SANGYAHARAN SHODH

(**A Bi annual Peer Reviewed International Journal**)

February 2018 Volume 21, Number 1 ISSN 2278 -8166

Available online at www.aaim.co.in

संज्ञाहरण शोध

An Official Journal of

BHARATIYA SANGYAHARAK ASSOCIATION

(Association of Anesthesiologists of Indian Medicine)

Please encourage others to be new members

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

Postal Address: Operation Theatre Block, Indian Medicine, S.S. Hospital, Banaras Hindu University, Varanasi – 221 005.

Announcement

The membership of Association is available to persons who are activity engaged in the field of Sangyaharan (Anaesthesia), Pain or Palliation. Membership will entitle members to attend the annual conferences and to receive the official Journal 'Sangyaharan Shodh'. Please fill in enclosed form and send it with crossed cheque or D/D in favor of Bharatiya Sangyaharak Association, Varanasi.

Dr. R.K.Jaiswal
Hon. Secretary
A.A.I.M

SANGYAHARAN SHODH

Journal Subscription (For other than members)

Half yearly - Rs. 200.00 per copy

Annual - Rs. 380.00 for two copies

Please send cheque or D/D in favor of Sangyaharan Shodh, A.A.I.M., Varanasi.

Address: Dr. D.N. Pande, Chief Editor,GB-5, Lane-2, Ganeshpuri Colony, Susuwahi, Varanasi – 221 005.

Tariff for Advertisement in 'Sangyaharan Shodh'

Back Cover Rs. 100000.00-for 15years.

Full Page	-	Rs.	10000.00- annual
Half Page	-	Rs.	6000.00- annual
Qr. Page	-	Rs.	3500.00- annual
Front inside	-	Rs.	25000.00- annual
Back inside Cover	-	Rs.	20000.00- annual
Life member – Advertiser	-	Rs.	50000.00-One time full payment

D/D or Cheque in favor of Chief Editor, Sangyaharan Shodh, A.A.I.M., Varanasi.

Dr. Devendra Nath Pande

***Chief Editor* - Sangyaharan Shodh**

EDITORIAL BOARD – JOURNAL

Sangyaharan Shodh is published bi-annually and is an Official Peer Reviewed International Journal of the Bharatiya Sangyaharak Association (Association of Anesthesiologists of Indian Medicine).

Subscription Rates for other than Life Members

Half-yearly	Rs.	200.00	
Annual	Rs.	380.00	
Life	Rs.	5000.00	(for 15 years)

Editorial Office

The Chief Editor, Sangyaharan Shodh, GB-5, Lane-2, Ganeshpuri Colony, Susuwahi, Varanasi – 221005.

SANGYAHARAN SHODH

(A Peer-Reviewed International Journal)

February 2018 **Volume 21, Number 1**

CONTENTS

Office Bearers -Central Council

Patron
Dr. D.P. Puranik
Director
I.P.G.T.R.A, Tilak Ayurved College, Pune

President
Dr. Anil Dutt
Associate Professor, Deptt.of Shalya Tantra,R.G.G.P.G.I.A., Paprola.

Vice Presidents

Dr. S. Bhat Professor, Deptt.of Shalya Tantra, S.D.M.Ayurved College, Udupi.	Dr.SanjeevSharma Consultant Anesthesiologist VARANASI	Dr. N.V.Borse Professor & Head, Deptt.of Shalya Tantra, Tilak Ayurved College, Pune.

Secretary
Dr. R.K.Jaiswal
Asstt. Professor, Departt. Of Sangyaharan, I.M.S., B.H.U., Varanasi

Treasurer
Dr. P. K. Bharti
S.M.O., S.S.H., I.M.S., B.H.U., Varanasi.

Joint Secretaries

Dr. Vinod Seth, Pune	Dr. B.Maurya, Varanasi	Dr. Ajeet Kr.Rai, Gorakhpur.

Ex-Officio Member - Dr. K.K..Pandey, Past President, Professor, Deptt. of Sangyaharan, I.M.S.,B .H.U.

Executive Members:

Dr. S.K.Singh, Varanasi	Dr. P.Awasthi, Paprola	Dr. Deepak K.Poman,Pune
Dr. A.K.Rai, Pune.	Dr. Vimal Kumar, Haridwar	Dr. Shishir Prasad, Haridwar
Dr. J.K.Chaubey , Varanasi	Dr. A.K. Srivastav, Varanasi	Dr. Y.K.Mishra, Varanasi

EDITORIAL

National Medical Commission-2017

Aims and objective of National Medical Commission-2017:

1. to replace the Medical Council of India with National Medical Commission as top regulator of medical education in India.
2. It would also put in place a four tier structure for the regulation of medical education.

The 20 member National Medical Commission will be at the top of this structure.

The bill also seeks to put in place a common entrance exam and licentiate exam, in which all the medical graduates will have to clear to get practicing licenses

Background :

Currently, Medical Council of India (MCI) is the apex body to regulate medical education.

It was Established in 1934 by British government on the lines of General Medical Council (GMC) of UK to regulate medical practice and medical education in the Country.

This act has been changed from time to time and was last updated in 2001.

Its functions can be placed in two Categories viz. medical education and ethics.

Its key functions included:

To maintain uniform standards of UG and PG medical courses.

To recognize and derecognize UG and PG medical courses.

To reciprocity with foreign countries regarding the medical degrees in India.

To maintain the register of medical practitioners in the country.

To upholding the ethics in medical education and profession in India.

For last many years, MCI has been subject to criticism due to corruption and unethical practices. Its president Ketan Desai was arrested in 2010 for taking bribe from private medical colleges. The issue was discussed at various levels including Parliamentary Committee.

The parliamentary committee in 2016 had highlighted the issues such as The Medical Council of India has: Failed to create a curriculum suitable for Indian context, particularly rural India.

Failed to maintain uniform standards of medical education.

Devaluation of merit in admission to medical colleges, particularly in private medical colleges.

Excessive focus on infrastructure and not quality of human resources.

Failed to raise the abysmally low doctor-population ratio.

All focus on medical education, no focus on ethics.

Thus, there was a need to either reform the MCI drastically or replace it with a new architecture.

National Medical Commission (NMC) Bill, 2017:

Architecture:

The National Medical Commission (NMC) Bill, 2017 makes provisions to establish the following Architecture {as per 2016 bill}. Medical Advisory Council: The Central Government will create a Medical Advisory Council as a *platform for states to put their concerns and views before the National Medical Commission*.

It will be an **advisory body** to advise the National Medical Commission on matters related to standards and discipline in medical education in India.

It will also advise the NMC on measures to enhance the equitable access to medical education.

The **medical advisory council** will be a multimember body comprised of:

One member nominated by each state. This member will be either Vice-chancellor of a health university in state or a Professor from medical institution.

- Two members to represent the Union Territories nominated by Home Ministry (not health ministry kindly note).

All members and chairperson of the National Medical Commission as ex-officio members of **Medical Advisory Council.**

The bill provides that the Medical Advisory Council shall meet at least once a year.

National Medical Commission The central government will create a **National Medical Commission** as a body corporate and autonomous boards under the overall supervision of the National Medical Commission.

Composition of NMC NMC will be a *20 member body* comprising a Chairperson, a Member secretary, 8 ex-officio members and 10 part time members.

- Out of the 8 ex-officio members,four shall be presidents of the boards constituted under the act and remaining four shall be nominees from three ministries viz. Health; Pharmaceuticals; HRD and one from Director General of Health Services.
- Of the 10, five part time members will be appointed by the Central Government and they will be eminent personalities from diverse fields such as management, economics, law, consumer / patient rights advocacy, health research etc.

Remaining five will be nominated by the states and union territories for two years.

Appointment and Removal of Chairperson / Members of NMC and Directors of Boards :

Chairperson of the National Medical Commission will be a person of outstanding ability, proven administrative capacity and Integrity with a PG degree in medical education and at least 20 years experience in the field of which 10 years to be in a leadership role.

Presidents of the boards will be persons of outstanding ability and prove administrative capacity with PG degree in medical education and 15 years experience of which 7 years will be in a leadership role.

Appointment of the chairman, presidents / directors of the boards, members of NMC will be done by Central Government through a *Search and Selection Committee*. This committee will be comprised of Cabinet Secretary and CEO, NITI AYOG.

The chairperson of NMC, its members and presidents of the boards will hold the office for a term of four years.

They can resign by sending their resignation letter to central government.

The Central government is empowered to remove them on various grounds such as insolvency, conviction, physical or mental incapacity, abuse of position, proven misconduct etc.

Secretariat :

The secretariat of the commission will be headed by Member Secretary, who shall be appointed by the central government for a term of four years.

Power and Functions of National Medical Commission:

The key powers and functions of NMC are as follows:

- It will assess the changing requirements, human resources, and infrastructure of health sector and develop a road map to meet these requirements.

It will frame policies for governance of medical education in India.

- It will frame regulations for smooth working of commission.
- It will provide overarching policy coordination among the boards with due regard to their autonomy.
- It will ensure that state councils effectively enforce the provisions of the law and take appropriate action in event of non-compliance.
- To exercise as Appellate Authority with respect to decisions of the UGMEB (Under-Graduate Medical Education Board),
- PGMEB (Post Graduate Medical Education Board) and MARB (Medical Assessment And Rating Board).
- Prescribe fees for proportion of seats.

The bill provides that the commission shall meet at least once every quarter.

National Examinations

NEET :A National Eligibility-cum-Entrance Test (NEET) for admission to undergraduate medical course shall be conducted by NMC or under purview of NMC.

However, the institutions which were created by a separate act of parliament will continence to be governed by their respective acts.

National Licentiate Examination :This examination will be conducted by NMC or under its purview to examine the medical graduates for granting them license to practice and get enrolment into the Medical Register.

This examination shall serve as NEET for medical graduates and also for enrolment to various post graduate courses.

Under-Graduate Medical Education Board (UGMEB):

The UGMEB is to be an autonomous board, to be established by central government.

It will be headed by a president who shall be assisted by such other staff from the NMC secretariat. Its main functions will be:

- To determine and prescribe the standards and all aspects of medical education at undergraduate level.
- Develop curriculum and tests for UG medical exams.
- To develop guidelines to set up medical institutions for UG courses.
- To determine and prescribe minimum Requirements and standards for UG courses.
- Though UGMEB will work under the rules and regulations of NMC, its president shall be empowered to take all decisions on behalf of UGMEB .
- Develop curriculum and tests for UG medical exams.
- To develop guidelines to set up medical institutions for UG courses.
- To determine and prescribe minimum Requirements and standards for UG courses.

Though UGMEB will work under the rules and regulations of NMC, its president shall be empowered to take all decisions on behalf of UGMEB .

Medical Assessment And Rating Board (MARB) :

MARB will be established by central government via notification. It will be headed by a full time president. Its main functions are as follows:

- To determine the process of Assessment and rating of Medical Educational Institutions.
- To hire and appoint third parties for ratings of medical institutions.
- Conduct an assessment and rating of all medical educational institutions in India.
- To impose penalties on the institutions which are unable to maintain minimum standards.
- **Board for Medical Registration (BMR)**
- This board also, like all others, will be established by Central Government via notification and will be headed by a full time president. It main function is to maintain a live National Register of all licensed medical practitioners. It has to be maintained in electronic form as per prescribed rules. The names of medical graduates who qualify the National Licentiate Examination shall be entered into this register.

Issues & Criticism: A few bodies such as Indian Medical Association have opposed the above bill on grounds that it may cripple the medical education in the country because the entire architecture has been made answerable to the bureaucracy and non-medical administrators. It also expressed concerns on making Licentiate examination as basic qualification to practice instead of MBBS.

We have yet to see what further changes are done in the bill before it sees the light of the day.

Jai Hind

Devendra Nath Pande
Chief Editor, Professor & Founder Head, Deptt. of Sangyaharan,
I.M.S., B.H.U., Varanasi.

Role of Agni Karma with Swarna Shalaka in Janusandhishool (Knee Joint Pain)

***Sarita Meena** ****P.K.Bharti** *****D.N.Pande**

Abstract: Ayurveda is a science of life which has active role in treating various diseases as well as to preserve the health. Acharya Sushrut described Shastra Karma (Surgical Method) and *Anushastrakarma* (parasurgical methods) . Among parasurgical procedure one of them is *Agni karma Chikitsa* in which therapeutically heat is applied locally with the help of different Shalaka (red hot with specific temperature) eg- Swarna, Rajat, Tamra etc and produced effect .It is superior among Shastra and Anushastra due to simple technique and optimum result eg- Kadar, Sandhigata vata,Janusandhishool e.t.c. Study was carried in Department of Sangyaharan to evaluate Agni karama with Swarna Shalaka on 60 patients of Janusandhi shool in two groups . The results are encouraging and will be awaited.

Keywords:-Agnikarma, Shalaka, Janusandhishool.

INTRODUCTION: Procedure which is performed with the help of Agni for treating the disease is called as Agnikarma. Ayurveda and other system of health care uses various modalities for management of joint pain.

Acharya Susruta has described Agni Karm therapy in different type of pain like Krostruka Shirsha, Parshani Shoola, Kati Shoola. Gridhasi and also in various skin diseases like leucoderma, Mashaka, Chippa, Medaja Galgand, Shlipada, Gridhasi[2] etc.

Many non-pharmacological approach including life style modifications, use of correct physical postures, Asana , Yoga, Panchkarm, Abhyang, diet , Parasurgical technique like Agni Karm Acupuncture, and transcutaneous nerve stimulation are different treatment modalities which are better tolerated to patient and cure the diseases with improvement of quality of life.

Acharya Sushruta in 3 A.D. before evolution of other medical aids indicated 'Agni Karma' in various disorders of skin, muscles, vessels, ligaments, joints and bones. He has also explained that the diseases treated with Agni Karma modality don't reoccur.

***J.R.3rd year ** Dy. M.S.,S.S.Hospital ***Professor & Founder Head, Dept.of Sangyaharan Faculty of Ayurveda ,IMS.BHU.Varanasi.**

Aim and Objective: To explore the literature regarding Agni Karma in ancient and recent text.
To evaluate the importance of Agnikarma in Janusandhishool (Knee joint pain).
To reduce the severity and duration of painful condition of muscle /tendon/ligaments/joints .
To provide cheap, safe and effective treatment in pain management
To introduce day care procedure without Physical Properties of Swarna Shalaka (Gold Metal)

Medicinal Properties of Swarna Shalaka (Gold Metal)
METAL-SWARNA
DOSHA-VATTA & PITTA
VIRYA-SHIT
THERAPEUTIC PROPERTY- Nadi Shool,Sandhi shool Vatjanya Shool(Janusandhishool)

METHOD:

The surgical and para-surgical procedures need careful handling, so the same was also adopted in the present study as:

i) Poorva Karma
ii) Pradhana Karma
iii) Pashchata Karma

Poorva Karma:

- A patient who was considered fit for procedure was prepared accordingly.
- Patients were counseled and explained about the procedure in order to make them mentally aware about the events of treatment.
- Consent of the patient obtained from the patient them self.
- Agropaharaniya - Before starting the procedure DNP Swarn Shalaka *for Bindu type projection*, artery forceps, sponge holding forceps, gauge pieces, cotton, Triphala Kwath, Ghritkumari pulp, Yashtimadhu Churna, adhesive tape, cotton bandage were kept ready.
- Most tender spot of the affected part was thoroughly cleaned and painting was done with Triphala Kwath for 5 minutes in the direction of hairs. This served the purpose of Shodhana and Nirjantukikaran. Before main procedure, patients were advised to take some Picchila (light) diet in the previous night. Then the patients were taken for Pradhana Karma.

Pradhana Karma: Patients were kept in suitable position before starting the procedure. The DNP Swarn Shalaka was heated up to red-hot and Bindu type Twaka Vrana were made on the most tender spot of the affected part, till the Samayaka Twaka Dagdha Lakshanas occured i.e. Shabda Pradurbhava, Durgandhata etc.

Pashchata Karma: Immediately after completion of the procedure the Vrana was pressed with cold Ghritkumari pulp and dusting of Yastimadhu Churna with the help of gauze pieces.
During the procedure, patient was carefully observed for any untoward complication. Patient was advised to keep the area dry for two days, clean, avoid itching by nails, exertion, trauma and unwholesome diet.

PROBABLE MODE OF ACTION:

According to Ayurveda:

1. Effect on dosha: Agnikarma is considered as best therapy for vata and kapha dosha because Agni possesses ushna, sukshma, tikshna guna ashukari guna which are opposite to vata and kapha. It removes srotovarodha and increase the rasa rakta samvahana to the affected site.

2. Effect on dhatu: Therapeutic heat transferred by Agni karma increase the dhatwagni, so metabolism at dhatu level increases which helps to digest the ama dosha.

MECHANISM OF ACTION:

1. Gate control therapy: Pain sensations are transferred by two types of fibers. "A" fibres (stimulated by heat, cold and touch) and "C" fibers (stimulated by pain). Here the gate mechanism is blocked by stimuli from A fiber, so the pain will not be felt.

2. Increased Metabolism: This is in accordance with Van't Hoff's statement that any chemical change capable of being accelerated by heat is accelerated by a rise in temperature. Consequently heating of tissues accelerates the chemical changes, i.e. metabolism. The increase in metabolism is greatest in the region where most heat is produced, which is in the superficial tissues. As a result of the increased metabolism there is an increased demand for oxygen and foodstuffs, and an increased output of waste products, including metabolites.

3. Effect of heating on nerves: Heat appears to produce definite sedative effects. The effect of heat on conduction has still to be thoroughly investigated but a physiological explanation has been offered by Sidney Licht (1965), there is evidence that any sensory excitation reaching the brain simultaneously with a pain excitation results in the pain impulse being more or less attenuated. Pain receptors of skin and motor end plate stimulated at 450C. Pathway for pain and thermal signals run parallel and ends into same area but only stronger one can felt. Therefore complete exclusion of pain impulse by heat occurs.

4. Effect on cardiovascular system: Increases blood supply: As a result of the increased metabolism, the output of waste products from the cells is increased. These include metabolites, which act on the walls of the capillaries and arterioles causing dilatation of these vessels. In addition, the heat has a direct effect on the blood vessels, causing vasodilatation, particularly in the superficial tissues where the heating is greatest. Stimulation of superficial nerve endings can also cause a reflex dilatation of the arterioles. As a result of the vasodilatation there is an increased flow of blood through the area, so that the necessary oxygen and nutritive materials are supplied and waste products are removed. The superficial vasodilatation causes erythema of the skin which, unlike that produced by ultraviolet irradiation, appears as soon as the part becomes warm and begins to fade soon after the exposure of heat ceases. With infra- red radiation the erythema may be mottled in appearance, and following repeated exposure to infra-red rays there may be an increase in pigmentation, this may be observed in the legs of individuals who habitually sit close to the fire.

5. Fall in blood pressure: If there is generalized vasodilatation the peripheral resistance is reduced, and this causes a fall in blood pressure. Heat reduces the viscosity of the blood, and this also tends to reduce the blood pressure.

6. Effect on muscular system: Rise in temperature induces muscle relaxation and increases the efficiency of muscle action, as the increased blood supply ensures the optimum conditions for muscle contraction.

7. Effect on sweat glands: There is reflex stimulation of the sweat glands in the area exposed to the heat, resulting from the effect of the heat on the sensory nerve endings. As the heated blood circulates throughout the body it affects the centres concerned with regulation of temperature, and there is increased activity of the sweat glands throughout the body. When generalized sweating occurs there is increased elimination of waste products.

8. Effect on temperature: As blood passes through the tissues in which the rise of temperature has occurred, it becomes heated and carries the heat to other parts of the body, so that if heating is extensive and prolonged a general rise in body temperature occurs. The vasomotor centre is affected, also the heat regulating centre in the hypothalamus, and a generalized dilatation of the superficial blood vessels results. Indications.

INDICATION: Agnikarma has been mentioned in disorders involving twaka, mansa, shira, snayu, asthi and sandhi due to Vata causing sever pain in the area specially kathin and sputa mansa.All type of pain like joint pain, sciatica due to vata ,warts, tumor, mass,fistula and also shiroroga.And also in Granthi Apchi,Arbud, Arsha Bhagandar,Shlipada, Tilkalaka.

CONTRAINDICATION: Ritu Nishedh, Rogi Nishedh, Sharad Ritu, Pitta Prakriti, Durbala ,Bal , Bhiru, Garbhini, Atisar, Grishma ritu.

CONCLUSION: Agnikarma had definite role in knee joint pain management .Observations of study shows that chronicity ofjanusandhishoola means chronicity is inverselyproportional to prognosis.

Patient of vata prakiti play important role to initiation andmanifestation of knee joint pain.

At last we can say that knee joint pain occur due to Vataprakopa and Kaphakshaya so Agni Karma is best treatment in knee joint pain with or without swelling.

Due to less heat and less temperature of DNP Swarna Shalaka we can perform Agni Karma T/T even in Grishma Ritus.

Agnikarma therapy is result oriented to local Vataja and Kaphaja disorder and it is the ultimate measure for haemostasis. It is an ambulatory treatment with minimum expense.

Agnikarma works on the law of pain management. It works on doshadhatu level, CVS, CNS, muscular system, tissue regeneration and sweat glands. As the disease treated by it do not relapse and moreover those incurable by medicines (bheshaja), operations (shastra) and caustics (kshara) yield to it and it is rapid, efficient to apply, well tolerated by patients and clearly efficacious. Thus Agnikarma with Swarna Shalaka is a non pharmacological OPD procedure, require a minimum equipment and facility to encounter Pain.so it can be used in Janu sandhishool (Knee joint pain) effectively.

REFERENCES:

1. Sushruta. Yadavaji Trikamji. Sushruta Samhita with Nibandhasagraha commentary of Dalhanacharya. Chaukhambha Surbharati Prakashan, Varanasi. Edition: Reprint 2008. Pp –261. 2. Sushruta. Jadavaji Trikamji. Sushruta Samhita with Nibandhasagraha commentary of Dalhanacharya. Chaukhambha Surbharati Prakashan, Varanasi. Edition: Reprint 2008. Pp –51. 3. Vagbhata. Astangahridaya with Sarvangasudara commentary of Arundatta and Ayurvedarasayana commentary of Hemadri. Chaukhamba Surbharati Prakashan, Varanasi. Edition: Reprint 2010. Pp – 358. 4. Vagbhatta. Shivprasad Sharma. Ashtanga Samgraha with Shashilekha commenatry by Indu. Chowkhamba Sanskrit series office, Varanasi. 2nd Edition-2008. Pp - 264. 5. Vagbhata. Astangahridaya with Sarvangasudara commentary of Arundatta and Ayurvedarasayana commentary of Hemadri. Chaukhamba Surbharati Prakashan, Varanasi. Edition: Reprint 2010. Pp – 358. 6. Sushruta. Jadavaji Trikamji. Sushruta Samhita with Nibandhasagraha commentary of Dalhanacharya. .

Approach of Ayurveda on Cystoid Macular Edema: A Case Study

* Dr. Priyanka Joshi **Prof.B.Mukhopadhyay

ABSTRACT:

PURPOSE: To report a case of chronic Cystoid Macular Edema (CME) who presented in Shalakya OPD of Ayurveda, SS Hospital, BHU and was treated with Ayurvedic medications.

METHOD: Case report of a 69 yr old female patient.

RESULTS: A female patient of 69 yrs was diagnosed with Cystoid Macular Edema in Right Eye for which she has been taking modern medication from long time and was also given intravitreal Avastin injections twice but her vision did not improved to her satisfaction. Patient was prescribed with ayurvedic medications along with some modern medications to which she responded with good visual outcome and personal satisfaction.

CONCLUSION: Ayurvedic medications in a planned way is found to be effective in treating Cystoid Macular Edema with a better visual outcome. Hence this should be practiced to establish the rationale of treatment evidence based.

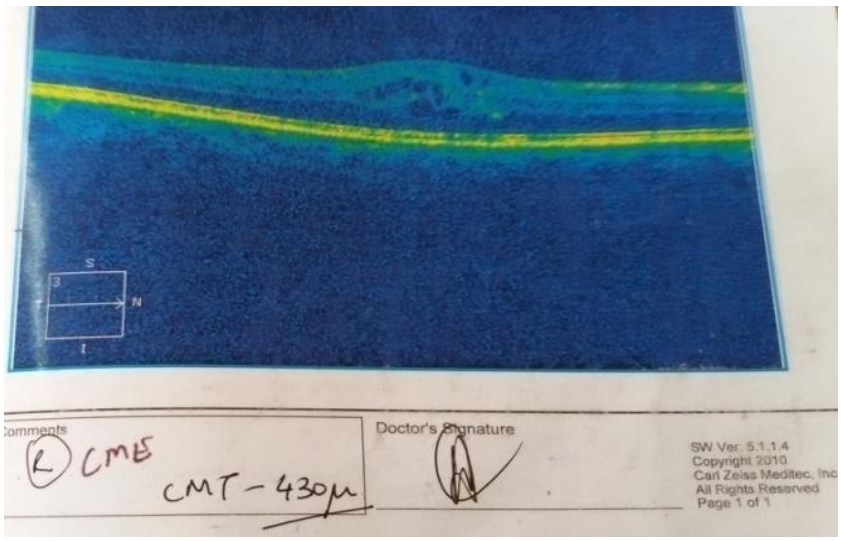
INTRODUCTION: Cystoid Macular Edema (CME) is the accumulation of fluid in the outer plexiform and inner nuclear layer of retina with the formation of fluid filled cyst like changes .Long standing cases usually lead to coalescence of microcystic spaces into large cavities .[1]CME is a common and non specific condition that may occur with any type of macular edema . The patient complains of impairment of cental vision associated with positive central scotoma .The main causes include diabetic retinopathy, hypertensive retinopathy, retinal vein occlusion, intraocular inflammation following cataract surgery etc. The treatment includes laser photocoagulation, steroids given topically or by posterior periocular injection, systemic carbonic anhydrase inhibitors etc. [2]

To correlate Cystoid Macular Edema (CME) exactly to the disease mentioned in Ayurveda is difficult but it can be cateogrised under Dhristigata roga mentioned in Ayurveda as there is loss of central vision.

*Senior Resident, Department of ShalakyaTantra, IMS, BHU, **Professor, Department of ShalakyaTantra, IMS, BHU.

CASE REPORT: A female patient of age 69 yrs presented in Shalakya OPD No. 13 of Ayurvedic Wing of SS Hospital, BHU. Her chief complaint was diminished vision in her Right eye since 3yrs .She had a history of hypertension ,increased cholesterol level for which she was taking medicine since 2yrs and was under control.The patient was diagnosed with Cystoid Macular Edema in Right Eye in 2011 for which she was given laser photocoagulation therapy in Bangalore and her vision restored. Again in December 2012 her vision deteriorated and she was diagnosed with Cystoid Macular Edema in Right eye with Central Macular thickness (CMT) 430µm (according to OCT report).

Fig.1: OCT report of RE on December 2012 showing CMT of 430 µm



She was given intravitreal Avastin injection in Right eye followed by continuous use of NSAID group eye drop.Patient repeated OCT examination February 2013 : CMT-367µm , March 2013 : CMT- 394µm, 10August 2013 :422µm

In 12 August 2013 she was given intravitreal Avastin injection again in the Right eye followed by OCT examination with CMT -394µm on 21 August 2013.Patient was continuously using NSAID group eye drop in Rt eye.

Patient presented in Shalakya OPD of SSL Hospital BHU on 28 June 2014.Her examination was as follows:

Visual acuity RE: 6/36P LE: 6/18P

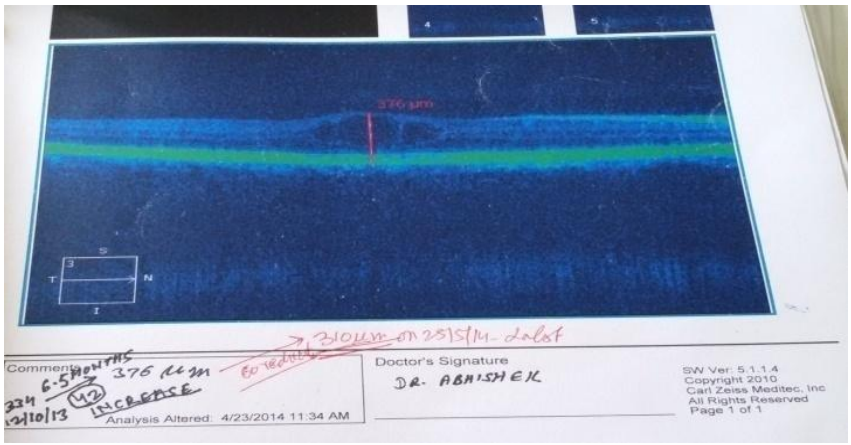
BCVA (Best corrected visual acuity) RE: 6/12P(+2.00Dsp+1.00Dc at 150 degree)

LE: 6/12P (+2.50 Dsp) For near vision: N-6 (+3.00 Dsp)

Investigation: According to OCT examination of retina:

CMT (Central Macular Thickness): 23 April 14: 376µm with cystic spaces around foveal region.

Fig.2: OCT report of RE on 23 April 2014 showing CMT of 376 µm



On Examination: Rteye: Mild cortical cataract, media clear, disc within normal limit, foveal reflex dull.

Patient was advised for a good control of blood pressure.The medications prescribed were :

Madhuyasti gugglu 2 tab bd with water

Ashwabalarishtha 20ml bd 20 min after meals

Tab Dhristhiprabhavati + Tab I-Tone 2tab each with 1/2tsf madhu + 1/4tsf ghritta.

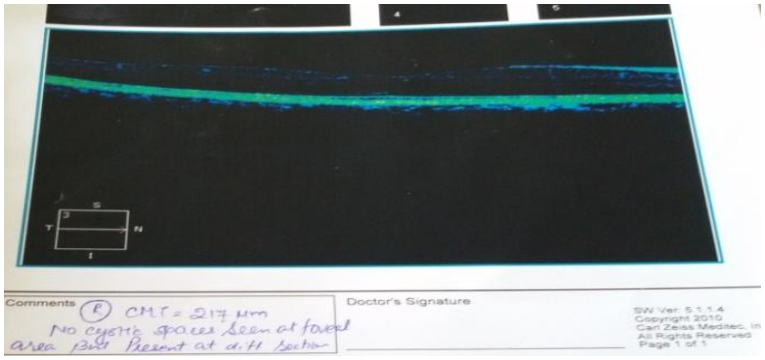
Patient came for follow up after one month

On Examination: Visual acuity RE: 6/24 LE:6/12P

BCVA (Best corrected visual acuit) RE:6/6P LE:6/6P(with the same glasses she was using before)

OCT examination: CMT-217µm with no cystic space around foveal region.

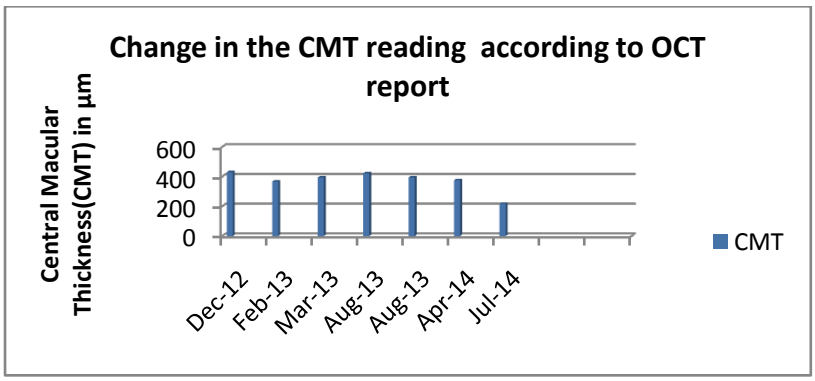
Fig.3: OCT report of RE on July 2014 showing CMT 217 µm and no cystic space around foveal region



DISCUSSION: Patient was taking anti-inflammatory eye drops from long time also she was given intravitreal Avastin (anti vegf) twice but the patient was not satisfied. Her vision was not static and the CMT reading showed variation. She was advised for intravitreal injection again than she visited Ayurveda OPD as she wanted an alternative.

Cystoid Macular Edema (CME) is the accumulation of fluid in the outer plexiform and inner nuclear layer of retina with the formation of fluid filled cyst like changes.To correlate Cystoid Macular Edema(CME) exactly to the disease mentioned in Ayurveda is difficult but it can be cateogrised under Dhristigata roga mentioned in Ayurveda as there is loss of central vision.
Madhuyasti gugglu (contains madhuyasti, triphala, shigru, pippali ,gugglu etc), Ashwabalaristha (aswagandharistha, balarishtha, dasmoolarishta),Dhristiprabhavati (muktapisthi and chandraprabhavati) all the drugs have a good anti-inflammatory role , are vata pacifying in nature and are good for eye disorders.The medications were effective in reducing the accumulation of fluid and also in reducing the cystic changes in foveal region thus resulting in good visual outcome and satisfaction to patient. With the present treatment the patient was satisfied as her vision improved and became static . Also the CMT reading for the first time during the whole course of her treatment period came within a normal range (217 µm).The patient is in regular follow up and her vision is static and her CMT maintained within normal range.

Fig.4: Change in the Central Macular Thickness reading according to OCT report



CONCLUSION: Ayurvedic medications have a good role in many ophthalmic diseases . A well planned combined therapy can result in good outcomes with patient satisfaction and can be an alternative of Anti VEGF intra-vitreal periodic injection but pharmacokinetics and pharmacodynamics of these effective drugs should be explored by more extensive scientific research.

REFERENCE:

1.Jack.J.Kanski ,Clinical Opthalmology:A Systematic Approach 6th edition p.650
2.AK Khurana,Aruj K Khurana :Comprehensive Opthalmology 4th edition p.273

High Risk in Pregnancy: Prevention and Management

***Dr. Sandhya Yadav** ****Dr. Sunil Yadav**

INTRODUCTION: A high-risk pregnancy is one that is associated with significant morbidity and mortality of the mother or her fetus. Some pregnancies become high risk as they progress, while some women are at increased risk even before they get pregnant for a variety of risk factors. Although only 10-30% of the mothers seen in antenatal period can be classified as high risk but they account for 70-80% of perinatal mortality and morbidity. Every year nearly 529000 women die globally due to pregnancy related causes. For each death nearly 118 women suffer from life threatening events or severe acute morbidity. Early and regular prenatal care helps many women have healthy pregnancies and deliveries without complications.

High risk pregnancies are:

1) Pregnancy associated with preexisting medical disorders like - diabetes, heart disease, hypertension, chronic anemia, chronic kidney disease or lupus, portal hypertension, HIVetc.
2) Pregnancy in overweight females, obesity - Obesity increases the risk for high blood pressure, preeclampsia, gestational diabetes, stillbirth, neural tube defects, and cesarean delivery. Researchers have found that obesity can raise infant risk of heart problems at birth by 15%.
3) Age related - advanced maternal age, very young or teenage etc. Pregnancy in teens and women age 35 or older increases the risk for preeclampsia and gestational high blood pressure.
4) Pregnancy in a female with previous history - of preeclampsia, peripartum cardiomyopathy, recurrent abortions, preterm labor, history of birth defects or chromosomal abnormalities.
5) Pregnancy complications that develop during pregnancy - placenta previa, placenta accreta, polyhydramnios, oligohydramnios, iugr etc.
6) Lifestyle choices - smoking cigarretes, tobacco chewing, alcoholic, illegal drugsetc. These females have more chances of birth defect and developing hypertension, preterm labor.
7) Previous surgical history - like myomectomy etc. there increased risk scar rupture and scar dehiscence in such patients.
8) Multiple births - the risk of complications is higher in women carrying more than one fetus (twins and higher-order multiples). Common complications include preeclampsia, premature labor, and preterm birth.

*** Senior Resident, Deptt. of Prasuti & Stri Roga, Faculty of Ayurveda, Institute of Medical Sciences, ** Assistant Professor, Heritage Institute of Medical Sciences, Varanasi.**

Management of high risk pregnancy:

Diagnosis:

- **Specialized or targeted ultrasound:** NT scan at 11-13 weeks, anomaly scan 18-20 weeks, Doppler studies can predict iugr, preeclampsia.
- **Amniocentesis:** Aspiration of amniotic fluid and culture of amniocytes. Indication are positive screening test, advanced maternal age, previous history of trisomy. Typically done 15-18 week of pregnancy, amniocentesis can identify certain genetic conditions, as well as neural tube defects.
- **Chorionic villus sampling (CVS):** During this procedure, a sample of cells is removed from placenta (chorionic frondosum). Indication previous history of trisomy, recurrent pregnancy loss, gene defect, DNA analysis. Typically done between weeks 10 and 12 of pregnancy, CVS can identify certain genetic conditions.
- **Cordocentesis:** This test, also known as percutaneous umbilical blood sampling, is a highly specialized prenatal test in which a fetal blood sample is removed from the umbilical cord. Typically done after week 18 of pregnancy, the test can identify chromosomal conditions, blood disorders and infections
- **Cervical length measurement:** in case or recurrent second trimester abortion.
- **Lab tests:** Dual marker, triple and quadruple marker depending on gestational age for detecting risk of trisomy18,21.
  Screening for hypothyroidism, GDM in patient with advanced age, family history of diabetes done by sending serum TSH level and doing GCT (glucose challenge test).

Swab of vaginal secretions to check for fetal fibronectin — a substance that acts like a glue between the fetal sac and the lining of the uterus. The presence of fetal fibronectin might be a sign of preterm labor.

- **Biophysical profile:** This prenatal test is used to check on a baby's well-being. The test combines fetal heart rate monitoring (nonstress test) and fetal ultrasound for amniotic fluid index (modified biophysical profile) useful in cases with IUGR.
- **CTG:** Continous cardiotocography during labor is very helpful in high risk cases. If this facility is not available a proper partogram charting and frequent fetal heart sound monitoring every 15 min in first stage and evry 5 min in second stage of labor is essential in high risk cases.
- **Newer non invasive** test for chromosomal abnormalities is free fetal DNA in maternal circulation

Patient should be made aware of specific warning signs or symptoms when they should immediately consult the specialist healthcare provider such as:

- Vaginal bleeding
- Persistent headaches
- Pain or cramping in the lower abdomen
- Watery vaginal discharge — in a gush or a trickle
- Regular or frequent contractions — a tightening sensation in the abdomen
- Decreased fetal activity or movement
- Pain or burning with urination
- Changes in vision, including blurred vision
- Excessive swelling over body

TREATMENT:

Treatment varies widely with the type of disease, the effect that pregnancy has on the disease, an d the effect that thedisease has on pregnancy. Additional tests may help determine the need for changes in medication or additional treatment.

PREVENTIVE STEPS FOR HEALTHY MOTHER AND CHILD IN HIGH RISK PREGNANCY:

1) Preconception counseling – In patient with previous history of medical disorders and birth defects this step is very important for proper planning of pregnancy.

*Various prenatal diagnostic test can be performed in cases of chromosomal abnormalities ,also drugs like folic acid can be started 12 weeks preconceptonally to prevent neural tube defects. Multivitamins or iron tablets cab be started in cases of anemic patients.

*Pregnancy in a female with previous history of preeclampsia, peripartum cardiomyopathy, recurrent abortions, preterm labor, history of birth defects or chromosomal abnormalities.

* Pregnancy complications that develop during pregnancy, placenta previa, placenta accreta, polyhydramnios, oligohydramnios, iugr etc.

*Lifestyle choices smoking cigarretes, tobacco chewing,alocoholic,illegal drugsetc. These females have more chances of birth defect and developing hypertension, preterm labor.

*Previous surgical history like previous c section, myomectomy etc.there increased risk scar rupture and scar dehiscence in such patients.

* Multiple births the risk of complications is higher in women carrying more than one fetus (twins and higher-order multiples). Common complications include preeclampsia, premature labor, and preterm birth.

*The patients with diabetes a proper diet and hypoglycemic are started to bring sugar ,HbA1c to optimum level.

*Females with heart disease are classified according to NYHA classification and advised according when they can conceive also corrective surgery if needed can be done before she is pregnant.

Sometimes, the medication a woman needs to control a medical condition which can cause problems for the baby.

*Preimplantation genetic techniques can be employed in patient undergoing IVF in advanced age

2) Healthy diet - During pregnancy, you'll need more folic acid, calcium, iron and other essential nutrients. A daily prenatal vitamin can help fill any gaps. Consult your health care provider if you have special nutrition needs due to a health condition, such as diabetes.
3) Gain weight wisely - Gaining the right amount of weight can support your baby's health and make it easier to shed the extra pounds after delivery. Work with your health care provider to determine what's right for you.
4) Avoid risky substances - If you smoke, quit. Alcohol and illegal drugs are off-limits, too. Get your health care provider's OK before you start — or stop — taking any medications or supplements.
5) Regular antenatal visits - As advised by the healthcare provider. Adequate antenatal care identifies, predicts and manages pregnancy complications to ensure acceptable maternal and perinatal outcomes.

CONCLUSION:

The prognosis depends in large part on the specific medical condition. Some medical conditions make it difficult to getpregnant and lead to a higher risk of problems in the baby.

There are few medical conditions that can cause health risks to both mother and baby during pre gnancy. Women with these medical problems should consider these risk before getting pregnant. Many of these women will benefit from integrated care given by the gynecologist, perinatologist and the physician in a tertiary care centre.

Thus,with frequent visits to healthcare providers, careful attention to medication, women with high risk pregnancy usually enjoy healthy, successful pregnancies.

REFERENCES:

1. Pradeep MK, Gnanadeep NV, Umesh RD, Pushpa SP. Prevalence Of High Risk Pregnancy In Rural Dharwad. IOSR Journal of Dental and Medical Sciences. 2015;10:29-32.
2. Samar KH, Dorgham LS, Suheir AM. Profile of High Risk Pregnancy among Saudi Women in TaifKSA. World Journal of Medical Sciences. 2014;11(1):90-7.
3. NIH. (2010). *Risk of newborn heart defects increases with maternal obesity [news release]*. Retrieved July 30, 2012, from http://www.nih.gov/news/health/apr2010/nichd-07.htm [top]
4. Medline Plus. (2011). *Medical Encyclopedia: Adolescent pregnancy.* Retrieved May 31, 2016 from https://medlineplus.gov/ency/patientinstructions/000607.htm [top]
5. Patrick GO, Elizabeth UN, Peter NE. Assessment of the risk status of pregnant women presenting for antenatal care in a rural health facility in Ebonyi State, South Eastern Nigeria. N Am J Med Sci. 2011;3(9):424–7.


Benefits of
Smriti Sanjeevani Oil:
Relieving mental tension.
Mental concentration.
Calming nervous system.
Boosting mental energy.
Increasing focus and mental clarity.
Improving circulation and oxygen to brain.
Promotes growth and regenerate nerve cells
Helps maintain your working memory in the short term
Smriti Sanjeevani Oil
Nett. 100 ml.
Usage : Massaging of Smriti Sanjeevani Oil is essential as it improves blood circulation in your scalp area. You should massage your hair for 10 to 15 minutes. Leave the oil in your hair overnight. You can wash it off the next morning.
CERTIFIED
Composition: Each 10ml. contains :
Malkangini (Celastrus paniculata) Sd. 100mg
Mandukaparni (Centella asiatica) Pl. 50mg
Shankhpushpi (Convolvulus pluricaulis) Pl. 50mg
Brahmi (Bacopa monnieri) Pl. 50mg
Varch (Acorus calamus) Rz. 50mg
Tagar (Valerian wallichi) Rt. 50mg
Ashwagandha (Withania somnifera) Rt. 50mg
Bhringraj (Eclpita alba) Pl. 50mg
Almond Oil (Prunus amygdalus) As Such 0.5ml
Til Oil (Sesame oil) Q.S.


VAIBHAV HERBAL
JIVANYA SANJEEVANI (GOLD)
AYURVEDIC PRODUCT
GMP CERTIFIED COMPANY
जीवन्य संजीवनी (गोल्ड)
Nett Contents : 15 Capsules
Composition:
Each capsule contains:
Ext. Ashwagandha (Withania sominfera) (Rt.) 80 mg
Ext. Shatavari (Asparagus racemosus) (Rt.) 80 mg
Ext. Vidari Kanda (Pueraria tuberosa) (Rz.) 80 mg
Ext. Mulathi (Glycyrrhiza glabra) (Rt.) 80 mg
Ext. Gokshura (Tribulus terrestris) (Fr.) 80 mg
Shuddh Kaunch (Mucuna pruriens) (Sd.) 80 mg
Shilajit Purified (Asphaltum) (Exd.) 80 mg
Ext. Triphala (As such) 40 mg
Ext. Trikatu (As such) 40 mg
Abhrak Bhasam Biotite Calx (As such) 30 mg
Mandoor Bhasam Ferric Oxide Calx (As such) 30 mg
Yashad Bhasam Rumex crispus (As such) 30 mg
Praval Pishti Paederia foetida (As such) 30 mg
Rajat Bhasam Argentum (As such) 20 mg
Makardhwaj Sulphide of Mercury (As such) 20 mg
Swaran Bhasam Auric Oxide (As such) 2 mg
General Debility
Weakness due to Diabetes
Diabetic Neuropathy
Loss of Libibo

BHARATIYA SANGYAHARAK ASSOCIATION

(ASSOCIATION OF ANAESTHESIOLOGIST OF INDIAN MEDICINE)

MEMBERSHIP FORM

I wish to join **BHARATIYA SANGYAHARAK ASSOCIATION** as Life/Annual/Associate (Life/Annual)/Honorary member and enclose Cheque/Bank Draft/Money Order/Cash for Rs……..... towards subscription for the association, for the year……..

Full Name (in Block Letter) :……...

Date of Birth & Sex ……...

Qualifications :

Designation/Profession :

Permanent Residential Address with Tel. No. :……...

E-mail ID :……...

Present Address to which correspondence :……

to be sent ……...

Specialty	:	Sangyaharan/Pain/Palliation	
Membership Fee	:	**Life Member**	**Annual Member**
Membership Fee Bonafide	:	Rs. 5000/-	Rs. 500/-
Associate Membership	:	Rs. 5000/-	Rs. 500/-

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

Date: …… Signature _____

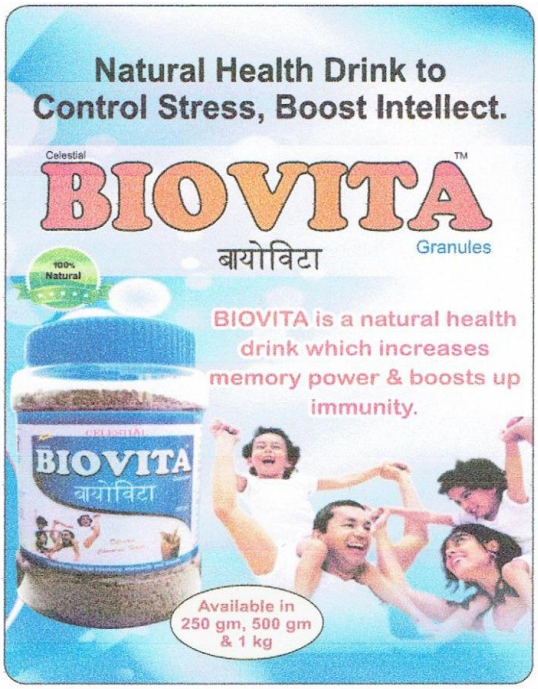
Correspondence Address: Bharatiya Sangyaharak Association, Section of Sangyaharan, Deptt. Of Shalya Tantra, I.M.S., B.H.U., Varanasi – 221005

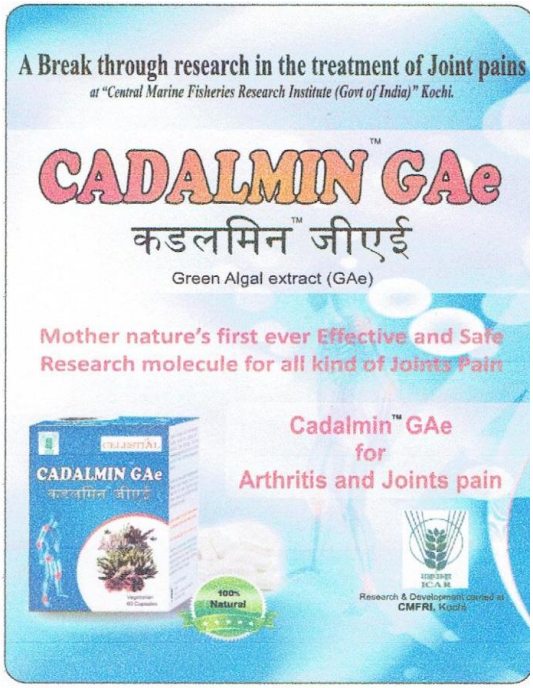
☞ Out station cheques should be accompanied by Rs. 50/- as Bank charges. Cheque/Draft should be send in favor of Bharatiya Sangyaharak Association, Varanasi.

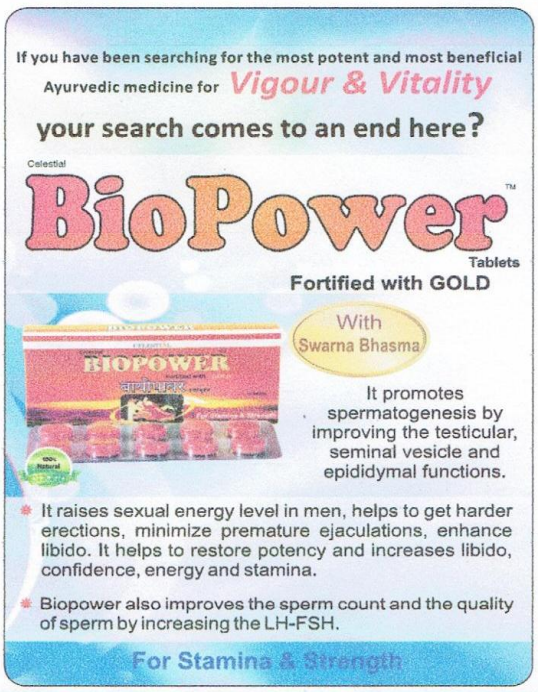
APPEAL

All the life members who had already paid Rs. 50 00.00 as Life Membership fee are requested to send a D.D. of Rs. 5000.00 in favor of A.A.I.M. payable at Varanasi for purchase of Land of office of Association (C.C.) at Varanasi. The members who will donate Rs. 10001.00 or more will be presented a certificate and their name will be published in the Journal with their Photographs. Due to increase in Postal Charges the Journal will be send only to those members who will send Rs. 100.00 as Postal Charges by M.O./ D.D. in favor of *Sangyaharan Shodh*.

Journal can be Download from our website: www.aaim.co.in







Manufactured & Marketed by
CELESTIAL BIOLABS LIMITED
(An ISO 9001:2008 certified company)
Plot No. 58, Road No. 12, TSIIC Tech Park, IDA Nacharam, Hyderabad - 500076, Telangana, INDIA
Customer Care : 040- 65358555, 65498555 . E-mail : customercare@celestialbiolabs.com, Web : www.celestialbiolabs.com