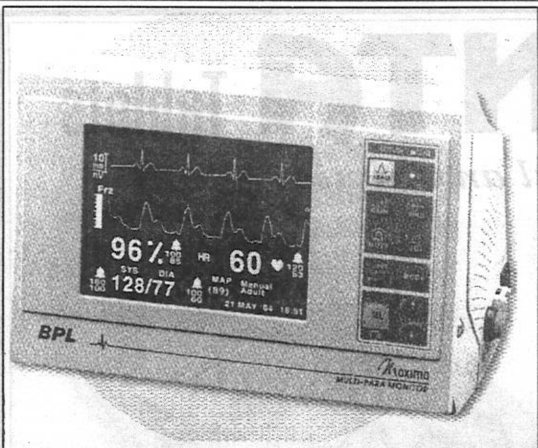

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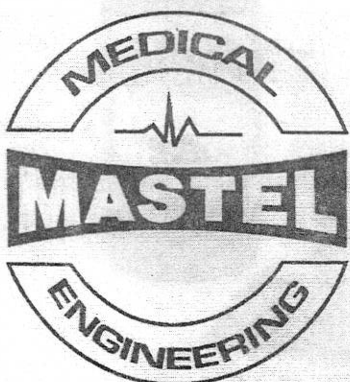

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आयुर्वेदिक दवाओं के शास्त्रीय सिद्धान्तों का अनुसरण करते हुए, हिमालय के वनों से प्राप्त प्राकृतिक जड़ी-बूटियों का प्रयोग कर, आधुनिक वैज्ञानिक अन्वेषणों और प्रयोगों के अनुसार निर्माण कर हिमरत्न तेल को जनसाधारण तक पहुँचाना ही हमारा उद्देश्य है।

हिम रत्न शीतल तेल-इसका प्रयोग सिर दर्द दूर करता है। यह सिर को ठंडा और दिमाग को तरोजाता 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 समस्यओं 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 लम्बांई बढ़ती है, बाल और सिर की त्वचा स्वस्थ रहती है। रुसी और जू दूर होता है। यह बालों की जड़ो तक पहुँचकर उन्हें पुष्ट करता है जिससे बालों का झड़ना रुक जाता है। आलोपेशिया (गंजापन) दूर होता है। असमय बाल पकना रूकता है। मामूली जलने-कटने में भी यह तेल जल्द असर करता है।

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SANGYAHARAN SHODH

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

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

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