



Estd : 1989
NCISM College Code : AYU0153
MUHS College Code : 3401

NAAC ACCREDITED WITH B++, NABH & ISO 21001:2018 CERTIFIED

छत्रपती शाहू महाराज शिक्षण संस्था संचलित

आयुर्वेद महाविद्यालय व रुग्णालय

CHHATRAPATI SHAHU MAHARAJ SHIKSHAN SANSTHA'S

AYURVED MAHAVIDYALAYA & RUGNALAYA

(Recognized by National Commission for Indian System of Medicine, Ministry of AYUSH, Govt. of India, New Delhi & Affiliated to Maharashtra University of Health Sciences, Nashik.)



New initiation in Prasuti Tantra & Strirog

1. New initiation in Uttarbasti:

- Basic knowledge regarding uttarbasti like- indications, contra-indications, benefits and complications.
- Pre-operative, operative and Post operative care of uttarbasti:
- Proper pre operative, operative and post operative care is taken with all basic ailments.
- Recently we use Intrauterine insemination cannula inspite of basti putak.
- Benefits of IUI Cannula-
 1. Easy to operate
 2. Less post procedure pain
 3. Disposable
 4. Cost effective

2. New initiation in Garbhini Paricharya:

- Especially in Garbha Sanskar, ANC care is issued to the pregnant lady with data of procedure and monthwise progression.
- Educating the patient regarding benefits of garbhadhana vidhi, garbhini paricharya, garbha sanskar.
- Most of the pregnant ladies especially that belong to rural and remote areas are educated about garbhini paricharya, garbh sanskar etc. so as to maintain health status of mother & fetus both.
- Do's & Dont's are properly explained as a prime objective of Garbhini.
- Prasav counselting with pictorial representation and models.
- Before labour the Garbhini is explained the complete process, mechanism, nature of labour pains, position of fetus, cearvical dilatation and head presentation etc.



Jeshmukh

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Details of availability of emergency kits and mock drill carried out to manage complication.

1. Uttarbasti

Possible complications.

- Patient may land in to anaphylactic shock.
- Cervical injury, vaginal injury, uterine wall injury.
- In case of neurogenic shock patient either goes in cardiac arrest or dies or he may recovers fully spontaneously

Emergency drugs available-

- Inj. Atropine
- Inj. Dopamine
- Inj. Dobutamine
- Inj. Phenylephrine
- Inj. Hydrocortisone
- IV fluids like RL, NS etc.

Mock Drill –A. Anaphylactic shock

Patient in anaphylactic shock
due to vasovagal syncope.

Patient informed to medical
officer and concern authority
immediately.

Reshmi

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- Head low given
- All vitals checkrd
- Use of atropine in case of sever bradycardia.
- Emergency lifesaving durgs



- Resuscitation if needed done.
- Extravascular fluid replacement done with RL, NS etc.

2 . Kshar pratisaran/ Yonipichoo

Possible complications-

- patient may land in to Neurogenic shock due to severe pain experienced by him.
- Patient may land in to vasovagal shock sometime.
- Resulting in to sudden Hypotension, Bradycardia, Arrythmia, low cardiac output .

Emergency drugs available-

- Inj.Atropine
- Inj.Norepinephrine.
- Inj.Epinephrine
- Inj.Dopamine.
- Inj.vasopressin
- Inj.Hydrocortisone
- IV fluids like RL, NS etc.

Mock Drill –A. Neurogenic shock



Jeshmish

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Patient in Neurogenic shock
with sever hypotension



Patient informed to medical
officer and concern authority
immediately.



- Head low given- Trendelengburge Position
- Immediate administration of IV fluids to correct hypovolemic condition
- Use of vasoconstrictor Drugs like epinephrine, nor epinephrine.
- Use of atropine in case of sever bradycardia
- Use of Steroids if needed



- Resuscitation if needed done.
- Extravascular fluid replacement done with RL, NS etc.



Jeshmurti

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3. Agnikarma

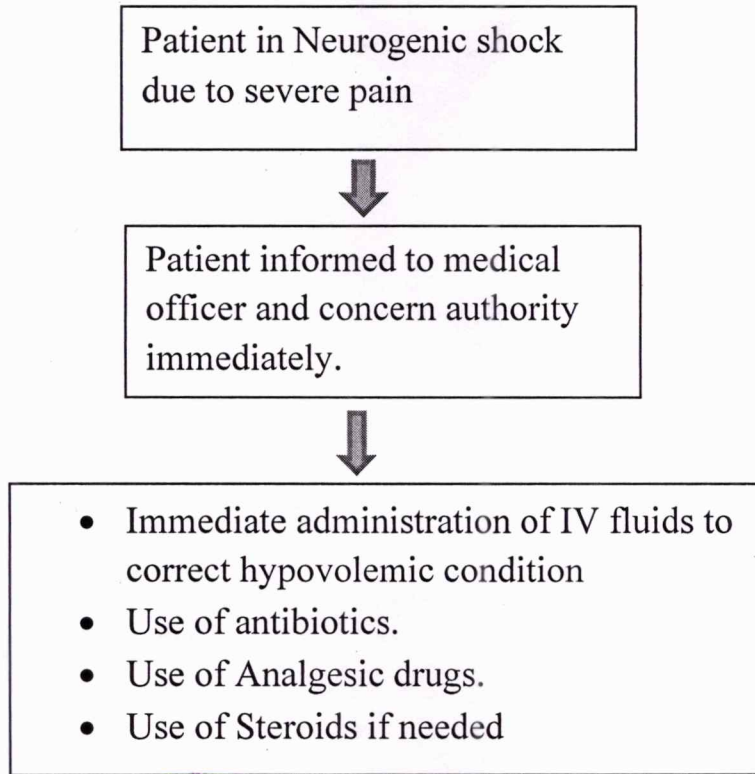
Possible complications-

- While performing *Agnikarma* treatment there may be chances of burn .

Drugs available-

- Antibiotics
- Analgesics.
- Silver sulphadiazine ointment for local application
- Inj.Hydrocortisone
- IV fluids like RL, NS etc.

Mock Drill –A. Neurogenic shock treatment and wound management.



Principals

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- Management of Burn Wound accordingly.
- Extravascular fluid replacement done with RL, NS etc.

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