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WITH SHORT TRICKS ----NEXT AYUSH EXAMINATION ----THEORY NOTES

Gonorrhoea — clap.

Retro verted Uterus

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also called
- Tipped Uterus
- Retro flexed uterus
- Uterine retroversion
- Backward Uterus
- Uterine retro displacement

- cervical erosion (cervical ectropian) (CCE)

- Galactocele (fibro adenoma.

- plain Radiography - X-ray
- Bikini cut.

- Mechanism of labour.
  - cardinal movement.

- ventous delivery
  - vaccum extractor

- forcep delivary
  - Assisted vaginal delivery

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SR ⑥ अन्तमृत गर्भ — 136

⑦ बहु गर्भता (multiple pregnancy → बहुप्रत्यता also called

⑧ हल्लास — 154

— छर्दि — 154

— अरुचि — 156

— अतिसार — 157

— विबन्ध (constipation.

— अर्श — 179 (SR.)

— उदावर्त — 168

— परिकर्तिका — 159

— वैवर्ण्य — 162

— कण्डू

— किकस/ा

— पाण्डु

— कोठ — 159

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— — — hypertension

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— Toxemias of preg. — 144

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— TORCH Syndrome — 183

— PET — 144

— Hrichchool. — drug.

चिकित्सा mentioned

(Paper - II / Part A)

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Prakriti - Prakrutal

|| - Probably indicating

आर्तव व्यापद	निदान	लक्षण	साध्य असाध्यता	चिकित्सा	सम्प्राप्ति घटक
① वातज	वातप्रकोपक आहार-विहार	तनु रूक्ष फेनिल, अरुण वर्ण युक्त अल्प प्रमाण विभिन्न स्त्राव	साध्य	स्निग्ध, कांस्यमर्य, पान क्षीर पाक, बस्ति, लवण उष्ण, अम्ल	दोष - वात दुष्य - रस, रक्त
② पित्तज	पित्तकर आहार विहार	पीत / नील वर्ण अतिस्निग्ध स्त्राव पूति पुय, उष्ण रक्त स्त्राव दाह	साध्य	पित्त मधुर, शीत, कषाय पाठार्क सेवन, श्वेतचन्दन + मधु, चन्दन + पयस्था कल्क धारण योनि	दोष - पित्त दुष्य - आर्तव
③ कफज	कफकर आहार विहार	शुक्ल / अल्प पीत गाढ़ा समान स्त्राव घन पिच्छिल स्त्राव विबन्ध स्त्राव	साध्य	कटु, रूक्ष, कषायादि कर्म वमन, कल्क धारण योनि पानार्क - क्षीरीवृक्ष पल्लव कषाय	दोष - कफ आर्तव - दुष्या
④ पुयार्श (पित्त कफ)	पित्त कफ वर्द्धक आहार	पूतिपूयता, दाह ज्वर, गुरूत्व, तन्द्रा	असाध्य	त्रिफल वचा कल्क योनि पूरण अपराजिता + चंदन कषाय	दोष - कफ - पित्त दुष्या - आर्तव
⑤ कुपाकग्रन्थि (रक्तज)	रक्तज पित्तप्रकोपाहार	अतिमात्रा स्त्राव रक्तवर्ण, स्त्रावर्ग	असाध्य	चन्दन कषाय, योनि लेपन योनि पूरण - त्रिफल कषाय	दोष - पित्त दुष्या - आर्तव
⑥ ग्रन्थि युक्त वात कफ	कफ वाताहार विहार	वात & कफ लक्षण	असाध्य	त्रिकटु + वृक्षक कषाय पानार्थ बस्ति - मुस्तादि यापन बस्ति	दोष - वात, कफ दुष्या - आर्तव
⑦ क्षीणे आर्तव वात पित्त	वात पित्त आहार विहा	अल्पस्त्राव, योनिवेदना दाह, उष्मा delayed discharge	असाध्य	आर्तव क्षय समान चि. रक्तवर्धक चि.	दोष - वात - पित्त दुष्या - आर्तव

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scopy - examin

ectomy - removal

योनि व्यापद Can include any 9 in स्त्री रोग.

आर्तव दुष्टि / आर्तव व्यापद (आर्तव व्यापद)

AV

- आर्तव दुष्टि indicates only menstrual disorder.
- probably indicating interkloman disorder of ovum Hormones.

निदान - नस्य —— (1)
- अति उष्ण —— (2)
- स्नेहन स्वेदनान्तर —— (3)

- भेद (classification) -

- वातज
- पित्तज
- कफज
- वात + पित्त (क्षीणार्तव)
- पित्त + कफ (पुष्पघ्नी)
- वात + कफ (ग्रन्थि अर्श)
- रक्तज (कुणप ग्रन्थि)
- सन्निपातज (not done)

(1) वातज आर्तव व्यापद -

निदान - वात आहार - विहार
प्रकोप

सम्प्राप्ति घटक - दोष - वात
- दूष्य - रस —— (1)
- रक्त —— (2)

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लक्षणा - तनु रूक्ष फेन युक्त
- वर्ण युक्त
- अल्प प्रमाण
- विभिन्न स्त्राव
- सरुज

साध्य - असाध्यता - साध्य.

चिकित्सा - स्निग्ध
- शीत
- शीत पाक
- पान
- बस्ति
- लवण
- उष्ण
- अम्ल

② पित्तज आर्तव व्यापद् -

निदान - पित्तकर आहार - विहार.

सम्प्राप्ति - दोष - पित्त
- दुष्य - आर्तव

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लक्षणा - पीत / नील वर्ण
- अभिनव स्त्राव
- पुति पुया सदृश गन्ध युक्त
- उष्ण रक्त स्त्राव
- दाह युक्त

साध्य - असाध्यता - साध्य

चिकित्सा - पित्त मधुर
- शीत
कषाय पदार्थ सेवन
- श्वेत चन्दन कषाय + मधु
- चन्दन + पयस्या कल्क धारण in योनि.

(3) कफज आर्तव दुष्टि -

• निदान - कफकर आहार-विहार.

• सम्प्राप्ति - दोष - कफ
दूष्य - आर्तव.

* लक्षणा - शुक्ल / अल्प पीत वर्ण
- मज्जा समान स्त्राव
- घन पिच्छिल स्त्राव
- विबद्ध स्त्राव.

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साध्य / असाध्यता - साध्य.

चिकित्सा - कटु, रुक्ष, कषायादि, कफहर
- वमन using मदनफल कषाय.
- मदनफल / कल्कधारण in योनि
- पानार्थ - क्षीरीवृक्ष पल्लव कषाय.

(4) पुयाभ (पित्त कफ) -

निदान - पित्त कफ वृद्धिकर आहार.

सम्प्राप्तिघटक - दोष - पित्त
- कफ
- दूष्य - आर्तव.

लक्षणा - पूतिपुयता
- दाह
- ज्वर
- गुरुत्व
- तन्द्रा.

साध्य-असाध्यता - असाध्य.

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चिकित्सा - त्रिफला क्वाथ कल्क = योनि पुरण
- भद्राक्षया + चन्दन कषाय.

(5) कुणपं ग्रन्थि (रक्तज) -

• निदान - रक्त पित्त प्रकोपकर आहार-विहार

• सम्प्राप्ति घटक - दोष - पित्त
- दूष्या - आर्तव

• लक्षण - अतिमात्रा स्त्राव।
- रक्तवर्ण
- स्त्रावर्ग

साध्य-असाध्यता - असाध्य

• चिकित्सा - चन्दन कषाय is given only.
- योनि लेपन is ~~चन्दन~~ त्रिफल कल्क.
- योनि पुरण is त्रिफल कषाय.

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(6) ग्रन्थि युक्त (वात + कफ) -

लक्षणा - ग्रन्थियुक्तं श्लेष्मवातभ्याम् ।

All कफज and वातज आर्तव व्यापत लक्षणा are seen.

साध्य असाध्यता - असाध्य.

चिकित्सा - त्रिकटु + वृक्षककषाय - पानार्थ
- बस्ति - मुस्तादि यापन बस्ति.

पथ्य - शाली अन्न
- मद्य
- पित्त मांस

(7) क्षीण आर्तव व्यापत (वात + पित्त)

लक्षणा - (क्षीण वात पित्तथ्यांम् ।)
- अल्प स्त्राव
- योनि वेदना
- Delayed discharge.
- दाह
- उष्ण.

AV

सम्प्राप्ति घटक _ दोष वात-पित्त.

साध्य-असाध्यता _ असाध्य

चिकित्सा _ आर्तवक्षय समान चिकित्सा
- रक्तवर्धक चिकित्सा.

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आर्तव क्षय | रज क्षय | आर्तव क्षीणता

- रज क्षय is also known as आर्तव क्षय or आर्तव क्षीणता.

- Causative factors — सहज — (1)
  - व्याधिज — (2)

(1) सहज - physiological causes.
(2) व्याधिज - व्याधि (disease) Causes.

- आर्तव क्षय (stoppage of menstrual) expeeienced रजस्वला अवस्था at the time of 50 years and also in Pregnancy.

- Pathological आर्तव क्षय factors -

- Inbalance of वात and कफ दोष. — (1)
- Injury to आर्तववाह स्त्रोतस — (2)

- Injury to आर्तव स्त्रोतस —
  - अतिसमशोधन — (1)
  - अतिसमशमना — (2)
  - वेग धारण — (3)
  - असात्म्य अन्न — (4)
  - व्यायाम — (5)
  - अतिमैथुनाद्य — (6)

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लक्षणा - अराजसका योनि व्यापद — (1)
- शण्डि योनि व्यापद — (2)
- वनध्य योनि व्यापद — (3)
- रक्त गुल्म — (4)
- वात-पित्त योनि व्यापद — (5)

• Basic treatment — निदान परिमर्जना
- समशोधन — (1)
- अग्नेय द्रव्य — (2)
— (3)

• चिकित्सा - परिसेचन + घृत
- वृति — (1)
- फल घृत — (2)
- शीत कल्याणक घृत — (3)

① वातज असृग्दर - निदान - रूक्ष आहर
- रक्तमादाय.

लक्षणा - रूक्ष
- श्याव
- फेनिल
- चारूजमेव
- Discharge with Pain.
- Quick flow of discharge.

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पित्तज अतिसार - अम्ल
- उष्णो
- पित्ते
- प्रकुपित

लक्षणा - Blue yellow discharge.
- रूंप:
- दाह
- तृष्णा
- ज्वर
- giddiness.

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• रक्तप्रदर / असृग्दर / रजोवृद्धि (Excessive loss of blo.)

- असृग्दर is also called रजो वृद्धि.
- रजः प्रदीर्यते यस्मात्।
  प्रदरस्तेन स स्मृत:।
- Blood is called as असृक and excessive loss of Blood per vaginal is called असृग्दर

• Classification —

- वातज — (1)
- पित्तज — (2)
- कफज — (3)
- सन्निपातज — (4)

• clinical features —

- अति प्रदीर्यते रक्त (excessive blood)
- Intermenstrual bleeding
- अङ्गमर्द
- रुजः

भेद - वातज असृग्दर
- पित्तज असृग्दर
- कफज असृग्दर
- सन्निपातज असृग्दर

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① वातज -

- निदान - वात is vitiated by रूक्षआहार
  कुपित
  फेन अनिल.

- लक्षणा - रक्त स्त्राव
  - अति प्रदीर्यते रक्त स्त्राव
  - रूप
  - रूपः in Sacral Region.
  - Quick flow of discharge.

② पित्तज - अम्ल — (1)
- उष्णो — (2)
- लवण — (3)
- क्षारे — (4)

} निदान

लक्षणा - तृष्णा — (1)
- ज्वर — (2)
- अम्ल — (3)
- वेदन — (4)
- दाह — (5)
- रूप — (6)

(3) कफज असृग्दर - गुरुत्वा आहार — (1)
- लवण आहार — (2)
- कटु आहार — (3)

लक्षणा - पिच्छिलं — (1)
- स्निग्धम् रक्त स्त्राव — (2)
- रूजः — (3)
- श्वास — (4)
- कास — (5)
- छर्दि — (6)
- वेदन — (7)
- अंगमर्द — (8)

(4) सन्निपातज असृग्दर - दोषहर आहार — (1)
- व्याधि गूढ़ण — (2)
- पाण्डू — (3)

लक्षणा - दुर्गन्धि — (1)
- yellowish discharge — (2)
- दाह
- ज्वर
- पाण्डू
- कामला
- क्षीण रक्त
- त्रिदोष कुपित.

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उपद्रव - Weakness
- दाह
- तृष्णा
- कामला
- श्वास
- कास
- मूर्च्छा
- प्रलाप
- तन्द्रा.

- चिकित्सा - बस्ति कर्म
- विरेचन कर्म

क्वाथ - द्राक्षादि क्वाथ
- हरितकी क्वाथ
- मधुर + शर्करा चूर्ण

सम्प्राप्ति - ?

Menstrual disorder

① Amenorrhoea (absence of menstrual) AV

- Absence of Menstrual Period in woman's.
- Two Categories { primary
  Secondary

① Primary — Absence of menstrual
— by - 14 yrs.

Causes — Stress ——— ①
— Excessive ——— ②
- Polycystic Syndrome. — ③
— PCOS / PCOD ——— ④
- Turner Syndrome. ——— ⑤
- cystic fibroids. ——— ⑥

② Secondary Causes — Breast feeding
— Stress
— Depression
— chemotherapy.
- Kidney failure.

Assesement - physical examination
- Laboratory test
— To BMI (body Mass Index)

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physical examination - Weight
- Height
- vital sign
- Hormones check: -

Laboratory test - Laproscopy
- CT scan
- TVS
- TAS.

Treatement - Oestrogen Replacement therapy.
- Thyroid Hormone replacemant therapy.

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• Hypomenorrhoea / menorrhagia.

short period.

- Scanty or Infrequent menstruation.
- also called menorrhagia.

- short period
- less blood flow.

Factors — Oral Contraceptive pills
- IUCDs (excessive Tcu use)
- Hormonal Implants.

Time — At Puberty.

• Causes — Myomectomy
- Low body fat
- Asherman's syndrome (Asherman Syndrome)
  → also called adhesion / intrauterine adhesions.
  → formation of scar tissue in the Uterine cavity.

Diagnosis — USG
- CT scan → developed after Uterine by surgery.
- MRI
- Dilation and curettage (D&C)

• Oligomenorrhoea ~~Causes~~ Infrequent menstrual Period (Or Irregular)

Causes - Hormonal changes — irregular menstrual flow
- stress
- Heavy Bleeding
- Mal-nourished
- Pshycological disorder.
- Graves diseases.
- Thyroid disorder.

Diagnosis - Blood test
- pap smear
- USG
- CT scan
- Urine test
- MRI

• Treatment - Lifestyle change
- Birth control
- Hormonal therapy.

Dysmenorrhoea - Crams and pelvic pains with menstruation.

• Parts - Primary - (1)
Secondary - (2)

(1) Primary - painful menstrual without identifiable pathology.

(2) Secondary - painful due to pelvic pathology.

• Causes - Endometriosis
- Adenomyosis (~~fat~~ endo metrosis me tissue growth abnormal
- Pelvic Infection.
- fibroids.
- Polyps.

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Symptoms - pain in lower abdomen.
- Lower Back pain
- sharp pain.

• Diagnosis - USG
- MRI
- CT Scan
- CBC
- ESR
- Physical examination.

Adenomyosis
^ Uteri

Ovulation disorder - ovulatory

Abnormal Uterine Bleeding

Heavy Menstrual Bleeding

PALM (extra growth of tissue)

- P- Polyps
- A- Adenomyosis
- L- Leiomyome
- M- malignancy → tumor.

COEIN

C- Coagulopathy.
O- Ovulatory disorder
E- Endometerial
I- Introgenic
N- Non functional.

Scanned with OKEN Scanner

• Abnormal Uterine bleeding

AV

(AUB | IMB | HMB)

(AUB ≤ 2)

IMB - Inter menstural Bleeding
HMB - Heavy menstural Bleeding.

- Abnormal Uterine Bleeding - is bleeding from uterus that is No longer than usual or irregular time.

- Bleeding may be heavier or lighter than usual.

• Examination - General — (1)
- Abdominal — (2)
- Pelvic examination. — (3)

Causes - Tumors — (1)
- fibroids — (2)
- polyps — (3)
- cervical — (4)
- PTD. — (5)

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बन्ध्यत्व (Vandatav)

- Unable to Conceive

Types — बन्ध्य — (1)
सपुत्रा — (2)
अपुत्रा — (3)

① बन्ध्य - Some serious problem (बीजोपघात)

② सपुत्रा - at Reproductive age

③ अपुत्रा - After treatement

निदान - आहार दोष — (1)
- बिहार दोष — (2)
- ऋतु दोष — (3)
- बीज दोष — (4)
- आत्म दोष — (5)

• Physiology of गर्भाशय - ऋतुकाल
- क्षेत्र
- बीज - स्त्री बीज
पुरुष बीज
- अम्बु

षड्गर्भभाव - मातृज
- पितृज
- रसज
- आत्मज
- सत्व
- सात्म्य

• गर्भाशय संबंध (बीज)

- स्त्री संबंधि - स्त्री बीज
- पुरुष संबंधी - पुरुष बीज

- अष्ट आर्तव दुष्टि → चिकित्सा - शोधन कर्म
- ब्रह्मचार्य

• अष्ट आर्तव

- वातज
- पित्तज
- कफज
- वात-पित्त (क्षीण)
- वात-कफ (ग्रन्थि)
- पित्तकफ (पूतिपूय)
- सन्निपातज (पूयश्री)
- रक्तज (कृमि)

पुरुष बन्धत्व
- शुक्र क्षय - difficiency of शुक्र
- शुक्र दुष्टि - vitiation of शुक्र.

शुक्र क्षय
- अल्प रेतस — (1)
- क्षीण रेतस — (2)
- विषुशुक्र रेतस — (3)

(2M)
• शुक्र दोष दुष्टि
- फेनिल — (1)
- तनु — (2)
- रूक्ष — (3)
- विवर्ण — (4)
- पिच्छिल पुति — (5)
- अन्यधातु संभृत — (6)
- अवसादी — (7)

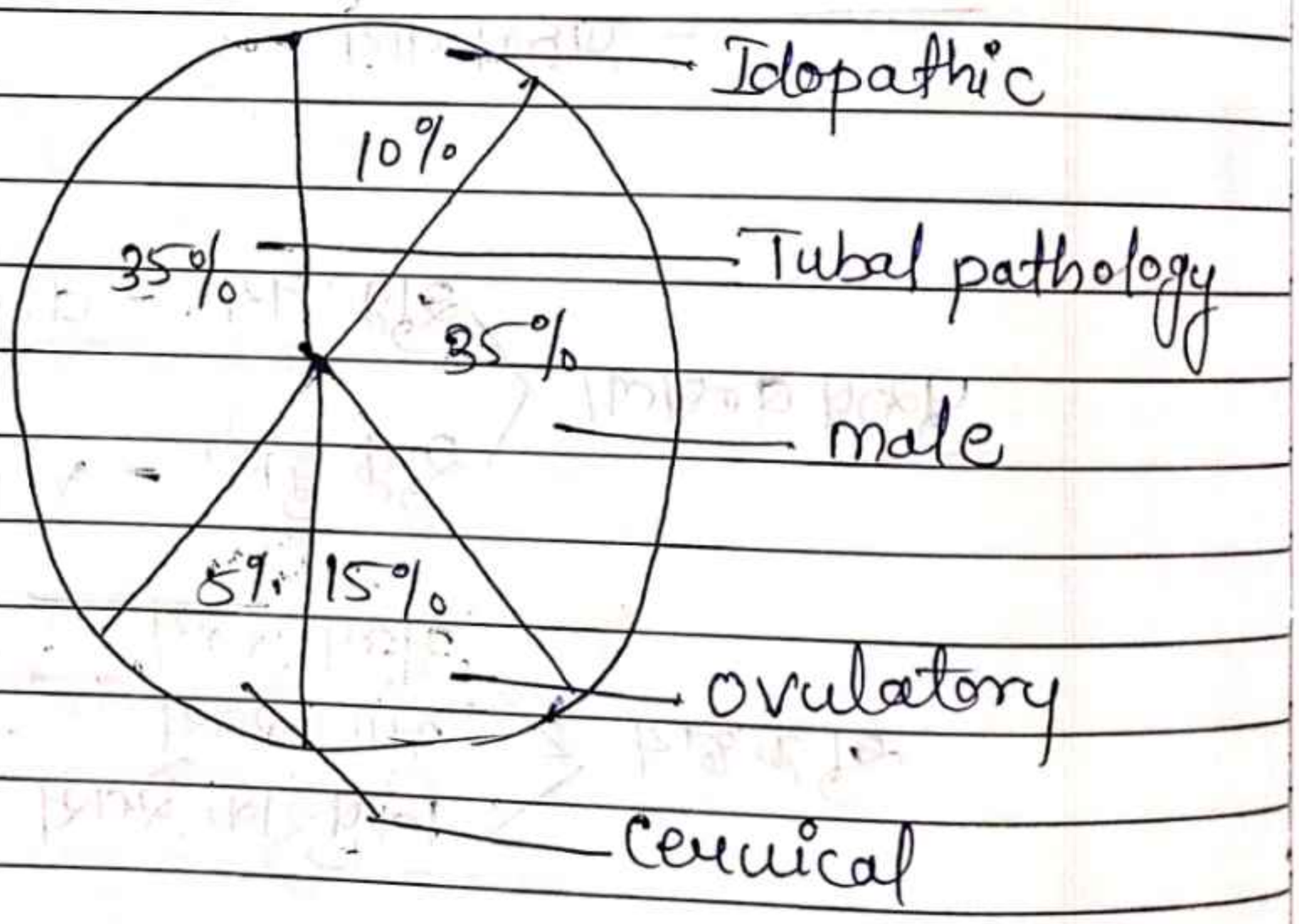
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Infertility - failure to Conceive

Types < primary
Secondary

primary - Never Conceive

Secondary - Already Conceived but (difficult to conceive) 2nd time



Infertility

female (55%)
↓
inability to pregnant

Male (45%)
↓
Inability to cause pregnancy.

VD

-Female infertility - Ovulation factors
- Ovarian factor
- Pcos / PCOD
- Ovarian cyst
- Removal of ovary
- Ovary infection.

Diagnosis - X-Ray ——— (1)
- CT-Scan ——— (2)
- TVS ——— (3)
- TAS ——— (4)
- MRI Scan. ——— (5)

Male infertility - Low Sperm count
- azoo Spermia.
- Testesterone level ↓
- Idopathic
- testis disorder.

Diagnosis - USG (Ultra Sonography)
- MRI (Magnetic Regonance Image)
- Renal Sonography.
- Vasography
- Urologic evalution

ग्रन्थी (ovarian cyst) → excessive गांठ पढ़ना in overy me. VD

निदान - वात प्रकोप
- दुष्ट दोष
- दोष दुष्टि
- विरुद्ध आहार
- अति मैथुनात

सम्प्राप्ति घटक - दोष - त्रिदोष
- दूष्य - रक्त
- मांस
- मेद
- स्थान - Any where in body.

classification - वातज
- पित्तज
- कफज

चिकित्सा - स्नेह
- कल्याण घृत
- फलघृत
- समसर्जन
- निपान परिमर्जना

(2) अर्बुद - Excess tissue growth. (धातु वृद्धि.

निदान - वात प्रकोप
- पित्त प्रकोप
- रक्त दुष्टि
- मांस दुष्टि
- विरुद्ध आहार

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सम्प्राप्ति घटक -

दोष - वात
- पित्त
- कफ

दूष्य - रस
- रक्त
- मांस
- मेद
- अस्थि

Classification - वातज
- पित्तज
- कफज
- रक्त
- मेद
- मांस

सम्प्राप्ति

निदान सेवन
↓
त्रिदोष प्रकोप
↓
Vitiation of रस, मांस मेद
↓
take अधिष्ठान any where in शरीर
↓
form पुट
↓
causes व्या-धि

व्या-धि - शल्य चिकित्सा
- कफ वात
- मेद वात
- मेदो वात
- ग्रन्थ वात

} वात types

चि. → वमन
= विरेचन
स्नेह
पञ्चकर्म
शल्य चि.
छेदन क्रिया

Menopause (stopage of Menstrual period) (MD)

- Cessation of menstrual period is called menopause.
- Age - 50-55 years.

- factors - Hystrectomy
  - ovary removal
  - chemo therapy
  - Radiation therapy.

Phase - Pre menopause ——— (1)
  - menopause ——— (2)
  - Post menopase ——— (3)

1) Primenopause - mood swings
  - Hot flushes
  - Night sweat
  - Vaginal dryness
  - Irregular period
  - Loss of Libido (sexual desire)

2) menopause - Hot flushes
  - night sweat
  - Insomia
  - Vaginal dryness
  - Amenorrhoea. (stoppage of M.C)

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(VI)

3) post menopause
- Destoporosis — (1)
- Heart disease — (2)
- Urinary infections — (3)
- Breast cancer — (4)
- Depression. — (5)

Management
- Radiation
- chemotherapy.
- exercise
- Vit. D.
- Calcium.

योनि कन्द

VD

- कन्द is a mass either in regular or irregular shape.
- Mass develops in the योनि it is called योनि कन्द

Causative factors (निदान)
- दिवस्वप्न
- अति क्रोध
- अति व्यायाम
- अति मैथुनात
- पुय शोणित.

Classification
- वातज
- पित्तज
- कफज
- सन्निपातज

① वातज योनि कन्द - रुक्ष
- without वर्ण
- cracked.

② पित्तज योनि कन्द - Red inflammed
- दाह
- ज्वर.

③ कफज - Bluish colour like अतसि and तैल
- दाह.

VD

सन्निपातज्वर

- ~~सन्~~पातज्वर योनि कर्म —

- वा त्रिदोष

चिकित्सा :- गैरिक चूर्व ± मधु
- त्रिफला कषाय ± मधु
- मुषिका तैल.

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योनि अर्श

VD

- Umbrella shaped muscular growth in the योनि (Vagina) is called योनि अर्श.

Causative factor (निदान) - ऋतुकाल
- दोष प्रकोप
- मांस
- रक्त

लक्षण - Foul Smell
- Sticky
- Blood discharge.

चिकित्सा - Medication
- क्षार कर्म - deep rooted
- अग्नि कर्म - Roughs and fixed
- शस्त्र कर्म - moist & thin root.
(Surgical remove)

After चिकित्सा - Cauterization should beginen

Congenital Malformation of female genital tract.

(VI)

Vulva – Labia Hypoplasia
– Labia Hypertrophy.

Hymen – Imperforate Hymen
– micro perforate Hymen
– Septate Hymen. (division long)

Vaging – Transverse vaginal Septum
– Vertical
– Lower

Cervix – cervical Agenesis (Absent when a girl born
– Hypoplasia (fails to fully develop
– Duplication. (2 cervix (cervix present)

Uterus – Uterine Duplication
– Unicornicate Uterus.
– Septate Uterus
– Uterine Agensis

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Sexually Transmitted diseases (STD/STI)

VD

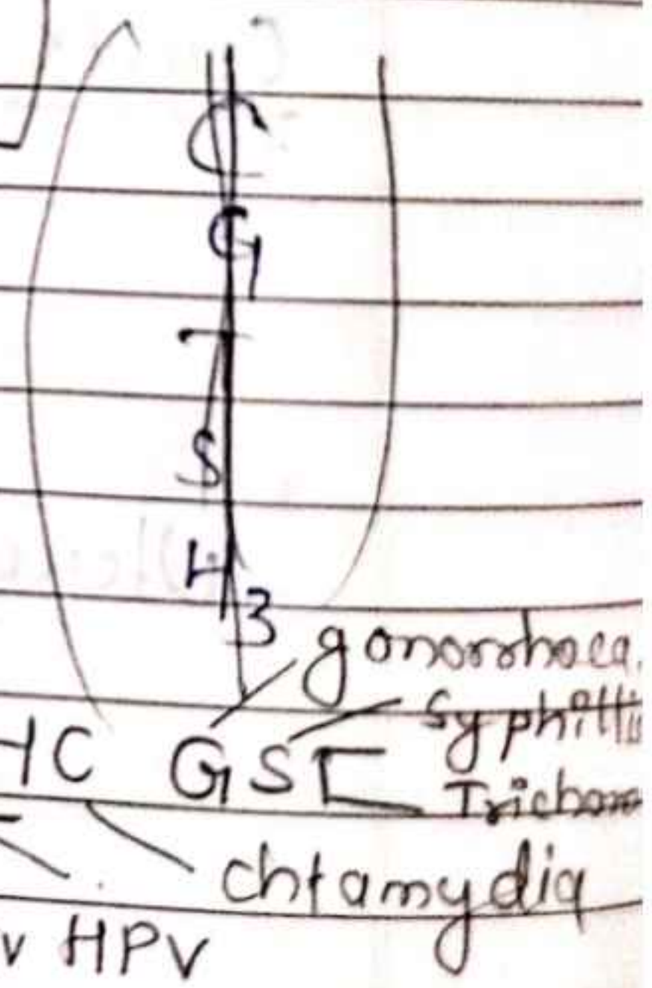
- Condition passed from one person to another. Sexual person. through Sexual contact.

- STD also called STI
  (Sexual Transmitted infection)

- pain — (1)
- pain in Urine — (2)
- Sores — (3)
- Unusual discharge — (4)
- Painful testicles — (5)
- painful ovaries — (6)
- Itching in vagina. — (7)

Types - chlamydia
- Human papilloma virus
- Syphills
- HIV
- Gonorrhea
- Trichomoniasis
- Herps

HC GST
3



① **chlamydia** — Certain type of bacteria caused by chlamydia.
के कारण हैं

Category - STD.

Symptoms — Pain ——— (1)
— pain urine ——— (2)
— pain vagina ——— (3)
— pain in lower abdomen — (4)

Antibotics

(2) HPV — Human Papilloma virus
Transmitted through —
- skin to skin or sexual contact
- Oral Cancer
- Cervical Cancer
- Vulvar
- penile
- Rectal

Vaccine — HPV-16 — (1)
— HPV-18 — (2)

(3) Syphills — Bacterial infection.
- Rashes
- fatigue
- fever
- Headache
- joint pain
- weight loss.

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VD

④ HIV - Known as AIDS

Human Immuno deficiency Virus | Acquired Immuno deficiency Syndrome

Symptoms - fever
- chills
-
- pain
- sore throat
- Head ache
- Nausea
- Rashes.

⑤ Gonorrhoea - Bacterial STD.

"The clap" (also called)

- White discharge from vagina & penis yellow.
- pain
- Itching around genitals.
- sore throat.

⑥ Trichomoniasis - 'trich'

Caused by tiny protozoa bacteria

- Discharge
- pain
- Burning Sensation
- Itching
- frequent Urination.

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(7) Herpes

VD

Herpes - Caused by Herpes Simplex Virus (HSV)

HSV
HSV-1
HSV-2
> sexually transmitted Disease

Age - 14 to 49.

(1) HSV-1 - primary Causes oral Herps
- By mouth.

(2) HSV-2 - Causes genital Herpes.

Most Common Symptoms - Blistery sores.

AIDS

12/11/22.

- Caused by Human ~~Imm~~ Immune defiriency virus.

- Spread globally including India.
- RNA retrovirus.

- HIV destroy CD4 + T Lympocytes.
  Causes ~~Acute~~ Acquired Immune deficiency ~~Symptoms~~ Syndrome.

- Mode of Infection -

  - Sexual Intercourse
  - Contaminated Needles
  - Transfusion of blood.

Infections - Pneumonia
- Tuberculosis
- Viral fungal
- Dementia as CNS gets affected.

Death rate
Mortality Rate - 100% upto 1995.

After 1995 - use of Anti retroviral therapy.

Diagnosis - ELISA Test
↓
Enzyme Linked Immuno Sorrent Asey.

Treatement - Anti-retroviral therapy-
- Avoid ~~sex~~ illegal sex
- awareness
- Use disposable needles.
- Use only AIDS free blood.

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शुक्र विज्ञान

VII

- Basically शुक्र is सौम्य. — ①
- आर्तव is आग्नेय. — ②

- Qualities of शुद्धशुक्र —

- स्फटिक — ①
- स्निग्ध — ②
- मधुर — ③
- मधुगन्धि — ④
- शुक्ला — ⑤
- गुरुत्वा — ⑥
- तैल क्षौद्र : — ⑦

- निदान व शुक्र दोष — अति व्यायाम
  - अपथ्याहार
  - मैथुनाथ
  - भय
  - वेग धारण
  - धातु क्षय
  - Excessive Sexual Indulgence.

शुक्र दोष — फेनिल
- तनु
- रक्त
- विकर्ण
- पूति
- पिच्छिल
- अन्य धातु संश्रुत
- अवसादि.

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चिकित्सा of शुक्र दोष — घृत ——— (1)
— खीर ——— (2)
— मांस रस ——— (3)
— शाली ——— (4)
— शष्टिक शाली ——— (5)
— वाजीकरण द्रव्य ——— (6)

शुक्र क्षय — क्रोध ——— (1)
निदान — भय ——— (2)
— विरुद्ध आहार ——— (3)
— कटु आहार ——— (4)
— अति व्यायाम ——— (5)
— चिन्ता ——— (6)
— मद्य पान ——— (7)
— अपथ्याहार ——— (8)

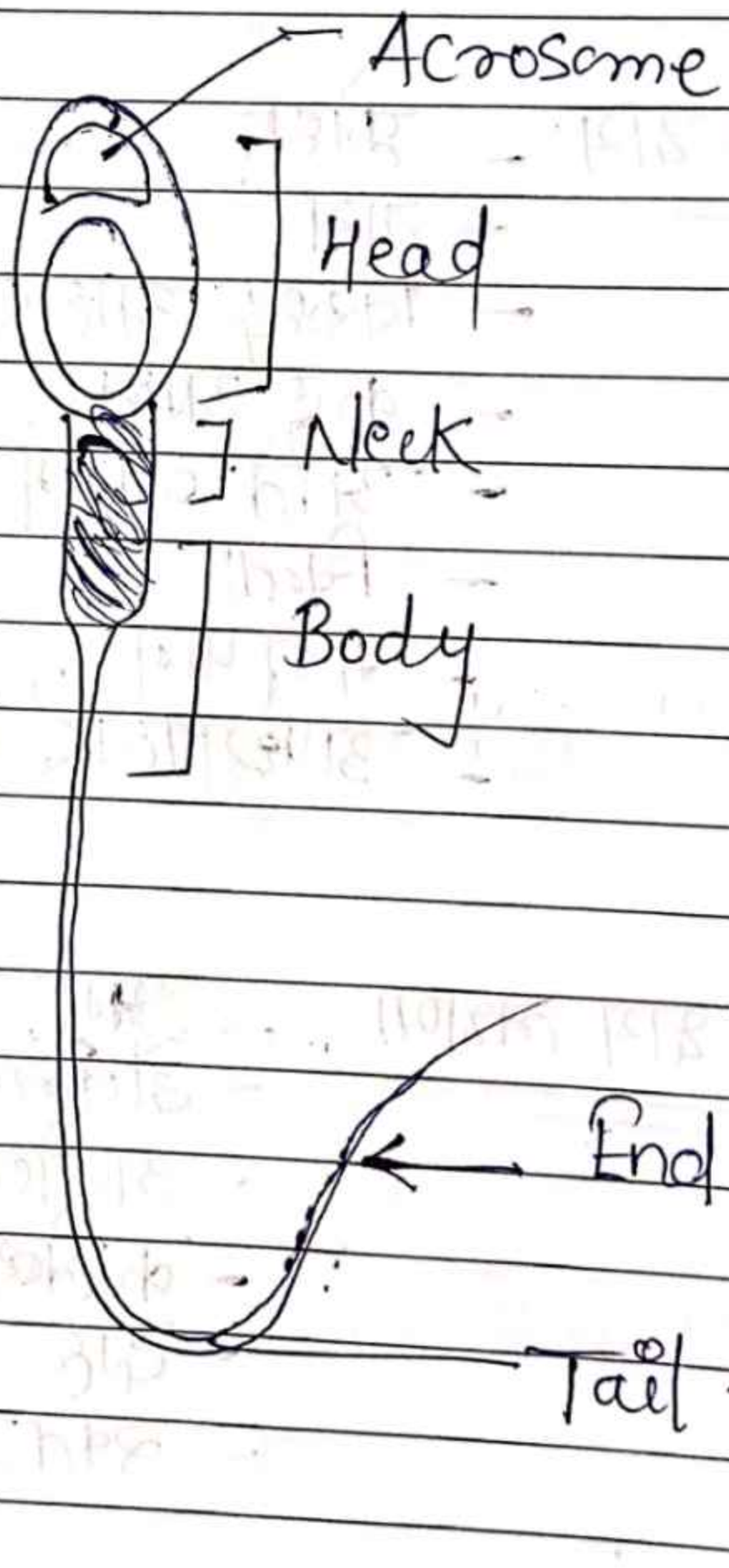
शुक्र क्षय लक्षण — श्रम ——— (1)
— दौर्बल्य ——— (2)
— अजीर्ण ——— (3)
— क्लिब्य ——— (4)
— दाह ——— (5)
— रक्त प्रदर ——— (6) असृग्दर (Excessive bleeding)

चिकित्सा — स्नेहन ——— (1)
— स्वेदन ——— (2)
— विरेचन ——— (3)
— घृत रूपणा ——— (4)
— यापन बस्ति ——— (5)

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शुक्र वृद्धि - अति मैथुनाच्य
- शुक्रस्मरि

• Sperm diagram -



Scanned with OKEN Scanner

Benign and Malignant tumors of genital tracts

VD

- Malignant tumors
  - Cervical Cancer
  - Carcinoma of uterine Corpus (cancer)
  - Uterine Sarcoma (Cancer)
  - Ovarian Cancer

Tumor: Benign, Malignant.

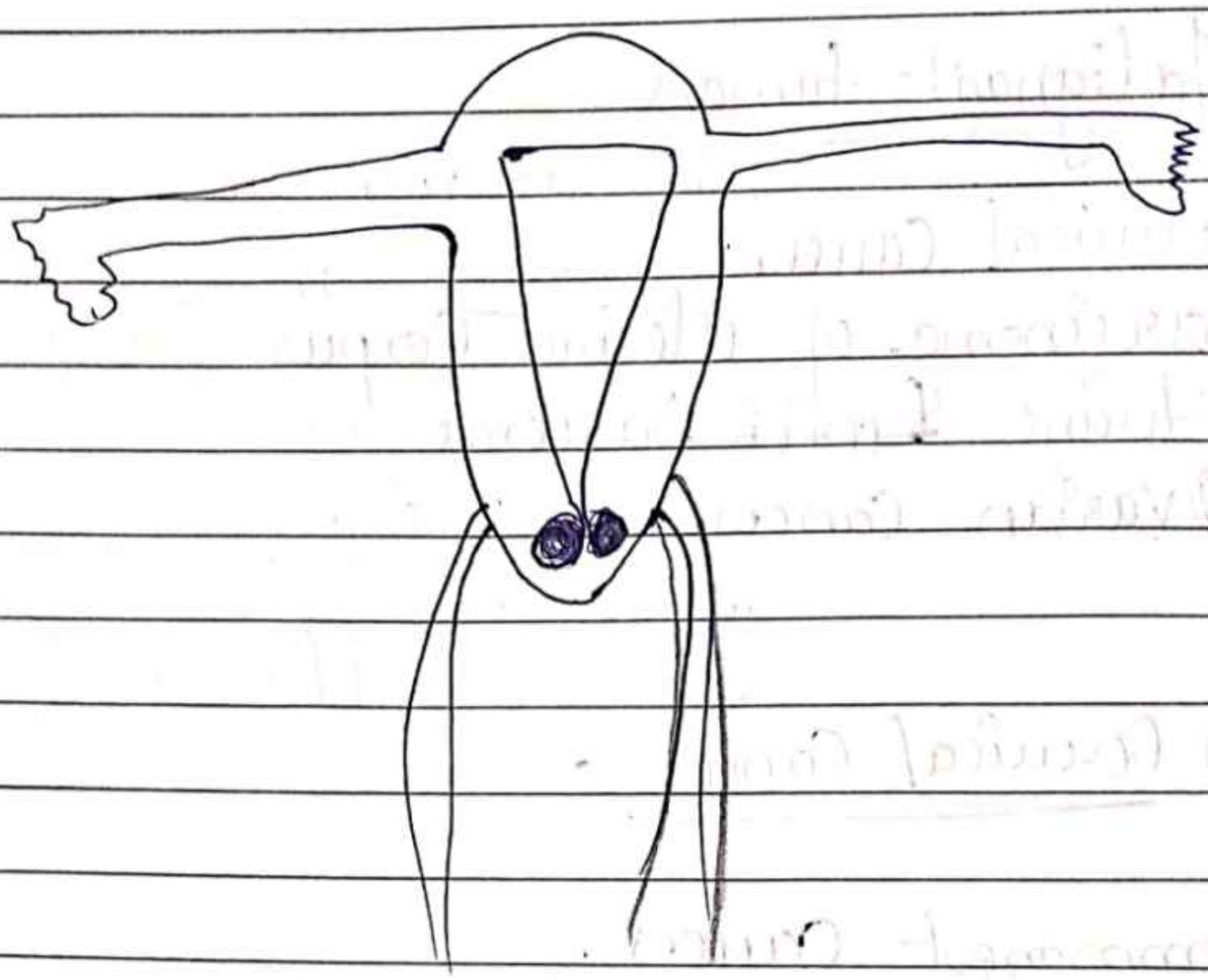
① Cervical Cancer -

- Commonest Cancer.
- 1st Rank in India.

Epidemology - Early Sexual Intercourse
- multiparity.
- STD
- Multiple Sexual partners.
- Viral infections.

Staging -
- Stage 0
- 1 - Strictly confied
- 2 - Invades beyond uterus.
- 3 - extends.
- 4 - Extend to rectum.

Scanned with OKEN Scanner



Stage I - Infiltrating type
2 - Infiltration of vagina
3 - Infiltration of parametrium
4 - Infiltration of rectum and bladder.

Diagnosis - Vaginal examination.
- Cervical wedge biopsy.

Treatement - Surgery
- Radio therapy.

Scanned with OKEN Scanner

② Carcinoma of Uterine Corpus -

- It develops from the endometrium and tends to remain confined to uterus for a long time.

- Clinical features - Nulliparity. —— (1)
  - Late menopause —— (2)
  - Endometrial Hyperplasia, —— (3)
  - PCOS / PCOD. —— (4)

Diagnosis - Endometrial Aspiration Biopsy —— (1)
  - Dilatation and Curttage —— (2)
  - Vaginal Pool PAP Smear —— (3)
  - Transvaginal Sonography (TVS) —— (4)

Treatement - Hysterectomy (Removal of Uterus).
  - Oopturectomy (Removal of ovary)
  - Radio therapy.

③ Uterine Sarcoma -

- Malignant tumor of uterus arising from connective tissue.

- Age - 40-60
- Asymptomatic at early stage.

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VD

Sign - post menopause Vaginal bleeding.
- watery discharge
- Size increased.

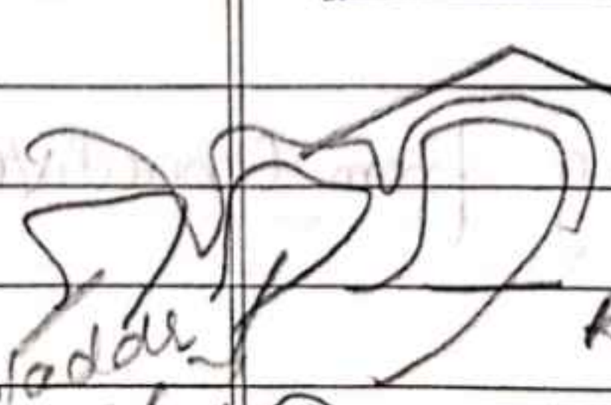
Treatment - TAH - Total Abdominal Hysterectomy.
- chemotherapy.

④ Ovarian Cancer -

- Asymptomatic at early stage.
- Abdominal swelling
- Loss of weight.
- Jaundice.

Sign - Anaemia (too much blood loss)
- Cachexia (wasting syndome) → wt. loss
- Enlarged clavicular nodes. → muscle loss

Examination - Non mobile Uterus
- Abdominal pain.
- pouch of Douglas (Hard) (Recto vesical pouch)



Investigation -
- TAS - Trans Abdominal Sonography
- TVS - Trans Vaginal Sonography.....

VD

Sign - post menopause Vaginal bleeding.
- watery discharge
- Size increased.

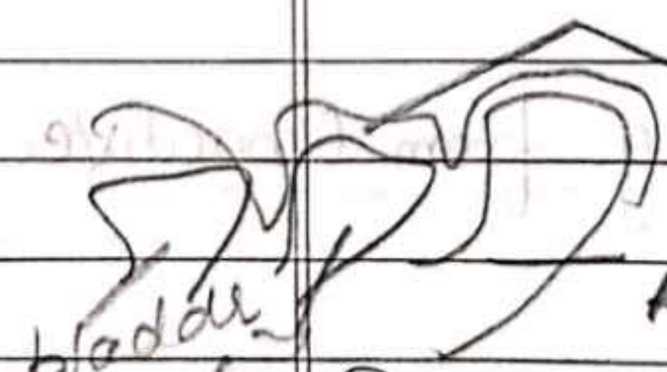
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Investigation -
- TAS - Trans Abdominal Sonography
- TVS - Trans Vaginal Sonography.

TAS
TVS } any examination
की रोग. VD

Stages - Tumors ——— (1)
- Pelvic examine ——— (2)

Properties

Metastasis - distant metastasis
(Present at 3 place)

treatment - TAH
- TAO (Total (Refer ?)
- Radio therapy
- chemo therapy

• Benign Ovarian cyst
(Cancer type)

two types { Non Neoplastic ——— (1)
Neoplastic Benign ——— (2)

① Non Neoplastic physiological cyst - Tumor type

- follicular cyst ——— (1)
- Corpus leutum cyst ——— (2)

① follicular cyst - Asymptomatic
- unruptured ovarian follicles.

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(2) Corpus luetum cyst -

- cyst from corpus luetum.

[II] Neoplastic cyst -

- Serous cystadenoma:
- Mucinous cystadenoma:
- Brenner tumor

skin → Dermoid cyst
- mature teratoma (Fully developed)
- fibroma.

• clinical features -

• Symptoms - Asymptomatic in early stage.
- Swelling
- Abdominal pain
- Large tumors
- progressive

Investigation -

TVS - Trans Vaginal Sonography
TAS - Trans Abdominal Sonography

Scanned with OKEN Scanner

Laparectomy
Cystectomy } Common Test

VD

Treatement - Ovariotomy
+ Laparotomy
- Cystectomy.

- Barthelin cyst - A fluid filled swelling (cyst) in the barthelin's gland which lubricate the vagina.
- Endometrosis -
- Cervical fibromyomas.

• Endometrosis -
growth
- Tissue outside the endometrium at different sites.
- Age - 30-40 years

• Risk factors - Late marriage
- Delayed child birth.
- Nulliparity.

endometriosis

Sit - Ovary
- pouch of douglas
- retro vaginal septum.
- appendix
- Urinary tract
- Bladder.

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Treatement - TVS
- Hormonal therapy.

Endometriosis infertility comes in this also.

• Endometriosis

- Endometriosis is a condition in which cells similar to those in endometrium.

- The layer of tissues normally covers the Uterus inside and ~~grows~~ outside of it.
grows

• Most often — Ovaries
— Fallopian tubes
— Tissues around Uterus.
extra Growth of mass.

- Presence of functioning endometrium insites other than Uterine mucosa is called endometriosis.

Risk factors — Genetics
- Low progesterone.
- Initial mutation
- Environmental toxin
- obstruction of menstrual outflow
- Nulliparity.

- Pathophysiology —

Endometriosis
(under the influence of hormones)

↓

Endometrium tissue located outside the uterus.

↓

Thickness breakdown and bleeds each month.

↓

Blood become trapped

↙ ↘

from cysts → Infertility

Surrounding tissue. → Pain

Clinical manifestation -

- Dysmenorrhea. (progressive pain).
- chronic pelvic pain (Abdominal pain)
- Dyspareunia (painful sex)
- Dysuria (Urinary urgency).

- Areas where pain occurs at the stage of Endometriosis.

- Head —— (1)
- Under Ribcage - (2)
- Abdomen —— (3)
- Pelvic cavity —— (4)
- Lower back —— (5)
- Bowels —— (6)
- Sciatic nerve. —— (7)

• Sign and Symptoms —

- Heavy Regular menstrual cycle. — (1)
- Pain during Intercourse —— (2)
- Reduced fertility. —— (3)
- Abdominal pain. —— (4)
- Bowels pain —— (5)

Possible location - Fallopian tube — (1)
- Ovary —— (2)
- Uterus —— (3)
- Bladder —— (4)
- Vagina. —— (5)

Diagnostic test - Healthy history
- Visual Analooge scale
- Numerical Rating Scale.
- Ultrasound
- Laparoscopy.

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Stages - Minimal
- mild
- moderate
- Severe

- Surgical Management -

- Restoration of normal pelvic Anatomy.
- Hysterectomy (Removal of uterus)
- Perasacral neurectomy.

(3M)

(Rectum artery - pennidal artery)

- Othermodications -

- NSAID Anti Inflammatory.
- Opioids
- Pentoxifylline
- Angiogenesis.

NSAID- Non steroid Anti Inflammatory Drugg.

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Fibroid Uterus (myoectomy / fibrio Removal) (VV)

- Uterine fibroid is a leiomyoma. (tumor from smooth muscle tissue)
- That originate from the smooth muscles layer of the uterus. (ie perimetrium)

Causes — unknown
- family history
- Genetic alteration
- Hormones
- Other chemicals.

• Risk factors — Heredity
- Race
- pregnancy and child birth
- Nulliparity obesity.
- Oral Contraceptives.

• Types —

- Intra Uterine or Interstitial fibroids. (layers)
- Subserosal fibroids
- Submucosal fibroids.

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Secondary change in fibroids –

- Hyaline degeneration
- Cystic degeneration
- Calcification (↓ Calcium level)
- fatty degeneration
- Red degeneration (blood) ↓
- Septic degeneration.

Clinical feature –

- Menstrual Abnormalities –
- Dysmenorrhea (painful menstruation)
- pain in Lower abdomen.
- Pressure symptoms.

Examination – Abdominal examination
– peluic examination.
– PAV
– PVA.

Diagnosis – Peluic ultrasound
– Endometrial biopsy
– Laparoscopy

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treatement –

- Ultrasound fibroid destruction
- Surgically aided method to reduce blood supply of fibroids.

- Myomeitomy. (Removal of fibroid)
- Hysterectomy (Removal of uterus → Cause ↓ absence of NL)
- Embelization.

Complication – menorrhagia (absent of NL)
– Abdominal pain
– Infertility (Unable To Conceive)

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• Genital prolapse (गर्भाशय भ्रंश)

77

- Genital prolapse is herniation of the genital organs through the genital tract.

Support of pelvic organ -

- The main support is by the -

- pelvic floor muscles
- Levator ani
- coccygeus
- Internal obturator
- Piriformis
- Transverse perineal muscles.

• Pelvic ligaments -

- Transverse cervical ligament (Cardinal).
- Utero sacral ligament
- Pubocervical ligament.
- Pubourethral ligament.

• Pelvic fascia -

minor support → Round ligament
→ Broad ligament.

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Celi

- classification -

(I) Vaginal wall prolapse — Genital prolapse

→ Anterior - Urethrocele,
- Cystocele.

→ posterior - Enterocele
- Rectocele.

→ middle - Vault prolapse.

Vaginal wall prolapse

Uterine prolapse

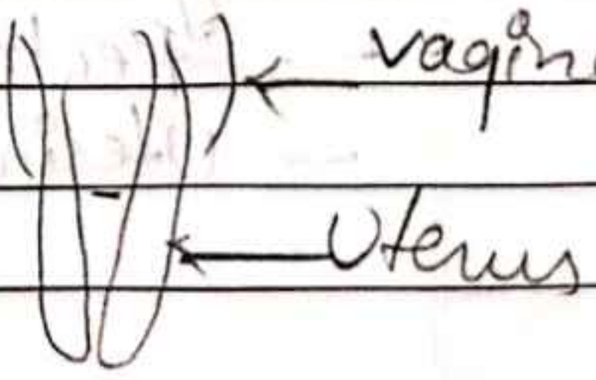
[II] Uterine prolapse -



→ 1st degree - The Uterus is within the Vagina.

→ 2nd degree - The Cervix protrudes outside through the introitus.

→ 3rd degree - Entire Uterus comes out the Vagina.



- Major Causes -

- Congenital weakness of the pelvic floor ligaments and fascia. (skin)

① child births - pregnancy
- prolonged or difficult labour.

② climateric - weakness and degeneration of the pelvic floor muscles.

③ Minor causes - chronic cough
- chronic constipation
- masses
- Asitis (water flowing in abdomen)
- pulmonary diseases
- Heavy lifting

Diagnosis - History
- Examination
- Investigation.

Surgical management -
- Cystocur-ethrocele
- Rectocele
- Uterine prolapse

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Retro Verted Uterus (Uterus bend backward side)

YV

- A retroverted uterus is a uterus the curves in a backward position at the cervix instead of a forward position.

- Retroverted uterus Reffered as -

  - Tipped Uterus
  - Retro flexed Uterus.
  - Uterine retroversion.
  - Backward Uterus
  - Uterine Retro displacement.

  } also called as.

- Symptoms -

- Pain in your vagina during sexual intercourse.
- Pain during menstruation.
- Trouble in inserting tampons. (any ~~Instru~~ object insert ~~क~~ -11)
- Increase Urinary frequency.
- mild incontinence. (displace.)
- Protrusion of the lower abdomen.

Causes - A retroverted uterus is a standard variation of pelvic anatomy.

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This includes - Endometriosis
- fibroids
- pelvic inflammatory disease (PID)
- History of pelvic surgery.
- Histor of prior pregnancy.

Corrective treatement -

- pessary treatement
- Surgical treatement.

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Peluic Inflammatory diseases (PID)

Clinical Syndrome

- An infection of — ascending Spread of microorganism.
  - Vagina
  - Cervix
  - Uterus
  - Fallopian tubes
  - Ovaries
  - Peluic
  - Tubo ovarian Abscess

Vagina
↓
Cervix
↓
endometrium

- It is a clinical syndrome associated with. ascending spread of micro organisms from vagina to cervix to the endometrium.

- It is a Common and Serious Complication of STDs.

Ques How do women get PID?

- Bacteria move upward from vagina or cervix into reproductive organs

Pathway of Infection —

Cervicitis ← (if in cervix)

↓

Endometritis

↓

Tubo ovarian Abscess (extra growth of tissue)

↓

Peritonitis.

- **Microbial Etiology** —

- Most cases polymicrobial

Most common pathogens —

- N. gonorrhoeaea
- C. trachomatis
- N. gonorrhoeae.

} bacteria

Risk factors - Adolescence
- multiple parters
- Current Douching
- Insertion of IUD
- Bacterial vaginosis
- Oral contraceptive use.
- Demographic

Symptoms - Lower abdomen pain
- Bleeding
- Lower back pain.
- Swelling in lower abdomen.
- fever
- Vaginal discharge
- Nausea
- Vomiting
- Increased period pain
- Pain at ovulation.

Complication - Ruptured Abscess
- chronic pain
- Ectopic pregnancy.
- Infertility.

• Investigation -

- HIV and syphills testing should be recommended.
- Pelvic ultrasonography and detect pelvic Abscesses.
- Laproscopy - when the diagnosis is unclear.

• Parental treatment -

- Regimen A - cefoxitin 2g Iv + Doxycycline 100 mg orally.
↓
every 6 Hours

-Regimen B - clindamycin 900mg IV 8 hours + Gentamicin 2mg every 8 hrs

- Oral treatement - Levofloxacin 500mg
- oflaxacin 400mg.

• prevention -

- Screen and treatment for chlamydia.
- Anual chalmydia Screening is recommended for-
  - sexually Active Woman 25
  - sexually active women : > 25 at high risk

- Screen pregnant Women in 1st trimester

Management of sex partners -

- patient conuselling and education.

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• Cervical Erosion [CE] (cervical ectropian) Yv

- Cervical erosion is directly co-relates with the Cervical ectropion.

Slide 11

- When there is eversion of the endocervix, exposing the columnar epithelium to vaginal milieu.

• AEtiology and pathophysiology —

- The cervix is the lower portion of the uterus,
- It's composed of two regions:
  - The ectocervix — (1)
  - The endocervical canal — (2)



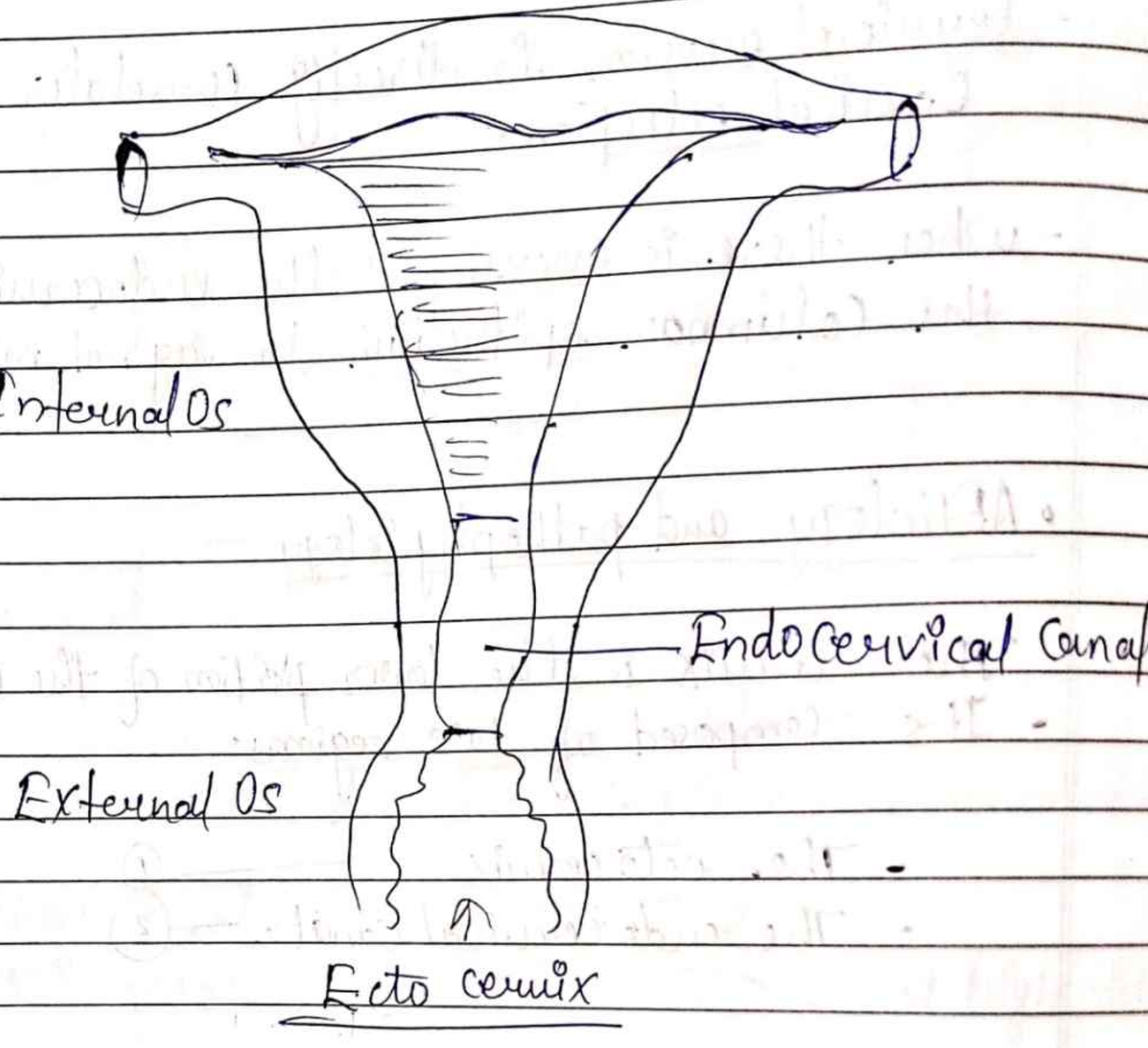
① Endocervix — more proximal
- Inner part of the cervix
- Linned by mucus secreting simple columnar epithelium.

② Ectocervix — Progects into the vagina
- Non-keratinized cells are

• Risk factor —

- Use of combined oral contraceptive pills.
- pregnancy
- Adoloscence
- Menstruating age.

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clinical features — (CE mostly asymptomatic)

- post coital bleeding
- Inter menstrual
- Excessive discharge

Investigation — Pregnancy test
- Triple swabs
- Cervical smear.

(10m) # योनि व्यापद (gynecological disorder)

YY

- There are 20 योनिव्यापद or gynecological disorder described in संहिता of आयुर्वेद.

• विंशति योनि व्यापद -

- वातज
- पित्तज
- कफज
- सन्निपातज
- रक्तज
- लोहितक्षयज
- शुक्रज
- वामिनी
- खडिता
- अन्तरमुखी
- सूचीमुखी
- विप्लुत
- परिप्लुत
- उपप्लुत
- पुत्राघ्नि
- प्रकचारणा
- महायोनी
- कर्णिनी
- नन्द
- अतिचारणा

S=2
V=2
K-2
P-3
R-1
M-1
N-1

P 3
S
K
A
V
M
N
U

P- परिप्लुत, प्रकचारणा, पुत्राघ्नि
S - सूचीमुखी, शुष्कज, सन्निपातज
K- कर्णिनी, खडिता
A - अन्तरमुखी, अतिचारणा
V - विप्लुत, वामिनी, वातज
M - महायोनि
N - नन्द / अत्यानन्दा
U - उपप्लुत
R - रक्तज
L - लोहितक्षय

Common factor निदान - मिथ्याचारण
- आर्तव दोष
- बीज दोष
- दैविक कारण

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Chart

आहार अतिमात्रा

↓

आम दोष

↓

दुष्ट ∧ दोष

↓

योनि व्यापत

श्लोक

उवावर्त तथा वन्ध्या विप्लुता च परिप्लुता।
वातला चैति वातोत्था रुधिरक्षरा।
वामिनी संसिनी चापि पुत्रघ्नी पित्तला च या
उक्तानन्दा च या योनि कर्णिनी चरणायुधा

आहार हीनमात्र

↓

धातु क्षय

↓

वात वृद्धि

↓

योनि व्यापद

श्लेष्मला च कफात्मेया षण्ढाख्या फलिनी तथा
सहती सूचि वक्त्रा च सर्वजेति त्रिदोषज

① वात योनि व्यापद
- रूक्ष आहार
- लघु आहार
- विरुद्ध आहार
- विषमाशन
- अति व्यायाम

सम्प्राप्ति - वात प्रकृति निदान

↓

अपानं वायु दूषित

↓

योनि गर्भाशय प्रवेश।

↓

वातज योनि व्यापद

चिकित्सा - स्नेह
- स्वेद
- पिच्छु धारण।
- परिषेक

[V] पित्तज - कटु आहार
- लवण →
- अम्ल →
- अति व्यायाम

→ निदान

सम्प्राप्ति - पित्तज प्रकृति निदान सेवन

↓

पित्त प्रकोष

↓

योनि गर्भाशय

↓

पित्तज योनि व्यापद

- दाह
- पाक
- ज्वर

चिकित्सा - उत्तर बस्ति
- कल्याण घृत
- फल घृत
- पित्त शामक

(III) कफज योनि - स्निग्ध
- गुरु
- दिवास्वप्न
- व्यायाम

सम्प्राप्ति - निदान सेवन

↓

कफ दोष

↓

कृमि उत्पत्ति

↓

योनि गर्भाशय

↓

कफज योनि व्यापद

(IV) रक्तज योनि - रक्तपित्त आहार
- विहार

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सम्प्राप्ति - निदान सेवन

↓

पित्त दुष्टि

↓

रक्त स्त्राव

↓

गर्भ स्त्राव

↓

रक्त योनि व्यापद

[V] उपद्रुत - द्विदोषज
- वात कफ वर्धक.

[VI] प्रकुचारण - मैथुनात

[VII] अतिचारण - ~~frequent~~ intercourse बीजधारण

[VIII] अचारण - unhygienic vagina
- वात and कफ.

* सामान्य चिकित्सा सिद्धान्त - पूर्वकर्म (स्नेह स्वं स्वेदन)
- उत्तर बस्ति
- अभ्यंग
- वमन
- विरेचन

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Internal medicine -

- चूर्ण - पुष्यानुग चूर्ण
- घृत - फल घृत
- क्वाथ - महारस्न क्वाथ
- मोदक - जीरक मोदक.

External medicine - पिचु (tampons)
- मुष्किक क्वाथ
- बस्ति - अनुवासन
= रसायन
= निरूह

पाय - लहसुन स्वरस
- तैल
- बल तैल
- पिप्पली चूर्ण
- लहसुन कल्प

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Paper - II (B)

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स्तन रोग (SR)

निदान - धमन्य :
- संवृत
- द्वारा
- कल्यानाम्
- स्तनसंश्रिता
- तासामेव
- प्रजातानां
- स्वभावदिव
- विवृता

- Women who have never conceived and in young girls. स्तन गत धमनी's are constricted.

- Due to natural dilatation of orifices of धमनी's of स्तन in गर्भ, दोष will more through then and causing स्तन रोग.

सम्प्राप्ति - निदान सेवन
प्रयुक्ति आहार, रूक्ष आहार
विदाही आहार
↓
रक्त दुष्टि
↓
मांस दुष्टि
↓
स्तन रोगाः occur.

निदान - रूक्षाहार
- विहार
- प्रयुक्तिताहार
विहार
विदाही आहार

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सम्प्राप्ति घटक - दोष - वात
- दुष्य - रक्त
- मांस
- स्थान - स्तन

Types ★ A/c to सुश्रुत - वातज
- पित्तज
- कफज
- सन्निपातज
- अभिघातज

(2) A/c. to अष्टांग संग्रह - वातज
- पित्तज
- कफज
- सन्निपातज
- रक्तज → addition
- अभिघातज

कफज विद्रधि - शराव सदृश
- पाण्डु
- शीत
- स्तब्धता
- अल्प वेदना
- चिरात् उत्थान प्रपाक.

General - स्तम्भा
- असेचक
- गौरव

स्तन विद्रधि (Breast abscess) SR

स्तन विद्रधि सँप्राप्ति - सधीरौ
- वाप्य दुग्धौ
- प्राप्य
- दोष
- स्तनौ
- स्त्रिया
- रक्त
- मांस
- सन्दुष्य
- स्तन रोग

निदान
↓
वाप्य दुग्ध
↓
-Aggravation of दोष
↓
vitiation of रक्त, मांस
↓
cause स्तन रोग

लक्षणा - शीघ्र विदा हित्वात् —①
- सहान्न पानेन —②
- वज्रं —③
- पच्यमानेन पाकेन —④

- Due to ~~burning~~ burning sensation it is called as विद्रधि.

सामान्य लक्षणा -

- महामूलं - Broader Base
- रुजावन्त - Pain
- वृत्तं - Round In structure.

• विशेष लक्षणा - वातज विद्रधि —①
types - पित्तज —②
- कफज —③
- सन्निपातज —④
- अभिघातज —⑤

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① वातज विद्रधि - कृष्ण, अरुण वर्ण
- विषम (irregular)
- शूल (extreme pain)
- चिरोउथान
- ~~वेदना~~ वेदना
- ~~स्पंदना~~
- स्तब्धता

② पित्तज विद्रधि -
- पक्वा उदुम्बर संकाश
- श्याव वर्ण
- ज्वर
- दाह
- पीत स्राव
- रक्त वर्ण
- ताम्र वर्ण
- कृष्ण वर्ण

③ कफज विद्रधि - शराव सदृश
- पांडु
- शीत
- स्तब्धता
- अल्प वेदना
- चिरा उत्थान प्रपाक

General - जृम्भा
- अरोचक
- गौरव

• सन्निपातज विद्रधि - नानारुज :
- नाना वर्ण
- विषम पाचन
- पोटाल.

अभिघात विद्रधि - अपथ्या सेवन
- तीक्ष्ण प्रहार
- अश्व पातन.

अभिघात सम्प्राप्ति - निदान सेवन
↓
वायु प्रकोप
↓
रक्त ε Holds
↓
पित्त aggravated.

पित्तद्विद्रधि लक्षणा - ज्वर
- तृष्णा
- दाह

रक्तज विद्रधि - कृष्ण स्फोटा कृत:
- श्याव वर्ण
- तीव्र दाह
- रुज
- ज्वर

चिकित्सा ⊢ सामान्य चिकित्सा
⊥ शास्त्र चिकित्सा

① सामान्य चिकित्सा - Application of विषाल लेप.
- Application of वन्ध्या करकोटकि मूल लेप.

② शास्त्र चिकित्सा -

- After पाक : शस्त्र कर्म done to protecting the दुग्ध वाहिनी, कृष्ण मण्डल and चुच्चुकी

• चिकित्सा -

① वात विद्रधि चिकित्सा -

- लेपन ⊂ वातघ्न औषधि
- स्वेदन ⊂ वैषवार, दुग्ध, पायस.
- शिगरुमूल क्वाथ स्वेदन.
- ~~रक्त~~ रक्त मोक्षण.

② पित्त विद्रधि चिकित्सा -

- प्रदेह with लाज, मधुक, स्राव.
- प्रदेह with क्षीर, चन्दन, दुग्ध.
- प्रदेह (लेपन) with पञ्चवल्कल & कल्क.
- रक्तमोक्षण with जलौक

③ कफज विद्रधि चिकित्सा -

- परिषेचन with कषाय
- स्वेदन
- लेप & शोधन
- रक्त मोक्षण

④ रक्त, अभिघात विद्रधि चिकित्सा -

- पित्तज विद्रधि चिकित्सा
- लेपन of रक्त चन्दन
  मंजिष्ठा
  मधुक & दुग्ध
  गैरिक

Modern corelates - Breast abscess.

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edema

SR

Galactocele (fibroadenoma) 3/11/22

Galactocele
↓ ↓
milk cyst

- Galactocele is directly co-relates with the milk cyst or lacetal cyst (blockage of lactiferous duct)
↓

and this milky cyst is directly co-relates with mammary glands.

- Essential features —

- Milk filled in Retention cyst due to blockage of breast duct. (Lactiferous duct)

- Occurs in young women (Pregnant).
- Mass lesion on imaging.
- FNA | protein contents. (Fine Needal Aspiration
- diagnostic Aspiration may be curative Tech.)

- Etiology - Blockage of breast duct due to Lactation

Radiology - description.
↓
(Mammogram) - Oval circumscribed mass with High Radiolucency due to high fat content.

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Treatement - Aspiration (FNA)
- Excisim.
- FNA (fine Needle Aspiration

• Histology -
- Dilated, Anastemosing, epithelium lined channel.
- Cyst contents may leak into adjacent tissues and cause lipogranulomatous.

• Management - observation
- Aspirate
- Excision Biopsy.

Giant fibroadenoma. (> 5 cm size)

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स्तन शोथ (Mastitis) SR

- An acute Inflammation of the interlabular connective tissue with in the mammary gland

Anatomy of breast -

- Breast are modified sweat glands lying on pectoralis fasia and musculature of chest wall.

- Surrounded by skin and subcutaneous fat.

- Transversely it extends from the side of sternum.

- It extends vertically from 2nd to 6th rib.

Factors - peri miparity
- previous History.
- maternal illness
- maternal stress
- Trauma
- Genetic.

• Classification -

- Infection. — (1)
- Non infections — (2)
- Milk stasis — (3) (milk ka ruk-na)
- Abcess formation — (4)

(1) Infection - Staphylococcus Aureus.

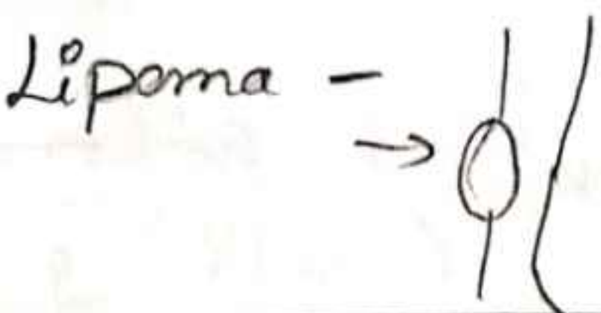
(2) Non infection - Carcinometus processes.

(3) Milk stasis - 5 - 11% of mastisis cases
& taugnout milk.

(4) Abcess formation - Affect future Lactation
in 10% of affected female

Types { Puerperal mastitis — (1)
Non puerperal mastitis. — (2)

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Lipoma → 

SR

① Puerperal mastitis –

- Inflammation of the breast in connection with pregnancy and breast feeding.

② Non-puerperal mastitis –

- It is inflammatory lesions of the breast occuring unrelated pregnancy.

- clinical features –

- Breast tenderness
- General medicine malaise
- Swelling of breast
- Pain or a burning sensation.
- Skin redness
- fever.

- Stages – Cellulitic stages — ①
  - Abscess. — ②

① Cellulitic stage – whole breast becomes red and extremely painful.

② Abscess – Develops Redness becomes limited to area of abscess formation.

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~~amputas~~ → amputations (cutting of leg)

- Edema
- Tenderness
- Brawny induration

Diagnosis –

- The diagnosis of mastitis and breast abscess can usually based on physical examination –

- Ultrasound ——— (1)
- Cultures needed —— (2)
- Staph Aureus. — (3)
- MRSA ——— (4)
- fungal Infections — (5)
- mammograms —— (6)

Treatement – Supportive therapy.
- Lactation mastitis
- Dicloxacillin or cephalexin

• Breast abscess

SR

same

- A breast abscess directly co-relates with the painful build up of pus in the breast caused by infection. Key point.

- Most common bacterial Involved -

- Staphylococcus Aureus (Bacteria)

Bacteria

Ethology :-

- Bacteria enters through scratch in the skin or a tear in the nipple.

- Avoided use of tabacco products.
- Smoking
- Diabetes. (Effecting seen Symptoms)
- HIV Infection
- maintain Healthy weight.

• clinical manifestation -

- Breast Engorgement (swelling)
- Breast pain
- Itching.
- Nipple discharge
- Swelling, Redness
- Enlarged Lymph nodes

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Symptoms - Swelling
- Redness
- fever
- Enlargement
- Sensation Burning
- Itching

• Diagnostic Evalution - History collection.
- physical examination
- chest x-Ray
- Breast Biopsy
- mammogram. (Radioacti

• Management -

- Provide Antibiotic therapy
- Cephalo sporins.
- Erythromycin (E-mycin, E.E.S)
- penicillins (G-potassium)

} drug.

pain.

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type of
pivot

स्तन किलक (कील के shape मे फुलती) SR

abcess-

- स्तन किलक directly refers to आत्म्य आहार.
- Mother cares the child in all aspects
- Nourished well and lives in comfortable House.

- निदान - सहन्नापानेन
  - वृद्ध
  - समश्नुते
  - पच्यमानेन
  - पाकेन

- Causes स्तन किला - वृद्ध
- वृद्ध includes - grass
  - Insects
  - chaff of grains
  - flies
  - pieces of stone.

- वृद्ध - neither pre digested get moistened and is propelled by वायु.
- रस Reaches क्षीर नाड़ी of breast due to their dilatation in Lactating period.

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SR

• Characteristic feature –

- अजीर्ण
- ग्लानि
- अरुचि
- शिरोरुक
- क्षवाधु
- ज्वर
- तृष्णा
- विड-भेद
- स्तम्भ
- सिरा-जल
- शोथ

गर्भाशय मुखविस्तीर्ती करण (Dilatation and गर्भाशय लेखन (Uterine

• Extraction of स्तन ग्रह –

- शाखा शिरो भिरन्तु
- विभागत्रि
- प्रपद्यते
- आकृष्यमाणं
- क्षिप्

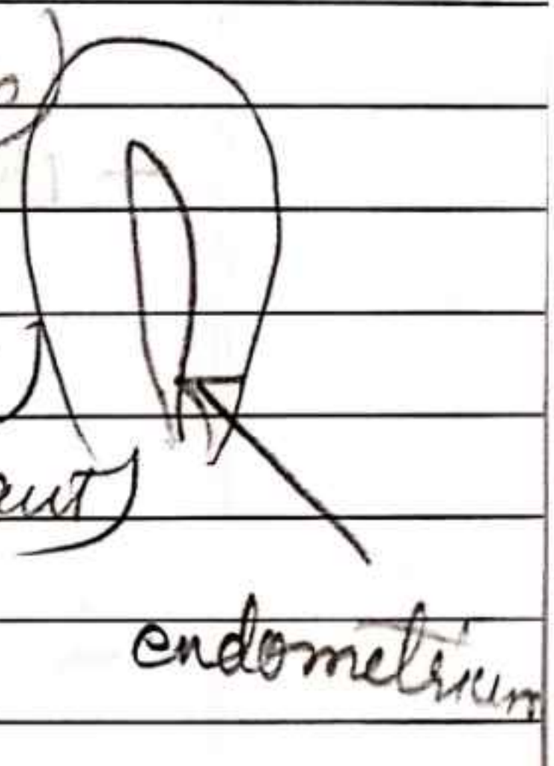
- If ग्रह does not attain extremities.
- it comes out without complication while being sucked by child

→ शास्त्र कर्म – Dilatation and curettage [D & C]

- This operation comprises of dilatation of cervix and curettage of uterine cavity.

• Indications – (Suitable person D & C)

- Infertility for endometrial study.
- Dysmenorrhoea. (pain ī menstuation)
- Dysfunctional Uterine Bleeding
- Uterine polyps
- Amenorrhoea. (Absence of menstural)
- Oligomenorrhoea. (Scanty and Infrequant)



• Indication of cervical dilatation –

- Spasmodic dysmenorrhoea.
- Cervical Amputation. (Cutting (EOG)
- Intra uterine Radium.
- Insertion.
- Cervical Stenosis. (शल्यकर्म)

Dilation ~~Catherization~~
D and C TRAY – Curettage

- Sponge Holding – 2
- Sims vaginal Speculum.
- Sims vaginal Retractor
- Vulsellum forceps
- Sims Uterine Curette.
- Uterine Sounds.

} Instrument should kept in DC tray

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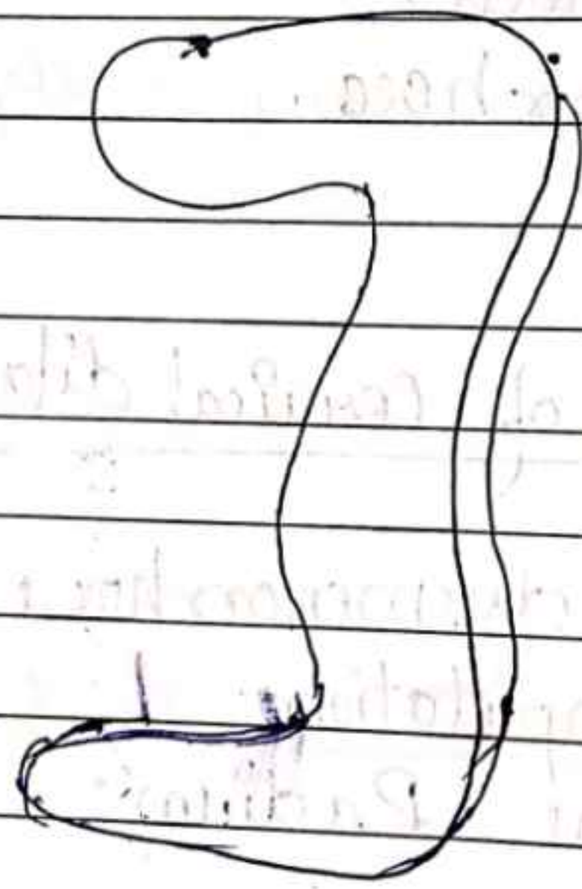
(Posterior Vaginal Speculum)

SIMs Vaginal Speculum

- Exposing and inspecting the vaginal wall and cervix.

- Collecting discharge from vaginal and cervix for microscopy.

- Used in D and C, IUCD insertion etc.



(2) Vulsellum forceps -

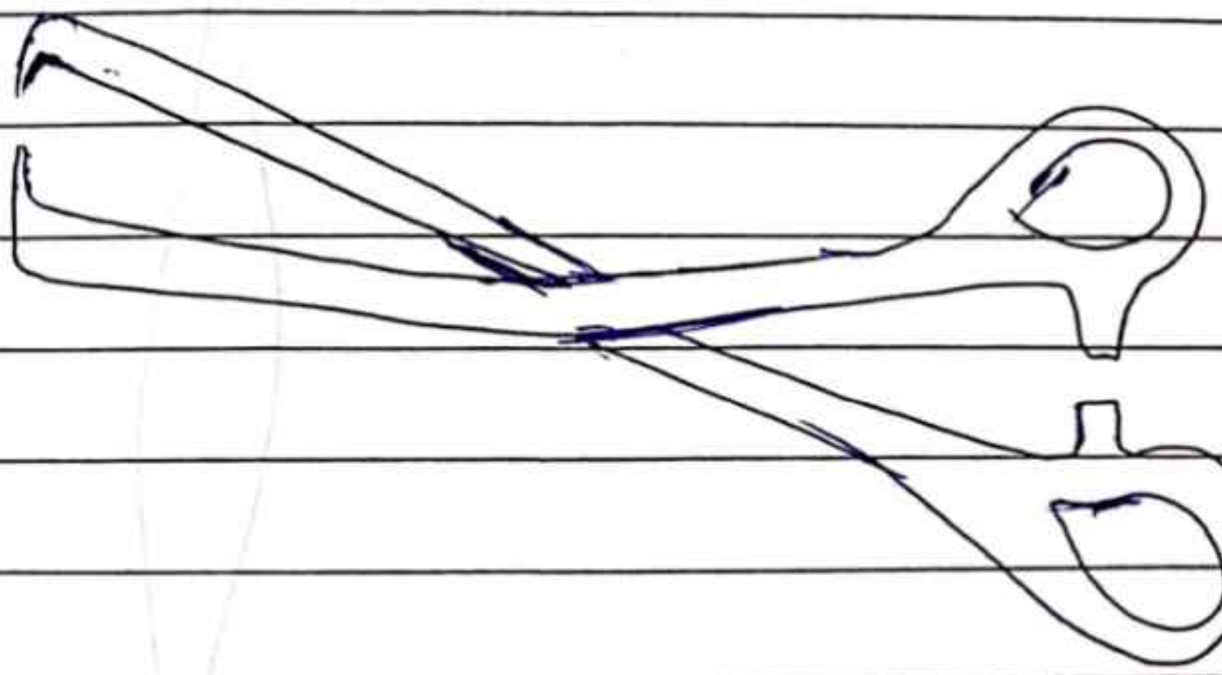
- multiple sharp teeth at the end which, when locked.

- 20cm in length, curved.

- Used to grasp or hold the anterior lip of cervix in operation.

- Determine the degree of uterine prolapse.

SR



• Uterine Sounds –

- To determine the uterocervical Length, position of Uterus.

- Used in diagnosis of cervical Elongation.
- Used to diagnose cervical stenosis

- Used to drain Pyometer in case of Carcinoma Cervix.

• SIMs Vaginal wall Retractor –

- Used to retract the lax vaginal wall to expose the cervix.

- To visualize cervix cystocele.
- TO visualize site of fistula
- can be Rarely used as Curette to removal the retained bits of placenta.

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- Steps of Procedure —

- General Care principles.
- providing Support and encouragement.
- Pethidine IV b/f the procedure.
- Oxytocin 10units IM b/f the procedure
  - → To make myometrium firmer
  - → Reduce risk of perforation.

↓

patient kept in lithotomy position A/F Anaesthe

↓

preparation of vulva & vagina ~ antiseptic. lotion

↓

Emptying bladder

↓

performing bimanual examination
- → Size & position of uterus
- → Condition of fornices.

↓

Applying Antiseptic Solution to Vagina & cervix.

↓

posterior vaginal Speculum (Sim's) used
- → To Retract posterior & anterior vaginal wall
- → used to visulaise the cervix

↓

cervix checked for tear / protruding product of conception.

↓

if product present remove by using ring / Sponge forceps.

↓

Vulsellum / Single toothed tenaculum to grasp the anterior lip of cervix.

↓

Uterine Sound pass through cervix to asses length and direction of the Uterus.

↓

Cervical canal gradually dilated by graduated metal dilators (Hawkins - ambler's or Hegar's) starting from lowest size.

↓

dilator pushed insider the cervical canal by gentle but steady pressure till the tip reaches well beyond the internal Os.

↓

Endometrial cavity is curetted by sharp curette starting 12 0 clock position in an anticlock wise fashion

↓

till one of round curetting is performed for the entire endometrium.

↓

Second round of curetting may be necessary according to indication

Gentle curettage of the wall of the Uterus is indicated until a grating sensation is felt.

↓

perform a bimanual pelvic examination to check the size and firmness of the Uterus.

↓

evacuated material should be preserved in 10% formaline & saline

↓

Sent for histo pathological examination.

- post procedure care

- Bed Rest
- offering other health services.
- Uncomplicated cases can be discharged in 1-2 hrs.
- advising the women to watch for sign and symptoms requiring for immediate attention.
  - prolonged cramping (More than few days)
  - prolonged bleeding (More than 2 wks)
  - Bleeding more than menstrual bleeding
  - Severe or ↑ pain.
  - Fever, chills (malaise)
  - fainting.

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- Complication

- Uterine perforation
- Bowel injury
- Infection.

Remote complication - Secondary amenorrhoea.
- Uterine Synechiae

post procedure care.

• Female surgical sterilization –

- Surgical procedure – Cutting ← Sterilization means.
  - Sealing
  - Blocking the fallopian tube
- Prevents fertilization of oocytes and its transport to uterus.
- Permanent.

~~Resection~~

• Tubectomy – Types

- Cauterized
- Tied and cut
- Banded

Advantages – Very effective - Low failure rate
- permanent.
- effective in family planning
- No Interference with sex

• Disadvantages –

- Painful for several days after operation.
- complications of the surgery.
- Infection occurs.
- Injury to internal organs.
- Anesthetic Risk.

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Basic Qualification Requirement of provider —

- Trained MBBS doctor.
- Laparoscopic sterilization —
  - DGO (Diploma in Gynaeco & obst.)
  - MD (Obst. and Gynae)
  - MS (Surgery)

- **Case selection criteria** —

- clients should be married.
- female clients (Above 22 years) (Below 49 years)
- Sparse (biwi) / partners must not have undergone sterilization.

- **Medical conditions** —

- Cardio vascular diseases
- moderate or severe disease
- DM > 20 yrs.
- Hyperthyroidism.

- **Counselling**

- Permanent procedure for preventing future pregnancies
- Surgical procedure that has a possibility of complications. (Require further management)
- No protection against RTI's or HIV/AIDS.
- Reversal of sterilization is Possible, (दोबारा जोड़ सकते है

• Procedure —

- medication Helps you keep calm and Helps prevent pain. —
- you stay awake.
- small cut is made — Not painful.
- Tubes are blocked or cut
- opening closed with stitches.
- Rest a few hours.

• Method of sterilization —

- Laparoscopic ligation.
- mini laparotomy.
- LSCS ligation
- vaginal ligation
- Can be combined with other surgeries.
- Hysteroscopic
- Quinacrine

—

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स्नेहन चिकित्सा (SC)

स्नेहन

Qualities - द्रवा
- सार
- सुक्ष्म
- शीतल
- स्निग्ध
- पिच्छिल
- गुरु

Types Used - External.
- Internal.

① External - अभ्यङ्ग
- अनुवासन बस्ति
- पिन्चु
- परिषेक
- बल तैल
- करञ्ज तैल

Internal - स्नेहपान
- शतावरी घृत
- कल्याण घृत
- फल घृत
- क्षीरबल तैल

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स्वेदन

Qualities - द्रव
- तीक्ष्ण
- सार
- स्थूल
- द्रव
- स्थिर
- गुरु

effects - अग्नि वृद्धि
- मार्दव
- त्वक् प्रसाद
- निर्मल त्वम्
- निद्रा
- सतन्द्रा

Common drug - दशमूल
- अर्क
- पुनर्नव
- तिल
- माष
- यव

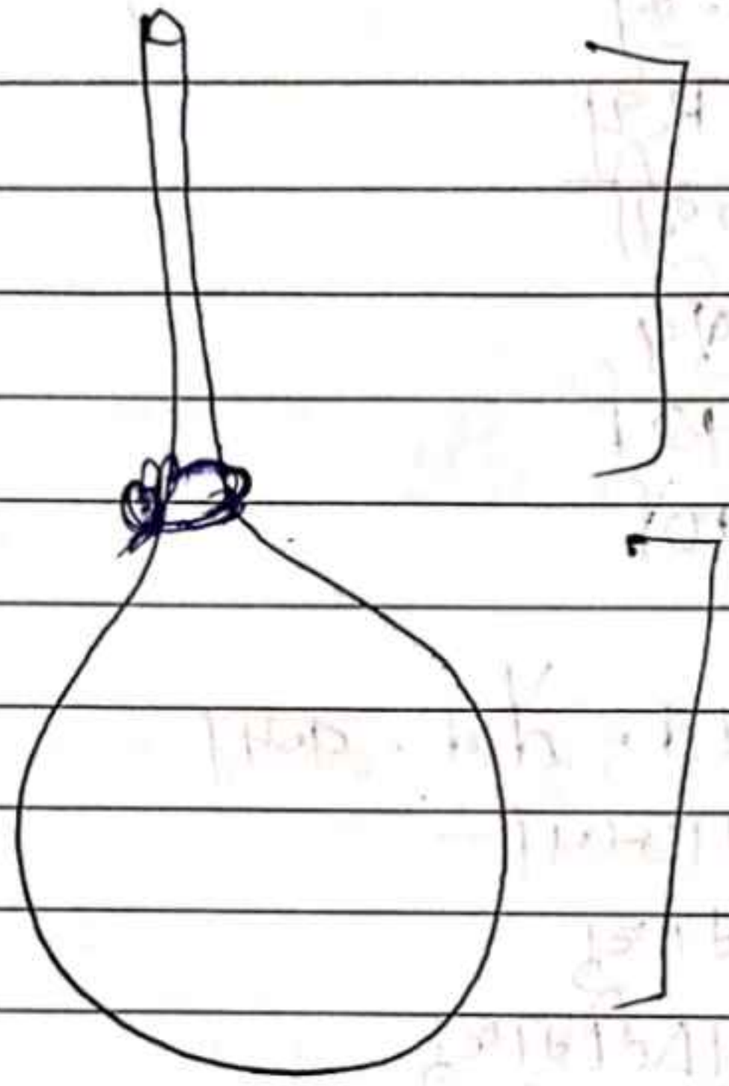
Used in - नाड़ी स्वेद
- अवगाह स्वेद
- परिषेक स्वेद

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उत्तर बस्ति

(SC)

- done after निरूह बस्ति
- Superior.
- given from urinary or vaginal tract



नेत्र

two part { बस्ति पुटक — (1)
बस्ति नेत्र — (2)

Indication - बन्धत्व
- Retention of urine
- pain in urinary bladder
- Utero vaginal prolapse
- योनि व्यापद
- Amenorrhoea
- Dysmenorrhoea.

Quantity - उत्तम मात्रा - 2 पल — (1)
मध्यम " - 1 पल — (2)
हीन " - 1/2 पल — (3)

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दाहन कर्म (अग्नि कर्म) (5c)

Area - चर्म
- मांस
- सिरा
- स्नायु
- सन्धि
- अस्थि
- ग्रन्थी
- अर्बुद
- अर्श
- वर्ण

द्रव्य - घृत - तैल - वसा
- मज्जा
- मधु
- यष्टीमधु
- स्वर्ण
- रौप्य (रजत)
- Copper

- शलाक is to be heated

- लेप < दोषघ्न — (1)
विषघ्न — (2)
वर्ण लेप — (3)

- वर्ति - गुदा — (1)
- योनि — (2)
- 2-6 अंगुला

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(Regional Treatment) स्थानिक चिकित्सा (SC)

- सर्वतः (S4 KV)
- स्रुवि
- शुद्धाया
- शेषम्
- कर्म
- विधीयते

- स्थानिक चिकित्सा directly co-relates with the योनि व्यापद चिकित्सा.

- स्थानिक चिकित्सा should be done after शोधन.

Includes - योनि धावन — (1)
- पिचु धारण — (2)
- वर्ति प्रयोग — (3)
- योनि लेपन — (4)
- उत्तर बस्ति — (6)

• Indication - योनि दौर्गन्ध्य — (1)
- योनि पैच्छिल्य — (2)
- योनि क्लेद — (3)
- योनि कण्डू — (4)
- योनि स्त्राव — (5)
- श्वेत प्रदर — (6)

Contra indication - रज स्त्रावा काल.

पूर्वकर्म - Empty bladder
- Past preparation
- Lithotomy poisition
(Left Lateral position)

• Probable mode of स्थानिक चिकित्सा — (SC).

- Yet to be proven Scientifically
- योनि Absorbs water, electrolytes.
- योनि Absorbs lipophilic drugs.
- Reduces Inflammation and इन्फ:
- Thus, Reducing vaginal infection.

- योनि धावन — (1)
- पिचु धारण — (2)
- योनि वर्ति — (3)
- योनि पूरण — (4)
- योनि लेपन — (5)
- योनि स्वेदन — (6)
- योनि धूपन — (7)

(1) योनि धावन - Vaginal Douching
- It is a procedure where medicated water is used for vaginal douching (washing)
- medicine used - लोध्र त्वक कषाय — (1)
- त्रिफल कषाय — (2)

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(SC)

② योनि पिचु धारण — Vaginal tampon.

- Vaginal tampon made of cotton soaked in तैल and placed in योनि which is called as योनि पिचु.

Medicine used — जातयादि तैल — ①
— लोध्र कल्क — ②

③ योनि वर्ति — Vagind Suppository.

- योनि वर्ति is modified from वर्ति कल्पना.
- Vaginal suppository are made up शोधन द्रव्य।

Use - अशोक त्वक — ①
— लोध्र — ②

Medicine Used — पिप्पल्यादि वर्ति
— कुष्ठादि वर्ति

④ योनि पूरण — द्रव्य are inform of - चूर्ण — ①
— कल्क — ②
— पिण्ड — ③

is inserted into योनि and allowed to Retain in योनि for a particular time period.

medicine used — लवणुला कल्क — ①
— हिंग्वा कल्क. — ②

(5) योनि लेपन - Vaginal ointment.

- fresh द्रव्य's are used for a ointment
- medicine used - हरिद्रा चूर्ण ē कुमारी मज्जा.

(6) योनि स्वेदन -

- कुम्भि स्वेद / नाड़ी स्वेद
- done using वातहर द्रव्य like दशमूलक्वाथ

(7) योनि धूपन -

- fumigation is done using -
- शोधन द्रव्य's put in धूपन यन्त्र like -
  - गुग्गुलु
  - हरिद्रा
  - सर्षप etc.

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क्षार and क्षार कर्म

- तत्र क्षरणात् क्षणनाद्वा क्षारः
- क्षरणात and क्षणनाद् गुण is known as क्षार.

- factors —

- प्रधानता —— (1)
- गुण —— (2)
- दोष —— (3)
- कर्म —— (4)
- प्रकार —— (5)
- अयोग लक्षण —— (6)
- योग लक्षण —— (7)
- उपद्रव —— (8)
- चिकित्सा —— (9)

(1) प्रधानता
- छेदन कर्म —— (1)
- भेदन कर्म —— (2)
- लेखन कर्म —— (3)
- त्रिदोषघ्न —— (4)
- त्वक विकार's —— (5)
- क्रियावच्चारण —— (6)

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[2] गुण - न अति तीक्ष्ण
- न मृदु
- शुक्ल
- श्लक्ष्ण
- पिच्छिल
- शिव
- शीघ्र

[3] दोष - अति सार्दव
- अति शुक्लता
- अति उष्ण
- अति तीक्ष्ण
- अति पिच्छिल
- सान्द्रता
- हीन द्रव्य
- अपक्वता

[4] कर्म - रोपण — (1)
- पाचन — (2)
- विलायन — (3)
- शोषण — (4)
- स्तम्भन — (5)
- लेखन — (6)
- शोधन — (7)

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Page No.
Date

[5] प्रकार —

types < प्रतिसारणीय क्षार —— (1)
पानीय क्षार —— (2)

(i) प्रतिसारणीय क्षार (externally Used) -

- मृदु
- मध्यम
- तीक्ष्ण

Indication — कुष्ठ
— कटिभी
— किलास
— भगन्दर
— अर्बुद
— अर्श
— चर्मकिल
— कृमि रोगाः.

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(ii) पानीय क्षार — Internally Used

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- Indication → गारविष
  - गुल्म
  - उदर
  - अजीर्ण
  - अरोचक
  - अनाह
  - अश्मरी
  - आभ्यान्तर विद्रधि

- सम्यक लक्षण → व्याधिहर
  - लाघवत्वा
  - अस्त्राव

- हीन लक्षण → तोद
  - कण्डू
  - व्याधि वृद्धि

- अति सम्यक लक्षण → दाह
  - पाक
  - स्त्राव
  - अंगमर्द
  - पिपासा
  - मूर्छा

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Date

० क्षार सूत्र

- क्षार सूत्र is a medicated thread capable to peeform excision.

- Heal the injury by its chemical action.

Factor —

- क्षार सूत्र - Cabinet —— (1)
- क्षार सूत्र preparation —— (2)

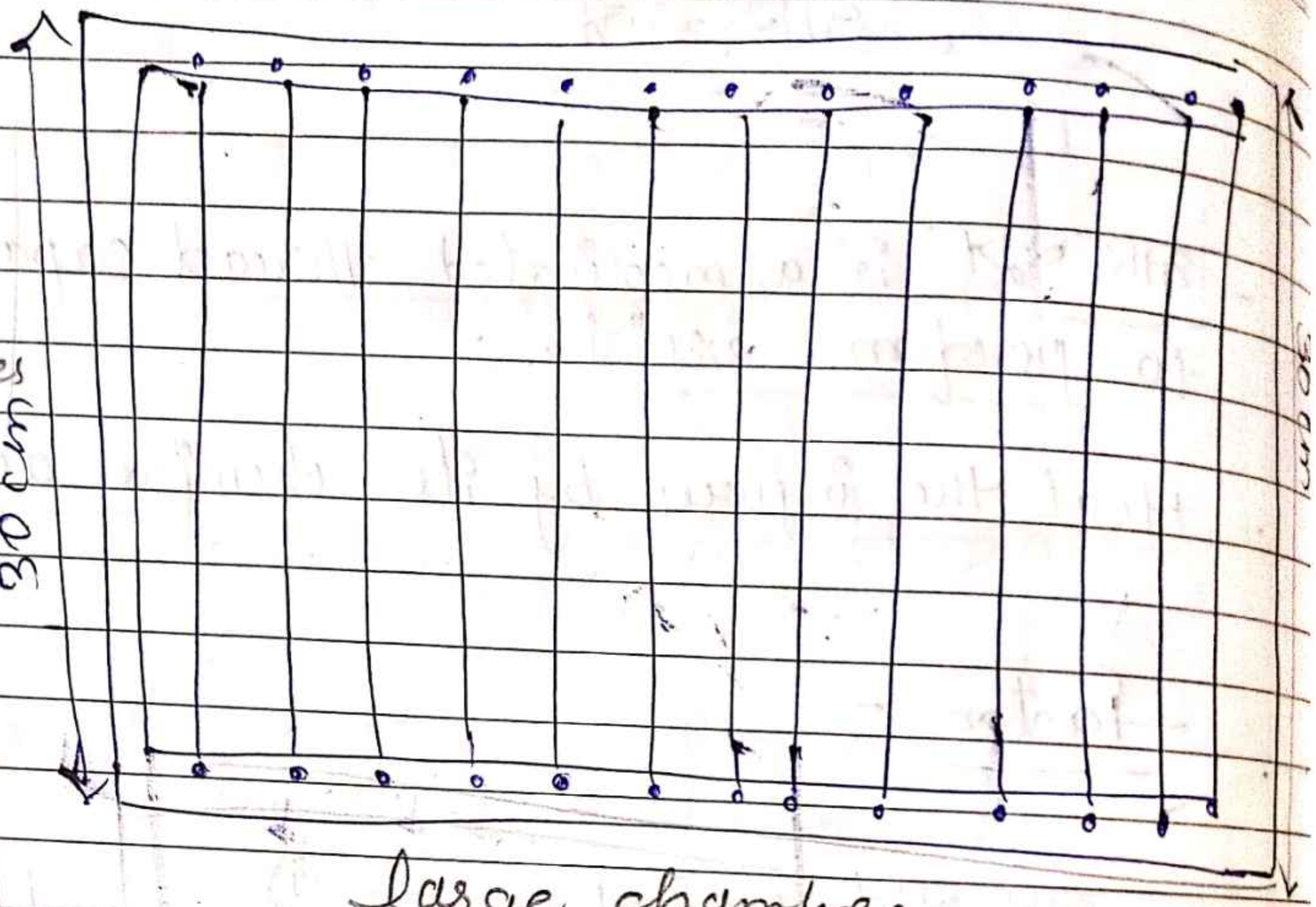
[1] क्षार सूत्र cabinet —

- Having two chambers
- Large chambers → Hangers
- Small chambers → Hot air blowes

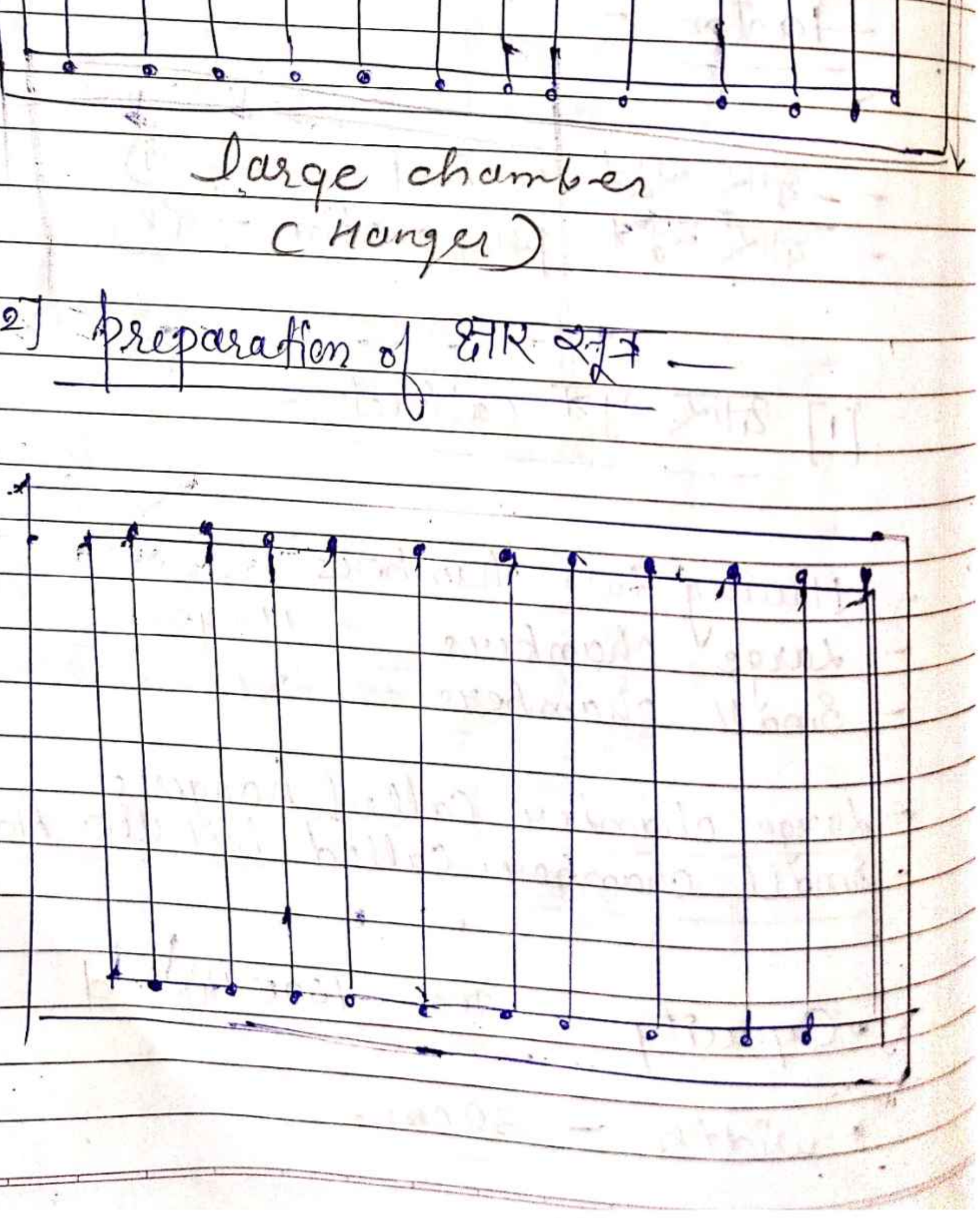
- Large chamber called hangers
- Small chamber called hot air blower.

- Capacity — 900 - 1600 thread
- width — 30 cm.

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[2] Preparation of क्षार सूत्र —



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- अपमार्ग क्षार —— (1)
↓
- स्नुही collection —— (2)
↓
- Application of क्षार —— (3)
↓
- drying thread —— (4)
↓
- क्षार सूत्र cabinet —— (5)
↓
- Application of स्नुही —— (6)
↓
- Application of हरिद्र —— (7)
↓
- अपमार्ग क्षार —— (8)

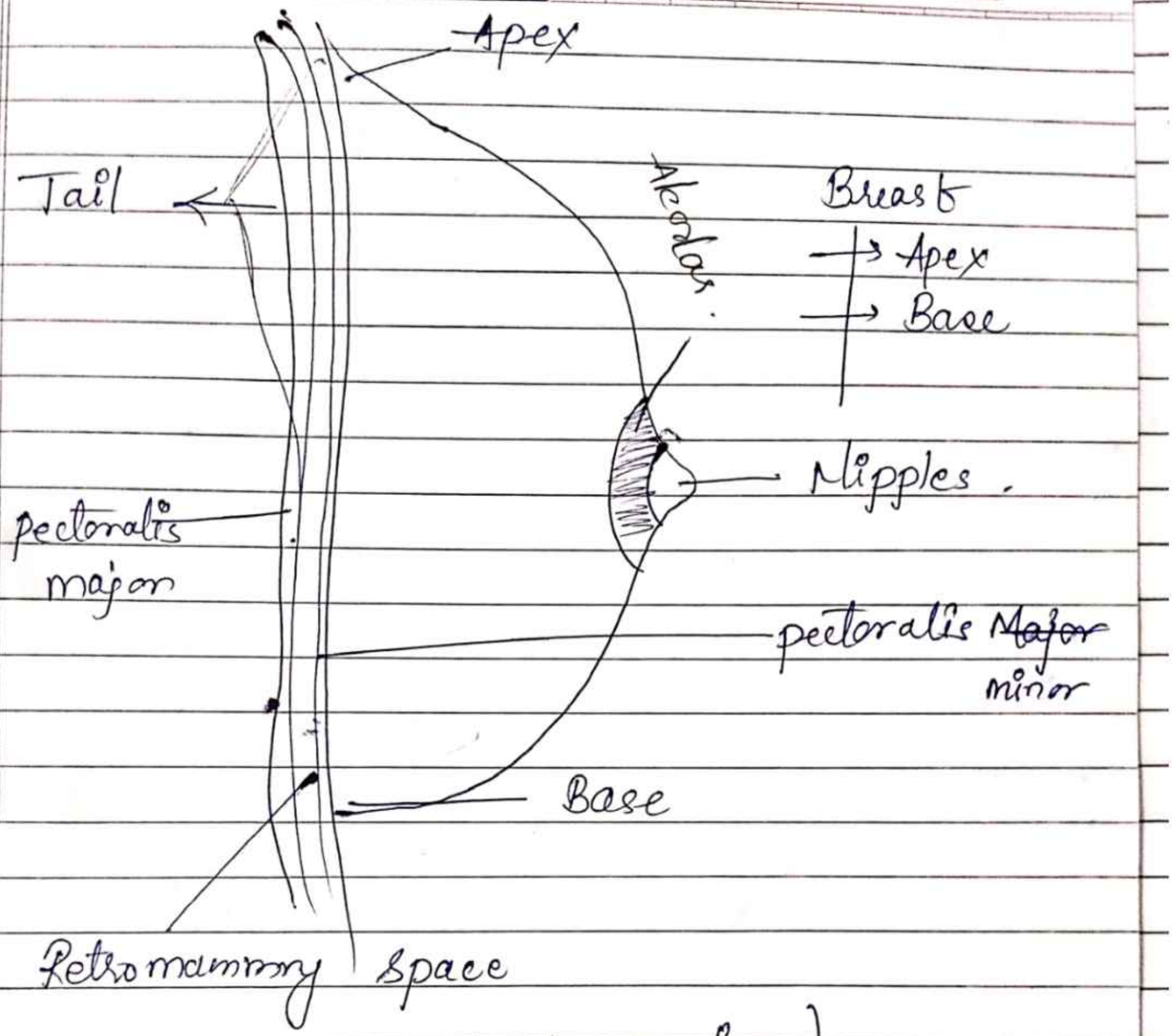
- 11 coating of स्नुही क्षीर are done.
- 7 Coating of स्नुही and अपमार्ग क्षार.
- 3 coating of स्नुही चूर्ण.
- 21 coating for हरिद्र चूर्ण

- pH value - 9.72
- Thread size 2 10-11 inch
- Seal on glass tube.

० क्षार सूत्र in Ano Rectal disease

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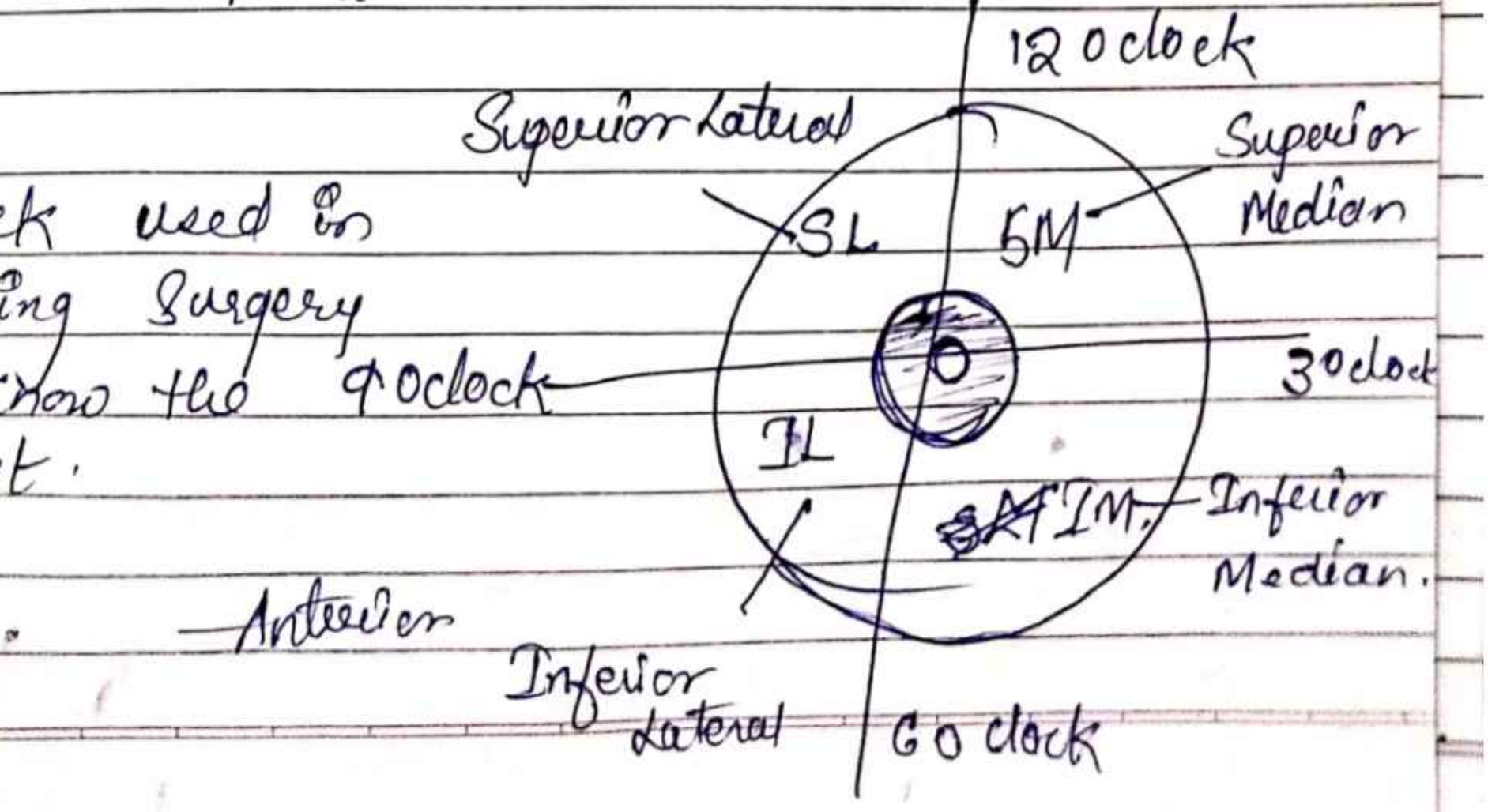
Breast Anatomy



(Lateral View)

pores = Lactéferous duct

15-20 = 15 to 20.



Clock used in during Surgery to know the quadrant of Cyst.

Page No.

Date

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Page No.

Date

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Pap Smear (SK) Cinetrumet

- Pap Smear is simple test to look at cervical cells.
- Dead cells that are shed.

Purpose - Detect early Cancer of Cervix
- Determine Estrogen Activity.

Criteria - 21 year old
- 3 years after sexual intercourse

- Saliva

Equipments - Vulva swabbing set
- vaginal speculum
- Receiver Speculum
- Savlon
- Sterile glove.
- KY jelly
- pap Smear Speculum.

• Preparation Before test —

- Avoid intercourse for 2days
- Refrain from douching
- do not use vaginal medication

Scanned with OKEN Scanner

During procedure -

- Explain procedure
- Encourage patient
- Support to patient

Insertion - Use of cytobrush
- Use of pap smear spatula.

Post procedure - Observe any discharge
- perineal care
- Documentation
- Specimen -

Specimens - Normal
- Ascus
- Low grade
- High grade
- Squamous cell carcinoma.

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प्रसूति and स्त्रीरोग चिकित्सा उपयोगी

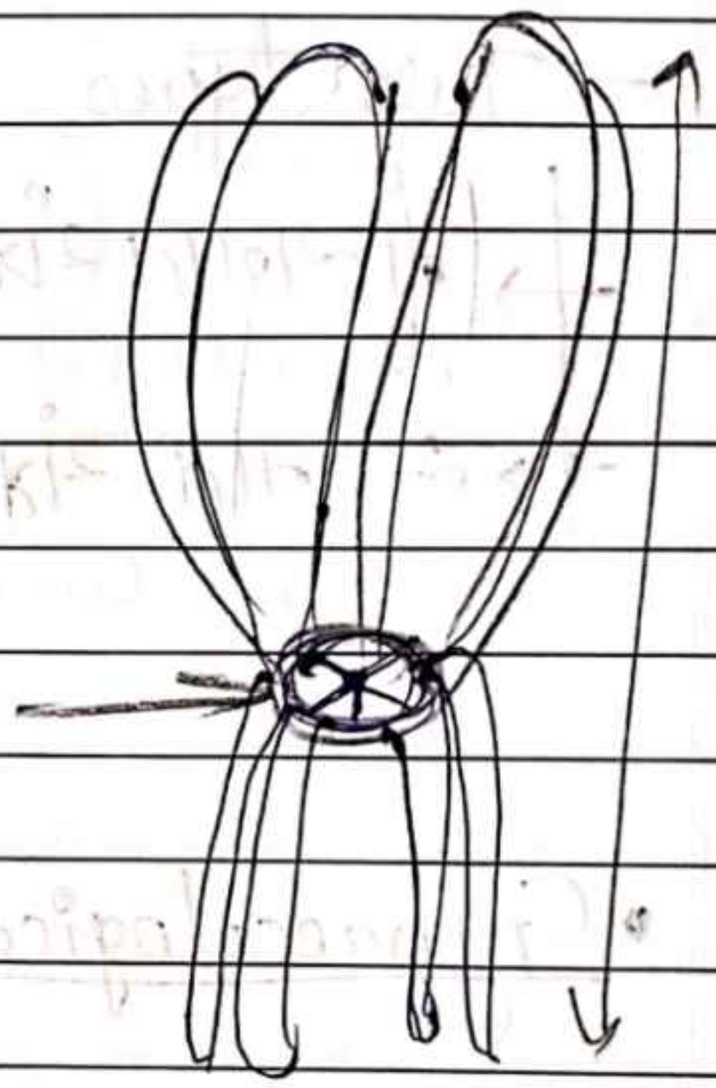
14/11/22

SK

- योनि वर्नेक्षणा यंत्र.
- योनि प्रक्षालन
- बस्ति यंत्र.

① योनि वर्नेक्षणा यंत्र -

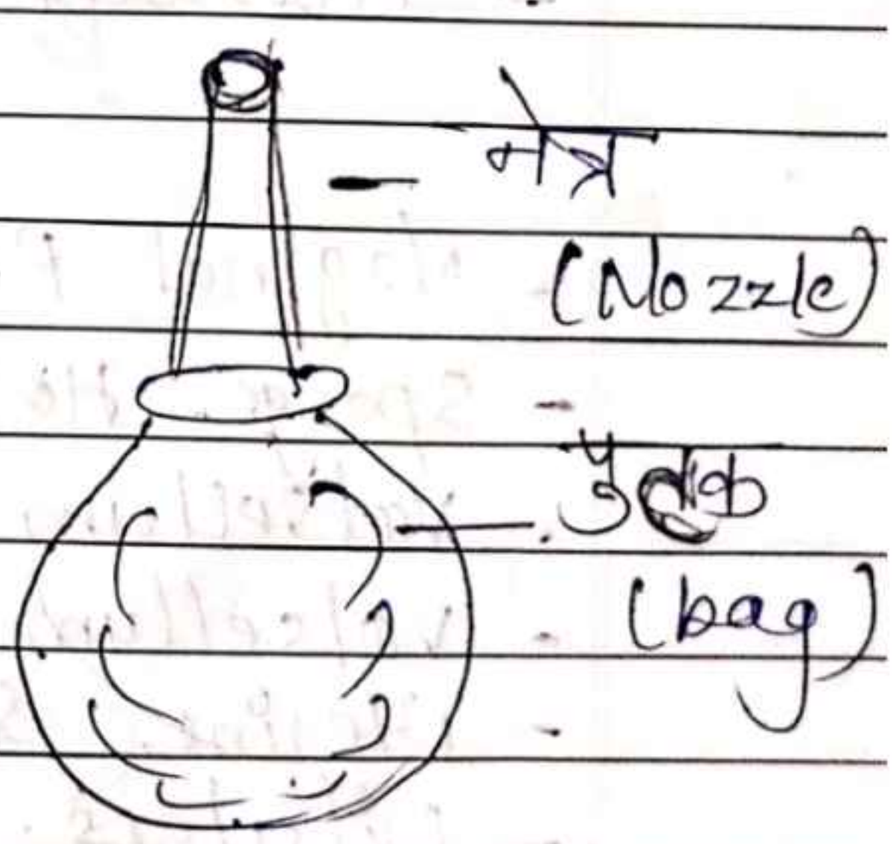
- Lotus bud shaped यंत्र with 04 blades.
- 16 अंगुल in length.
- Hollow in centre



- Use - Visualize the ulcers of vagina.

② योनि प्रक्षालन -

- पुटक - Soft leather - 6 अंगुल
- Round in shape
- नेत्र = thumb like.
- tapering at the tip
- 2 rings at the base.



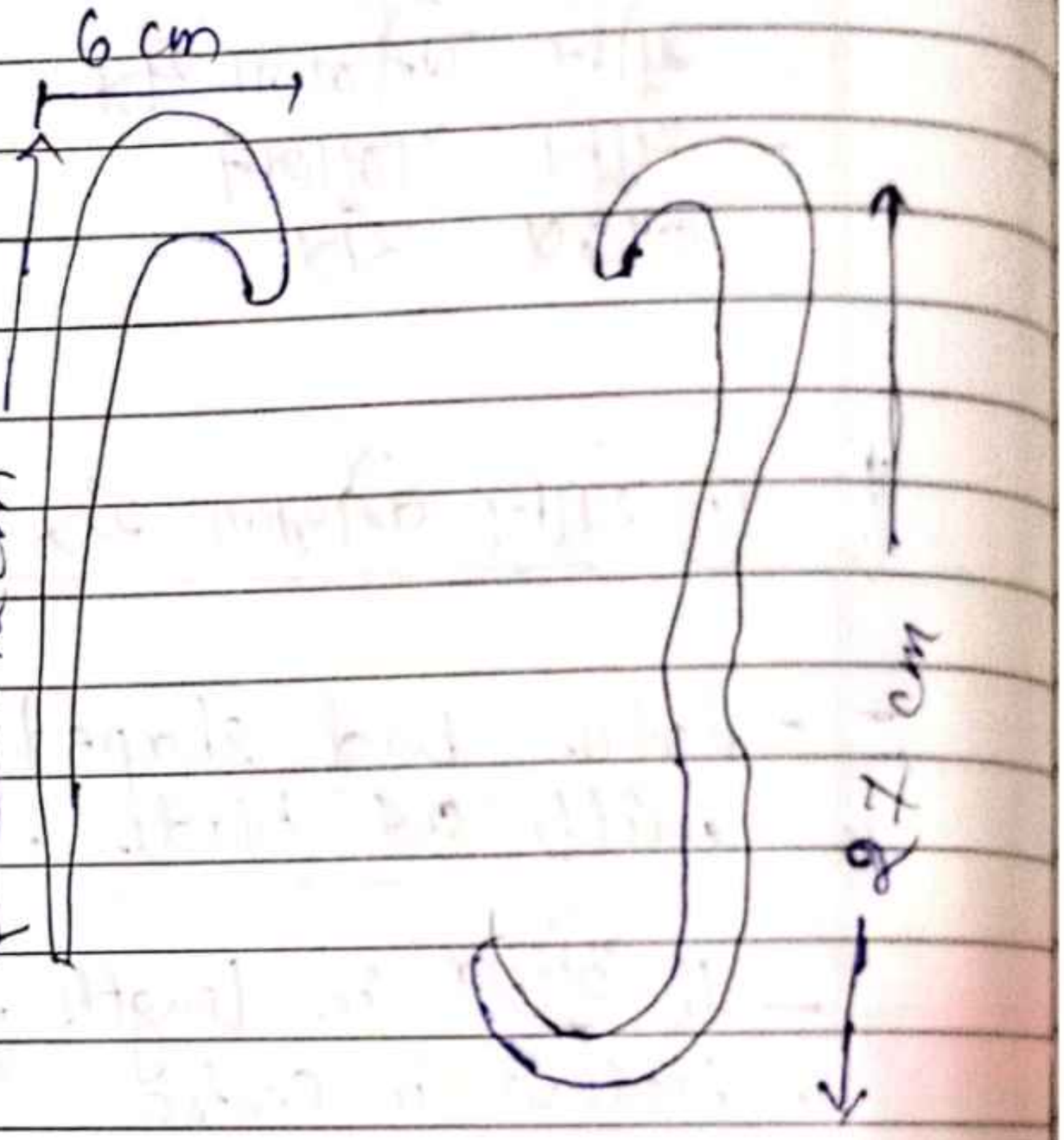
Use - clean vaginal fistula or ulcer.

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(3) बदीप यंत्र -

-सुश्रुत included used for extractions

- Two types
  - → नत्यनात यंत्र (Less Curve)
  - → स्वनात यंत्र (more Curve)



- Gynaecological Instruments -

- Sim vaginal Speculum
- Cusco vaginal Speculum
- Ailvaret vaginal Speculum

} vaginal Speculum

- Vaginal Retractor
- Sponge Holding forceps
- Volsellum with multiple teeth.
- Volsellum with Single tooth
- Uterine Sound
- Dilators.

Curretter - Sim uterine
- Blunt flushing.

SK

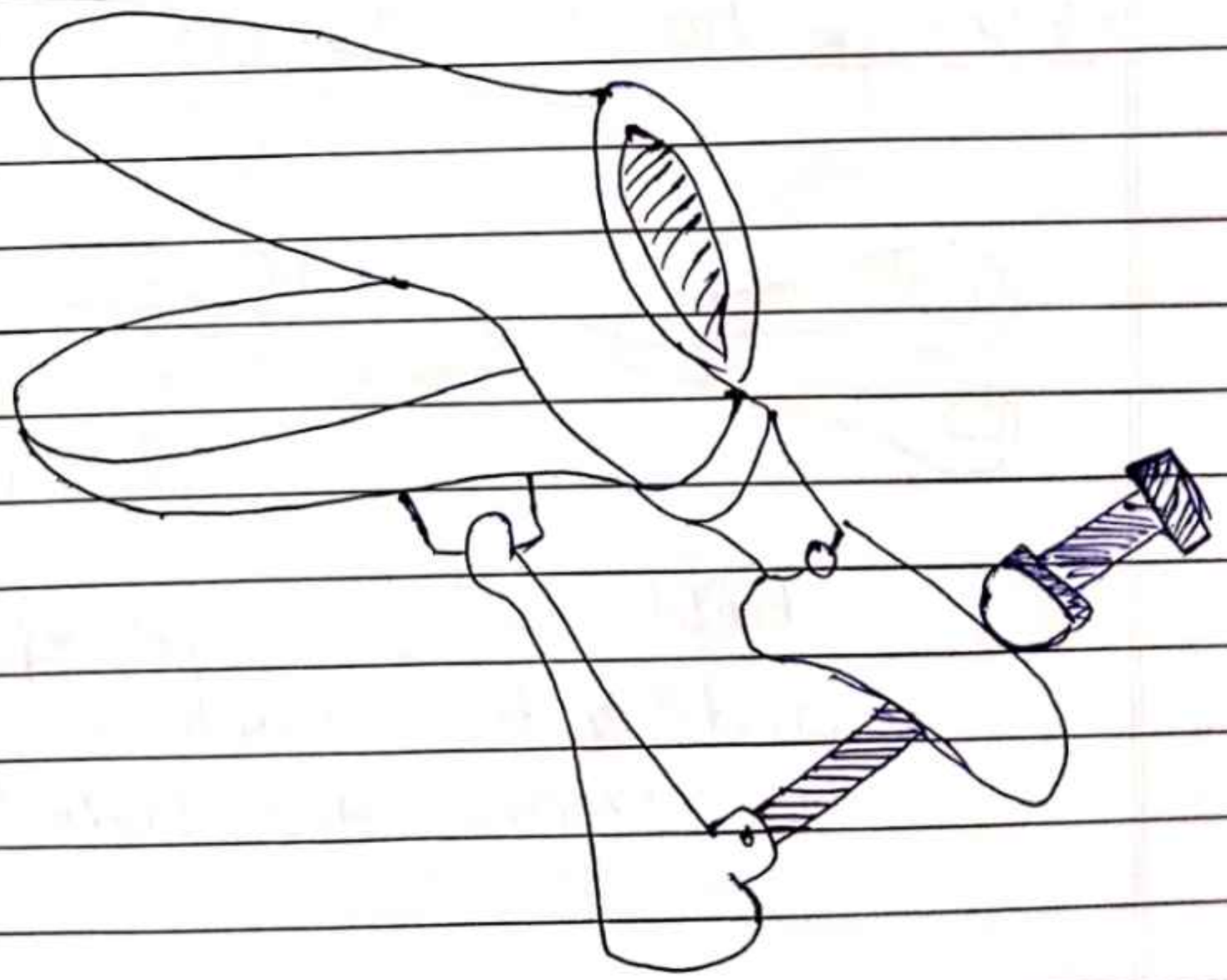
1) Sims Vaginal Speculum -

blade - large - posterior vaginal examination.
- small - nulliparous women.

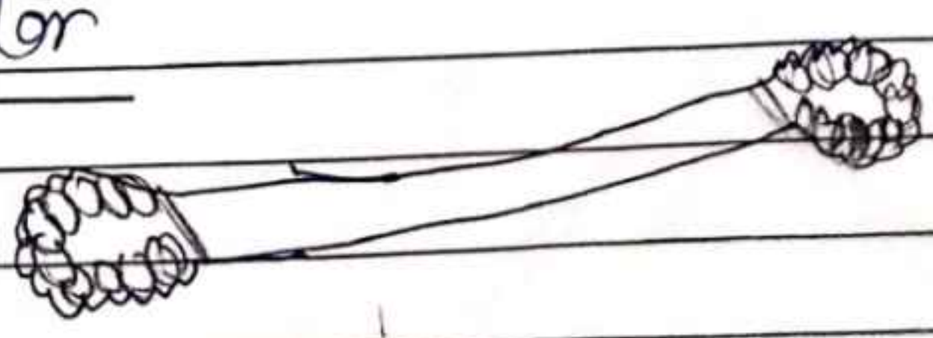


Used
- widen the vagina
- visualize the cervix

2) Cusco's bivalve vaginal speculum -



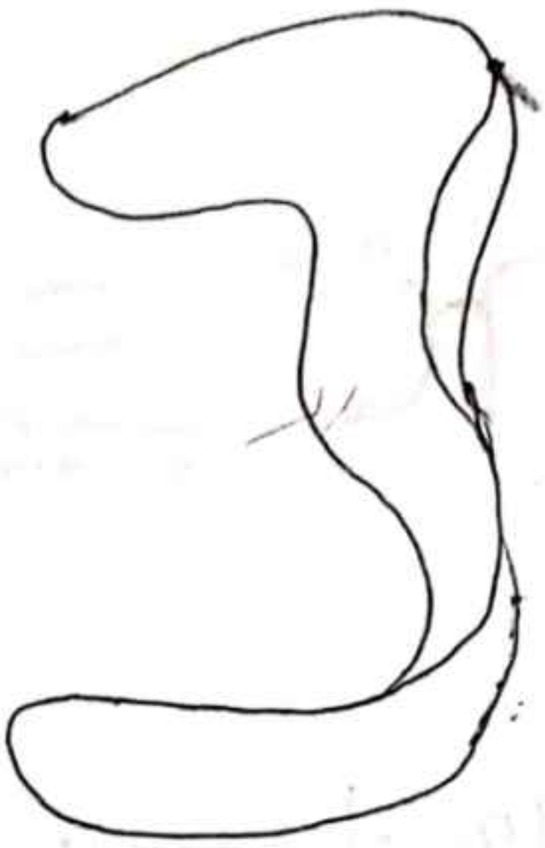
Vaginal retractor



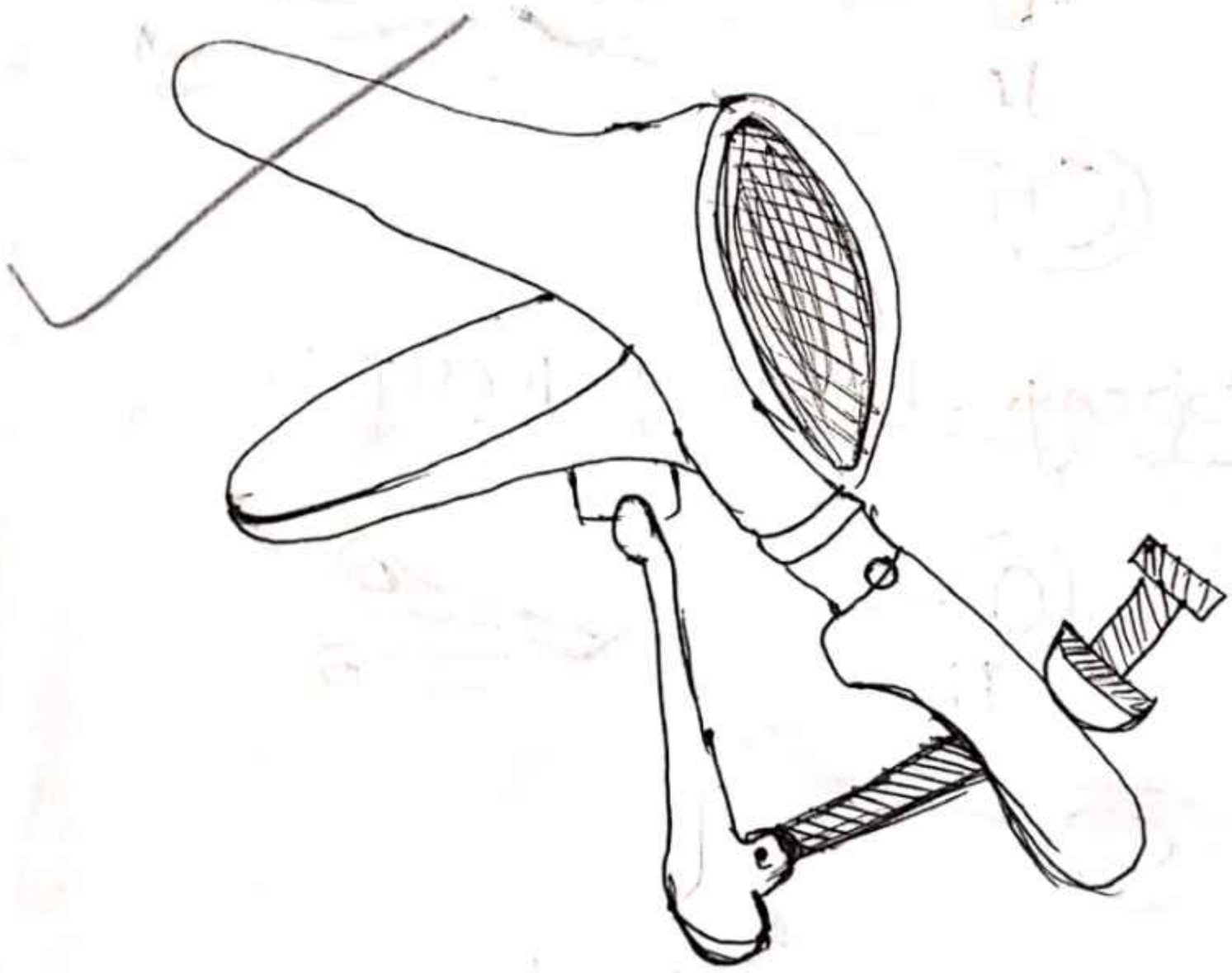
- inspection the cervix in cystocele.
- elevate Anterior vaginal wall.

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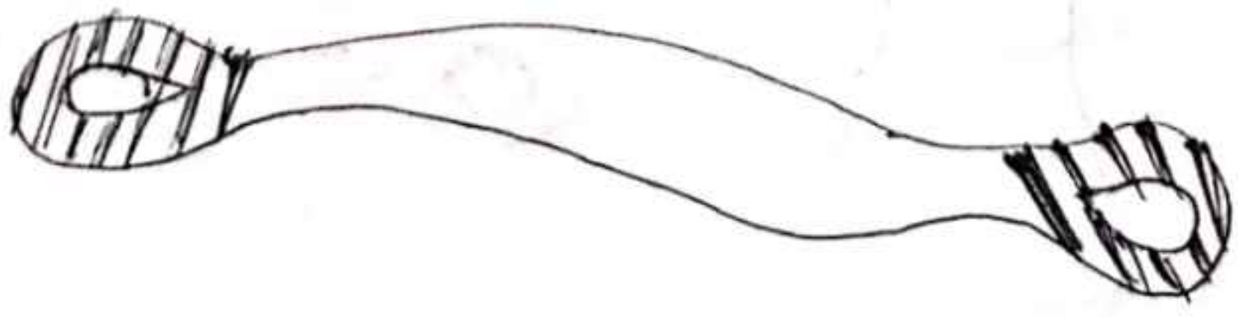
Sim's Vaginal Speculum



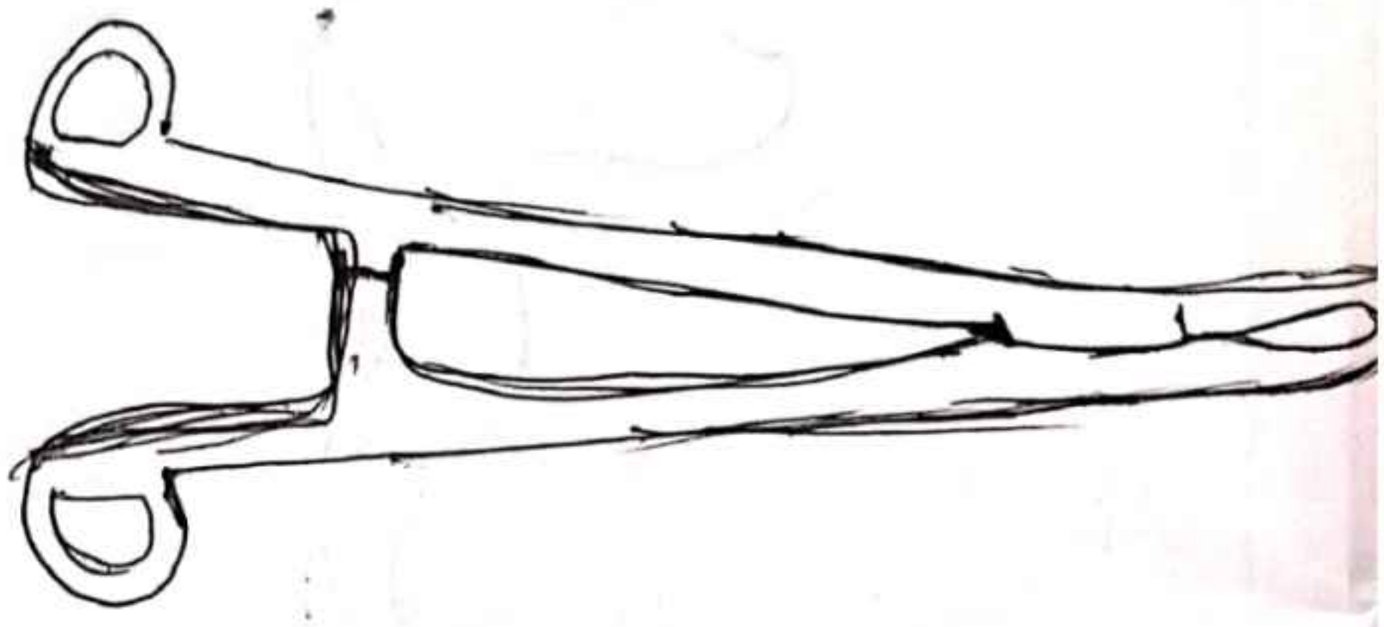
Cusco's bivalve self retaining Vaginal speculum



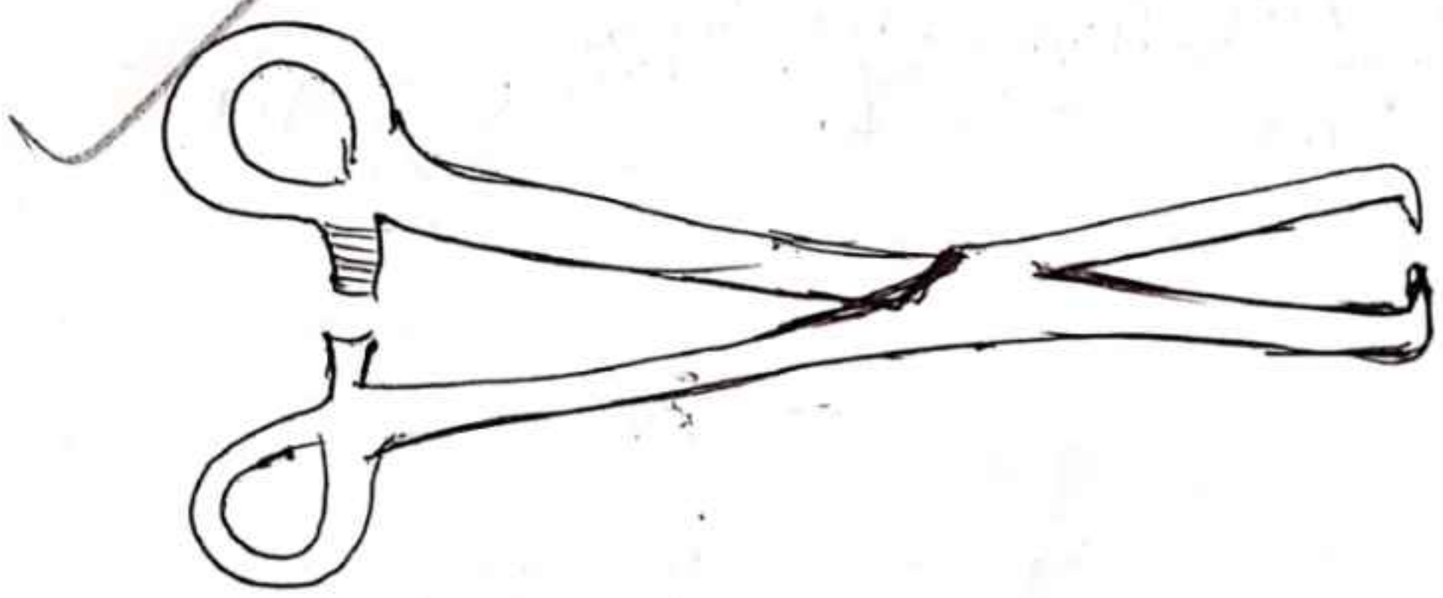
- ## Sim's anterior Vaginal wall Retractor



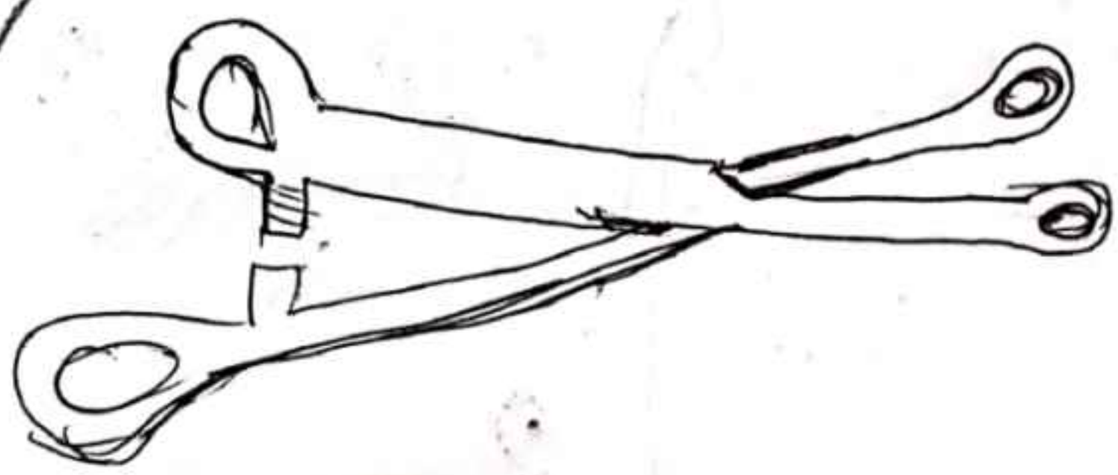
- Volsellum forceps —



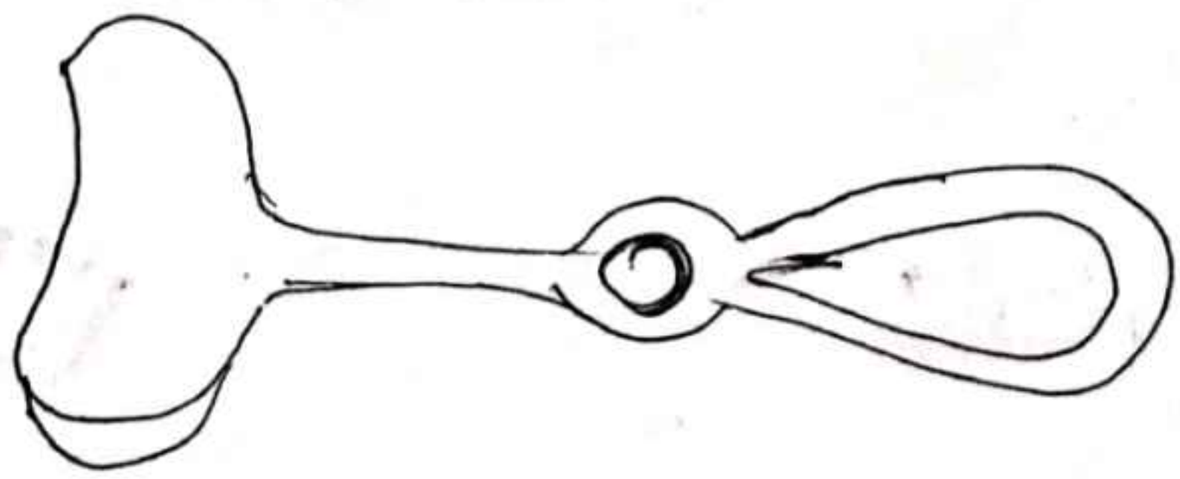
- Tenaculum forceps —



- Sponge holding forceps —

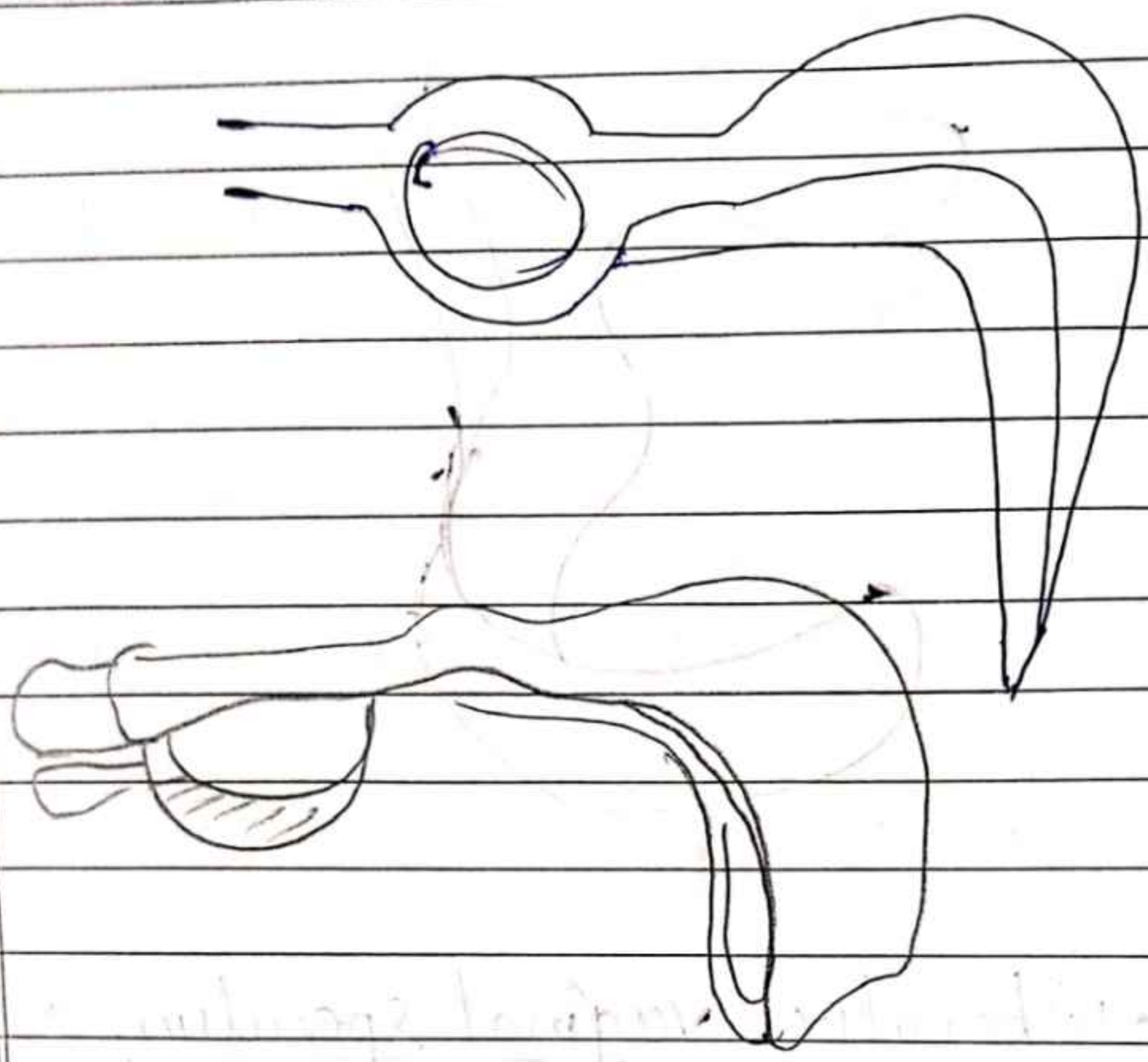


- Doyen's Retractor

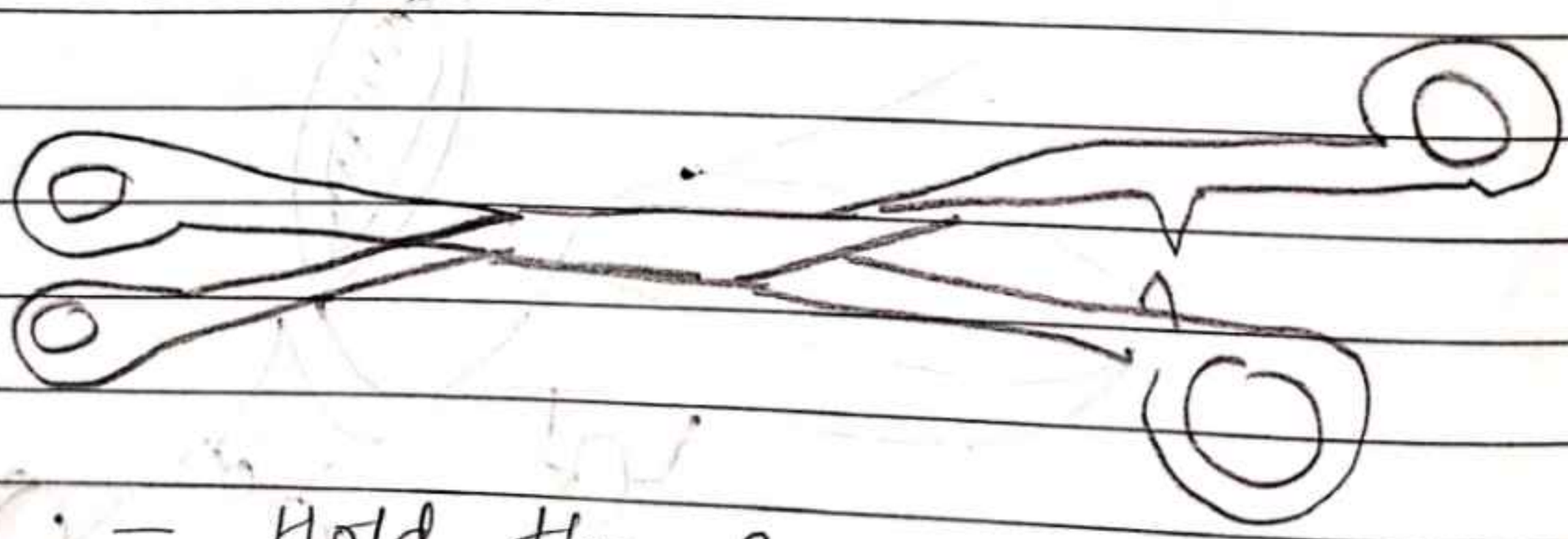


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Aunard is self retaining vaginal speculum



Sponge holding forceps



- Hold the sponge for applying antiseptic solution.
- to remove the Uterine polyp.

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शस्त्र कर्म ← (SK)

(Surgical procedure)

operation	Indication
- Vaginal opening	
- Dilation and curettage	→ Infertility.
- Cervical cautery	→ Cervical erosion.
- Cervical polypectomy	→ polyps.
- Cervical Conisation	- CIN (Intra epithelial Neoplasia)
- wedge biopsy	→ Cancer cervix.
- Cervical Amputation	→ Elongated cervix
Abdominal operation - Laproscopy	→ diagnostic and operative
- Hystrectomy	→ endometrosis.
- Salpingo-oophorectomy	→ adenomyosis
- Abdominal myometemy	→ fibroids.
- Tubectomy	→ tubal sterilization
- Oophorectomy	→ Removal of ovaries.

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गर्भ निरोधक उपाय (SK)

- पिप्पली + विडंग + टंकण + जल = No Conception.
- जपा पुष्प + काञ्जी = No Conception.
- + तण्डुलोदक = No Conception
- तालीस चूर्ण + गैरिक + जल शीत =

No Conception

(Investigative & diagnostics aids ~~AIDS~~)

~~व्याधि विनिश्चय~~ विनिश्चय उपाय (SK)

- Laparascopy { Diagnostic / operative..
- Hysteroscopy
- Colposcopy
- Hystero Salpingo graphy (HSG).
- Ultra sonography
- plain Radio graph (X-ray)

Laperoscopy - Laproscopy is the performance of surgical procedure with the help of vedio camera and several thin instrument.

Two parts — Diagnostic — Local anaesthesia
operative - General anaesthesia.

① Diagnostic - Infertility
Laparoscopy - Endometriosis
- Chronic pelvic pain
- Ovarian disorder
- PID
- Ovarian malignancy
- Genital tuberculosis
- Uterine Abnormalities.

② Operative Laparoscopy — pelvic Adhesion
- PCOD
- ovarian cyst
- chocolate cyste
- GIFT.
- sterolization
- Genital prolapse.

Advantages — No abdominal scar
- Reduced pain
- Quick recovery
- short hospital stay

Cervical Cauterization (SK)

- Procedure where heat is used for treating the cells on the neck of the cervix.

Causes - delicate easily broken cells, irregular bleeding:

Contra indication - Too Large Uterus
- Nulliparity
- Narrow vagina
- Narrow pubic arch.
- Immobile Uterus
- Severe endometrosis.

प्रमुख औषधि - अपमार्ग —— (1)
- अहिफेन —— (2)
-
- अरुज —— (4)
- अर्क
- अर्जुनी
- अशोक
- अतिबल
- अश्वगन्ध
- भल्लातक
- भुर्ज पत्र
- बिल्व
- चव्या
- चित्रक
- देवदारु.

Hysteroscopy

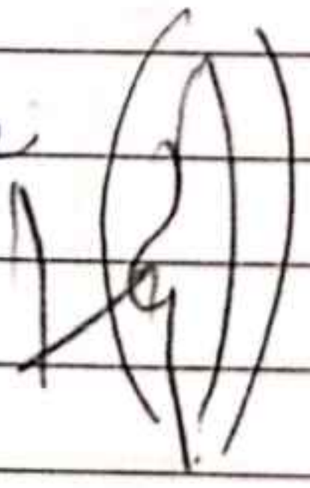
[II] Hysteroscopy — was started first in 1869

purpose < diagnostic — (1)
therapeutic — (2)

(1) diagnostic Indication —

- Study of Endocervical
- Endometrial tuberculosis
- IUCD
- Endometriosis
- tubal blockage.

(2) Therapeutic - Uterine septum
- Asherman's syndrome
- Embedded IUCD
- Tubal blockage.



- Complication - Uterine perforation
- Bleeding
- Sepsis
- Allergic Reaction.

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Colposcopy - Integrated part of Screening programm of cervical Cancer.

- Gynecological procedure.
- magnifies the vulva.
- vagina walls.
- uterine cervix
- Abnormalities detection.

- Colposcopy is a Binocular Instrument and provides a magnification of 10-20 times.

- Use to examine the cervix.

Asherman Syndrome

↳ Scar tissue from inside the uterus or the cervix.

- also called as intrauterine adhesions intrauterine synechiae.

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Hystero Salpingo graphy (HSG) (5M)

(3M) Uterus - Fallopian tube → Image

- This is an X-Ray that looks at the inside of the Uterus and fallopian tube.

- It is often done in case of Infertility.
- Radio opaque dye ~~Issent~~ into the Uterine Cavity. → Insert ..

- Factors :- (3M) [Asherman Syndrome]

- To study the potency of fallopian tube.
- Feasibility of tubo plasty
- To detect Septate
- ~~det~~ detect · Uterine polyp

Advantage - provides permanent Record.
- exact site of tubal blockage.
- clear tubal blockage;

Hindi - गर्भाशय - गर्भनाली आशयालेख करना (HSG)

=

Vs.

- problem in Uterus
- Repeated miscarage
- To known the Uterus shape
- D & C के बाद
- To known fibroid

• USG - Ultra Sonography (SK)

- This is Imaging of deep structure of body by recording echoes of pulses of Ultra Sonic waves.

Frequency - 1 to 10 megahertz waves.

Types - Trans abdominal (TAs)
- Trans Vagind (TVS)
- Trans rectal
- Trans perineal

Advantage -

- Non Invasive technique
- can be repeated
- No radiation.

- also gives 3D and 4D structure in TAs and TVS

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Plain Radiography (X-ray).

diagnose - Calcification - fibroids - -dure
- Ovarian mass
- pelvic kidney
- IVCD
- Tuber dosis
- Metastasis.

myomectomy
हिस्टेरेक्टमी सर्जरी के दो प्रकार हैं
Hysterectomy.

- Myomectomy — (bikini cut)

- Surgical removal of fibroids from Uterus.
- fibroid treatement for women who want to become pregnant.

- Abdominal myomectomy also known as 'Bikini cut'.

- Laproscopic myomectomy. > Type
- Hysteroscopic myomectomy

Complication - Infection
- Excessive Bleeding
- perforation (small hole)
- fertility problems.

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• Hysterectomy (5|10M)

SK

- It is an operation to remove the Uterus.

Reason - Uterine fibroids.
- Bleeding
- Uterine prolapse
- Vaginal cancer
- Uterus Cancer
- Ovarian Cancer
- Endometriosis
- adenomyosis

Types - Partial Hysterectomy
- Total Hysterectomy
- Salpingo oophorectomy. (Fallopian tube)
- Abdominal Hysterectomy.
- Vaginal Hysterectomy.
- Laproscopic Hysterectomy. (Small tissue Removal for examination)

Hysterectomy - content - Introduction of Uterus
- Location
- Diagram
- Hysterectomy
- Diagram Removal of Uterus

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• National AIDs Control Programme (NACP)

SK

Present organisation — Ministry of Health and family welfare.

1986 — National AIDS Committe.
1987 — NACP.
1992 — NACP-I Launched
1999 — NACP II Launched.
2004 — ART : Initiated
2007 — NACP III Launched
2012 — NACP IV Launched.

AIM — Slowing down the spread of HIV infections — as to reduce mortality rate.

NACO — National AIDs Control Organization (1992)

Motto NACO — Share life
give blood

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Endometrium Biopsy and Interpretation

(SM2)

SK

• Endometrium biopsy

- An endometrial Biopsy is a clinical procedure in which a small piece of tissue from the ~~Li~~ Lining of Uterus is collected for examination under a microscope.

- It Helps ~~clinician~~ to make proper diagnosis of diseases ^Physician

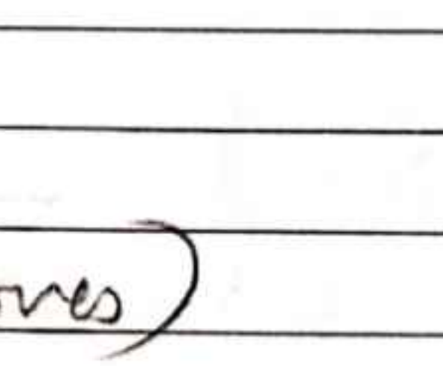
• Objectives —

- To diagnosis of diseases in the Uterus
- To Known the condition of Endometrium.
- To monitor fertility and infertility.
- To evalute treatement Response.

• Requirement —

- Uterine Biopsy Catheter
- AL gloves. (Sterlized gloves)
- Anticeptic Solution etc.

• Technique —



① Animal is controlled properly.

- Left Hand introduced in Rectum.
- Then uterine catheter is introduced into Uterus
- The window of uterine biopsy catheter is kept open

Exp Cervical Biopsy

SK

- Cervical Biopsy is a minor surgical procedure in which sample of tissue is taken from cervix

3 kinds
- Punch Biopsy
- Endo cervical Biopsy
- Cone Biopsy.

Indication
- Abnormal Pap smear test
- Positive test
- pelvic Abnormalities.
- Cervical Cancer

• Side effects
- Pain
- fever
- Heavy bleeding
- foul smell
- vaginal discharge.

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Histology - microscopic study. (SK)

- Then Uterus is pressed slightly.
- Window of Uterine Catheter and window is closed to cut some tissues from endometrium.
- Then the catheter is withdrawn Carefully
- Sample should be taken Individually.
- finally these tissues are allowed to further Histological processes.

- Interpretation -

- Periglandular fibrosis
- Cystic glandular fibrosis
- Cellular infiltration in the endometerium.
- ~~free~~ free cells.
- Lymphoid Nodule,

Free cells (RBC) < Naturophills — (1)
Lymphocytes — (2)
Eosinophils — (3)

① Periglandular

- Based on the visibility.
- clarity of fibroblast surrounding the endometrium glands.
- The fibroblast Become spindle shape.
- closely packed.

SK

② cystic glandular –

- Occur much less frequently then periglandular fibrosis.

- Wide Branched Lamina.
- Low cubodial or flattened epithelium.

③ Cellular infiltration –

- functional cellular cyclic variation.
- mostly marked in the surface epithelium.
- free cells are present only in small number in normal cow.

④ Lymphoid Nodules –

- Masses of small round cells c dense Nuclei that often Have fibrous connective tissue.
- These are distributed at Random through out the entire Uterus.

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SK

- PNDT Act
- MTP Act
- MCH 'Programme
- RCH pr
- परिवार नियोजन प्रोग्राम
- National programme.

(SW)
KB
AG

Q. आयुर्वेदिक & Alopathetic drugs in PTSR.
/

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Paper - I [A + B]

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STUDENT'S NAME		TOTAL MARKS OBTAINED
CLASS	SUBJECT	
ROLL NO.	DATE	

Rajarajeshwari Ayurvedic Medical College
No.
Date:
Bangalore 64

- स्त्री शरीर विज्ञान
आर्तववह स्त्रोतस
स्तन्यवह स्त्रोतस
*योनि व्यापद
पेशी
Anatomy of femal Genital Organ /FRS
Breast
Soft and bony pelvis.
वयो भेद.
ऋतुकाल
ऋतु गति, लक्षण
आर्तव प्रमाण
आर्तव स्वरूप
रजस स्वला
रज /रज स्त्रावा.
Menstrual cycle
Menstruation
endocrine mechanism
Concept of स्त्री शुक्र
Ovulation
गर्भ धारण विधि
fertilization
↳ mechanism
परिभाषा & गर्भ
गर्भ विकरन्ति
शुद्ध शुक्र characteristics
शुद्ध आर्तव
पञ्चभौतिकत्व & गर्भ
गर्भ वृद्धि विकास कर्म
गर्भ स्थिति
foetal altitude, lie, position presentation

SURYA Gold

Scanned with OKEN Scanner

Uterine Axis
-foetal position.
गर्भ वृद्धोत्पत्ति
गर्भ पोषण
placenta.
Umblical cord
foetal Membraine (जरायु)
Amniotic fluid (गर्भोदक)
गर्भशय अव्यवोत्पत्ति
गर्भ लिङ्ग उत्पत्ति
Determination of Sex
सद्यो गृहीत गर्भ लक्षण
व्यक्त गर्भ लक्षण
Diagnosis of pregnancy. - trimesters
1st
2nd
3rd

पुंसवन विधि
गर्भिणी परिचर्या -
- मासानुमासिक पथ्य
- गर्भोपघातकर भाव
- गर्भस्थापक पथ्य

द्वौहृदय
Ante Natal Care examination
visit
गर्भ व्यापद / गर्भ स्त्राव / गर्भपात
Abortion - Spontaneous
- Induced
Rh Incomptability
ectopic pregnancy (ep)
IUGR
IUFD
Gestational trophoblastic Neoplasia.
Ante Partum Hemorrhage (APH).
placenta previa.
Abruptic placenta

Scanned with OKEN Scanner

STUDENT'S NAME		TOTAL MARKS OBTAINED
CLASS	SUBJECT	
ROLL NO.	DATE	

Sri Krishna Ayurvedic Medical College
No.:
Date:
Bangalore

Neo-resusitation.
शिशु परिचर्या
प्रसव परिभाषा
प्रसव काल
प्रसवावस्था - ① प्रजायनि
(stage of Labour) ② आसन प्रसवा
③ उपस्थित प्रसवा
④ गर्भ परिवर्तन
⑤ अपरा पतन
- सूतिका प्रवेशिक
- सूतिका गार
- Labour
stage of Labour.
Mechanism of Labour / Cardinal movement (मूलधार चेष्टन)
episiotomy
मूढ़ गर्भ (obstructed labour).
Induction of Labour.
Agumentation of Labour.
Foetal distress (presence of sign)
Cervical dystocia.
Maternal dystocia
CPD
prolonged labour.
Uterine inversion
AFE
Forceps delivary / Assistant labour
Ventouse delivery / vaccum extractor.
C-Sec.
PPH
Retention of placenta (अपरा संग)
सूतिका काल
सूतिका परिचर्या
सूतिका रोग - ज्वर, शोथ, मकल्ला
इतन्य अष्ट विधा

SURYA Gold

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puerperium

Lochia

गर्भिणी पूर्व उपद्रोपक (pre eclampsia) (P.E)

~~ed~~ eclampsia.

Fits of eclampsia.

partograph.

गर्भ रेखा चित्र.

Abdominal examin°.

Vaginal examination.

Bishop's Score.

APGAR Score.

Ritzen's manoeuvre.

विपरत्व.

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स्त्री शरीर विज्ञान (SV)

व्युत्पत्ति: शुक्रशोणितं: अस्यां सा स्त्री।

- स्त्री is one in which union of शुक्र and शोणित takes place.

- स्त्री is one which produces ova and bears the young ones.

- पर्याय — अबला
  - नारी
  - वधु
  - प्रदीपा
  - महिला.

1 month = 1

आर्तव वह स्त्रोतस (SV)

आर्तव वाहे द्वि तयो मूलम्
गर्भाशयम् आर्तव वाहिनयाश्च योनयम्।

अति मैथुनात आर्तव नाशक।

The आर्तव वाह स्त्रोतस or channels carrying blood out of the body during monthly menstrual cycle in women.

- Roots are located —
- गर्भशय - Uterus.
- आर्तव वहिनी धमनी - fallopian tube.
- The opening of Uterus and vagina can taken as आर्तव धमनी - because the menstrual blood flow through out from there.

लक्षण - वन्धत्वा - Infertility
- आर्तव नाश - Amenorrhoea
- मैथुना असहिसुनता - Intolerie to sex

स्तन्य वह स्त्रोतस

- This channel Carrying Nutrients of lactating tissue is present in both breasts.

- मल - Lactiferous glands
- मांस - Lactiferous ducts
- मुख - Nipples.

- This channel Become mature at the time of puberty.

- development of secondary sexual characteristics (Breast)

- स्त्रोतस Becomes Active only after the delivery of child.

- Other दोष Involved = क्लेदक — (1).
  - कफ — (2)
  - व्यान वायु — (3)
  - प्राण वायु — (4)
  - उदान वायु — (5).

Reasons for problem - Heavy भोजन
- fat and oil भोजन
- Emotional Stress
- Alcohol and drugs
- अति लवण Consumption.

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लक्षणानि - Under developed Breast
- Lack of Lactation
- Excess in Lactation
- Low quality milk
- Tumor of breasts
- fibrocystic changes.

• त्रिवृत योनि स्त्री विशिष्ट — (व्यवृता योनि)

(3M) त्रिवृत योनि consist → Diagram ✓ Uterus vagina

- भग (vulva) — (1)
- गर्भ आशय — (2) (uterus)
- योनि (Vagina) — (3)

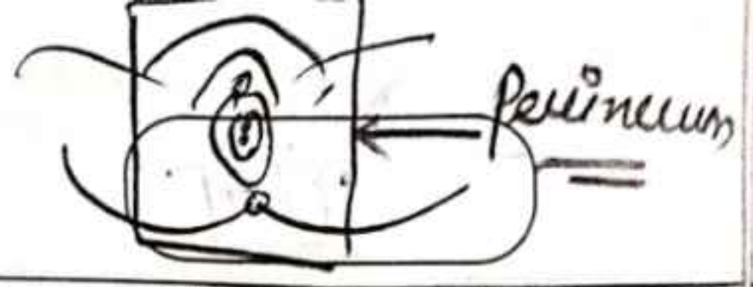
Imp ① भग (vulva) :- (clitorius)

द्वादशाँगुलानि भगविस्तार।

- The shape of भग is compared to the triangular shaped leaf of पिप्पली.
- भग measures → 12 अंगुल.

Ref - सूत्रस्थान and शारीरस्थान of सुश्रुत संहिता.

उपरायु - perineum



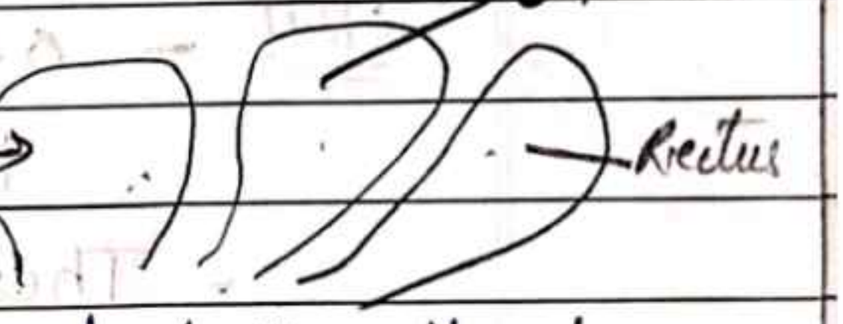
(2) आशय - There are 07 आशय in Human body which are common for both male and female.

- female body Have 08 आशय → गर्भाशय

गर्भाशय →

- गर्भाशय is situated in the third आर्तव की योनि
- It is situated behind urinary bladder b/w पित्ताशय and पक्वाशय.
- गर्भाशय is covered with उपरायु (perineum)
- Shape resemble like रोहित मत्स्य or (fish). the गर्भाशय is also Hollow Inside like fish.

(3) योनि (vagina) - Urinary bladder → Rectus



- योनि is external orifice situated in the lower part of the body Below भगोष्ठ (clitoris)
- female Have 03 extra external orifices - 2 are in breasts for Lactation and one more is योनि to discharge आर्तव.
- योनि is compared to शंख नाभि for Hollow portion of conch shell.
- It has 03 folds. गर्भाशय situated in third folds.

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पेशि (पेशी मर्म)

- There are 500 पेशी or muscles in Human body.

Female Body consists -

- 24 extra पेशी ≠ [24 पेशी extra in female]

- ① 10 are in Breasts.
- ② 10 are in योनि.

Q. ③04 पेशी are अपत्य /पथ्या. ?

10 are in योनि
- 02 are inside योनि.
- 02 are in छिद्र (orifice).
- 03 पेशी are in गर्भ छिद्र.
- 03 पेशी co-relates with शुक्र and आर्तव.

मर्म - 04 extra and Special मर्म of female body.

- These are - स्तन शोहिता - 02
  - स्तन मूला - 02

① स्तन शोहिता - 02 स्तनशोहित
- situated at the tip of the nipples.

② स्तनमूला - 02 स्तनमूला
- situated at the base of the breast
  Comes under कालान्तर प्राणहर मर्म.

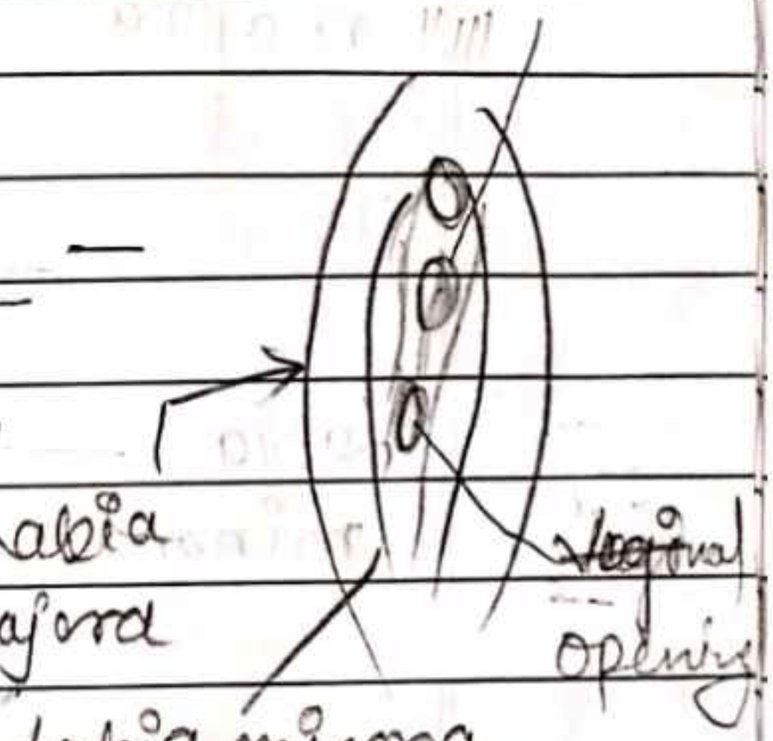
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Anatomy of female Genital organs | Reproductive System

5r

- The essential organ of reproduction in the female is the ovary
- In the ovary ova are produced which

• Accessory organs Includes —
- Oviducts / Fallopian tube
- vagina
- mammary glands

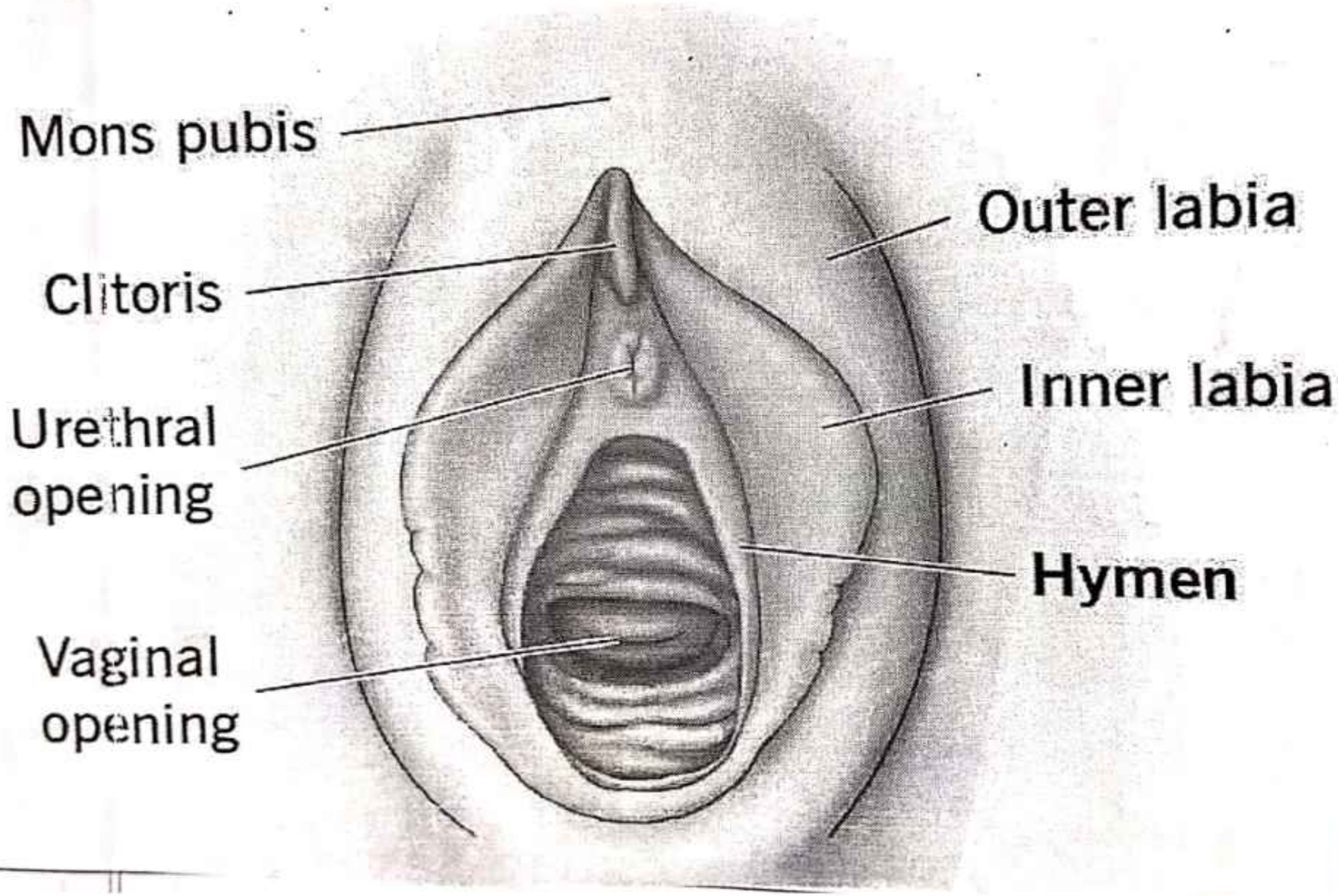


- female genittal organs are divided into two parts —
  - External —— ①
  - Internal —— ②

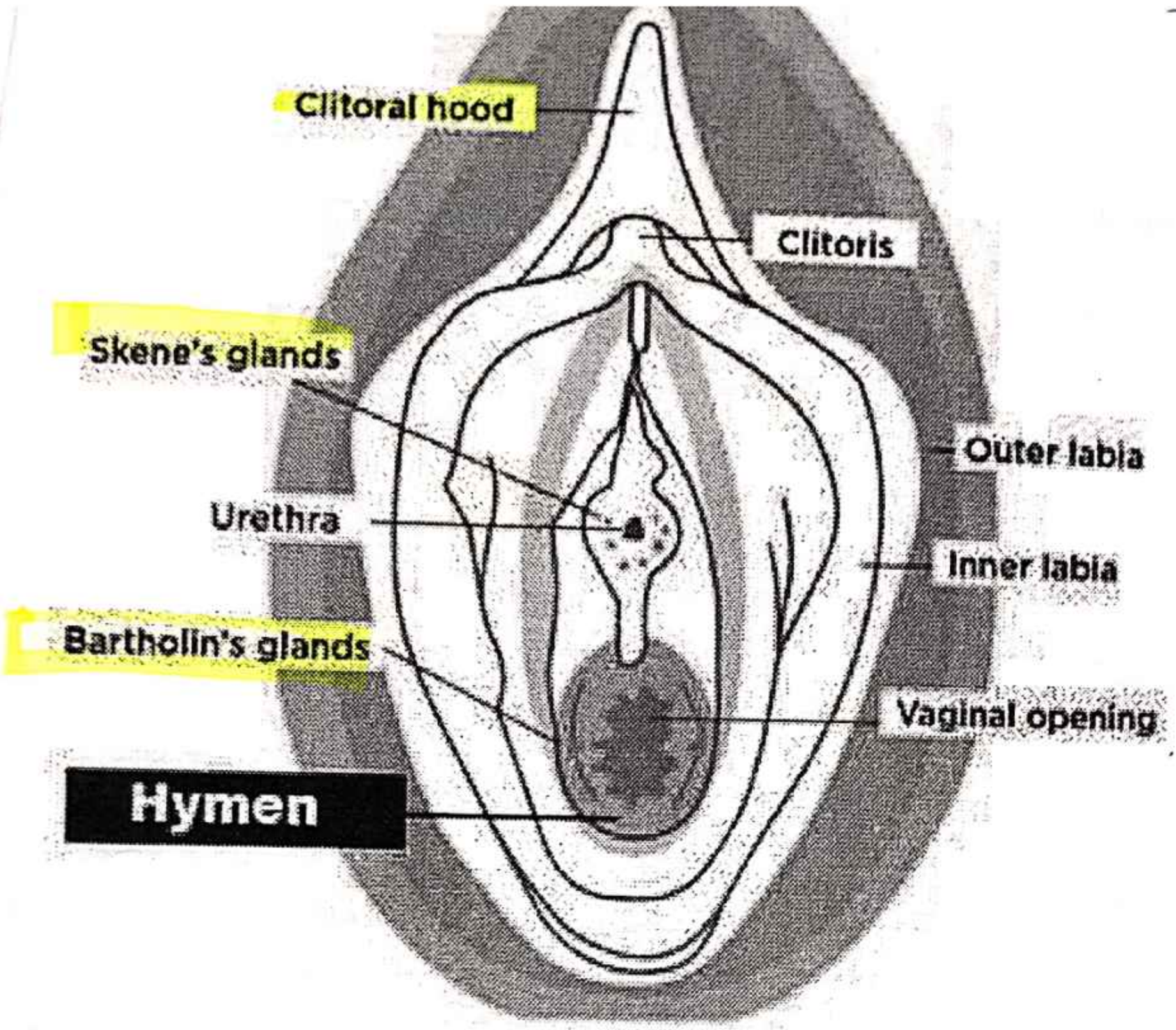
① External organs — Mons pubis (hair)
- Labia major (outer la
- Labia minora (inner
- clitoris
- vestibule
- urethral orifice
- vaginal orifices
- Hymen
- Vestibular bulbs
- Bartholin glands

Hymen

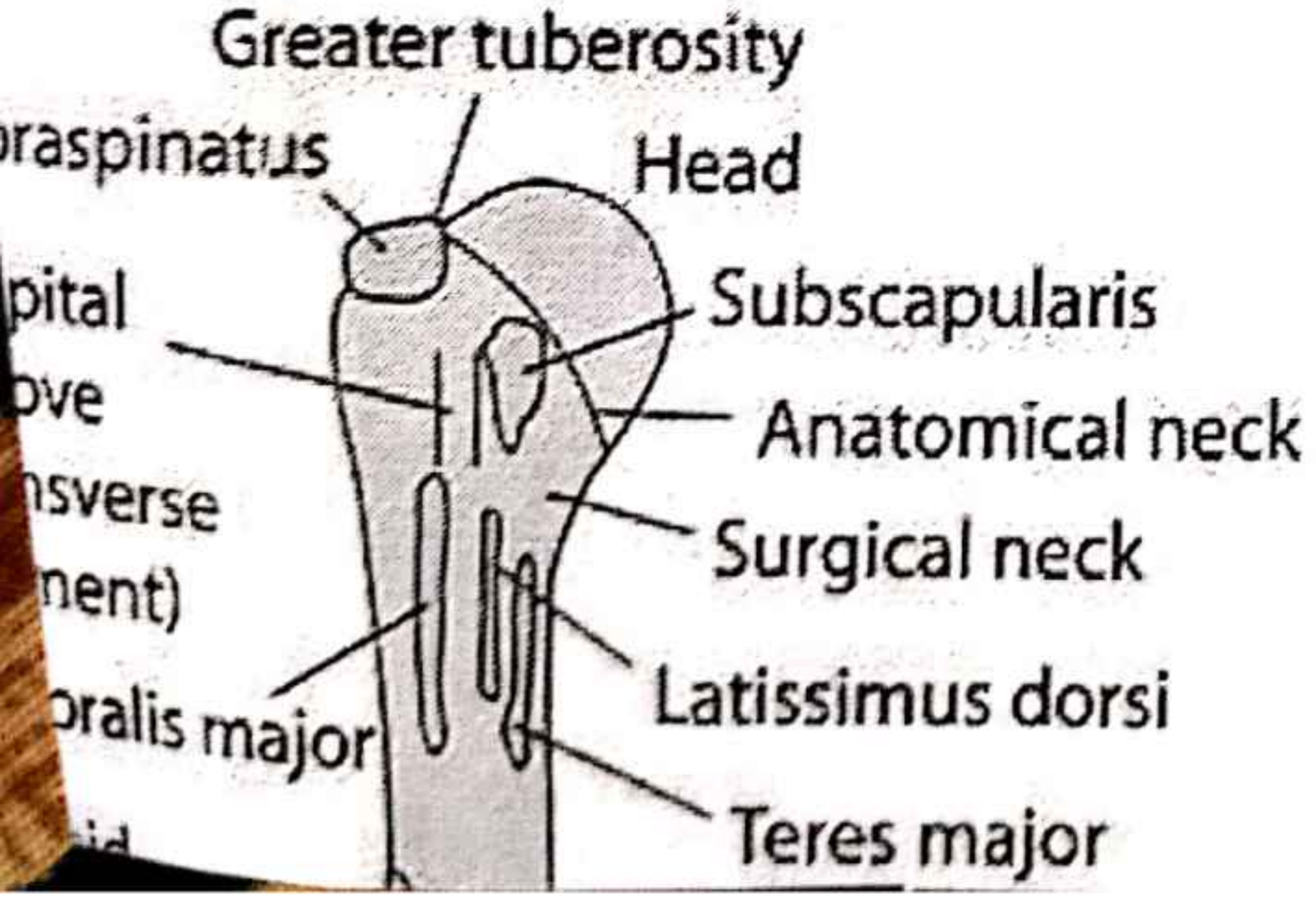
Your hymen is a small, thin piece of tissue at the opening of your vagina

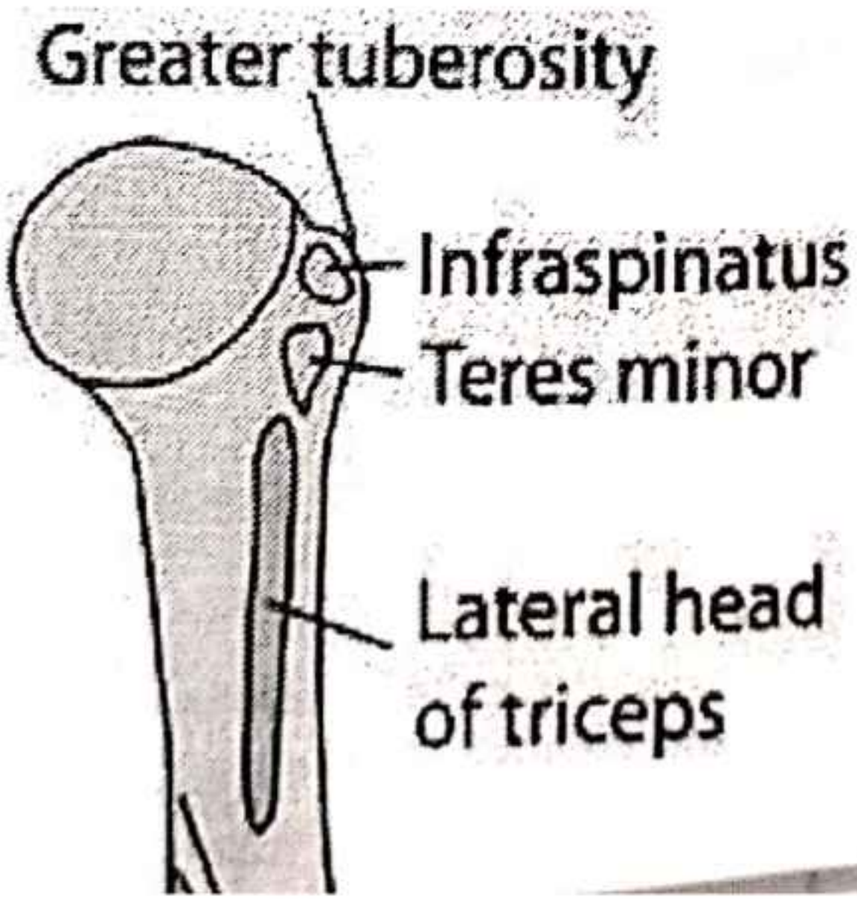


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HUMERUS
(MUSCLE ATTACHMENTS)

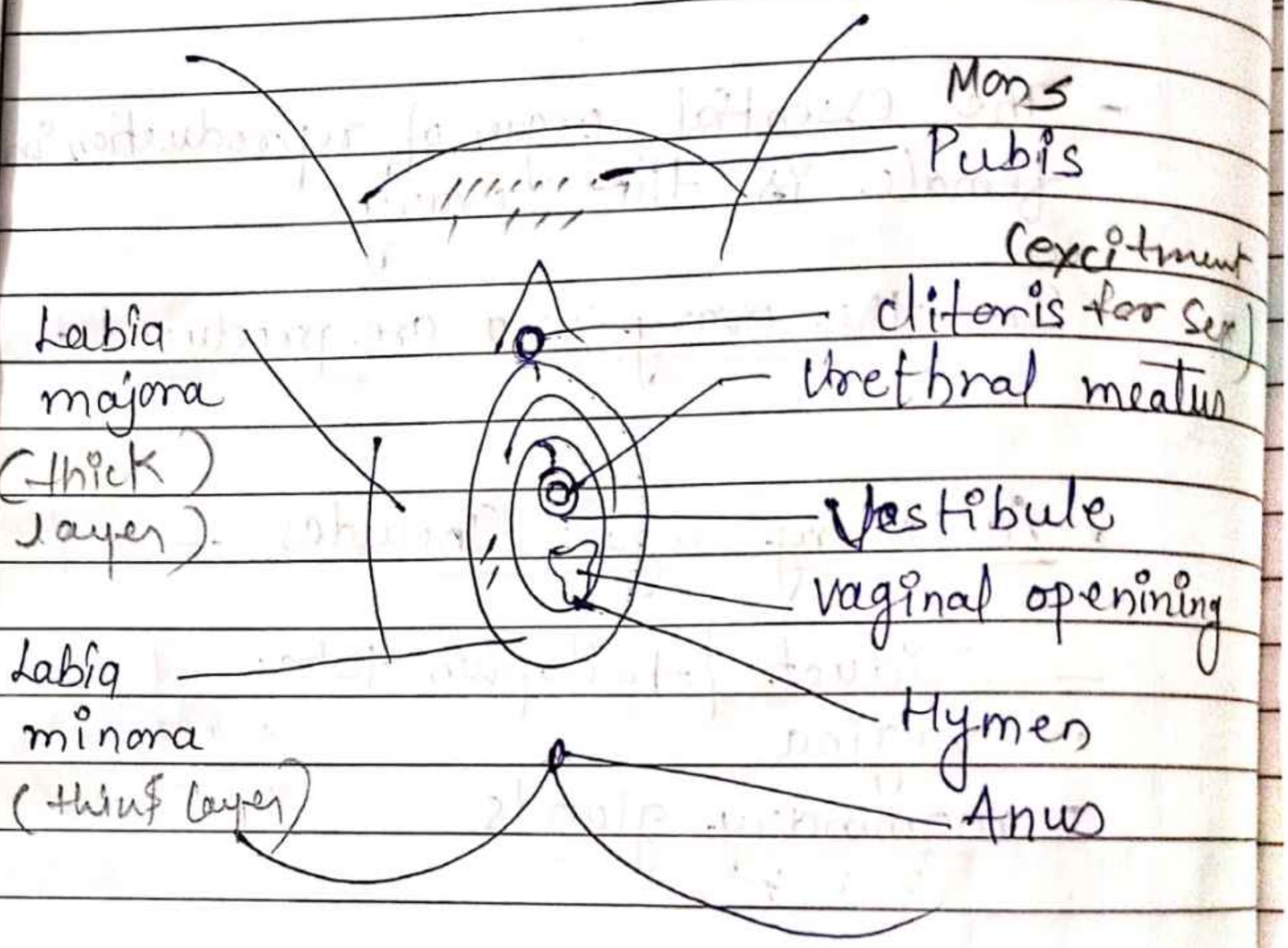




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1 month = 1 maturation — 1 egg formation
(Ovulation)

R



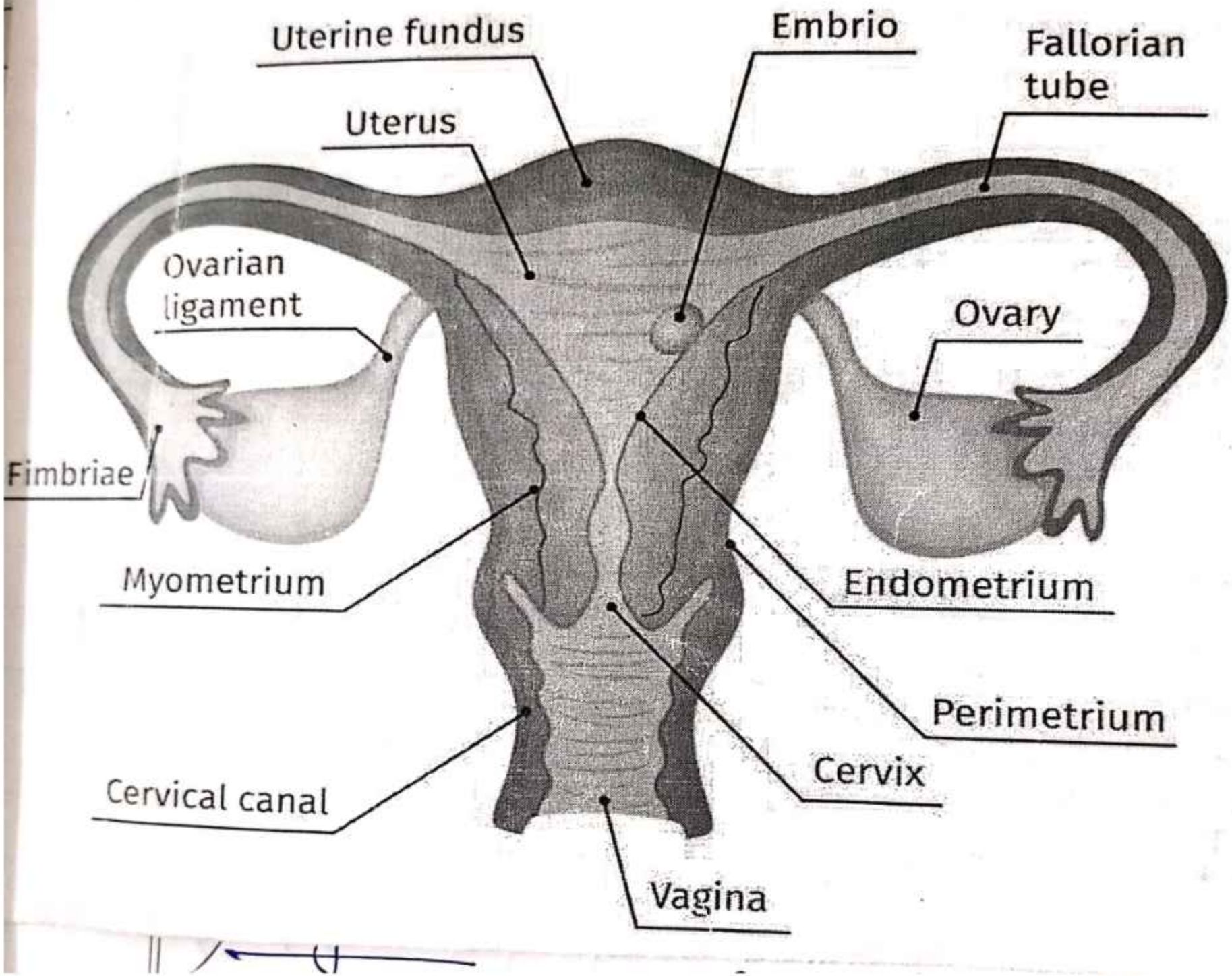
Lymphatics — Deep inguinal Nodes
- External and Internal iliac lymph nodes.

Nerve supply — Bilateral Nerve supply
- Spinal motor
- Sensory somatic.

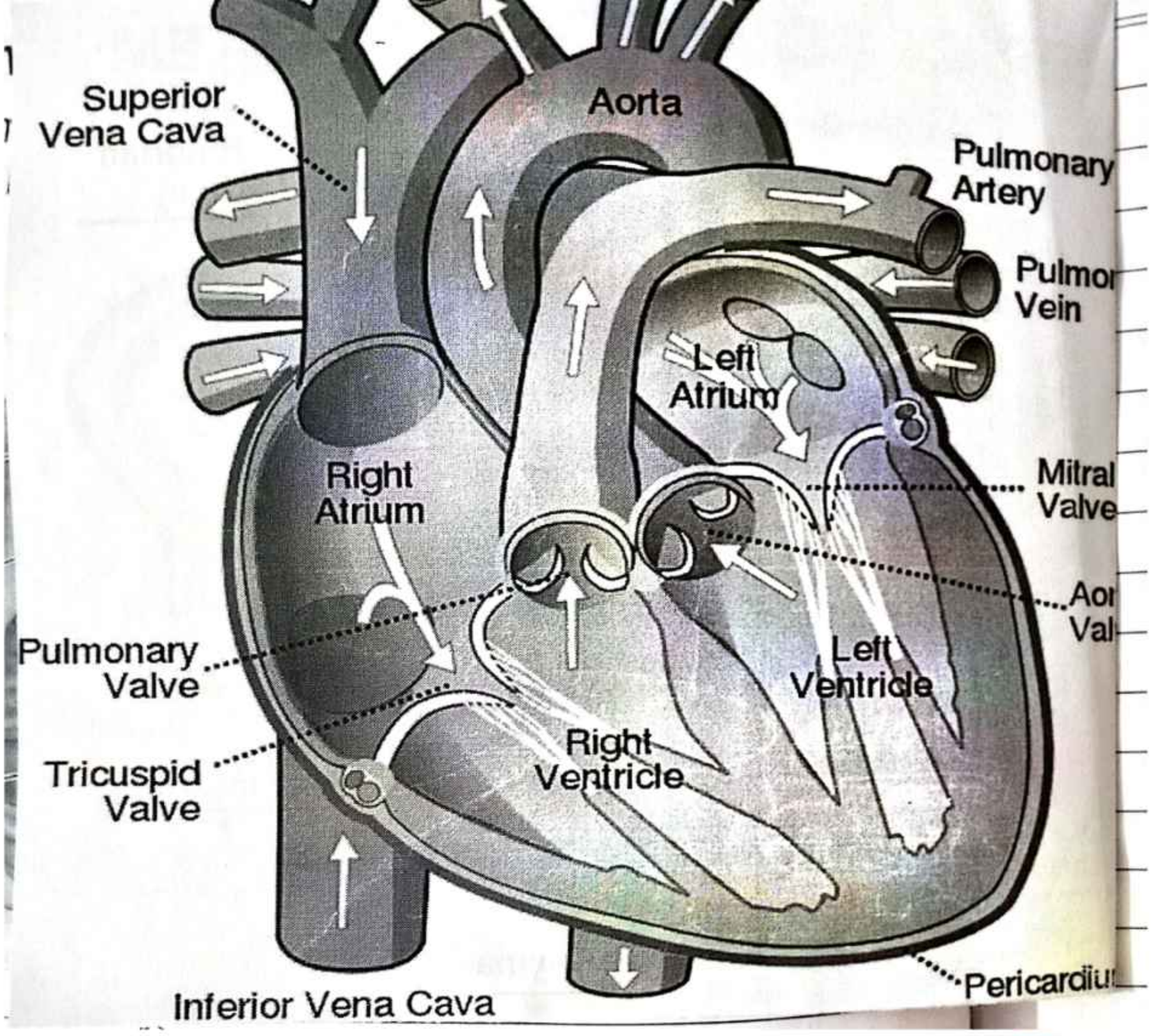
[II] Internal organ - vaging — (1)
- Uterus — (2)
- fallopian tube — (3)
- Ovaries. — (4)

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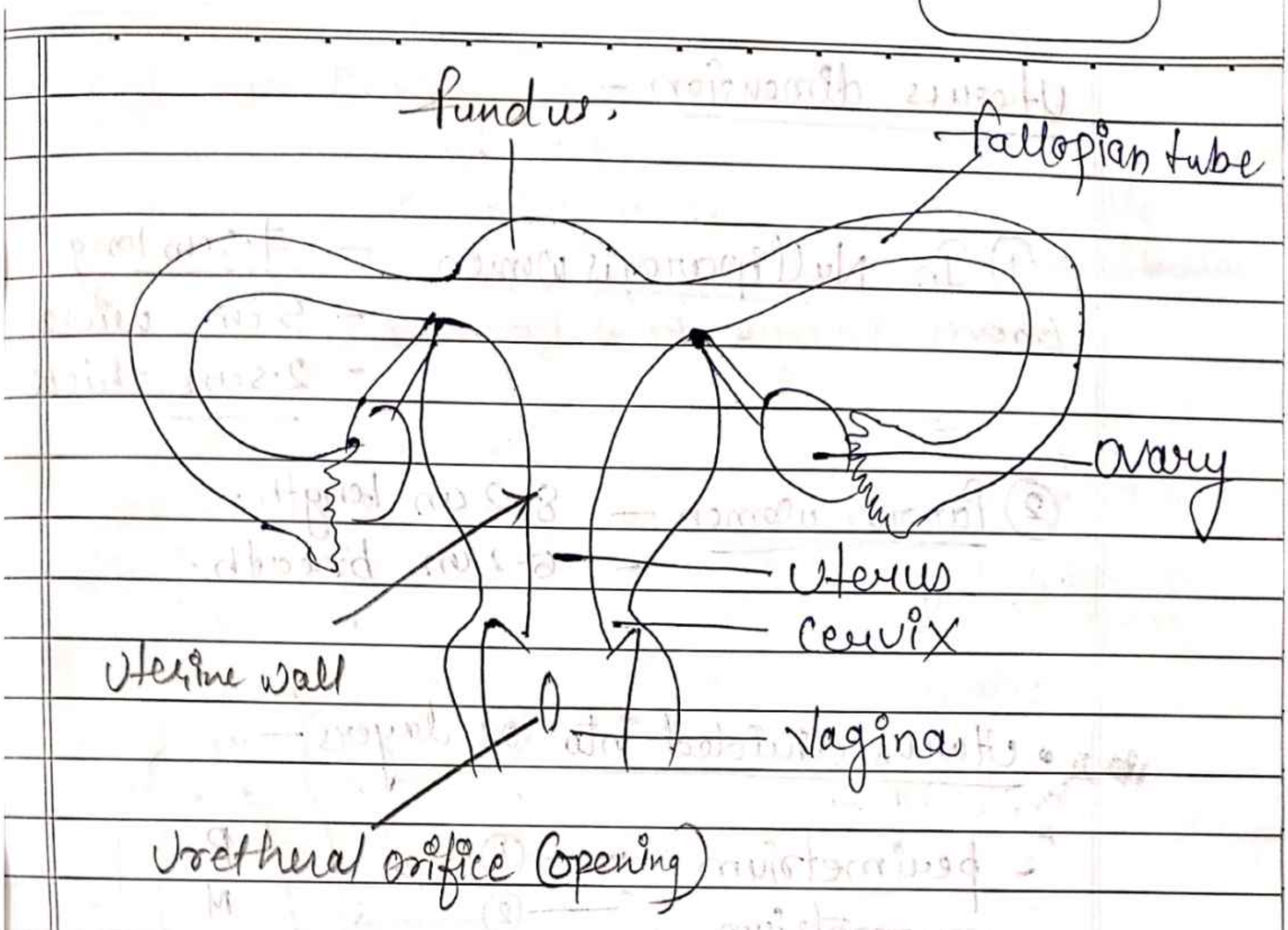
FEMALE REPRODUCTIVE SYSTEM



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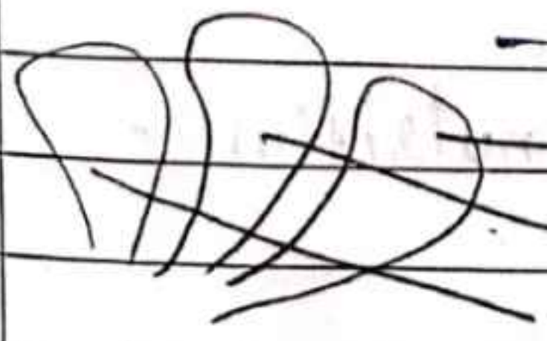

Superior
Vena Cava
Aorta
Pulmonary
Artery
Pulmon
Vein
Left
Atrium
Right
Atrium
Mitral
Valve
Aor
Val
Pulmonary
Valve
Left
Ventricle
Tricuspid
Valve
Right
Ventricle
Pericardiu
Inferior Vena Cava

SV



1) Vagina (birth canal) – muscular tube like structure
- provides lubrication and sensation
- vagina connects uterus
- passage of menstrual blood
- also called as birth canal
- pH of vagina about 4.5 during reproductive life.
- Vagina Acidity depends on Oestrogen.

2) Uterus – Hollow muscular organ
- Centrally lined by pelvic cavity
- B/W Urinary bladder and Rectum.



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Uterus dimension -

① In Nulliparous women (never conceive, or perform sex) - 7.5cm long
- 5cm wide
- 2.5cm thick

② Parous women (multipara) — 8.2 cm length.
— 6.2 cm breath.

• Uterus divided into 03 layers -

- perimetrium — ① → P
- myometrium — ② → M
- Endometrium — ③ → E

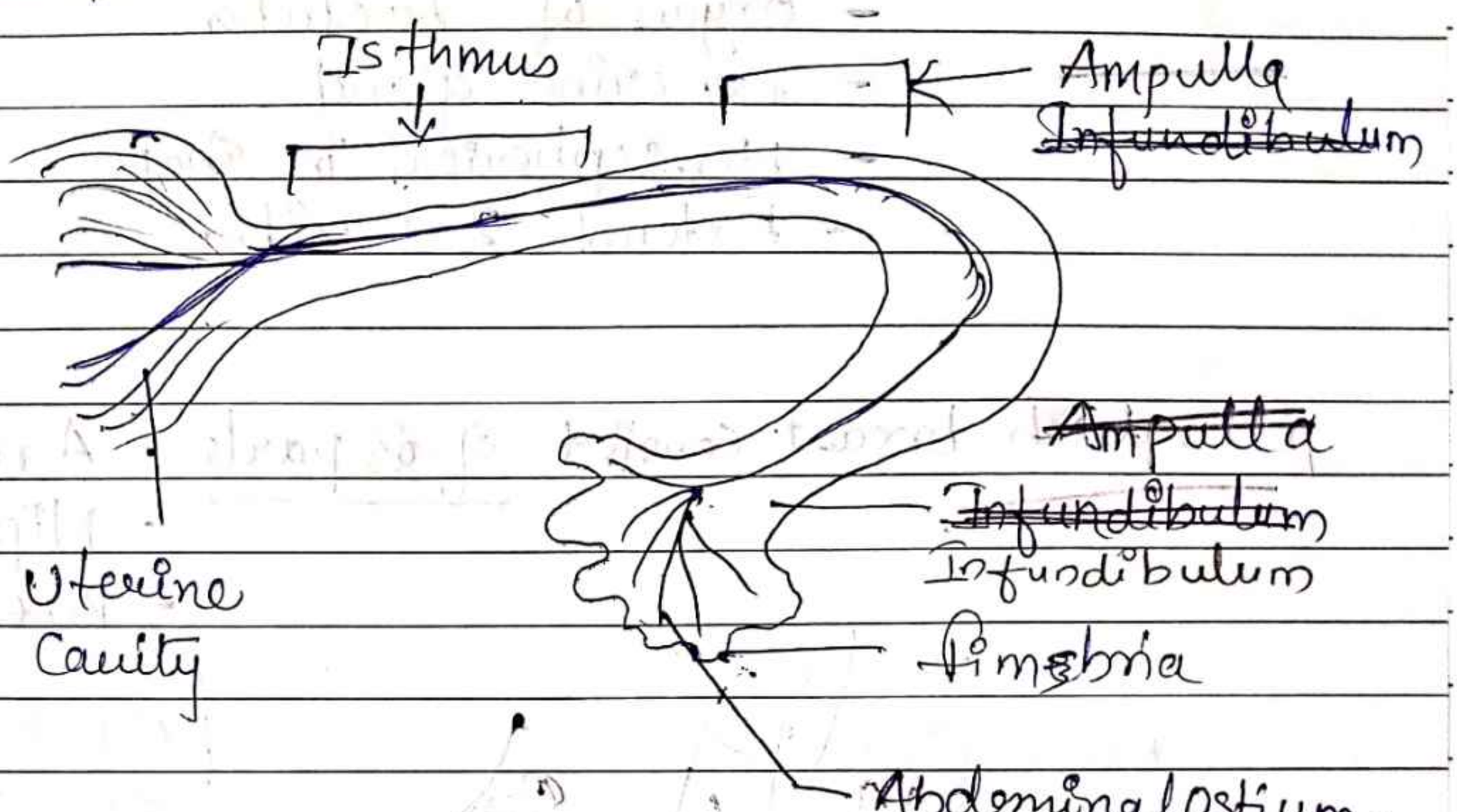
• Ligaments of Uterus. —

(Uterus) - Broad ligament → Meso Varium, meso salpinx, meso metrium
- Round ligament
- Utero sacral ligaments
- transversia ligament -

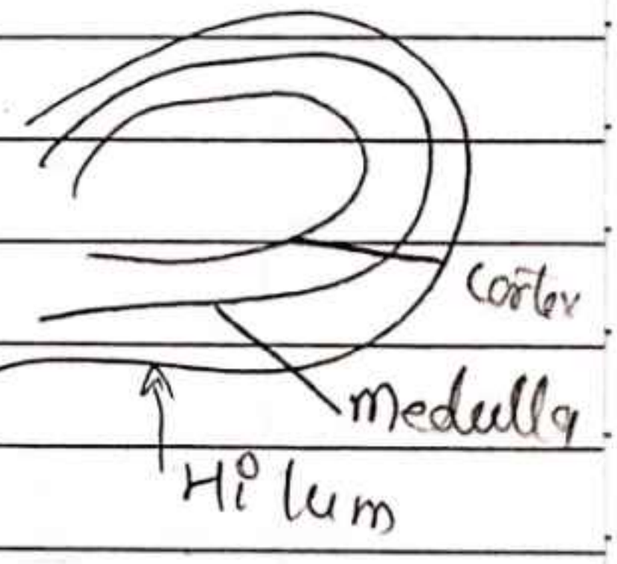
Function - Menstruation
- Transmits the Sperm
- Implantation
- provide oxygen and nutrition.

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Fallopian tube :-



04 parts - Isthmus —— (1)
- Ampulla —— (2)
- Infundibulum —(3)
- fimbria —— (4)



function - Secretion —— (1)
- Transportation —(2)
- fertilization —(3)
- Nourishment. —(4)

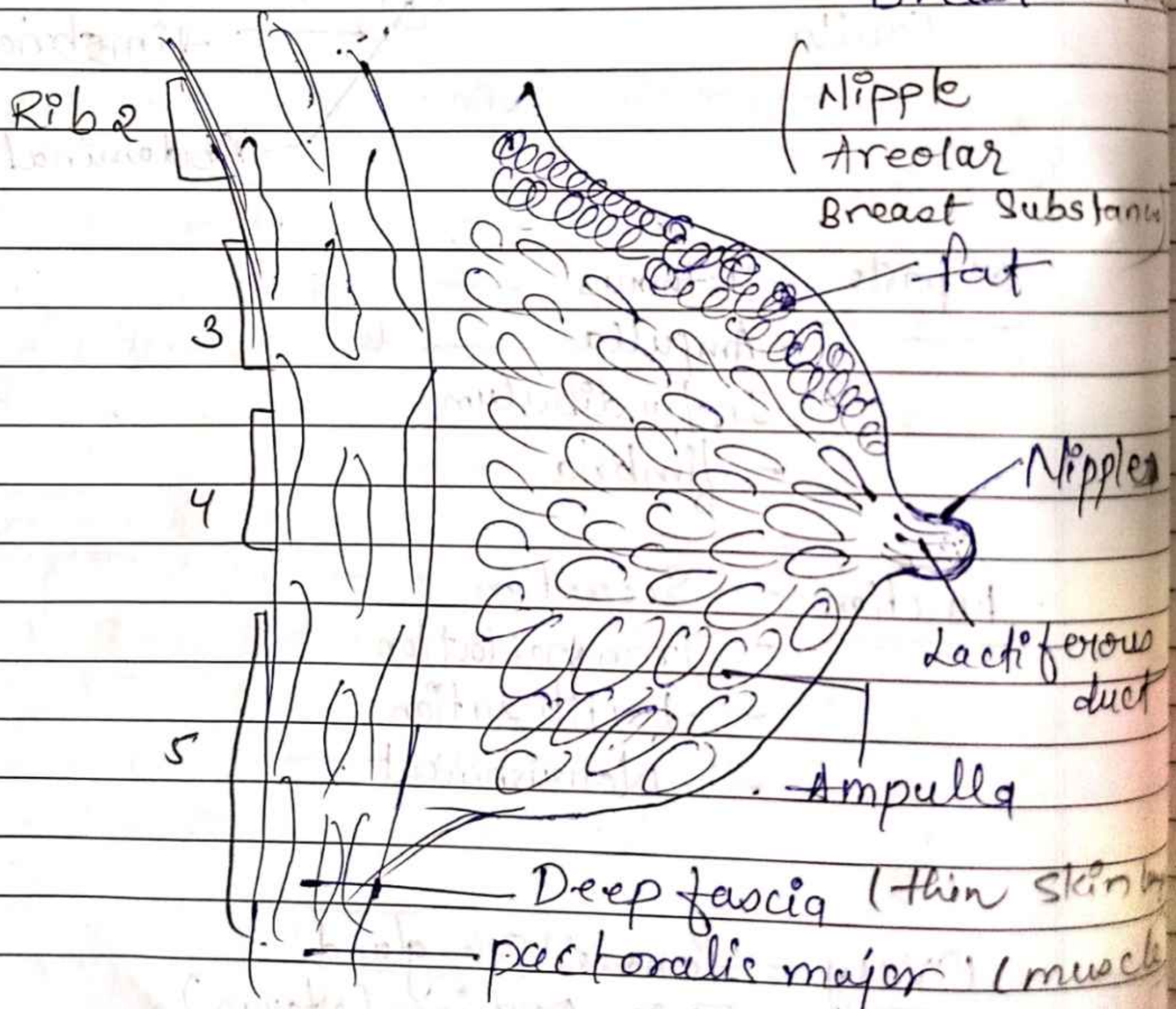
Ovary - female [sex gland]
- Two ovaries (uterus)
- 3 cm length
- 2 cm breath
- 1 cm thickness

(l b h
3 × 2 × 1)

Three layer ← Cortex
Medulla

Breast - Accessory reproductive organ.
- organ of lactation
- exocrine gland
- Hemispherical in shape
- Extend 2 to 5 rib.

Each breast consist of 3 parts - Areolar
- Nipple
- Breast substance



- Breast

12 - 15 pores

Areolar — Pigmented area —— (1)
— Centre of breast —— (2)
— Consist Sweat glands —— (3)
— Sebaceous gland —— (4)

Nipples — Erectile organ —— (1)
— 15 - 20 Lactiferous ducts —— (2)
— projecting skin structure —— (3)

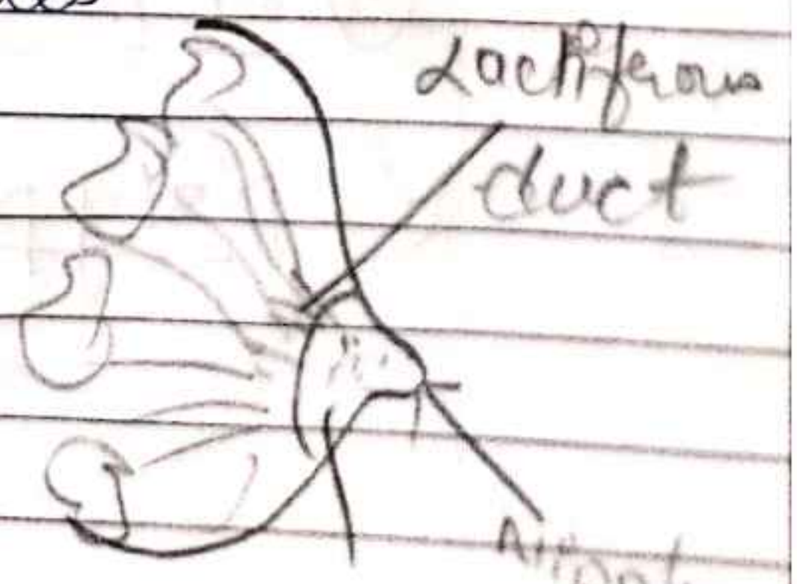


• Breast substance — Consist 15 - 20 duct
— 10 - 100 alveoli
— Connective tissue
— Lined by polyhedral cells.
— fatty tissue

Artery — axillary artery —— (1)
— mammary artery —— (2)

Vein — axillary vein —— (1)
— mammary vein —— (2)

Nerves — Sympathetic Nerves.



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SV

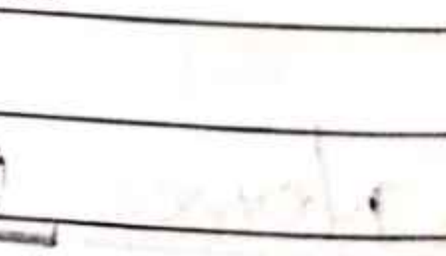
Soft & Bony pelvis

False pelvis — Pelvis major
True pelvis — Pelvis minor.

- Bony pelvis is consist of two Hip bone -
  - Sacrum — (1)
  - Coccyx — (2)

(3M) • 4 types of pelvis — pelvic

G - Gynecoid — (1)
A - Android — (2)
A - Anthropoid — (3)
P - platypelloid — (4)



(1) Gynecoid - most common pelvis
- favourable for birth.

(2) Android - pelvis with Average male characteristics.

(3) Anthropoid - great Ape

(4) platypelloid - Broad or flat pelvis
पेलटी पेलोइड

वयोभेद (स्त्री शरीर विज्ञान)

- There are 03 Stages of Age.
  - बालावस्था
  - मध्यमावस्था
  - वृद्धावस्था

(1) बालावस्था – 16 years

(2) मध्यमावस्था – 40 years

(3) वृद्धावस्था – After 40 years

* अवस्था (Stages) –

1) Early age – बाल – 10 years
   – किशोरी – 10 – 12 years
   – रजोनिवृत्ति – 12 – 16 years (B K R)
   (Puberty Phase
   Menstruating Phase)
2) Middle age – युवती – 16 – 40 years
   – प्रौढ – 40 – 50 years
3) old age – वृद्ध – After 50 years

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[17]

• Table. 9 बाल्य (वयोभेदन)

early stage

1) बाल्य - बाल - 10 years - General - कफ development prominant

2) कुमारी - बाल - 10-12 yrs - G.D. - कफ predominant

3) रजोमति - बाल - 12-16 yrs - menarche - कफ

II) middle age

युवा / middle age - युवती - 16-40 yrs - Reproductive age - पित्त

- प्रौढ़ा - 40-50 yrs - premeno → pause -

old Age

III) वृद्ध - - - - after 50 years - meno - pause : वात

(४) ऋतुकाल (5M) — ऋतुकाल + ऋतुमति + लक्षण
व ऋतुमति + आर्तव प्रमाण + आर्तव स्वरूप + प्रमुखता

(5M) ऋतुकाल — ऋतुकाल is the optimum period for conception.
(M.C. period)
— It is of 12 days in those women which have visible आर्तव.

(3M) ऋतुमति — A woman who is in the period of ऋतुकाल is called ऋतुमति (स्त्री)
(female) ← M.C.

• लक्षणा व ऋतुमति — पुरसन्नवेदनं
— moist body and mouth.
— भास्कामां
— प्रियकथां
— हर्षे
— उत्साह
— Desiours man company.
— Exited mood.

आर्तव प्रमाण — (4 अञ्जली) — A/C to वाग्भट्ट.

आर्तव स्वरूप — आर्तव is आग्नेय.
— अग्नि is predominant महाभूत.

(Important)
प्रमुखता — रक्त — (1)
— गर्भ — (2)
— जीवनीय — (3)

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(R)

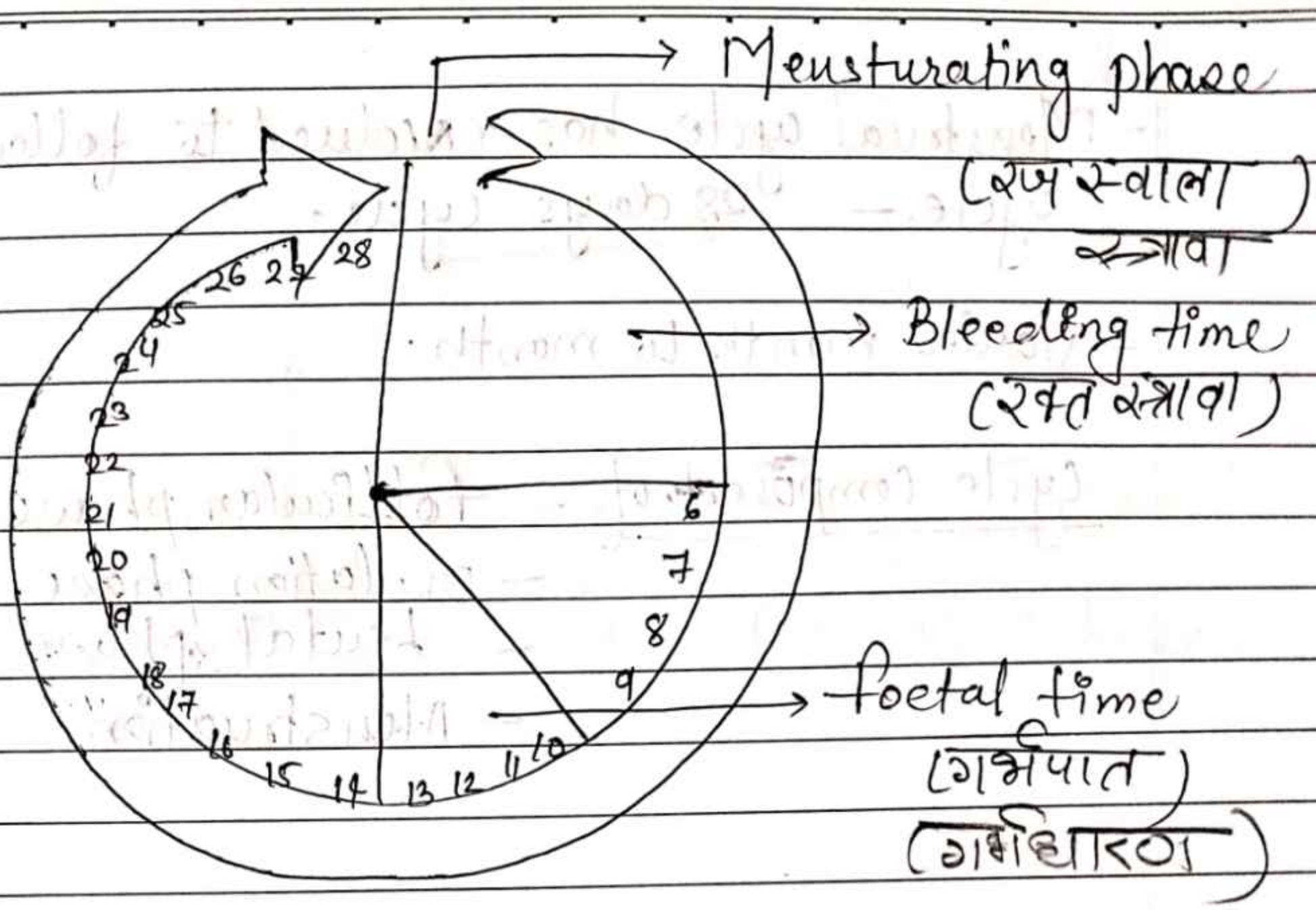
M.C. day

↓

रजस्वला – A girl or women who is in the stage of menstuation is called रजस्वला.

रजस्वला प्रमुखता – ब्रह्मचर्या
- avoid दिवस्वप्न
- avoid अञ्जन
- Not cry
- Not use cosmetics
- Avoid अभ्यङ्ग
- Avoid स्नान
- Avoid प्रलाप
- अतिव्यायाम
- Avoid विरुद्धाहार
- eat - यवाक आहार.
- eat - हविस्या (drugs)
- Avoid अजीरणा.
- Avoid स्नेह, नस्य वमन स्वेदन
- Avoid तीक्ष्ण, कटु आहार

- On the 4th day, she should take purification bath.



रक्त स्त्राव / रज स्त्राव -

- 3 days - A/C. to भावमिश्र & वाग्भट्ट
- 5 days - A/C. to चरक.
- 7 days - A/C. to हारित

Formation of रज - A/C. to वृद्ध वाग्भट्ट - रजा is formed from रक्त.

रज ← रज — (1)
रक्त — (2)

- Blood gets collected in one month duration. This Blood gets black colour and specific odour and attains आर्तव form.
- Then aid brings out that आर्तव from योनि.

. . . . . .

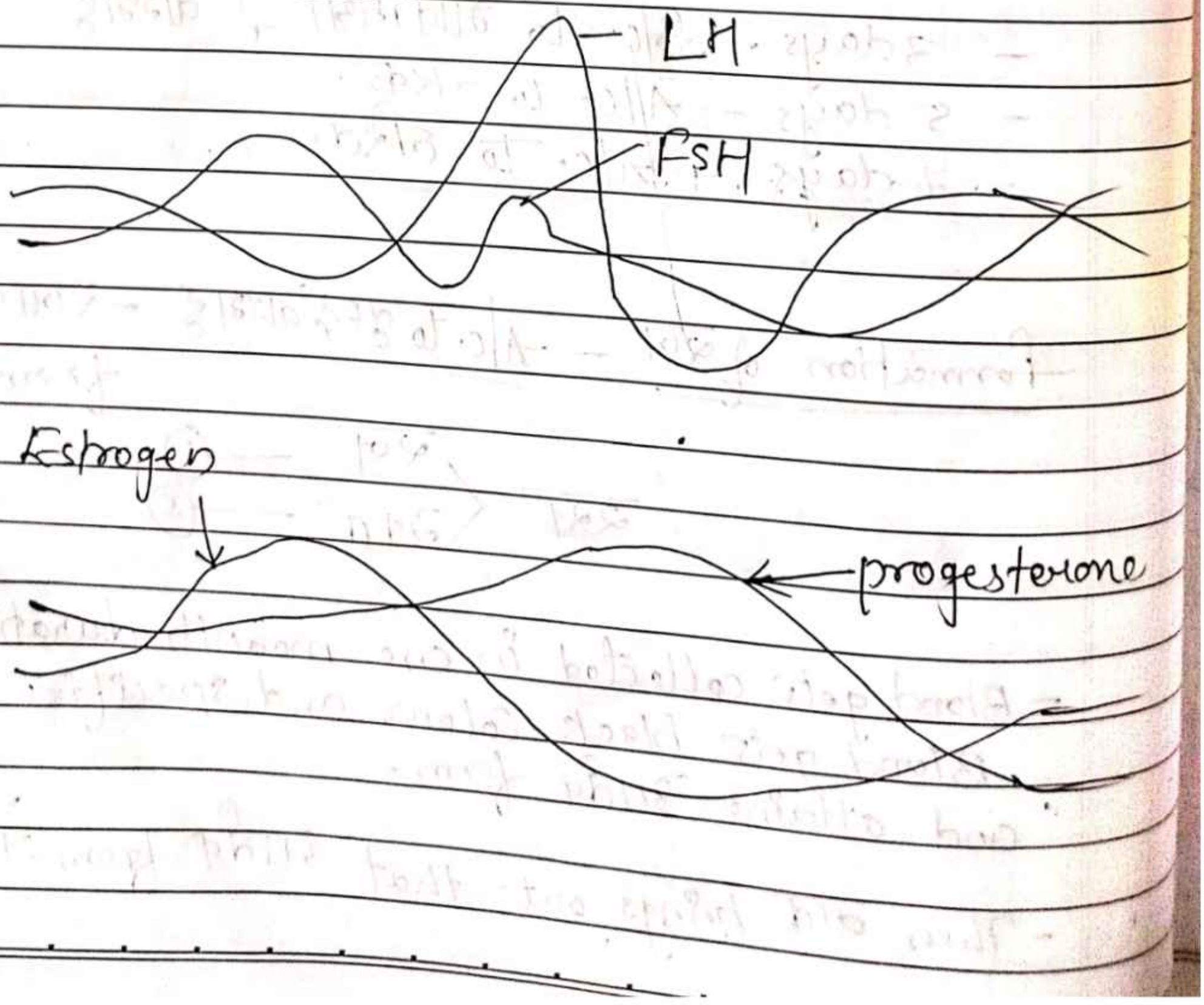
RV

• Menstrual cycle.

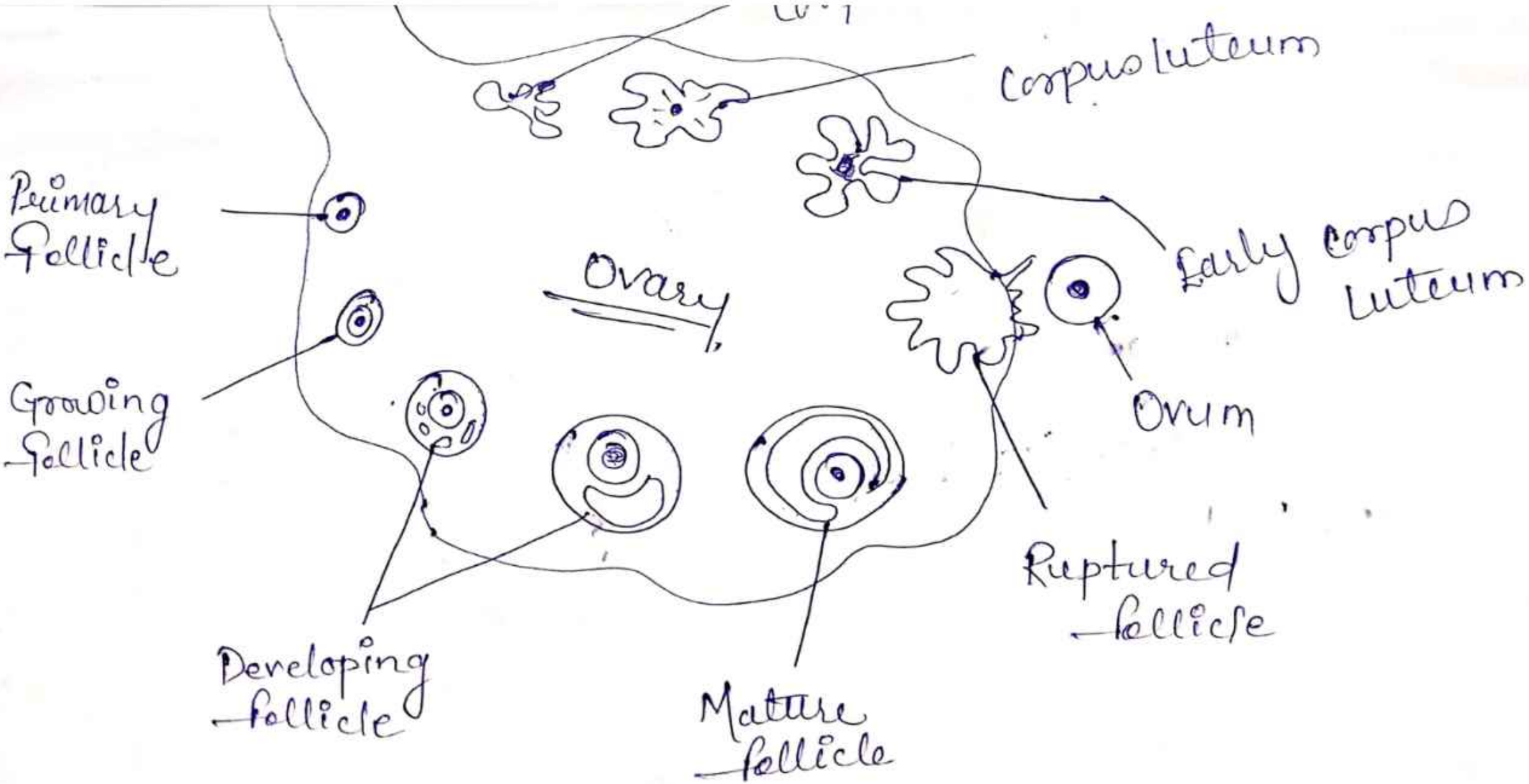
- Menstrual cycle has evolved to follow lunar cycle — 28 days cycle.
- Varies month to month.

Cycle composed of (4 phase)
- follicular phase
- Ovulation phase
- Leutal phase
- Menstruation

• Hormones Levels in the blood —



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Corpus luteum
Primary follicle
Ovary
Early corpus luteum
Grooing follicle
Ovum
Ruptured follicle
Developing follicle
Mature follicle

① Follicular phase — Begins with estrogen level.
- Secretes FSH and LH.
- egg enlarge.
- Cause uterine lining

② Ovulation phase — LH and FSH still being released another 3-4 days
- release ova into fallopian tube.

③ Luteal phase — Colour changes
- Secrete estrogen.
- Release progesterone

④ Menstruation phase

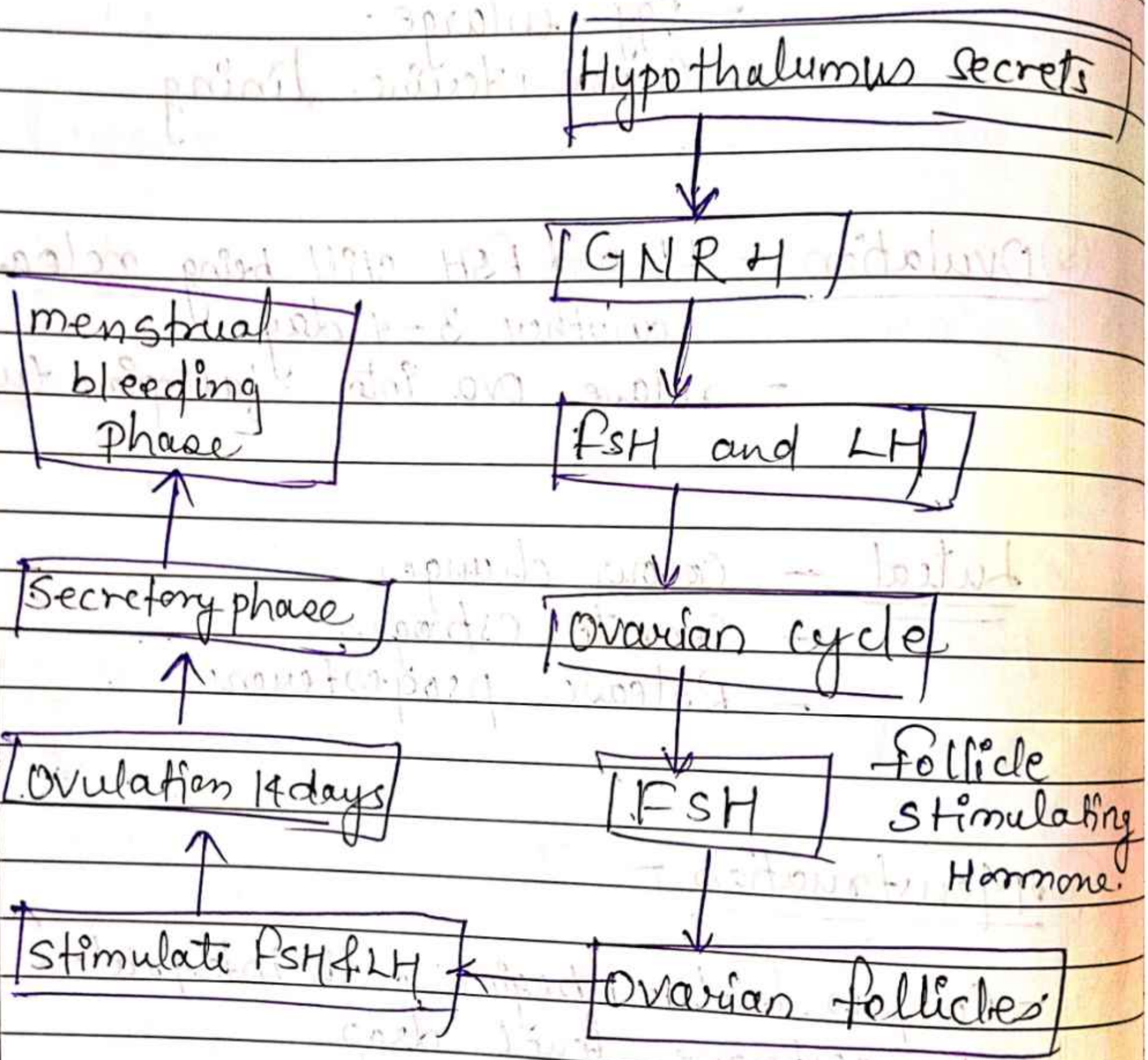
- Corpus leutum begins to dis integrate
- progestrone level drop
- egg discharged.

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GnRh - Gonadotropin releasing hormone.

Hone Hormone kaise secret hota hai

Endocrine mechanism



- Concept of स्त्री शुक्र -

- शुक्र is the 7th धातु among the सप्त धातु present in the human body.
- आचार्य described स्त्री शुक्र separately. This स्त्री शुक्र is different from that present in the body of male.

Endometrium { Stratum functionalis ← Shade for M.C.
Stratum basalis

- When two women indulge in sex with each other the substance secreted by them is called as स्त्री शुक्र.

- A/C to सुश्रुत -

- The union of शुक्र of two females leads to the formation of foetus without bones.

- function of स्त्री शुक्र — Nourishment
- formation of ओज
- determination of sex
- In prevention complexion.

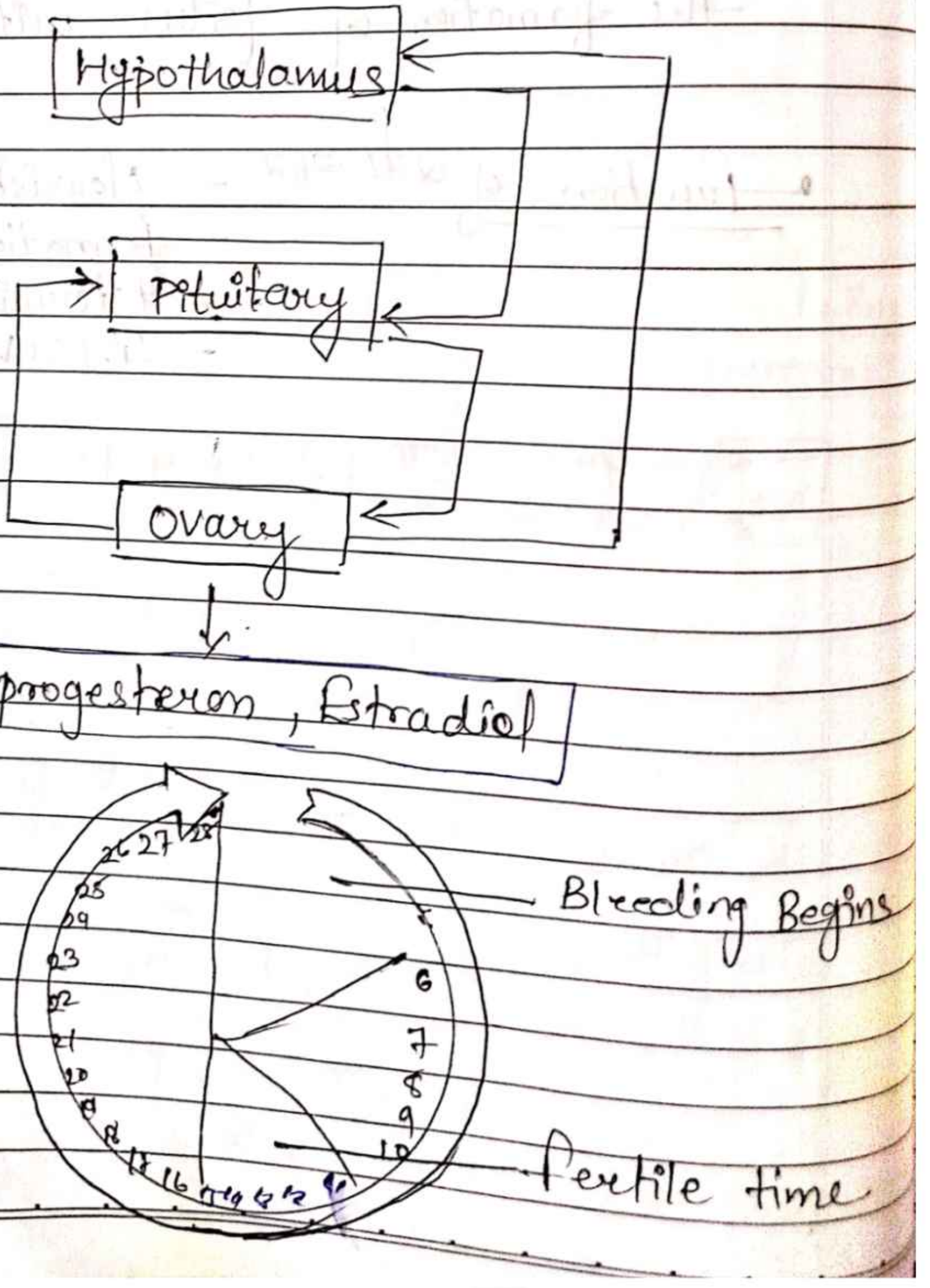
- शुक्रधरा कला
- शुक्रवह स्रोतस

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WITH SHORT TRICKS --- NEXT AYUSH EXAMINATION ---THEORY NOTES

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Ovulation

- When the matured egg is released from the ovary is called ovulation.
- Pushed down the fallopian tube, is available to be fertilized.
- Every month an egg will mature within the Ovaries.



factors controlling Ovulation –

- Hypothalamus
- pituitary
- GnRH
- FSH
- Estrogen
- progesterone
- Degeneration of progesterone and estrogen.
- LH

ovary

testis.

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add ovary + Hormone diagram

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गर्भ धारण विधि (Conception) (Conceive)

- पूर्व समयोग विधि / pre Conceptional Counselling

- शोधन
  - External purification — ①
  - Internal purification — ②

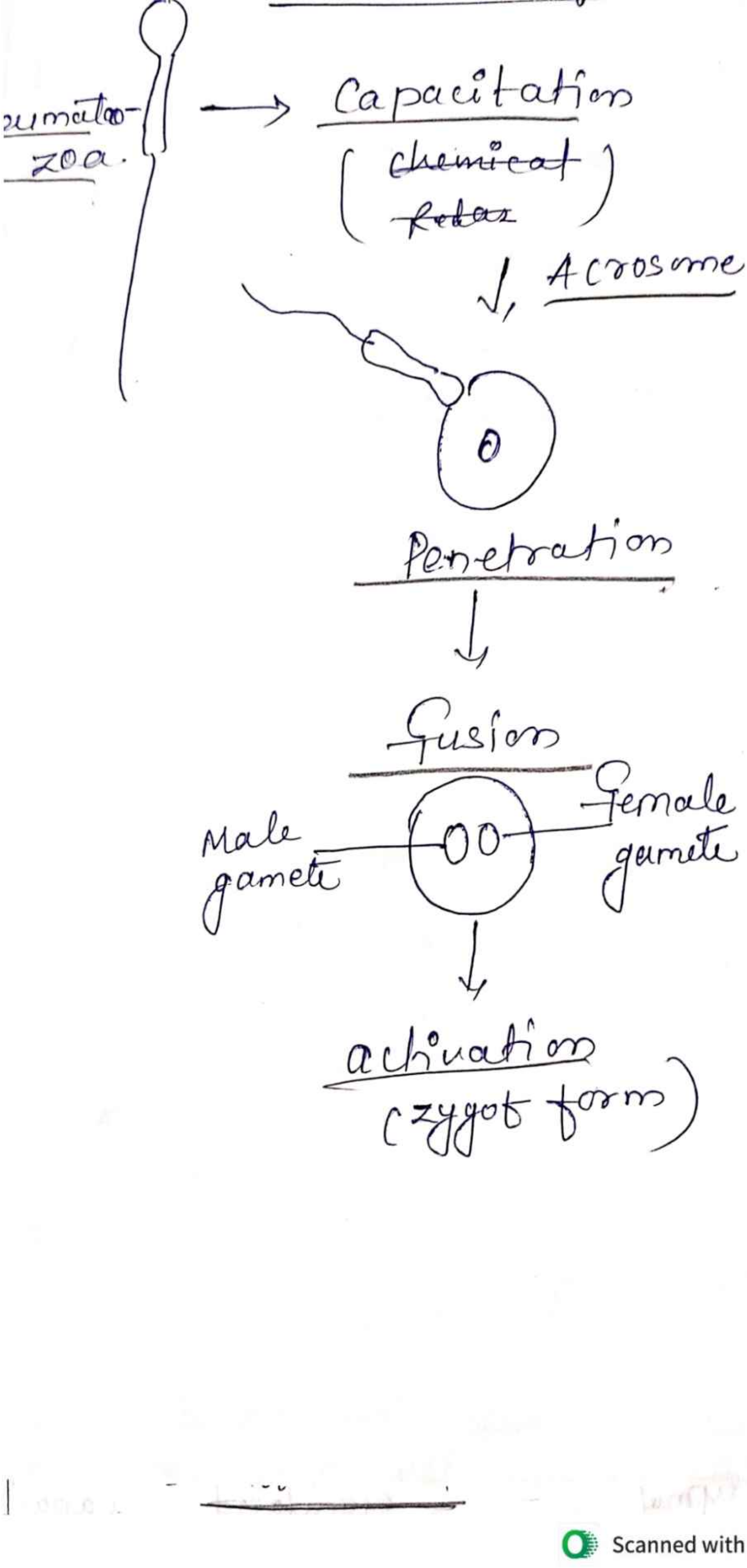
① External — स्नेह — ①
— स्वेदन — ②

② Internal — सौमनस्यम्

Factors — हेतुकाल
— क्षेत्र
— अम्बु
— बीज
— fertilization

- fertilization

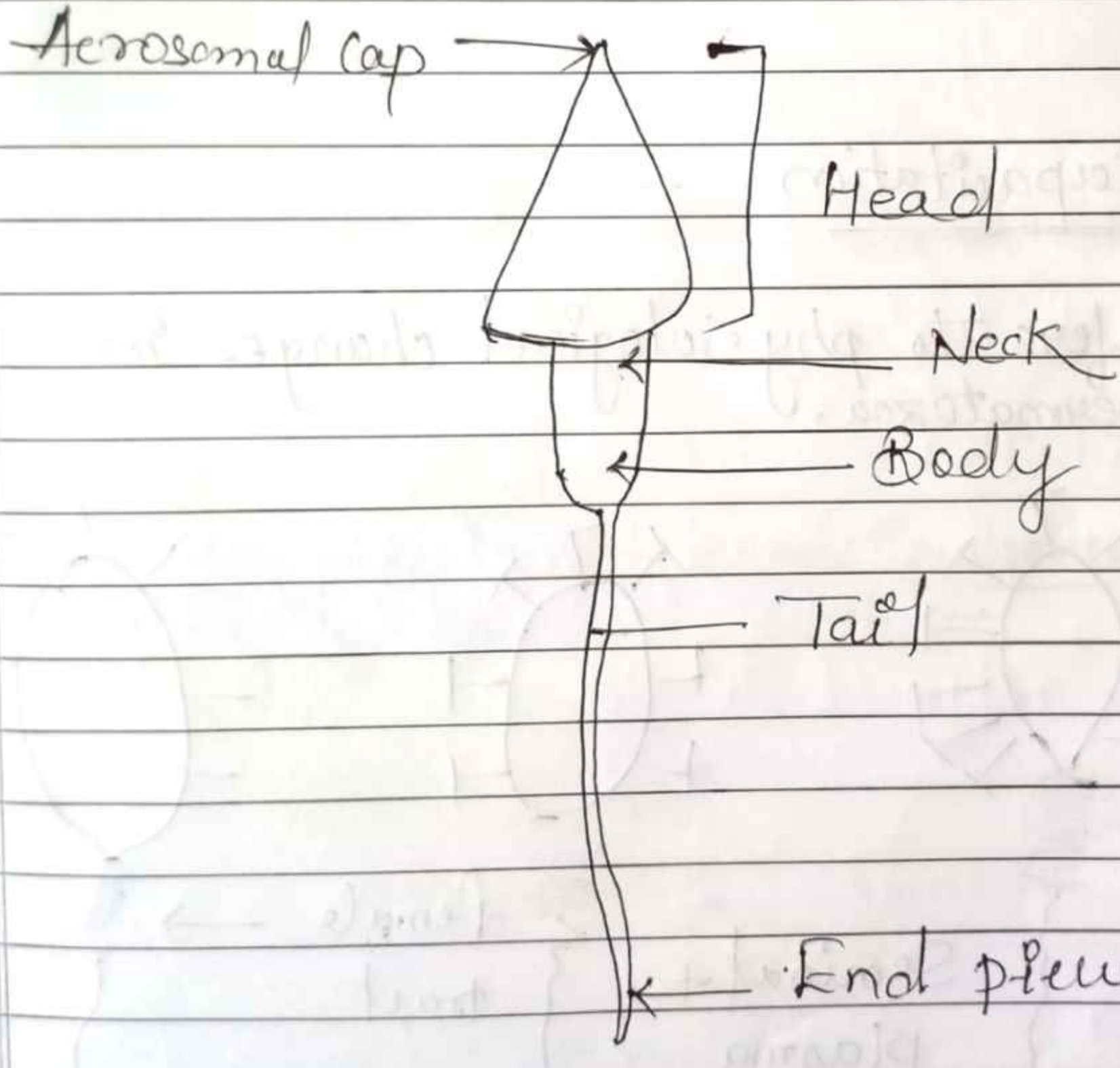
- fusion of the sperm with ovum to produce zygote is called fertilizati
- Male and female gametes together produ diploid zygote. (2n zygote)


zumato-
zoa.
Capacitation
(chemical
Relax)
Acrosome
Penetration
Fusion
Male
gamete
Female
gamete
activation
(zygot form)

• Mechanism — Spermatozoa — (1) S
— Capacitation — (2) C
— Acrosome — (3) A
— Penetration — (4) P
— fusion — (5) F
— Activation — (6) A

Sperm
Chemical
mix hone com
zygote form.

(I) • structure of Spermatozoa —



- This is the male gamete
- It is motile cell

- It consists of — Head — (1)
— Neck — (2)
— Body — (3)
— Tail — (4)

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- Total volume - 3-5ml.
- Sperm Count - 60millions.
- Motility - 80% - 90%.

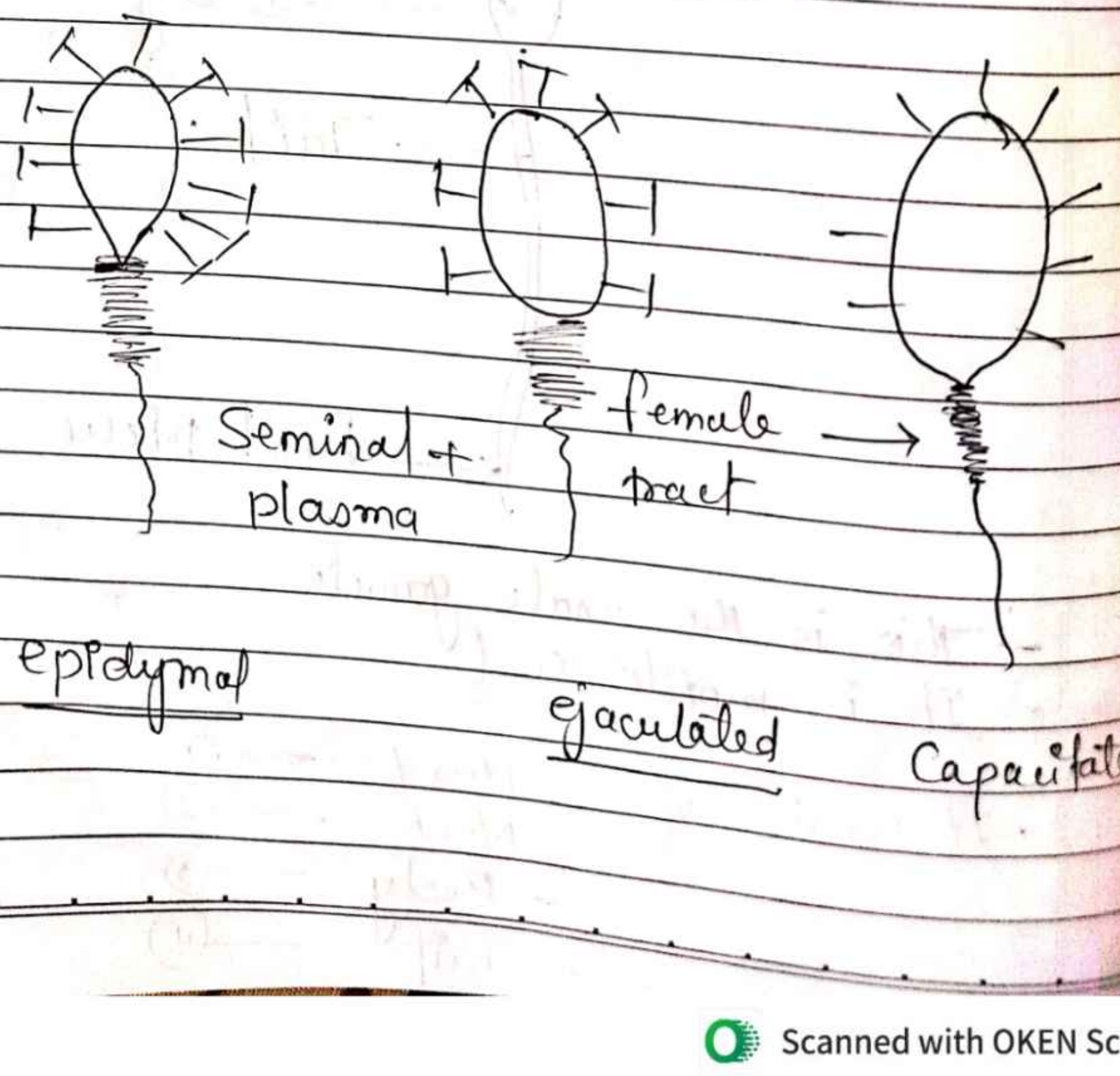
Disease

Azoospermia - Complete absence of Sperm.

Oligospermia - Low sperm count.

(II) Capacitation -

- Refers to physiological changes in spermatozoa.



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(2) Acrosome - Upper part so, that acrosome can penetrate in the egg cell.

(3) Fusion - Male and female gamete

(4) Activation - process started to the formation of Conception

परिभाषा ✓ गर्भ -

शुक्र शोणित गर्भस्थ आत्म प्रकृति ~~स~~ विकार सम्मूर्च्छितं गर्भ इत्युच्यते ॥

सुश्रुत defined गर्भ as zygote embeded (निषेचक जन्य) in the Uterus and Combined with -

- आत्म
- प्रकृति
- विकार

A/C. to चरक - गर्भ is the union of शुक्र and शोणित and आत्म in the Uterus.

10 — गर्भ विकरन्ति

GV2

विक्रान्ति

- Conception and formation of foetus.

Content →

- Introduction
- गर्भ formation
- गर्भ factor
- शुद्ध शुक्र.
- शुद्ध आर्तव.
- आत्म
- प्रकृति
- विकृति
- पञ्चमहाभूत

(1) Introduction -

- गर्भ विक्रान्ती directly co-relates with the development and maturity of foetus
- This reffered to the गर्भ शरीर विज्ञा.

(2) गर्भ formation -

- शुक्र — (1)
- शोणित — (2)
- आत्म — (3)
- प्रकृति — (4)
- विकृति — (5)

} The Union of all factors in गर्भाशय is गर्भ.

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मातृज गर्भ भाव के - शुक्र
- आर्तव
- प्रकृति
- विकार
- जीव.

③ factor of गर्भ - शुक्र
- शुद्ध शुक्र.

(i) शुक्र - is the 07th धातु formed in the sequence of formation of tissues.
- This, it helps the आर्तव to unite and contributes towards the formation of गर्भ.

(ii) शुद्ध शुक्र - clean
(Sm) - clear
- sterile
- viscous
- uncontaminated

3rd • Characteristics of शुद्ध शुक्र -

- सप्तिकाग्रम
- वृत्तम
- स्निग्धम्
- मधुरम्
- मधुगन्धी
- शुक्ल
- गुरु
- घृतभम्
- क्षौद्र

(3rd) (8) शुद्ध आर्तव - शषा अस्रक प्रतिमम्
- लाक्षा रस
- गुञ्जाफल सवर्ण
- पद्ममौक्तिका
- इन्द्र गोप
- विगन्धी

(8) आत्म - Soul

types < परमात्मा - called ईश्वर (Greatly)
जीवात्मा - Living being आत्म (smaller)

जीवात्मा → परमात्मा → परमात्मा
After death.

(7) प्रकृति - 08 in number.

- अव्यक्त
- महत
- अहंकार
- शब्द तन्मात्र
- स्पर्श तन्मात्र
- रूप तन्मात्र
- रस तन्मात्र
- गन्ध तन्मात्र

[24 तत्व = 8 प्रकृति + 16 विकृति

(8) विकृति - 16 in Number.

- शब्द इन्द्रिय
- स्पर्श "
- रूप "
- रस "
- गन्ध "

} पंचज्ञानेन्द्रिया

- पाणी इन्द्रिय
- पाद "
- पायु "
- उपस्था "

} पंचकर्मेंद्रिय

- मन्स — मनस

- पञ्चमहाभूत — पंचमहाभूत

- वाक् इन्द्रिया

24 तत्व = 8 प्रकृति + 16 विकृति

Imp ⑨ Role of पञ्चमहाभूत

- वायु महाभूत → विभाजन कर्म
- तेज ~ → पाचन ~
- आप्य ~ → क्लेदन ~
- पृथ्वी ~ → संहनन ~
- आकाश ← → विवर्धन ~

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पञ्चभौतिकत्व of गर्भ (Gm2)

- पञ्चमहाभूत contribules to the various components of the body of foetus

- पञ्चभौतिक गर्भ

- आकाश	वायु
- वायु	तेज
- अग्नि	जल
- जल	पृथ्वी
- पृथ्वी	आकाश।

(1) आकाश - शब्द (Sound)
- इन्द्रिया - Auditory
- लघु
- विवेक
- चेष्टा।

(2) वायु - स्पर्श
- स्पर्शनं
- रुक्ष
- प्रेरण
- धातु

(3) अग्नि - रूपं
- दर्शनं
- प्रकाश:
- अग्नि जन्म:

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Gv2

जल - रसो
- रसन
- शीत
- मृदु
- स्नेह
- क्लेदक्ष

पृथ्वी - गन्धौ
- गौरव
- घ्राण
- स्थिर
- स्थूलता

• कारण व गर्भ - मातृज
- पितृज
(गर्भोत्पादकर भाव) - सात्म्य
- रसज
- सत्वजा
- आत्मा
} गर्भकर भाव's.

• गर्भ सम्भव सम्रागी - 04 factors
- ऋतु
- क्षेत्र
- अम्बु
- बीज
} Union lead to Conception

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- ऋतु - Ovulation
- क्षेत्र - Uterus
- अन्न - Nutrition
- बीज - Sperm or ovum.

GV2

• गर्भ वृद्धि विकास क्रम

- मासनुमासिका गर्भ वृद्धि directly co-relates with the foetal growth and development.

• सामान्य परिचर्य - Month wise growth and development.

Month	Features of foetus-
1st	- अव्यक्त - कलिल
2nd	- घना - पेशि - अर्बुद
3rd	- all इन्द्रिया & develop सर्वांग अव्यव गात्र पञ्चकम्
4th	- स्थिर (stable)
5th	- मांस शोणित उपच्य-चेतस development.
6th	- बल वर्णो उपचय केश रोम नख: अस्थि and ओजस
7th	- Delvelopment of all भाव & सर्वांग प्रत्याङ्ग विभाग
8th	- अधिक ओजस.

योग रूढ
उत्साह
साहस
धैर्य
तत्वज्ञान
जनसंग
परित्याग

योग बन्धकतत्व

व्याधि
स्त्यान
संशय
प्रमाद
अलस्य
अविरती
भ्रान्तिदर्शन
अलब्धभूमिकत्व
अनवस्थितत्व

चित्त वृत्तियाँ

प्रमाण
विपर्यय
विकल्प
निद्रा
स्मृति

क्लेश भेद

अविद्या
अस्मिता
राग
द्वेष
अभिनिवेश

योग सिद्धिकर
(Same as योग रूढ)

कोष
अन्नमय
प्राणमय
मनोमय
विज्ञानमय
आनन्दमय

यम
अहिंसा
सत्य
अस्तेय
ब्रह्मचर्य
अपरिग्रह

हठयोग
अहिंसा
सत्य
असत्य
ब्रह्मचर्या
क्षमा
धृति
आर्जव
दया
मिताहार
शौच

नियम
शौच
संतोष
तप
स्वाध्याय
ईश्वरप्रणिधान

Feature of आसन
प्रयत्न
प्रयास
चेत्य
शैथिल्यता

आसन भेद

Standing
Sitting
Supine
prone
सूर्यनमस्कार
श्रेष्ठ आसन

पद्मासन
सिद्धासना
सिंहासना
भद्रासन

Standing
अर्धकटिचक्र
पादहस्तासन
अर्धचक्रासन
त्रिकोणासन

Sitting
स्वस्तिकासन
पद्मासन
भद्रासन
वृद्धासन
सुप्तवज्रासन
सिद्धा
गोमुख
वज्रा

शशांकासन
पश्चिमोत्तान
अर्धमत्स्येन्द्र

prone
भुजंगासन
शलभासन
धनुरासन
मकरासन

Supine
हलासन
पवनमुक्त
चक्र
शवासन
सर्वांग
सेतुबंध
मत्स्य

प्राणायाम
पूरक
रेचक
कुम्भक
शून्यक

हठयोग
प्रदीपिक
सूर्यभेदन
सीत्कारी
भस्त्रिका
मूर्च्छा
शीतली
प्लावनी
उज्जायी
भ्रामरी

अनुलोम विलोम प्राणायाम
सुख प्राणायाम
चन्द्र प्राणायाम
सूर्य अनुलोम वि

षट्कर्म
धौति
बस्ति
नेति
नौलि
तारक
कपालभाति

धौतिभेद
अन्तर
दन्त
हृदय
मूलशोधन

② बस्ति
जल
पवन

③ नेति
जल
दुग्ध
वायुकर्म
शीतकर्मी
सूता
मधु
basic
जल
सूत्रा

④ नौलि
वाम
मध्यमा
दक्षिणा

⑤ प्राणायाम
अन्तरंग
बहिंग

① कपालभाति
वातक्रम
व्युत्क्रम
शीतक्रम

बन्धा
मूलबन्धा
जालन्धरा
उड्डीयान

मुद्रा
हस्त
मन
काय
बन्धा
अधार

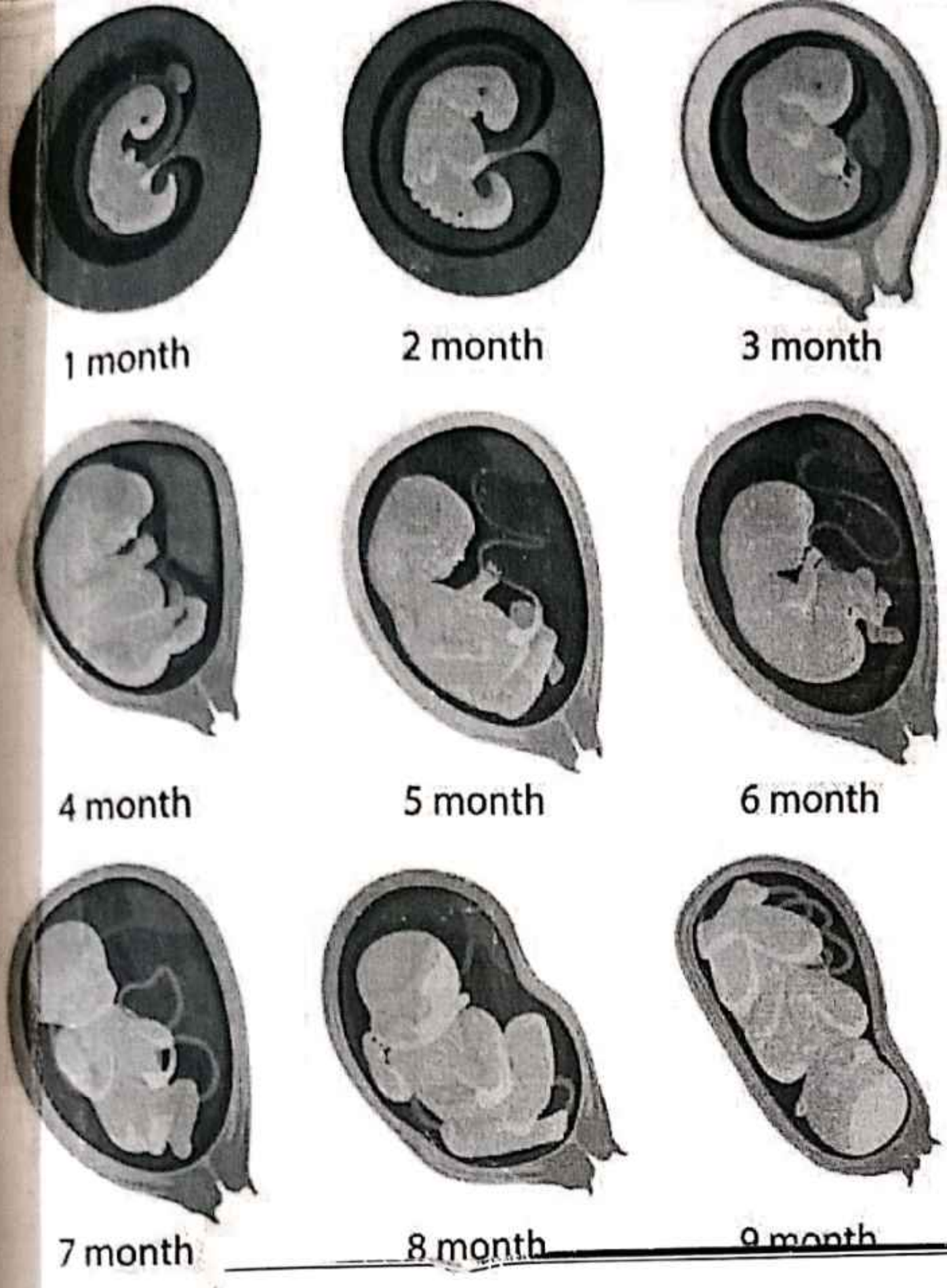
ध्यान
ज्ञान
चिन्न
योनि
भैरव
हृदय

स्थूल
ज्योति
सूक्ष्म

समाधि
ध्यान योग
नादयोग
रसानंदा योग
लयसिद्धी योग
शक्ति योग
राजयोग
सविकल्प
निर्विकल्प

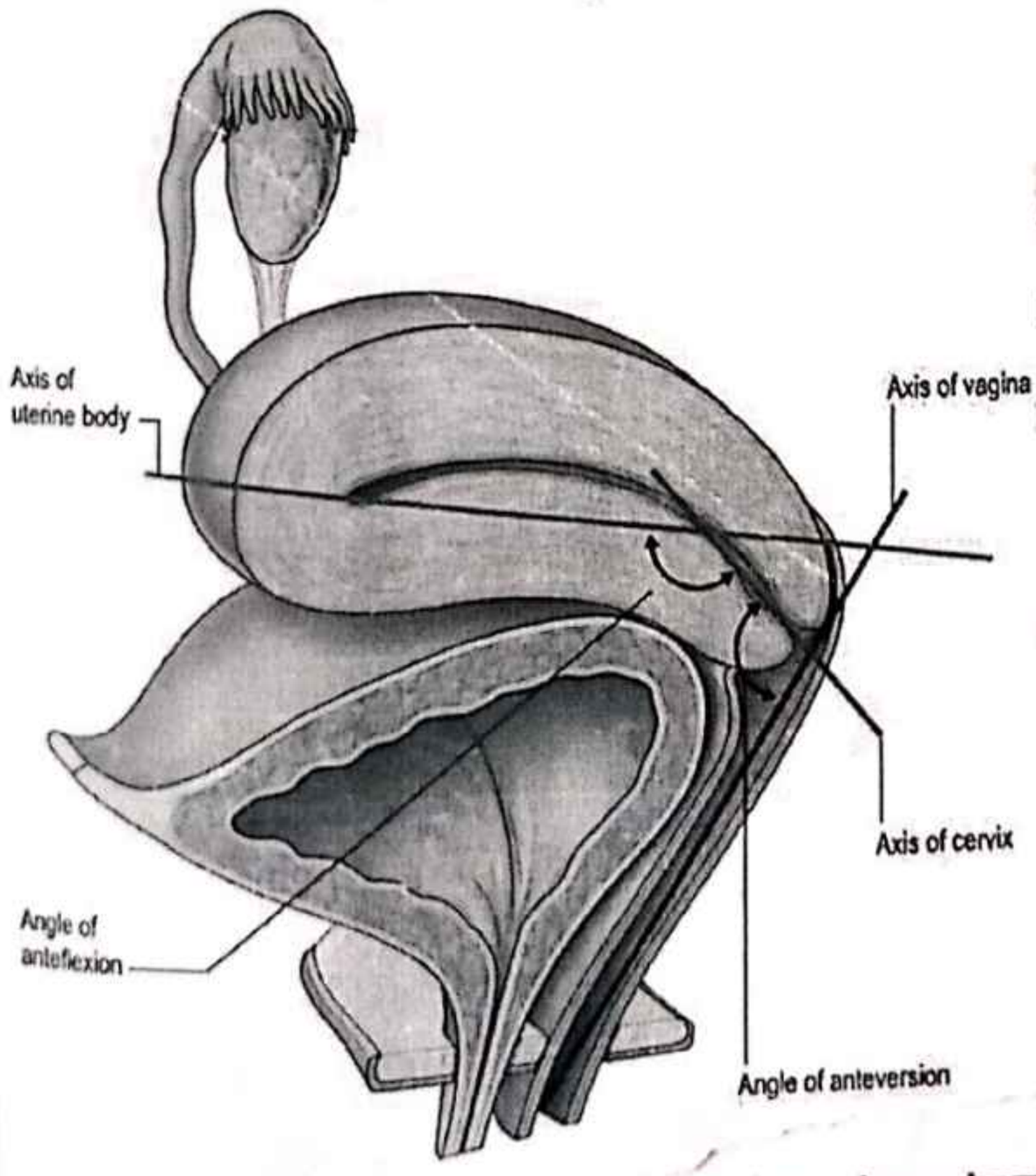
प्रत्याहार
इन्द्रिया
प्राण
कर्म
मनो

Scanned with OKEN Scanner



onths which directly
tures of foetus.

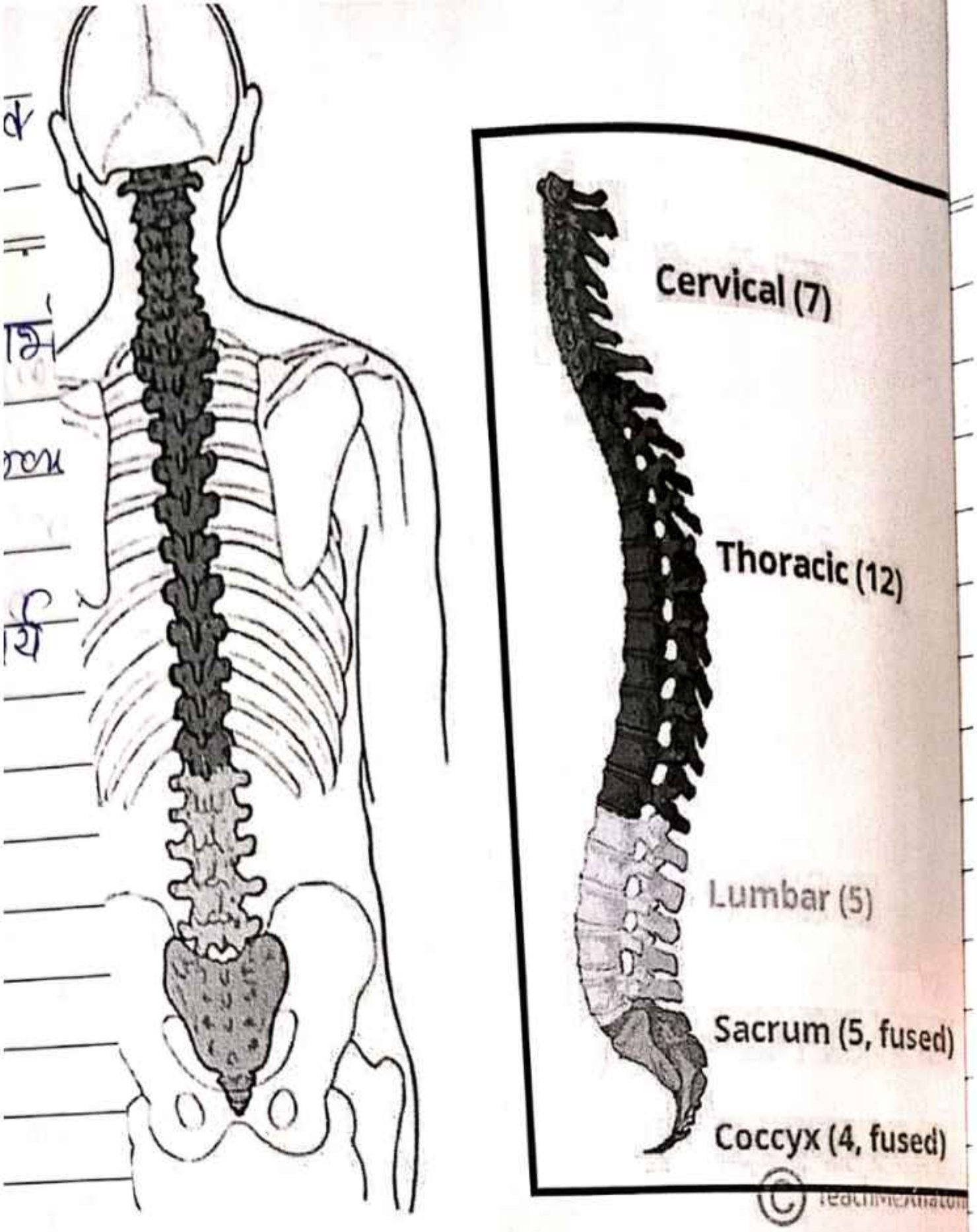
Normal position and axis of Uterus

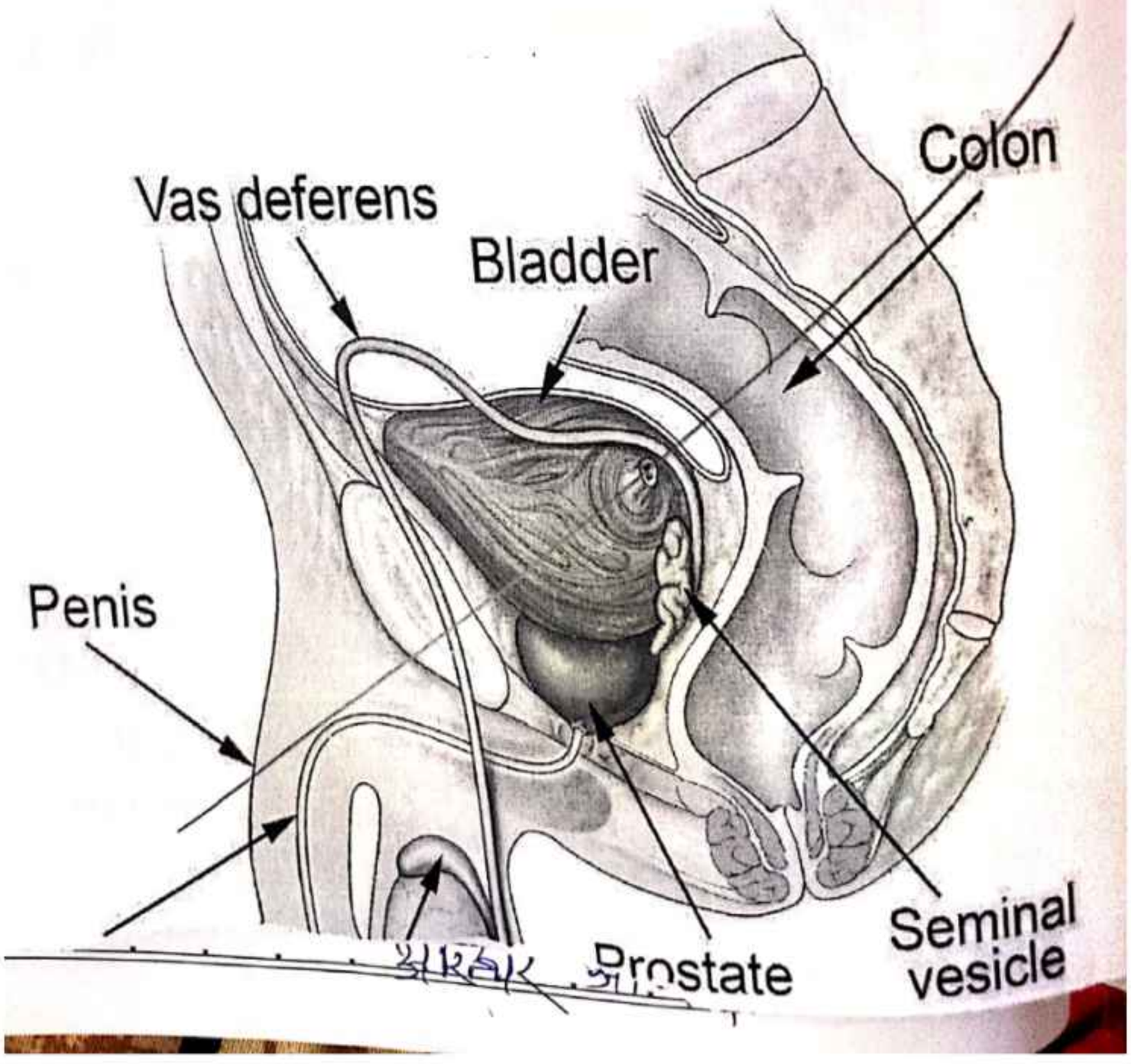


Anteversion: Angulation between the long axis of cervix and vagina. It is 90°

Anteflexion: Angulation between the long axis of cervix and body of uterus. It is 120°-170°

Scanned with OKEN Scanner





Scanned with OKEN Scanner

So, these are the 08 months which directly co-relates with the features of foetus.

- शरीर वृद्धि
- मानसिक विकास
- सामाजिक विकास
- Physical
- Mental
- social
- Growth.

- Genetic factor —
  - Phenotype
  - Sex
  - Race
  - Maturation
  - Parental

Foetal altitude, lie, position presentation (गर्भ स्थिति)

GNM2

(10/5M) Imp

Foetal altitude – foetal posture – Relation with foetal head and foetal back

- Head flexed — (1)
- Head extended — (2)

Dig

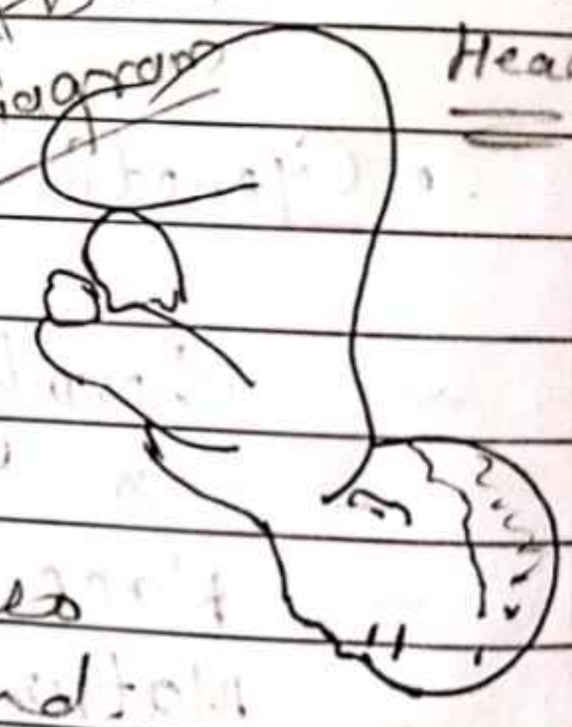
Head is flexed



Normal Head

(diff. in neck & leg)

Head is extended



textbook diagram

Cadaver Head

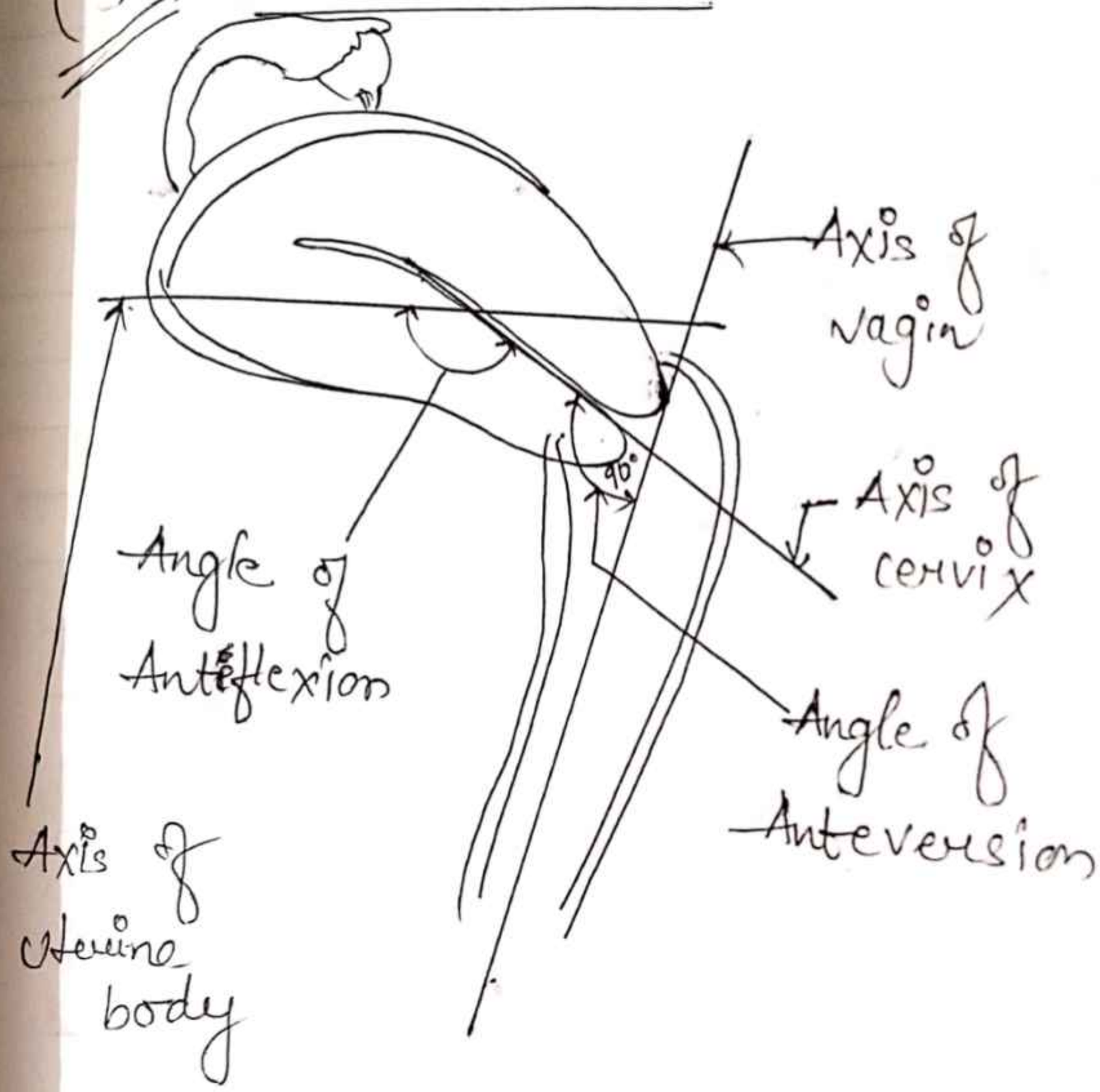
leg also extend

(2) **Foetal lie** – Relation b/w long Axis of foetus and Long axis of maternal Abdomen.

Imp (3) **foetal presentation** – do closes proximity of foetus come out through birth canal.

Scanned with OKEN Scanner

(3M) Uterine Axis



- Anteversion —
- Angulation between the long axis of cervix and vagina.
- It is 90°

- Anteflexion — (Uterus का body का झुकना)
Angulation b/w the long axis of cervix and body of uterus.
- It is 120° — 170°

Incomplete.

Scanned with OKEN Scanner

Interflexion — 120 - 170° (झुक जाना है)

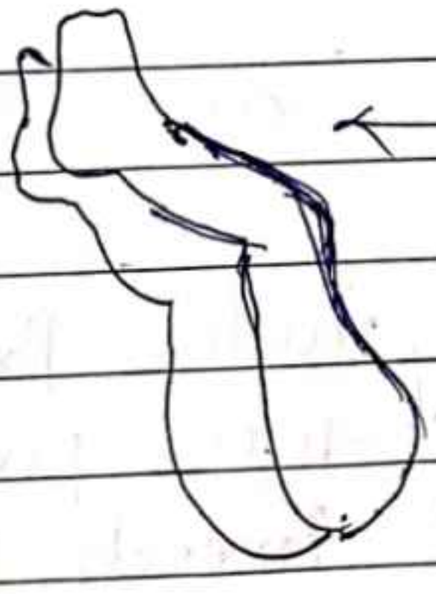
Foetal lie type —

- Cephalic
- Breech
- Shoulder — presenting into pelvic Inlet
- Compound — Hand and foot prolapses along side.

(1) Cephalic — Vertex
- Sinciput / military. → Danemonitor, frontal bone for identification
- Brow
- face.
(Head extended)

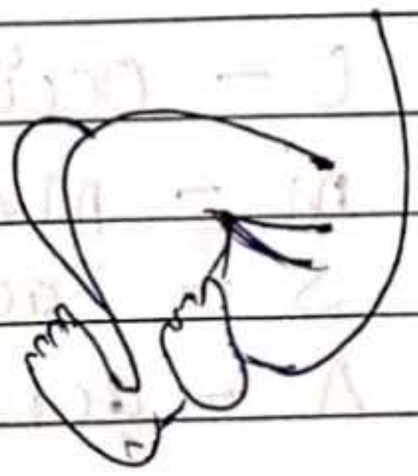
(2) Breech — frank
- Complete
- Incomplete

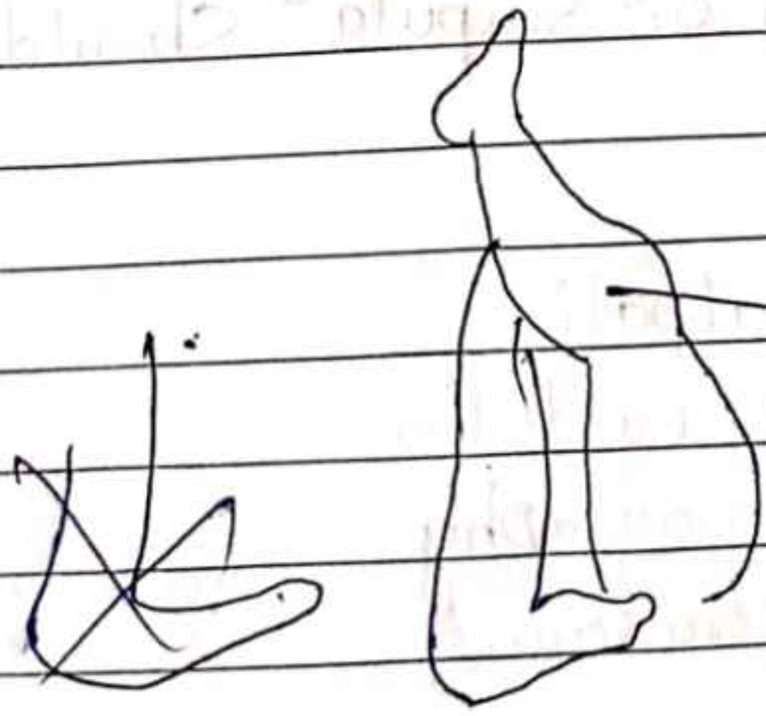
Dia



← Legs

frank





• Complete

Legs.

Incomplete.

GV2

• Foetal Position

Anterior

Transverse

Maternal Right

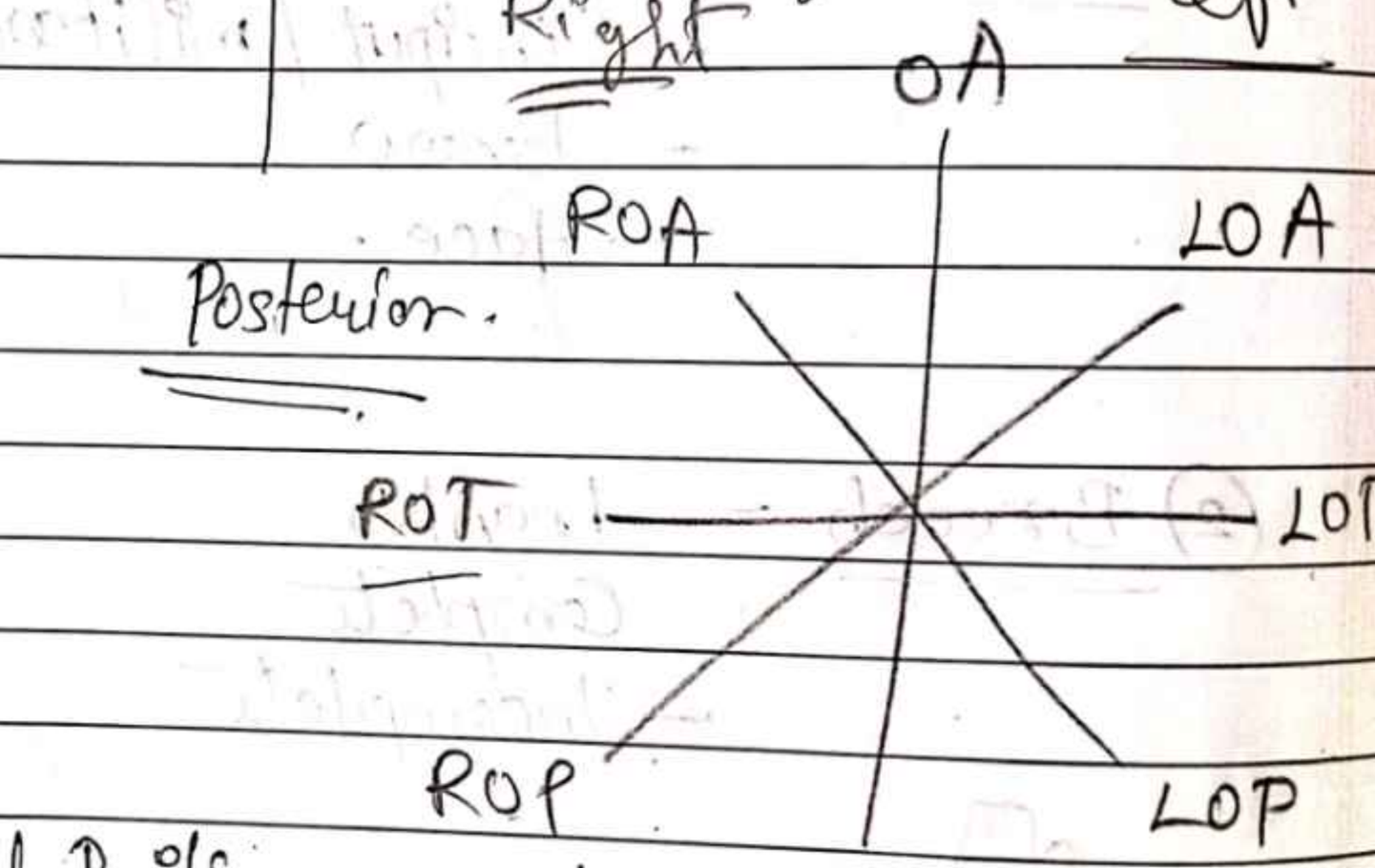
Maternal Left

Right

Left

Refer Textbook

Posterior.



• Foetal Position —

O – Occiput
M – Mentum @ chin
S – Sacrum
A – acromion or scapula

1 → Vertex Presentation
→ face presentation
→ Breech presentation
→ Shoulder presentation

• Diagnosis – . palpation
– Auscultation
- Sonography
- Ultrasound

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- Normal lie - Longitudnal lie - foetal long axis ∥ Long axis of maternal Spine.

- Abnormal lie — Transverse lie - foetal Longaxis with transverse axis of mother.

- oblique lie - Unstable lie - oblique position with maternal spine.

• वर्णोत्पत्ति (गर्भ वर्णोत्पत्ति)

- Predominance of जलमहाभूत Cause गौरवर्ण.
- predominance of पृथ्वी महाभूत - कृष्ण वर्ण
  पृथ्वी + आकाश - कृष्ण श्याम
  जल + आकाश - गौर श्याम

• Basic factors - आहार — (1)
- विहार — (2)
- देश — (3)
- काल — (4)

• A/c. to चरक - अग्नि + जल + आकाश = गौर
- पृथ्वी + वायु = कृष्ण
- All महाभूत = श्याम वर्ण.

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Modern concept

(placenta) गर्भ पोषण

GV2

- गर्भ पोषण → foetal circulation and Nutrition
- foetus is nourished by रस

factors - Manifestation —— (1)
- Growth —— (2)
- vitality —— (3)
- continuity —— (4)
- Strength —— (5)
- Enthuasim —— (6)
- चय —— (7)
- हर्ष —— (8)

The पोषण Can be divided into two phase - (4) type

- अपरा निर्माण पूर्व पोषण —— (1)
- अपरा निर्माण अन्तर पोषण —— (2)
- नाभि नाड़ी प्रतिभद पोषण —— (1) } (3)
- केदार कुल्य न्याय —— (2) }

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① पूर्ति पोषण — उपस्नेह :
- स्निग्धत्वम्
- उत्क्लेद
- सर्व शरीर सारिणी-नां
- रस ब्रहानां
- धमनी
- स्नेहो
- जीवयति

(Pre due to रस)

② अन्तर पोषण — अपरा
- गर्भनाड़ी
- मातृ हृदय
- आहार रस to रस धातु ·
- पुष्णाति
- केदर
- कुल्यम् ·

(Inside)

केदार कुल्य

↓

मैत्री हृदय

↓

धमनी

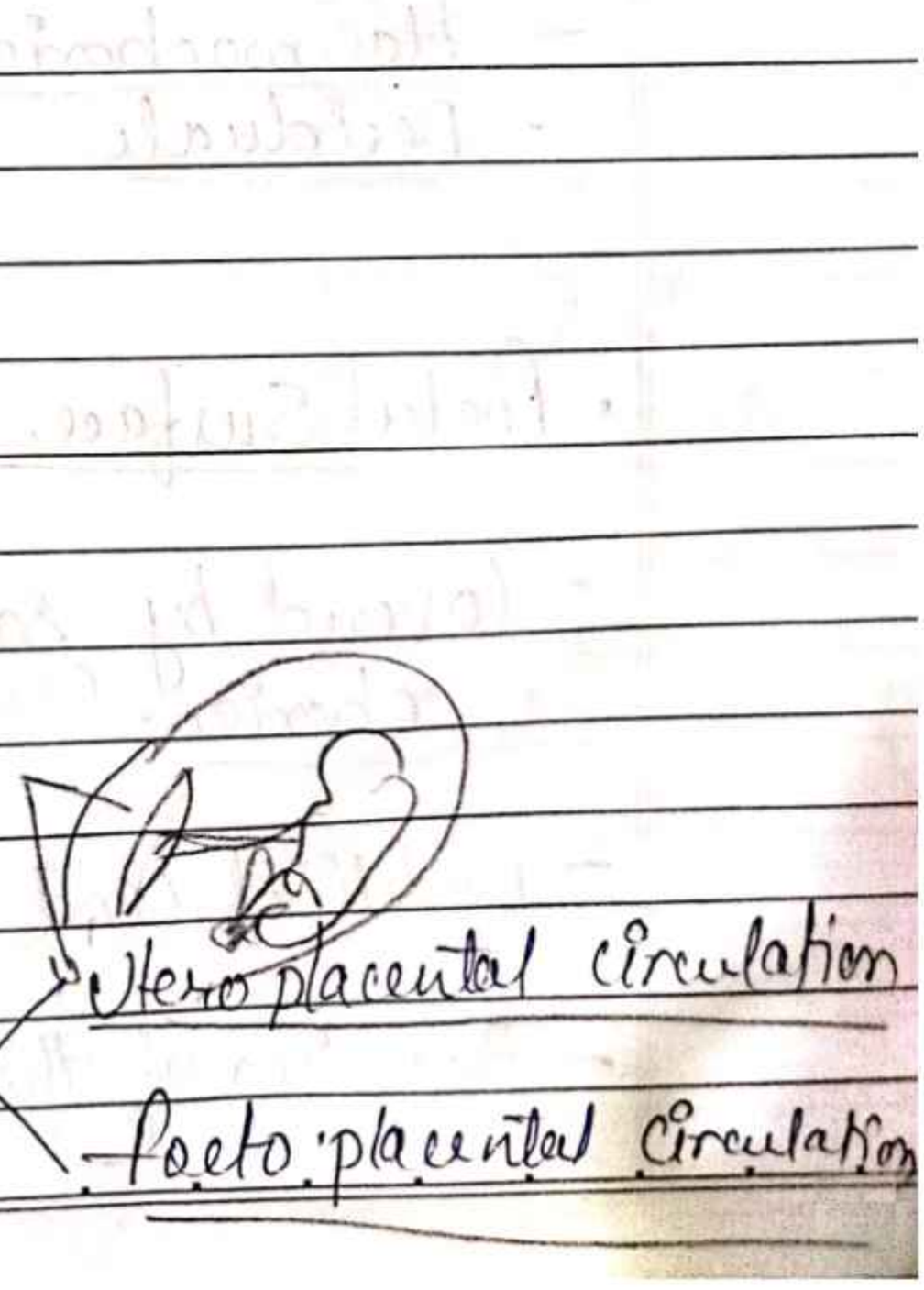
↓

गर्भ नाड़ी

↓

गर्भ

placental circulation
· Nutrition of foetus by)



Utero placental circulation

Foeto placental circulation

(SM) Placenta

GV2

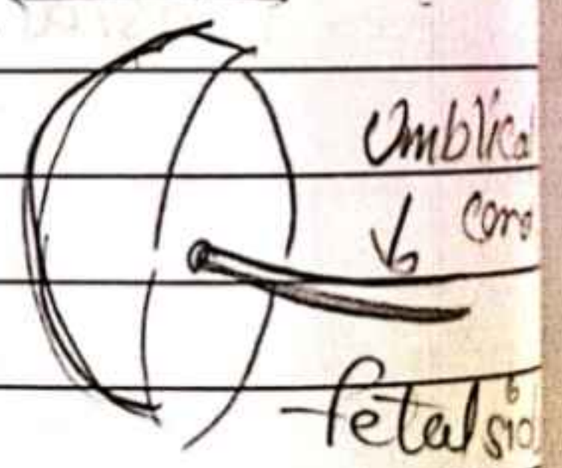
- Human placenta develops from two Source.
  - Foetal Component —— (1)
  - maternal component —— (2)

(Cavity of uterus is called

(1) Foetal Component - Chorionic frondosum.

(2) Maternal Component ⇒ decidua Basalis.

- Placental development begins at 6 weeks and is completed by 12 weeks.

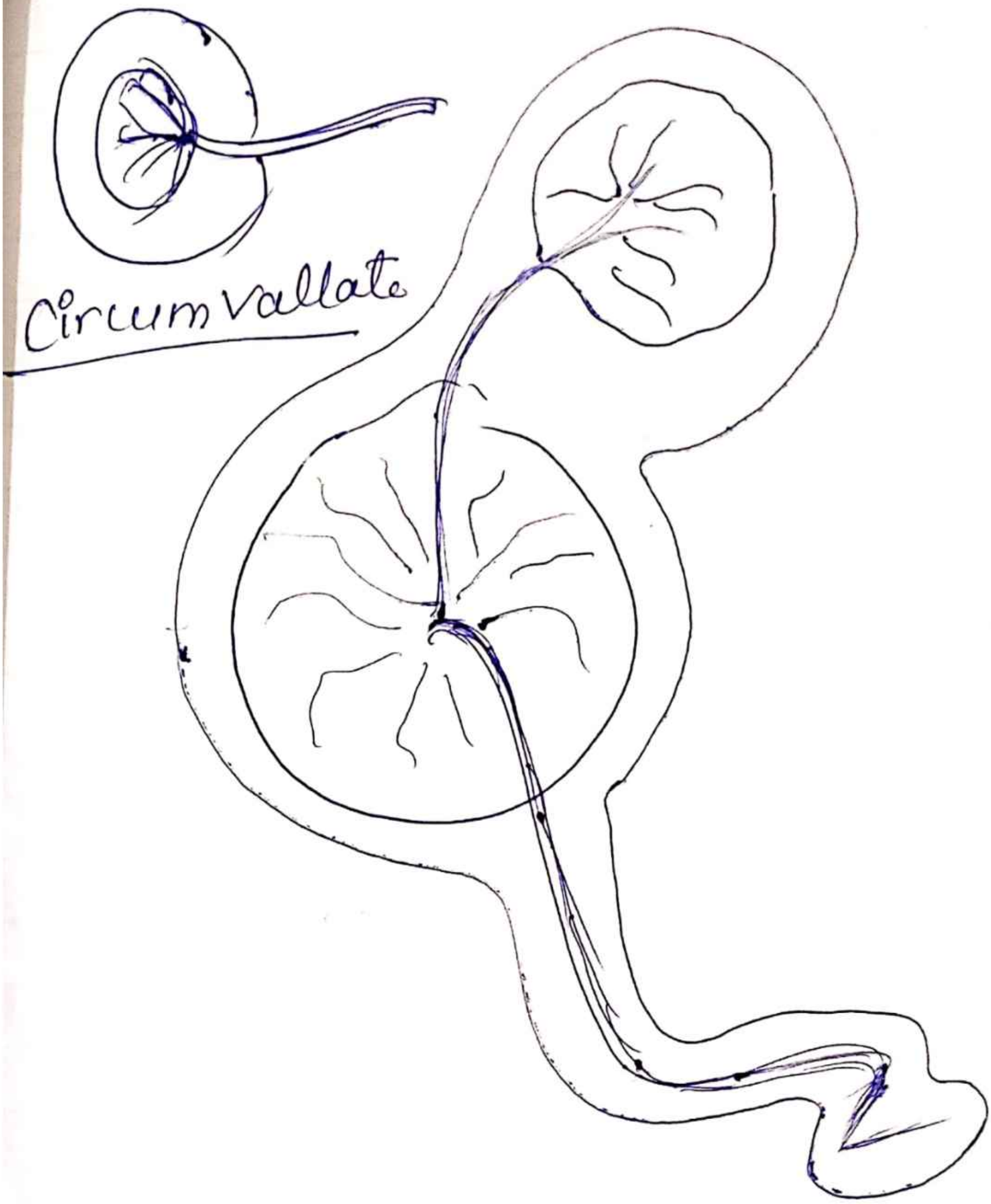


- Human placenta is —
  - Discoid in shape —— (1)
  - Haemochorial —— (2)
  - Decidual —— (3)

} shape of placent

- Foetal Surface of the placenta —
  - Covered by smooth amnion overlying the chorion. (Layer)
  - Umbilical cord is attached its Centre.
  - Branches of the Umbilical vessels are visible.

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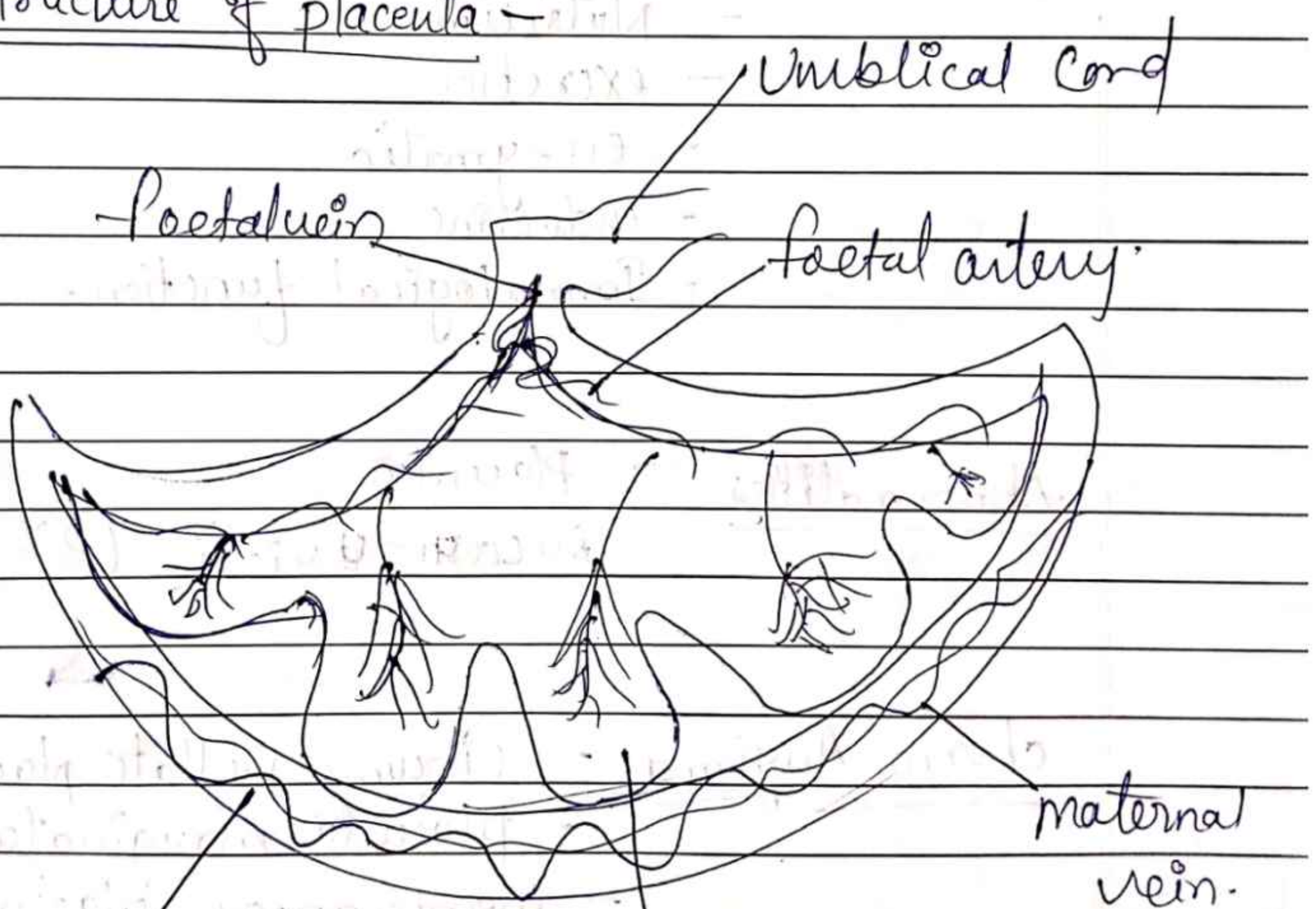
- Succentwiate placenta

• Maternal Surface of placenta —

- Rough and Spongy
- maternal gives dull red Colour.
- decidua basalis gives shaggy appearance
- ~~Dineded~~ its 15 – 20 coty ledons
  Divided into

• Structure of placenta —

Diag



Decidua layer → Rdissa Ditabuch.

Marking - Amniotic membrane.
- chorionic plate
- cyto trophoblast.
- Extra embryonic mesoderm.
- Layer of Rdissa Ditabuch CSt.
- Inter villous Space.

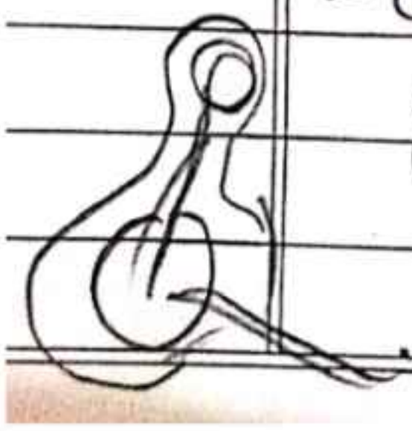
function - Respiration
- Nutrition
- excretion
- enzymatic
- endocrine
- Immulogical function.

Abnormalities - Placenta
Succenturiata (3%).

chorio Angioma - Circumvallate placenta
- placenta marginata
- membraneous placenta



(1) placenta Succenturiata - One part of placenta get separate
- one or more small bites of placenta may be placed at different distance from the main placenta.



Significance.

- Clinical features - PPH (post partum haemorrhage)
  - Uterine Sepsis
  - poly formation.

② Circumvalleti placenta —

- The chorionic plate does not extend into the placenta a margin.

- Clinical significance - miscarriage
  - Hydro graviderum.
  - Pre term delivery.

③ placenta marginata - thin fibrous ring present at the margin of chronic plate.
(Umberella like placenta)

④ Membranous placenta - whole chorion is covered by functioning villi and placenta appears membrane.

⑤ Chorio angioma - most Common benign tumor of placenta.
tumor

Umblical Cord

GIV2

- Connection b/w placenta and the foetus is called <u>umblical cord</u>.

- Length - 50 - 60 cm.
- Diameter - 2 cm.
- Shape - <u>Tortous</u>

<u>Content</u> - 02 umblical arteries
- 01 umblical vein.
- Amniotic membrane.

* <u>Two Umblical Cord</u> -

- primitive umblical cord — (1)
- Difinitive umblical cord — (2)

(1) primetive Umblical Cord -

- Expansion of <u>amnotic cavity</u> leads to elongation. (का बढ़ना)

Content - Yalk sac
- allantois
- stalk
- Intestinal loop.

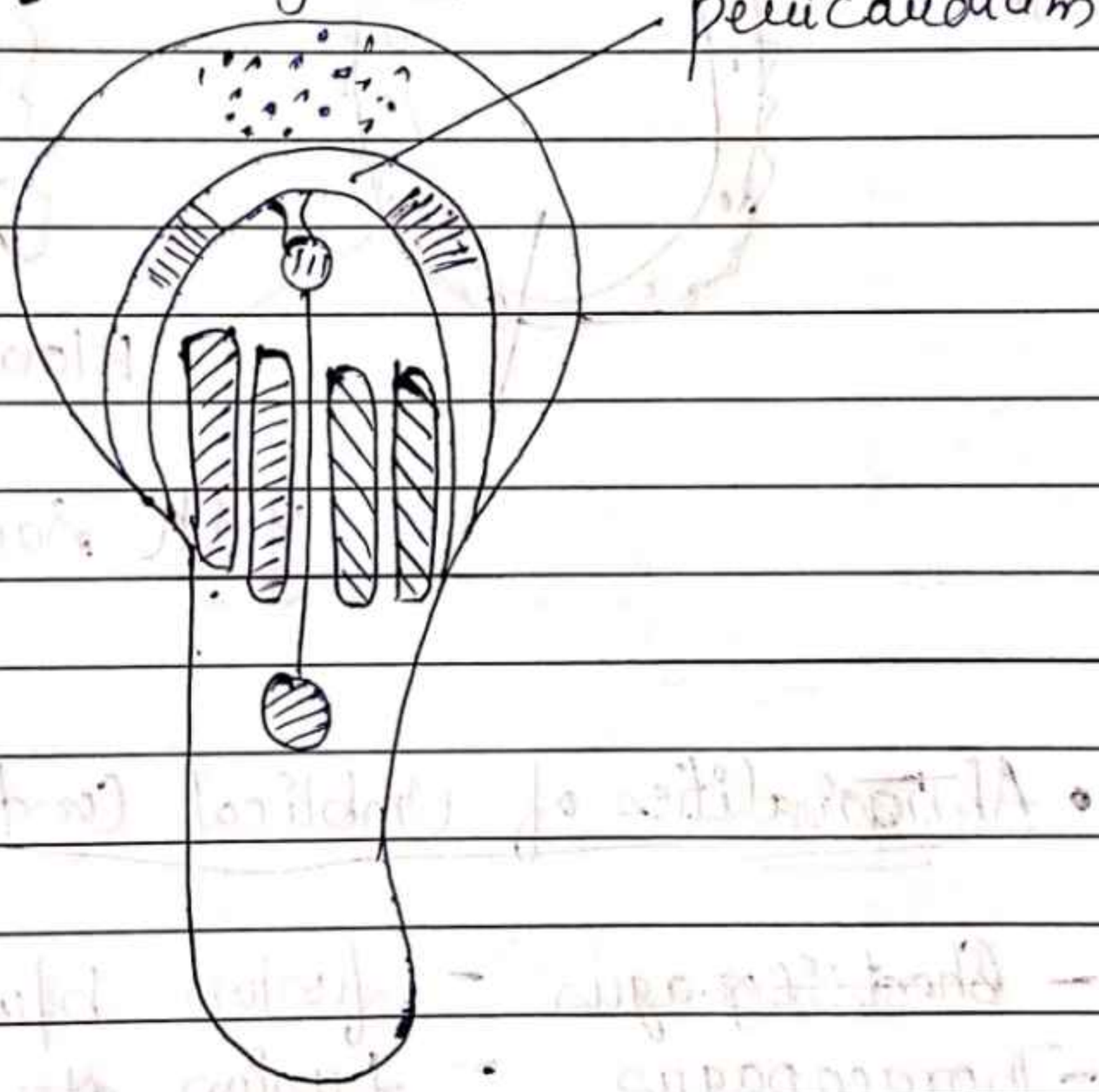
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obliteration - सारी चीजो को मीटा देना।

(2) Definitive Umbilical Cord -

- Return of Intestinal loop.
- obliteration at vitelline duct and allantois.
- Degeneration of one Umbilical vessels.
- Transformation of mesoderm layers.

• Structure and diagram —

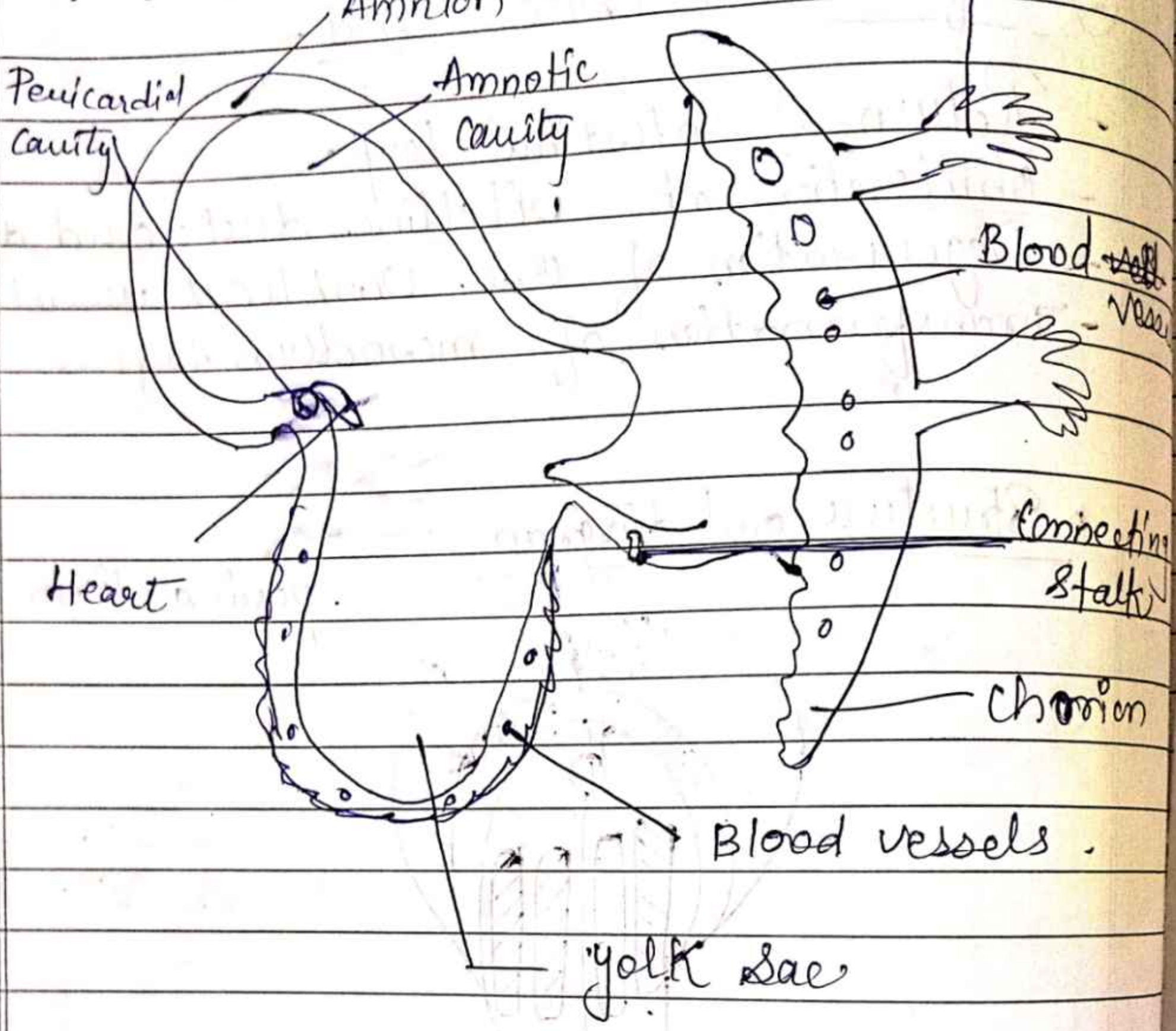


• Embryonic disc with removed ectoderm.

• Abnormalities of Umbilical Cord —

- short cord
- long cord
- Congenital umbilical hernia.
- One umbilical artery
- Abnormal attachment.

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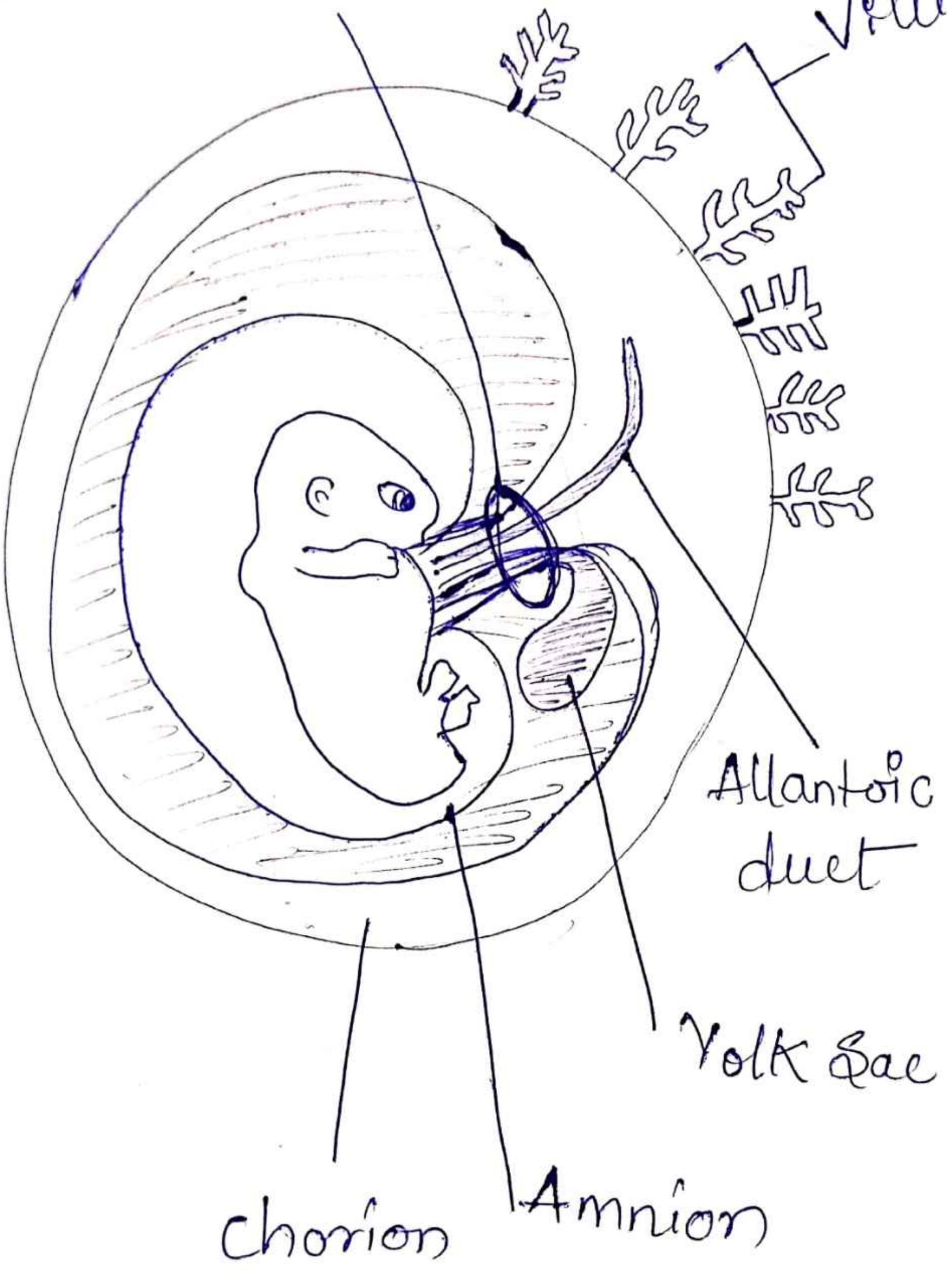
- Twins (Abnormalities of Umbilical Cord)

- Craniopagus - fusion b/w 2 heads.
- Thoracopagus - fusion at thoracic region
- Pygopagus - fusion at pelvic region.

Abnormalities of U.C. — K.B.

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Umblical Cord



- Foetal Membrane (GIV2)

- Chorion ① membrane
- Amnion ②

① Chorion - Outer membrane
- It is in contact with Uterine wall
- it is attached to the margins of the placenta.

Layer - Cellular layer ——— ①
- dense reticulum ——— ②
- Basement membrane ——— ③
- Tropho blast. ——— ④
- trophoblast

② Amnion -

- Transparent greyish membranes Comes foetal surface of placenta.

Amniotic sac = Liquor Amnii

Layer - Cellular layer
- Basement membrane
- Compact layer
- fibroblast layer.

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GV2

• Amniotic fluid

- fluid in the amniotic sac surrounding foetus.

Origin - Both mother and foetus.

Volumes - (12) weeks - 50ml
- 20 - " - 400 ml
- 36 wks - 800 ml - 1 liter.

Composition - Proteins
- Glucose
(बनता है) - Urea
A.F. - Uric acid
- Lipids.

Physical features - Alkaline
- Low Specific gravity.
- Highly Hypotonic.
- Osmolarity
(Based on requirement)

Colour - Colourless at early pregnancy
- pale yellow at term.

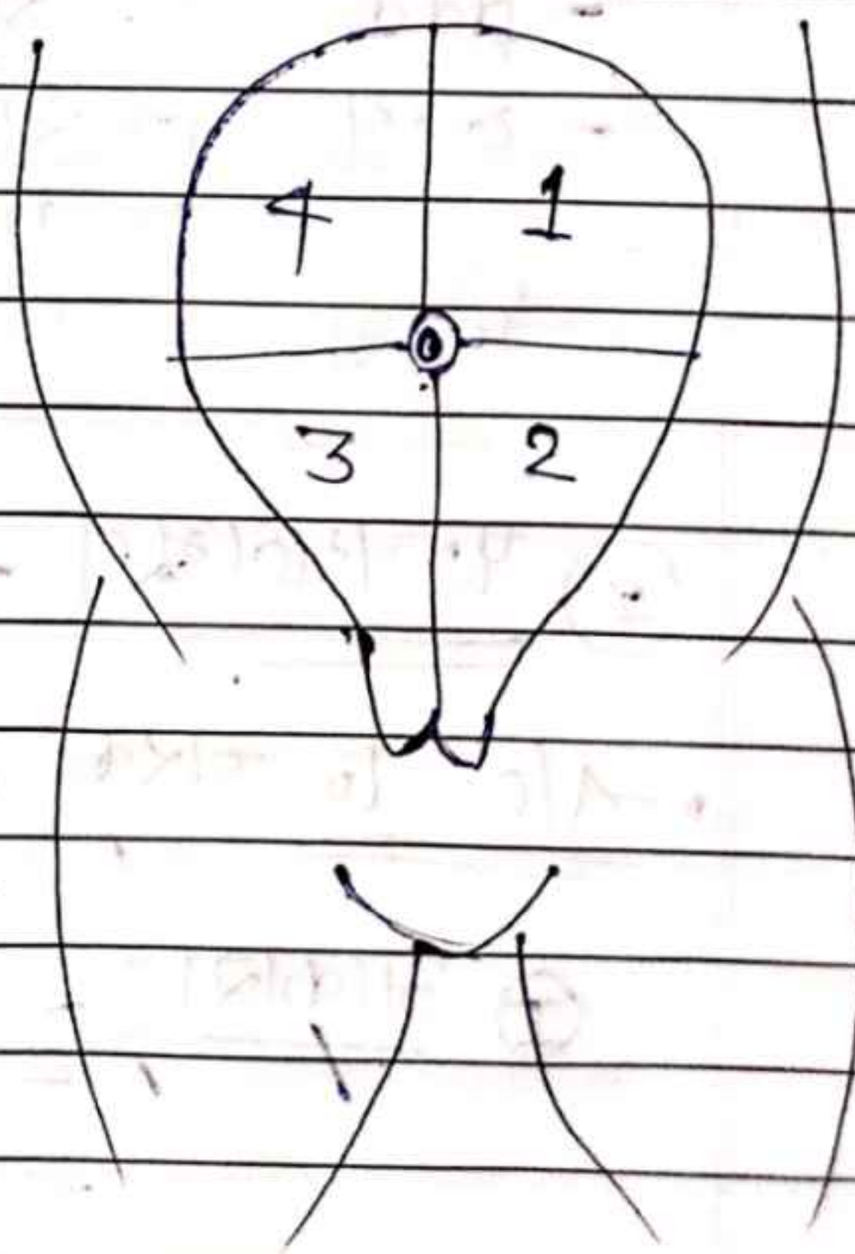
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• Abnormal Appearance —

- Greenish - Meconium.
- Golden-yellow - RH incompatibility.
- Blood stained
- Dark brown.

Function - protects from external injuries.
- foetal temperature.
- Allows free movement
- Prevent from adhesion. (चिपकने से बचाना)

• Measurement of Amniotic fluid —



- Normal range - 5 - 24 cm.
- Single deepest pocket
- Normal Range - 2 - 8 cm.

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VD

• गर्भशया अवव्यो उत्पत्ति

- classified into 03 ← दोष धातु उत्पत्ति
  पञ्चमहाभूत उत्पत्ति
  षड़ भावाः उत्पत्ति

(1) दोष धातु उत्पत्ति –

- यकृत, प्लीहा - रक्त
- फुफ्फुस - रक्त
- उदक - शोणित किट्ट
- अन्तर मुख - कफ and रक्त → हृदय
- स्त्रोतस - पित्त
- पेशी - पित्त
- सिरा - मृदु पाक
- स्नायु - खर पाक
- आशय - मेदस
- वृक्क - रक्त
- हृदय → शोणित
  → कफ
- जिह्वा → कफ, रक्त, मांस

रक्त - वृक्क
- यकृत
- प्लीहा
- फुफ्फुस
-

(2) पञ्चमहाभूत –

• A/C to चरक –

(I) आकाश - शब्द — (1)
- श्रोतेन्द्रिय — (2)
- लाघव — (3)
- सूक्ष्म — (4)
- विवेक — (5)
- स्त्रोतस — (6)
- मन — (7)

(II) वायु - स्पर्श — (1)
- स्पर्शेन्द्रिया — (2)
- शैत्यम — (3)
-
- धातु — (4)
- चेष्टा — (5)
- उच्छ्वसा — (6)

(III) अग्नि - रूप
- दर्शन
- चक्षु
- पक्ति
- उष्ण
- प्रकाश
- पित्त
- तेज

(IV) जल - रस
- ~~स्पर्शि~~ स्पेन्द्रिया
- शीत
- स्नेह
- क्लेद
- शोणित
- शुक्र
- मूत्र.

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(VI) पृथ्वी - गन्धा
- घ्राणेन्द्रिया
- गौरव
- स्थिर
- मुर्त
- अस्थि
- नख
- चर्म

षड्
(3) ~~पञ्च~~भाव -
- मातृज
- पितृज
- सात्म्यज
- सत्वजा
- आत्मज
- रसज

- गर्भ लिङ्ग उत्पत्ति (VD)

हेतु विभाग मनु विधीयते इति रक्तेन।
कन्या मधिकेन पुत्रं शुक्रेण इत्यादि ॥

- A/c. to रक्त -

- If pregnant women is having male child then she prefers the movement first on right side.

- If female child -

- Left body Parts are more active.
- more sexual desire.

female वाली → feminined Habbits and behaviour.

- It is not round in shape
- milk secretion appears in left breast.

- Determination of sex -

- Depending upon आर्तव and शुक्र. (xx + xy)
- Depending upon गर्भ धारणा.
- Depending on the shape of गर्भ.
- Due to शुक्र वृद्धिकर आहार सेवन
- Depending on the पुंसवना संस्कार.
- Depending on Psychological status.
- Depending on दैव संकल्प.

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• गर्भ लिङ्ग भाव < नित्य भाव – करा
अनित्य भाव – पन्त

जन्मलिङ्ग भाव – स्त्री नित्य ——(1)
पुरुष ——(2)
नपुंसक ——(3)

• जनोत्तर लिंग भाव – स्त्री भाव
– पुरुष भाव
– नपुंसक

प्रधान संज्ञा – कलिह्या
– मोद
अनवस्था

गुण संज्ञा – अधो गुरुत्व
– मदिवम्
– बीजभाग

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ग्रहीत
लक्षणा $ ो सद्यो गर्भ ← CN (change seen after birth of a baby)

pregnancy brings many physical anatomical and physiological changes in women.

Sign and Symptoms expressed in a women immediately after birth are called सद्योग्रहीत गर्भ लक्षणा $.
(A/F

- Early sign in pregnant women -

- Black discolouration of areolar
- स्तन्य कृष्ण मुखता
- अक्षि पक्ष्माणि.
- छर्दि.
- गन्धातु द्विजते
- अति ललाट
- fatigue
- Growth of hair on body

- A/C. to चरक - अति ललाट
  - Amenorrhoea. (आर्तवदर्शन)
  - छर्दि
  - गुरूत्वा
  - अक्षि पक्ष्माणि
  - स्तन्य कृष्ण मुखता
  - development of linea nigra. (Chair)
  - dilatation of vagina.

• 4th month – गुरु गात्रत्वम्
- Heaviness in the body

• 5th Month – कार्श्यमा पद्यते
- weak and lean.

• 6th month – बल वर्ण हानि
- Loss complexion & become weak

• 7th month – सर्वाकारैः कलान्ततमो
- more weak and feels exhaust

(25) • व्यक्त गर्भ लक्षण – आर्तव अदर्शनम्
- अन्नाभिलाषा
- छर्दि
- अरोचक
- अम्ल कमता
- पथ्य अपथ्य आहर
- श्रद्धा
- गुरुगात्राणां
- चक्षुग्लानि
- स्तन्यो स्तन्यम्
- योनि चंचलता
(Vagina dilatation)

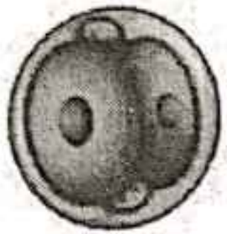
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EMBRYO DEVELOPMENT

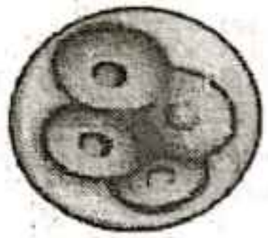
BYJU'S
The Learning App



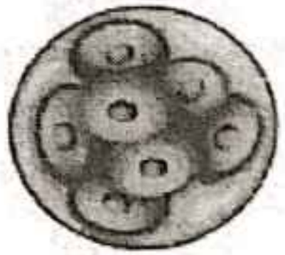
Fertilized egg



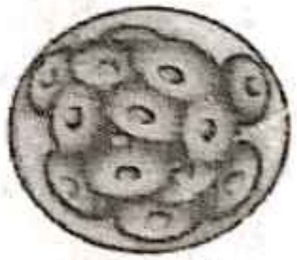
2-cell stage



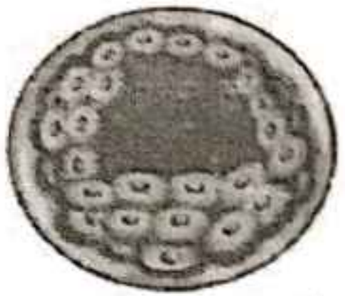
4-cell stage



8-cell stage



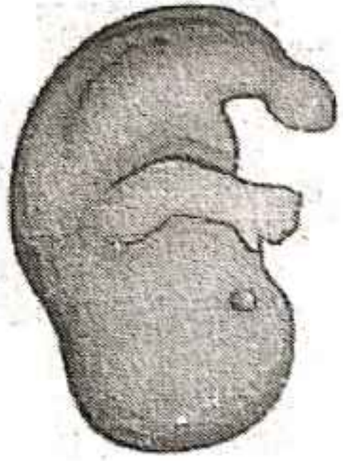
16-cell stage



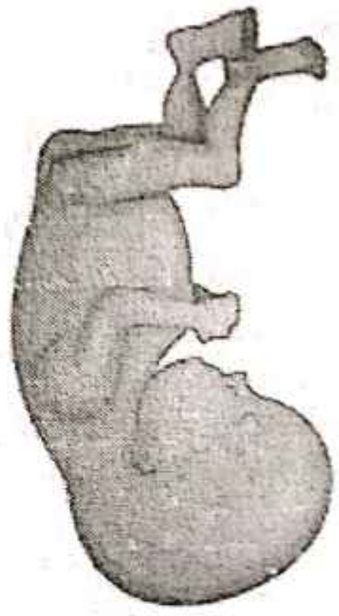
Blastocyst



Foetus 4-weeks



Foetus 10-weeks

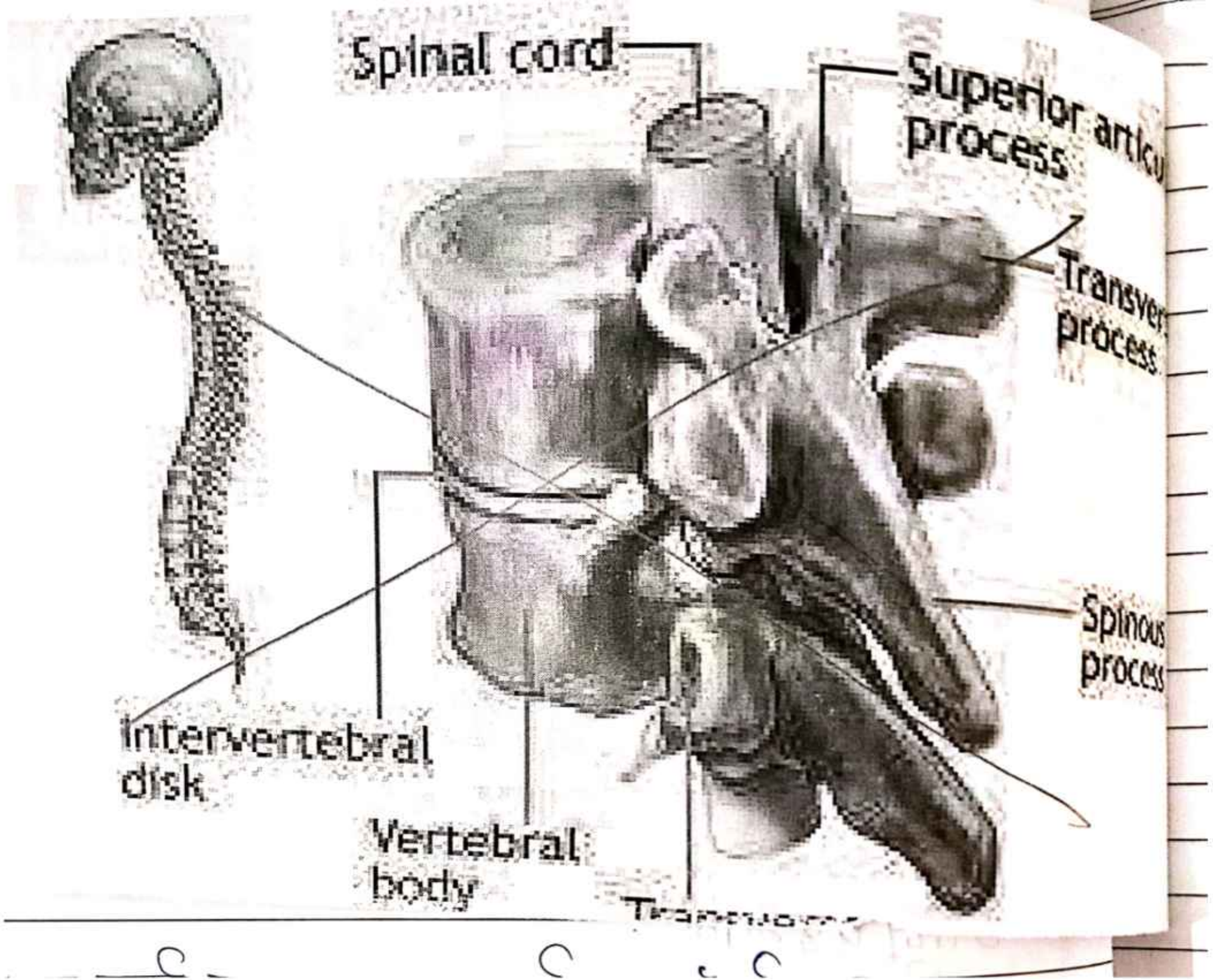


Foetus 16-weeks



Foetus 20-weeks

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Diagnosis of Pregnancy —

GV

- There are 03 stage for diagnosing pregnancy.
  - first trimester (first 12 wks) — (1)
  - 2nd trimester (13-28 wks) — (2)
  - Last trimester (29-40 wks) — (3)

[I] first trimester —

Symptoms — Cessation of menstruation
- Morning sickness
- frequency of urination
- Appetite changes
- Breast Symptoms

Sign - Breast Sign — Increased size
- Increased pigmentation
- Appearance aerola mammae.
- Sebaceous glands in areela.
- clostorum appearance.

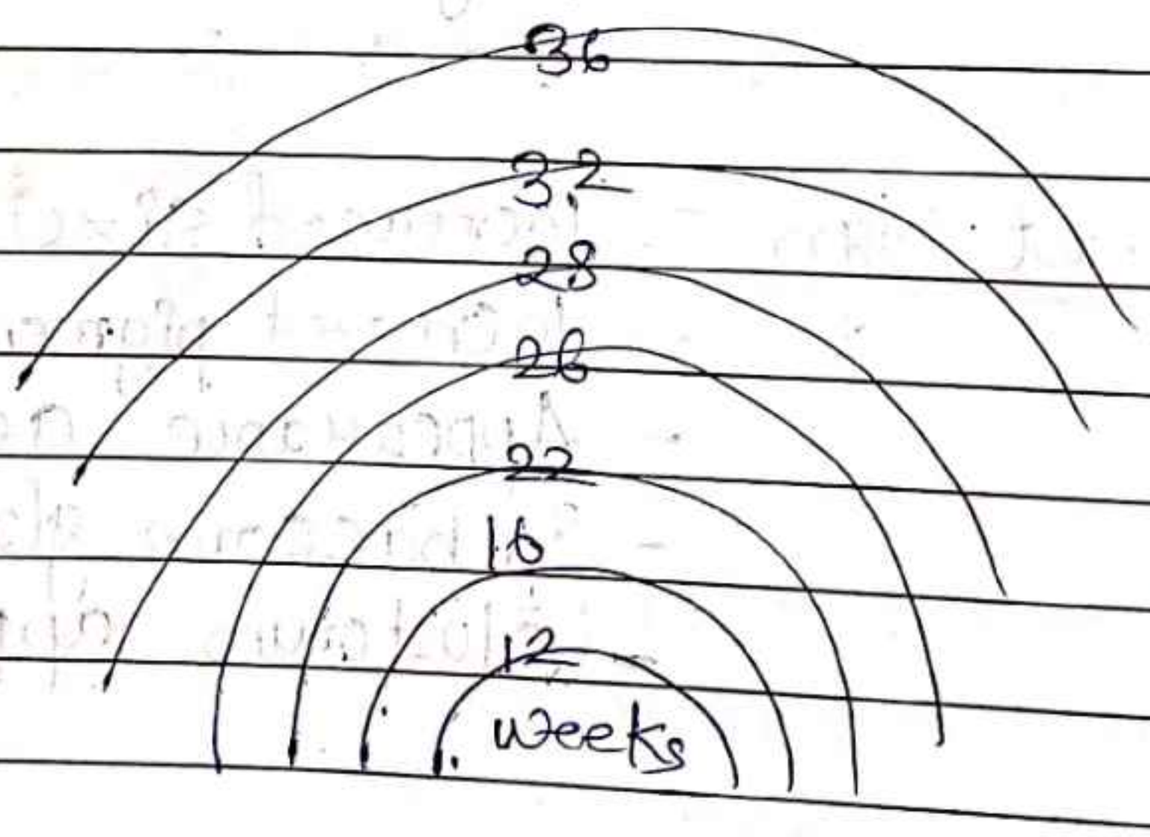
- Uterine sign — size - enlarged
  - Consistency - Soft
  - Hegar - sign
  - palmer signs.

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[II] Second trimester (13–28 weeks)

- Symptoms – Amenorrhoea
  - morning sickness
  - Quickening
  - Abdominal enlargement.

- Sign – Breast changes
  - Internal ballotement
  - External Ballotement
  - palpation
  - Auscultation



[III] Third trimester (29–40 wks)

- Sign – palpation
  - Auscultation
  - Umbilical Auscultation
  - USG detection of foetal parts and movements.

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Investigation - pregnancy test

Month	Length	Weight	Key developments
First			Arms,tail,gill grooves are formed, webbed toes form.
Second	1.6 cm	1 gram	Retina,eye cavity, fingers & toes are formed, upper limbs begin to bend at elbow, genitalia begin to differentiate, fingers are distinct
Third	5.4 cm	14 gram	Nostrils dissociate,genitals and neck are formed, sucking reflex appears
Fourth	11.6 cm	100 gram	Heartbeat more pronounced, cartilaginous tissue stiffens. All major organs begin to form
Fifth	26 cm	300 gram	Movements more regular & are felt by mother, head and body hair appear,
Sixth	30 cm	600 gram	Eyelids open, lungs & lung circulation develop
Seventh	37.6	1 kg	Arteries and veins formed, fat deposited under skin.
Eighth	42.4 cm	1.7 kg	Development almost complete, foetus usually viable if born, fat deposit increases, most senses are developed
Ninth	48 cm	2.6 kg	Fully developed, delivery session scheduled.

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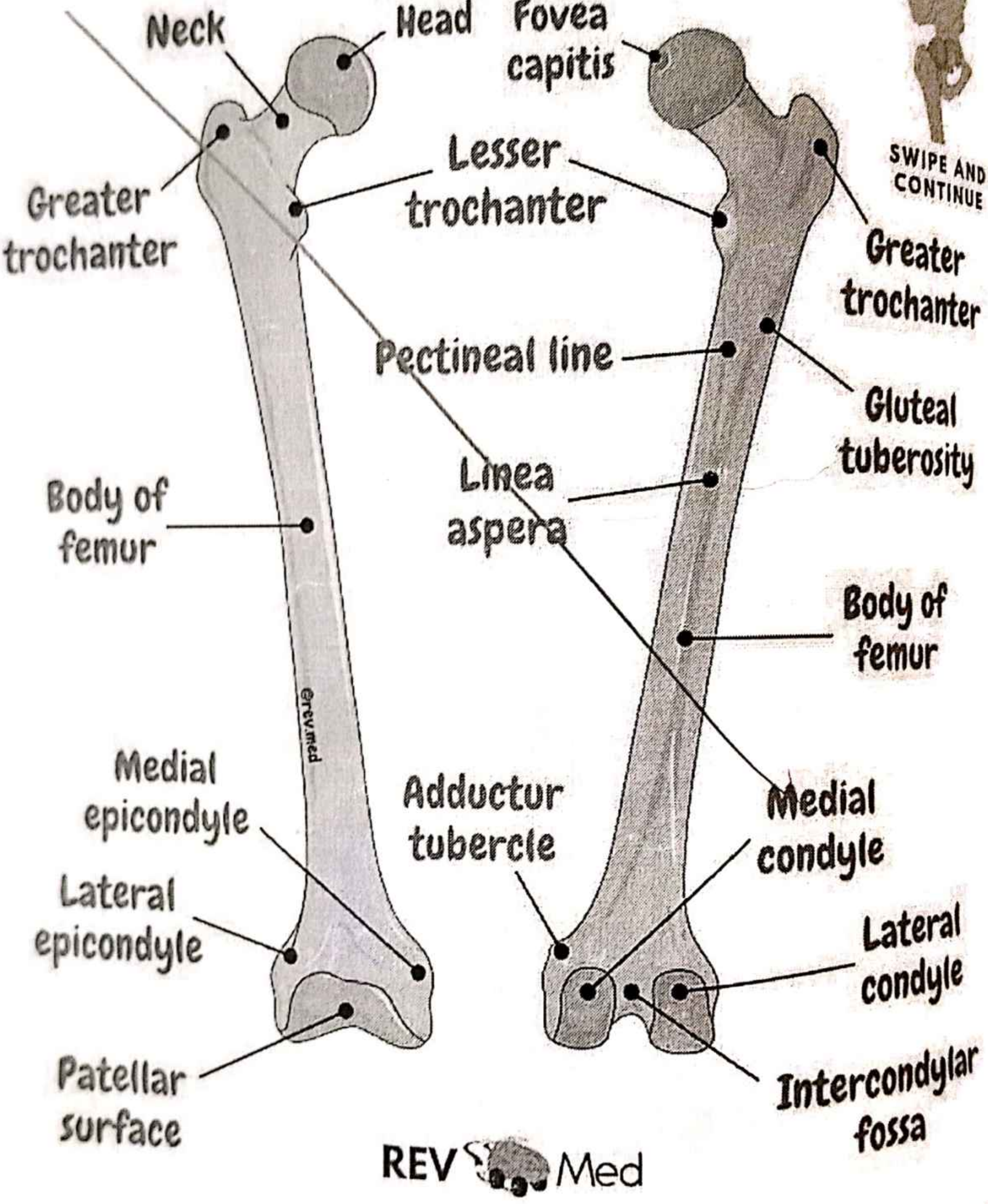
Femur Bone

ANTERIOR

POSTERIOR



SWIPE AND CONTINUE



REV Med

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Investigation - Pregnancy test
- Urine pregnancy test
- Serum pregnancy test
- ?
- USG

(Investigation common for all 3 trimester)

PAPER 2 --- PART A PTSR NOTES --- BY DR SD --- M56BOOKSTORE
WITH SHORT TRICKS ----NEXT AYUSH EXAMINATION ----THEORY NOTES

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पुंसवन विधि

- It is a संस्कार विशेष described in वेद.
- The procedure should be practical for Acheiveing pregnancy of Quality and desired sex.

- Utility of पुंसवन —

- To achieve the pregnancy. —— (1)
- Stabalizing the गर्भ. —— (2)
- Getting desired sex baby. —— (3)

procedure — Women after taking Head ba should wear white colour garments and

- few medications can be self administered as श्वेत वृष्टी.

- drugs collected usually in पुष्य नक्षत्र.
- The द्रव्य should be fresh, unpolluted and good Quality.
- Used Cow milk, and water and Curd co use also be used.

- Woman desired of son boy should be installed in Right nostrils

Son → Rt. nostril
Girl → Lt. Nostril.

- Women desired of daughter should be installed left nostril.

Oral administrations - लक्षमण वात जीवनीय द्रव्य

द्रव्य used - जीवनीय गण'क
- प्रजा शितापका गण'क.
- मधु रस
- शीत वीर्य
- गुरु
- स्निग्ध
} These are शुक्र ज्ञान पुत्र वकारा बल्य and गर्भशतापक,

• गार्भिणी परिचय -

- गार्भिणी परिचय. Can be studied into three parts -

- मासानुमासिका पथ्य परिचर्या — (1)
- गर्भोपातकर - भाव'क. — (2)
- गर्भ स्थापक द्रव्य'क — (3)

• A|C. to चरक (factor) - शुक्र सम्पत — (1)
- अस्तृक सम्पत — (2)
- आत्म सम्पत — (3)
- आशय सम्पत — (4)
- काल सम्पत — (8)

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• मासानुमासिका पथ्य -

- मासानुमासिका पथ्य co-relates with monthy dietary regimen.

• They are as follows -

A/c. to ckb -

Month -

- 1 Month - Non-medicated milk (क्षीर)
- 2 month - क्षीर + मधुर
- 3 month - क्षीर + मधु + घृत
- 4 Month - दुग्ध + नवनीत
- 5th month - घृत + क्षीर
- 6 month - घृत + मधुर द्रव्य
- 7 month - घृत + मधुर द्रव्य
- 8 month - क्षीरस्थवागु + घृत.
- 9th month - अनुवासन वस्ति + तैल + मधुर

• गर्भोपघातकर भाव'ऽ

- Co-relates with Activities and substances which are Harmful to foetus.

- गर्भिणी should Avoid - तीक्ष्ण द्रव्य'ऽ.
  - रूक्ष द्रव्य
  - उष्ण द्रव्य

- should not take - विरुद्धी आहार ? (1)
  - विदाही आहार — (2)
  violent
- should not do ~~violet~~ Activities.
- should not ride over vehicles.
  - दिवास्वप्न —.
  - क्रोध
  - avoid उपवास.

• शुश्रुत in 8th month of गर्भ -

Has indicated - अस्थापन बस्ति + बदरी कषाय + बल + अतिबल + क्षीर + दधि + तैल + लवण + मधु + घृत.

• चरक advised - ब्रह्मी
  - शत वीर्य
  - अरिष्ट वंध्या-पुष्पि
  - अनुवासन बस्ति for Lubrication of गर्भ

• गर्भ स्थापक द्रव्य - Avoid - उष्ण आहार
- तीक्ष्ण आहार
- tobacco
- smoking
- cocaine.
- मांस प्रयित्वा
- मत्स्या मांस प्रयित्वा

गर्भोपघातकर
- आहार (1)
- रस (2)
- विहार (3)

(1) आहार - तीक्ष्ण औषध प्रयोग
- गुरु पदार्थ सेवन
- मद्याकर आहार सेवन
- मद्य सेवन
- मांस सेवन

(2) रस -
- मधुर - प्रमेह, अति स्थूल, मुख
- अम्ल - रक्त पित्त, त्वक रोग
- लवण - खालित्य, पालित्य
- कटु - शोष, अल्प शुक्र
- तिक्त - शोष, दौर्बल्य
- कषाय - श्यामवर्ण, अनाह, उपावर्त

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③ विहार - ~~मैथुन~~ मैथुनात — (1)
- व्यायाम — (2)
- अतितर्पण — (3)
- अति कर्षण — (4)
- रात्री जागरण — (5)
- रक्त मोक्षण — (6)
- वेग धारण — (7)
- मलिना — (8)
- यना — (9)
- अवरोहण — (10)

* Do not used Red cloths —

Mental factor — शोक नित्य — (1)
- अभि ध्यानी — (2)
- कलह शील — (3)
- व्यायया शील — (4)
- विवृतस्या — (5)
- असहना शिलक — (6)
- स्वप्न शील — (7)

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Imp. द्वैहृदय (3M)

- द्विहृदय refers to pregnant women who carries a 2nd heart of growing foetus
- द्विहृदय occur by the formation and establishment of हृदय and apparatus concept in foetus.
- They occurs at later weeks of 3rd & 4th mon seen

• Causes of द्विहृदय —

- अनुकूल वेदन
- परस्पर हृदय सम्बद्धवात
- भावो
- चित अभिलाषा
- अन्नानाभिलाषा
- इन्द्रियाभिलाषो
- मनः अभिलाषो

• द्विहृदय अवस्था — चेष्टा वेदन
(हरकते) — गर्भ स्पंदन
- जन्मान्तर अनुभूतम्
- मैत्री हृदय संबन्ध.
- रसवह नाडि समस्पन्दते.

Scanned with OKEN Scanner

- Antenatal Care examination — GV

- Ante - Natal means Systemic supervision (examination and advice) of a women during pregnancy.

- Objectives — To ensure a normal pregnancy with delivery of a health baby from Healthy mother.

- Factors — History taking — (1)
  - Examination. — (2)
  - ~~Inve~~ Investigation — (4)

Visit - first visit (12-14 wks) — (1) - 1st tri
  - 2nd visit (24-28 wks) — (2) - 2nd
  - 3rd visit (32 weeks) — (3) - 3rd tri
  - 4th visit (36 wks) — (4)

(I) History-taking - Particulates
  - chief complaints
  - past history
  - obstetric history
  - menstrual history.
  - family —v—
  - Drug —v—
  - Contraceptive —v—
  - allergy —v—

Scanned with OKEN Scanner

• ANC visit — first 28 weeks — One month
— upto 36 weeks — Twice a mo

Minimum — 1 visit — Around 16 wks.
— 2 nd — 24-28 wks
— 3rd — — 32 wks
— 4th — — 36 weeks

[II] Examination —

— pulse examination
— pallor examination
— weight
— temperature
— Blood pressure
— Breast examination
— Abdominal —

Lab investigation — Hb estimation
— Blood grouping
— UDRL
— RBS
— USG.

Second visit — (24 - 28 wks)
— SFH measurement
— To detect multiple pregnancy.

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Third visit (32 weeks) –

- ~~Needa~~ pre-eclampsia
- multiple pregnancy
- Anemia
- IUGR.

Fourth visit (36 weeks) –

- Identification of foetus.
- Lie (breech, altitude etc).
- Position
- Birth plan.

Others – Hygiene
- Bowel care
- Breast care
- Exercise
- Dressing
- Destand sleep.

Scanned with OKEN Scanner

(G)

गर्भ स्त्राव / गर्भ स्त्राव and / गर्भ पात.
(3 in 1)

- Expulsion of foetus upto 4 month of preg is called गर्भ स्त्राव.

स्त्राव - because the products of conception until this stage are in liquid state.

- Explusion of foetus after 4th month called as गर्भ पात
(miscarage)

निदान - उपवास
- अतिसार
- अजीर्ण
- ~~अपवास~~ वेगधारण
- Suppression of Natural urges.
- Trauma by weapons.

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सम्प्राप्ति - निदान

↓

Foetus detached

↓ from

Come out ^ uterus

↓

Irritation aggravates

↓

अपान वायु

↓

Causes रुग्ण:

↓

feels detension and retention of urine

↓

Change in Vaginal bleeding

↓

~~Affecting~~ the life of foetus.
affecting

- लक्षणानि - Bleeding per vagina
  - Pain in Uterus.
  - Sacral Region pain

- Treatement of गर्भ स्त्राव - Before expulsion
  - After expulsion.

(1) Before expulsion
- दुर्लभ अमृत
- उक्षीर
- पर्पट
- चन्दन

(2) After expulsion
- दीपन
- पाचन
- जीवनीय
- वातहर

} Qualities

- पञ्चकोल
- क्षुधापेय
- हरिद्र कषाय
- अभ्यारिष्ट

Scanned with OKEN Scanner

Abortion

- Abortion is a termination of pregnancy before foetus become viable.

- Types of abortion -

- Spontaneous — (1)
- Induced — (2)

(1) Spontaneous - Threatened 20%
- Inevitable 10%
- Incomplete 55%
- Septic 10%
- missed 2% (missed preg.)
- Habitual 2%.
- complete.

(2) Induced < Legal Abortion
Criminal abortion.

[I] Spontaneous -

(A) Threatened -

- Clinical feature - Amenorrhoea.
- Red bleeding
- No abdominal pain
- No History.

- Sign - Uterus enlarged
  - more or less globular.
  - patulous. (expand nora)

(Human chronic Gyonadotropin test)

- Diagnosis - HCG test
  - Pelvic USG.

- Treatment - Complete Bed Rest
  - No drug used.

(B) Inevitable abortion -

- clinical features - Amenorrhoea History
  - Vaginal Bleeding
  - Abdominal pain.

- Sign - Blood clot in vagina
  - Dilated cervix
  - Conception can be felt by fingers.

Treatment - Evacuation.

Scanned with OKEN Scanner

Q7

[C] Incomplete —

- clinical features — Amenorrhoea.
  - Vaginal Bleeding
  - expulsion

Sign — Soft Uterus
  - [Os is open.]

- Treatment — Evacuation
  - Curettage. (C)

[D] Complete —

clinical feature — Amenorrhoea
  - Vaginal bleeding
  - Expulsion

Sign — Os closed Key point.
  - Uterus soft
  - Red discharge.

- Cervical abortion —

- This type of abortion is due to expulsion of the products of ~~complt~~ Conception into Cervical Canal.

[E] Septic Abortion –

- When the product of conception shows the sign of infection is termed as Septic abortion

• Clinical feature – Amenorrhoea
– Vaginal bleeding
– pain in abdomen
– fever.

Signs – High temperature
– Tachy cardia.
– Jaundice
– oliguria
– Septic shock.

Treatment – evacuation
– Retained placenta.

(F) Missed Abortion – (missed pregnancy)

– Ovum dies but retained in the uterus for few or more weeks.

QV

Symptoms – Amenorrhea
– Vaginal bleeding
– No pain
– No expulsion

Sign – Vital sign normal
– Uterine size Small
– Uterus firm
– Vaginal discharge

(G) Habitual Abortion –

- There is small group which aborts Repeatedly at a particular period in pregnancy.

Symptems – Chromosomal error
– Cervical Incompetence.
– Hypo thyroidsm.
– Immulogical failure.

Diagnosis – Time of abortion is generally
• b/w 16 – 24 wks.

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• RH Incomptability

GV

- RH incomptability is a condition that occ during pregnancy.

- If women has Rh^{-ve} blood and baby has Rh^{+ve} blood

- [Rh^{-ve}] + [Rh^{+ve}] = Rh factor

- Rh factor is a protein on Red blood cells.

- If Rh factor is Rh^{+ve}. Then Rh incomptab

- Rh incompatibility in Pregnancy -

1st pregnancy -

father (RHD^{+})
Mother (RHD^{-ve}) → first newborn (RHD^{+ve}) Safe.

next (NEXT) Pregnancy -

Mother (RHD+)
father (RhD+) → Rapid production of Ig Antibody by mother.

GTV

First pregnancy

♂ + ♀ → ♀ → Anti RH

Rh+ (male)

Rh-ve (female)

Rh+ve foetus

Second pregnancy

female

Antibodies

placenta

Foetus RH-ve

Hemolytic diseases of new born.

- Sign & Symptoms
  - Hemolysis
  - Jaundice
  - Body swelling
  - Respiratory distress
  - Circulatory collapse
  - Poor feeding
  - Decreased Activity.

Management
- Photo therapy using bilirubin lights
- Use of immuno globulin.
- Transfusion of blood.

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GV

• Ectopic pregnancy (EP)

(uterus को छोड़कर बाकी जगह)

- EP also known as tubal pregnancy
- It is complication of pregnancy in which the embryo attaches outside the Uterus.

- An ectopic pregnancy occurs when the fertilized egg attaches itself in a place other than inside the Uterus.

Factors - Pelvic surgery history.
- mutiple Abortion.
- pelvic Inflammatory disease
- Endometriosis
- Smoking
- ~~IUD~~ (Uterine Device)
IUCD

• Sign and Symptoms —

- Nausea and breast soreness.
- Pain in Abdomen
- pain in pelvis
- pain in shoulder
- dizziness
- fainting
- Rectal pressure

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GV

Diagnosis - Physical examination
- HCG
- Serum progesterum level.
- Trans vaginal USG.
- Laparascopy.

Surgical treatment - Laparotemy.
(Surgical incision in abdominal cavity)

IUGR GV

- A condition in which baby doesnot grow to normal weight during pregnancy.
- IUGR stands for Intra Uterine Growth Restriction.

Causes - placenta Abnormalities.
- High blood pressure.
- Infections
- Smoking
- Alcoholism.

M56BOOKSTORE

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IUFD

- IUFD stands for Intra Uterine foetal death.

- Refers to babies with no sign of life in Uterus.

- Still birth is Common with 1 in 2 babies born dead.

Causes - Intrapartum Complication.
- Hypertension.
- diabetes
- Congential Abnormalities
- Infections
- placental dysfunction.
- Excess pregnancy weeks. (More due date)

∞ Multiple pregnancy -

- A multiple pregnancy is when you are pregnant with twins, triplets or more.

Causes - Heriedity
- older age
- High parity
- Race.

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Sign - Morning sickness
- fatigue
- HCG ↑
- 2nd Heartbeat
- Early movement.

* Gestational trophoblastic Neoplasia (3M) (अवत गर्भ)

↓ (GTN) → tumor.

(Placenta development रुकना)

Normal Preg. & Double Gather

→ Symptoms

→ 04 HCG plateaued (Plateau) over 3 weeks

GTN

→ Increased of HCG Concentration

④ type

→ Histologic diagnosis → chorio carcinoma

→ Elevated HCG Concentration for 6 month

forward to Reference center

Low Risk GTN

↓

Single Agent tumor

↓

Chemo therapy

High Risk GTN

↓

Multiple Agent tumor

↓

Regimen EMA/co

- It is a caner that has recurred after it has been treated
- Come back in the Uterus or Other parts of body
- GTN - does not responsed to treat. is called resis GTN.

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Ante partum Hemorrhage — GV-1

- Bleeding from 24 weeks of pregnancy

- Types — placenta ~~praevia~~ previa.
  - Abruptive placenta
  - vasa praevia
  - excessive show
  - Local Causes.

(3M)
(V) Placenta Previa — Covers cervix.

- Complete cover
- partial
- marginal (middle
- Low lying (outline. cover

Risk factor — MTP
- Mutiparity
- smoking
- multiple pregnancy
- curettage (i) (D & C)
- Conception (Assisted)

Management —
- Bed rest
- paid chart
- vital sign
- USG
- CTG
- foetal movement count.
- ICU Administration

- Resuscitation.

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(2) Abruptic placenta—

- Separation of placenta after 22 weeks of gestation. (preg.)

Risk factors - Maternal Hypertension
- Trauma
- Smoking
- Alcohol
- Short umblical cord
- Retro placental fibroids

(3)

- Vasa praevia - Rupture of foetal vessels. Castery of vein of foetus

abnormal Cord insertion

factors - Velamentous Insertion (VCI)
- multiple gestation:

- Complication - Anaemia
- Infection
- maternal shock
- Post partum Haemorrhage
- Blood transfusion.

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Neo-Resuscitation

PV

(Resuscitation of Newborn)

• Introduction —

- Being Prepared for Resuscitation.
- Resuscitation Algorithum.
- when not Required.
- when Required
- Procedure of Resuscitation
- Initial steps of Resuscitation.

chart

Management of Resuscitation -

- Immediate task, — (1)
- Level of care — (2)

शिशु परिचर्या

- जातमात्र शिशु परिचर्या
- सद्योजात शिशु परिचर्या.
- नवजात शिशु परिचर्या

• अचिर जात शिशु परिचर्या - pre term baby.

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Page No.:
Date:

~~वास~~ वयो भेद -

- A/c. to कश्यप संहिता
  - सुश्रुत
  - अष्टाङ्ग
  - चरक

(1) ~~(BYV)~~
(2) ~~(BMK)~~
(3) ~~&~~
(4)

(BYV
BMK
BMJ.

G - गर्भ
B - बाल - 1 yrs after birth
K - कौमार - 1 - 16 yrs
Y - यौवन - 17 - 34 yrs
M - मध्यम - 35 - 70 yrs.
V - वृद्ध - Above 70 yrs.

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① जातमात्र - प्राण प्रत्यागमन
- Stimulus to the baby.
- गर्भोदक वमन
- नाभि नाल छेदन
- प्राशन

② सद्योजात - तैलपरिषेक and स्नान
- पिचु धारण.

③ नवजात शिशु परिचर्य -

- प्राशन before the Commencement of Lactation
- प्राशन after the ——

(पश्चात जात शिशु परिचर्या) -
• Post term - Beyond 02 weeks.
- change in pregnancy
- change in labour.
- change in management.
- Main principles.

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- अचिर जात शिशु परिचर्या (preterm)

Causes { Maternal Cause
Foetal Cause

Examination of New born -

- Basic indication
- obstetrical History
- Health status
- Course of pregnancy.
- Natal History.
- Neo natal history

(3M)
APGAR SCORE - (3M) (White Reflex)

- More Reflex
- Stepping Reflex
- Placing Reflex
- Grasp reflex
- ~~Prade~~? parashute Reflex. (parachute reflex)

• रक्तोल्वण — अपनी — A
— खादरी — K
— पिलु — P
— परूशाखा — P

नाभि नाल रोग — आयामो ~~पर्यायम्~~ वैदर्यम् — elongated
(Refer K.B') — व्यायामो विस्तार ?
— उत्तुण्डिका ?
— पिण्डलिका — H ?
— विनामिका — inflomed
— विजृम्भिका — swelling

Imp • पञ्च क्षीर दुष्टि — घना क्षीर
(Viva) — उष्ण क्षीर
— अम्ल क्षीर
— अल्प क्षीर
— क्षार क्षीर

• बाल बुद्धि विकास कर्म

Month — Development

1 — अव्यक्त कल्लम्
2 — त्वचा, पेशी, अर्बुद
3 — All इन्द्रियां developed
4 — स्थिर
5 — मांस शोणित
6 — बल वर्ण, उपचया, केश, लोम.
7 — ~~सत्व~~ — सर्वांग प्रत्याङ्ग विभाग
8 — अस्थिर ओजस.

Scanned with OKEN Scanner

सत्वा बल - कल्याणक
— क्रोध
— मोह

प्रसव परिचर्या / प्रसव परिभाषा)

- The term प्रसव (Labour) called as Normal Labour.

Factor — स्वाभाविक
— उपस्थित काल
— स्वाभाविक काल
— उपद्रव रहित

पर्याय - गर्भ मुक्ति
— गर्भ त्याग

- सामान्य प्रसावा काल -

(Month)

A/c. to चरक → 9 and 10
सुश्रुत → 9, 10, and 12
वाग्भट्ट → 9-12
कश्यप → 9 onwards
हरित → 10 and 11

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Causes - काल प्रकर्ष
- नाड़ी विबन्ध
- स्वाभाविक
- गर्भ सम्पूर्णता

(प्रसव अवस्था)

• Mechanism of Labour - (प्रसवा आसन)

- प्रजायनि Stage - 01
- प्रजन्न कालसीमांत - 02 (आसन प्रसव)
- उपस्थित प्रसवा - 03
- गर्भ परिवर्तन - 04
- अपरा पतन - 05
(Umbilical cord cutting)

1) प्रजायनि stage - कुक्षि स्थिलता
- हृदय बन्धन मुक्ति
- अंध शूल

2) प्रजन्न (आसन प्रसव) (1st stage of labour) - गात्र क्लामत
- मुख ग्लानि
- अक्षि स्थिलता
- अधो गुरुत्वम्
- अन्नाभिलाषा
- प्रस्वेक
- योनि प्रस्त्रवण

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3) उपस्थित प्रसव - कटी रुज
- रुज : मुख्य पृष्ठ
- अति मूत्र
- अति पुरिष
- योनि मुख
- Labour pain

4) गर्भ परिवर्तन - रुज योनि (Changes seen in योनि)
- Exaggerated flexion.
- Internal Rotation of vertex

5) अपरा - expulsion of placenta by various आचार्य.

• संग्रहनीय औषध द्रव्य - उपग्रहण निमित्त
- लंगली
- वच्चा
- चित्रक
- वेदना स्थापना

वेदना स्थापन { मण्डुक पर्णी — (1)
हिङ्गु — (2)

• वेदन अस्थापक - नागर
- पिप्पली
- सर्षप

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धूम निमित्ता - भूज पत्र
- मधु घृत
- घृत and सैन्धव
- सुरा.

- Instrument — Two stones
— Two Musala
— Two Udukhala
— Two needles
— अर्ध धार शस्त्र
— 2 सौम्य सूत्र

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(SM) # सूतिका प्रवेशिका (PV)

•Ref. – चरक संहिता/शारीर स्थान — (1)
अष्टाङ्ग संग्रह/शारीर स्थान — (2)

- A pregnant women is supposed to enter the सूतिकागार at a particular time after performing certain things.
- In the beginning of the 9th month.
- On auspicious day with moon, stars and planets in favourable positions.
- Perform वृद्ध शान्ति.
- गो, ब्राह्मण, अग्नि and जल should be there
- Pregnant woman should feed the cow with grass Honey, and water.
- she should wash the feet of ब्राह्मण।s.
- offer them rice and दक्षिणा.
- Worship them, take a sip of water and take their blessings.
- Then, enter the सूतिकागार with Right foot.

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add diagram

सूतिकागार निर्माण - free ~~land~~ Land
- good soil appearance
- good taste
- good smell

- facing North
- made up of बिल्व wood
अश्वत्थ wood
दरुण ←
खदिर ←

- Take any advice from ब्रह्मण also.
- According to वास्तु शास्त्र.
- well Covered
- well Roofed
- Smeared with Cowdung.
- Separate Latrine, bathroom and kitchen.
- Continuing fire flaming.

Infra structure - drug
- Instrument
- wood
- water
- animal
- ~~ब्रह्मण~~.

• Labour (Pv)

- Labour is the process of passage of foetus and placenta from the Uterus through the Vagina.

oxytocin Hormone (activate)

- It is the part of process of parturition which refers to labour, delivery and birth.

• Physiology of Labour — (stage of Labour)

- first stage
- Second
- Third
- fourth.

I) first stage - Regular Contraction
(आरंभ - पहला) - Stronger Contraction
- Increasing the frequency
- Longer Contraction

• phases of cervical dilatation -

- Latent phase — (1)
- Active phase — (2)

1) Latent phase - slow process
- first 3cm of dilatation.

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2) Active phase - faster phase
- fully dilatation.

II) Second stage - propulsive phase
- Expulsive phase.

III) Third stage - Saparation
- Expulsion

- Duration - 5 - 20 minutes.
- Blood loss - 150 - 250 ml.

IV) fourth stage - After expulsion
= Duration - 2 hours
- Increased Risk of bleedi

- Mechanism of Labour (foetal) - lie
= presentation
= Attitude
= position.

i) Lie - Longitudnal lie
- Transverse lie
- oblique lie.

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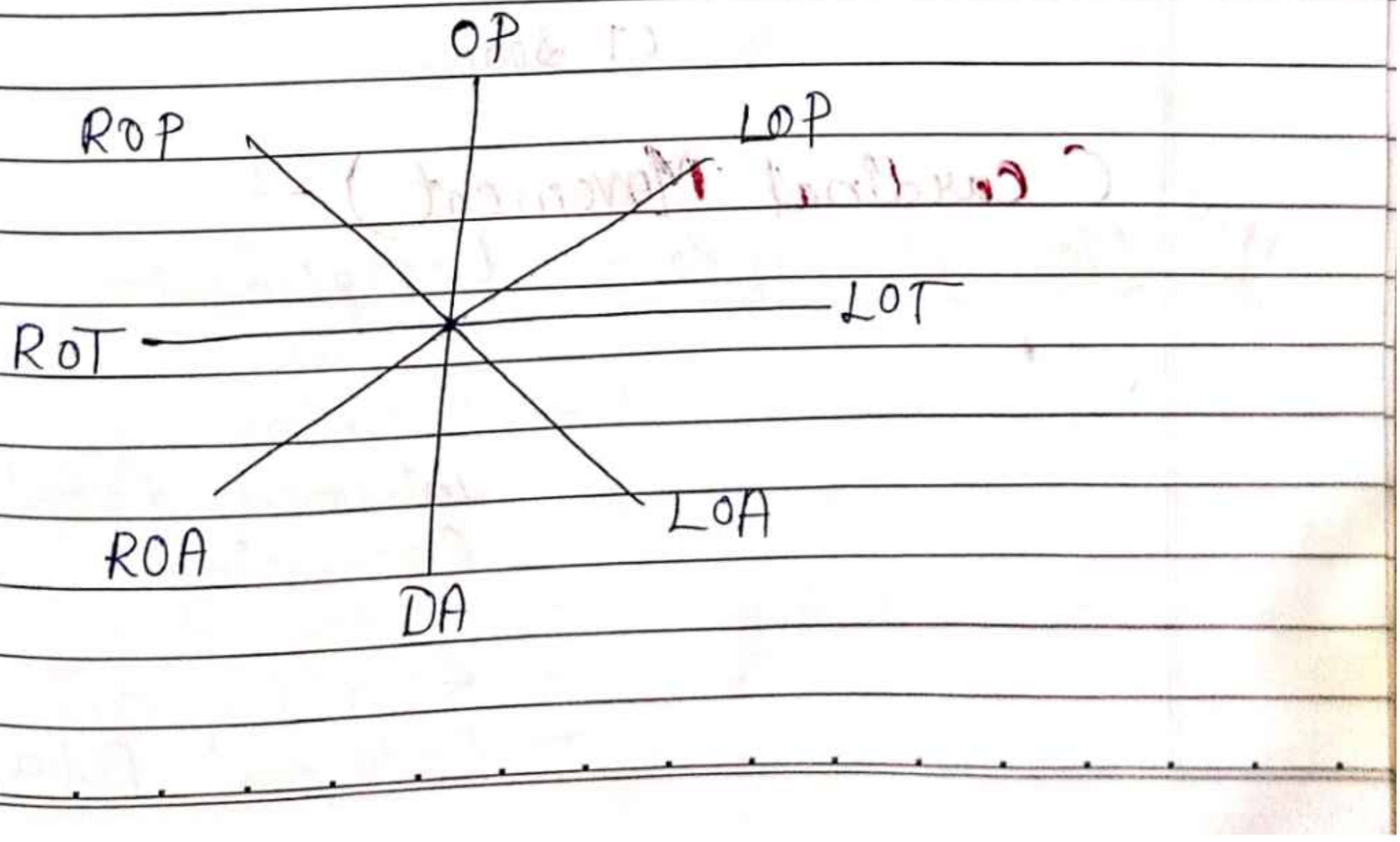
(PV)

ii) Presentation — Cephalic
- Breech
- Transverse
- Compound
- face.

iii) Attitude — Convex
- flexed
- flexed over abdomen.

iv) Position — Vertex — (1)
- Mental — (2)
- Sacrum — (3)
- Scapula. — (4)

• 06 Varities of position —



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LOA - Left Occiputo Anterior
OP - occiputo posterior.
OA - Anterior
LOT - Left occiputo transverse

Diagnosis - Abdominal palpation
- vaginal examination
- Ascultation
- USG and Radiograph.

- Management — True labour
- False labour
- Station
- Monitoring (CTG, amniosop
- Evaluation.
- Vital sign
- Vaginal examination
- USG
- CT Scan.

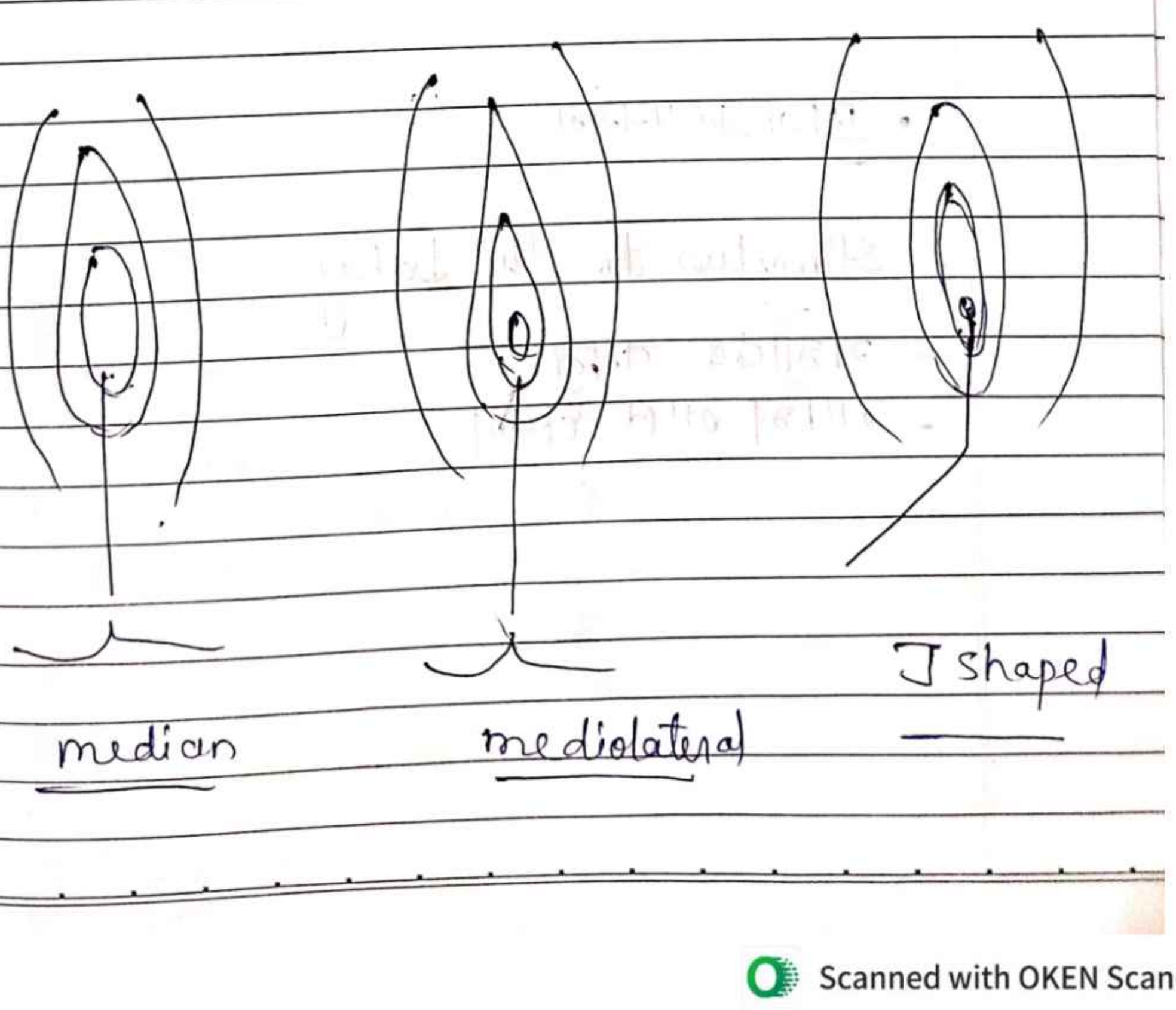
H.W (Cardinal Movement) —
Mechanism of Labour - Engagement
- Descent
- Flexion
- Internal Rotation
- Crowning
- Extension
- Restitution.
- External Rotation

(3M) Episiotomy (PV) (मूलद्वार छेद Cut)

- A episiotomy is a surgical cut made in the perineum during child birth.
- Muscular area b/w vagina and Anus.

Type - cut ← median, mediolateral, J shaped

- Surgical Repair → Easy
- Healing → Rare
- Pain → minimal
- Result → excellent
- Blood loss → less
- dyspareunia → Rare
- Extension → Common



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- clear meconium
- Breathing or crying
- Good muscle tone
- color - pink.
- Term Gestation.

- ~~Inter~~ Initial steps of Resuscitation
  - Positioning ?
  - Reposition

- Bag and mask ventilation.
- chest Compression

• प्राण प्रत्यागमन

- stimulus to the baby
- गर्भोदक वमन
- नाभि नाल छेदन

PV-1

(10M)

मूढ़गर्भ / Obstructed Labour

- मूढ़गर्भ directly co-relates with obstructed labour
- The fully developed foetus, will not be able to come out of the vaginal passage because of vitiated अपान वायु. is called मूढ़गर्भ.

- Causative factors -

- Muscular Abnormalities —— (1)
- foetus abnormalities —— (2)
- passage Abnormalities —— (3)

- clinical features -

- दर्द: in Abdomen —— (1)
- दर्द in vagina (योनि) —— (2)
- Retention of urine —— (3)
- Abnormalities of foetus: —— (4)

Types of मूढ़गर्भ -

- कील गर्भ —— (1)
- प्रति स्रोतो —— (2)
- बीजक —— (3)
- परिघ. —— (4)

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① कील गर्भ - Wedge Hand, Feet and Head upward.

② प्रतिखुरो - Head, Hand and feet all together.

③ द्वीवक्त्र - One Head, One Hand.

④ परिघ - foetus obstructs the passage.

A/c. to दोष - वातज — ①
- पित्तज — ②
- कफज — ③
- वात-पित्त — ④
- वात कफ — ⑤
- पित्त कफ — ⑥
- सन्निपातज — ⑦

गतिः — mentioned by आचार्य सुश्रुत.

- स्फिक पदोपय (full breech)
- पदोपय' (knee presentation)
- स्फिक शुदया (frank breech
- Transverse (प्रस्वा वाहरण) ; वातहरण
- जाति लोदय (complex)
- जाति लोदय प्रतिखुर (Compound)

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• चिकित्सा — अपरा संङ्ग (Retained placenta)
— मन्त्र ४
— Surgical procedure (शास्त्र कर्म)
— वस्ति कर्म.

• Methods of delivery —

- हरित prescribed the external application for quick and easy delivery.

- लङ्गली मूल + कल्क = applied over abdomen.
- बलमूल + सूर्यकान्तिमूल + कज्जली = Applied.
- Roots of लङ्गली + तुम्बीक + कल्क = Applied.

• Internal medication — असुरी — (1)
— हिङ्गु — (2)
— लवण — (3)
— काञ्जी — (4)
— गृह धूम — (5)
— नाग दमन — (6)
— शस्त्रो धारण — (7)

↑ 2) Baat nic pe.

• Induction of Labour

- Means initiation of Uterine or stimulation the Uterus to begin Labour.

(Making greater in size)

• Agumentation -

- Stimulating the Uterus during Labour to Increase frequency, duration and Streng of Contraction.

• Factors for Induction -

- parity
- gestation period
- Cervical opening
- Induction score.

Two Component { Cervical opening, Uterine Contraction

• Method of Induction -

① Medical - Prostaglandin
- oxytocin
- Oestrogen } Actual

PV-1

② Surgical — ARM
— Sweeping membrane
— Ballon Catheterization

• Agumentation Condition —

— Nulliparous.
— Vertex presentation
— Single foetus
— Ruptured membranes.

Note — [artificially Increasing labour pain]

Induction — दर्द को Start करने के process को induction कहते है।

Agumentation — दर्द बढ़ाने की प्रक्रिया को Agumentation कहते है।,

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PV-1

Foetal distress

(Presence of sign)

- Foetal distress refers to sign before and during child birth indicating that the foetus is not well.

- Major factor —

- If foetus is not Receiving enough oxygen.

Sign - Tachy cardia —— (1)
- Brachy cardia —— (2)
- Blood pressure —— (3)

(3M)

(i) Cervical dystocia -

- Difficulty in labour and delivery caused by mechanical obstruction.

(3M)

(ii) Maternal dystocia -

- post Partum Haemorrhage —— (1)
- vaginal discharge —— (2)
- Bladder Rupture. —— (3)
- Uterine rupture. —— (4)

2nd Stage of Labour -

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PV-1

CPD - Cephalo Pelvic Disproportion

- size mismatch b/w mother pelvis and foetus Head.

- The baby head is too large or mother pelvis is too small. obstructed labour. (ग्रस्त लेबर.

not understand

(कालातीत प्रसव) (PVI)

Viva ◦ Prolonged Labour

- If baby is not born after approximately 20 hrs of regular contraction, then it is called as prolonged labour.

Viva Preterm labour (~~easy~~ early birth) -

- It is when your body starts getting birth too early

Viva • Post term Labour —

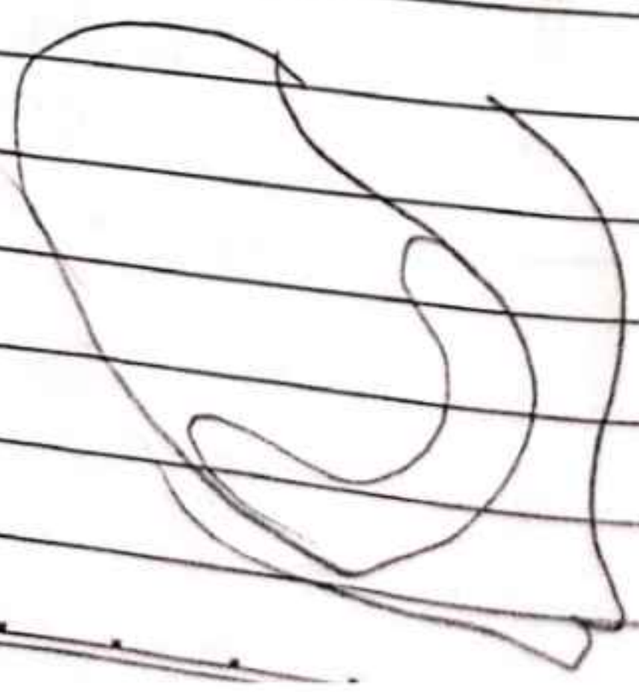
- when a women Has Dot yet delivered Her baby after 42 weeks of gestation is called post term labour.

(SM)

Viva • Placenta previa — when placenta covers the opening of mother cervix.

Complication - Bleeding + misscarge
- Preterm birth all placenta

Dia.



Scanned with OKEN Scanner

(PV-1)

(3M) • Uterine inversion — (uterus आधा / अंदर-बाहर)

- when the uterus turn inside out usually following child birth.

(3M) • AFE - Amniotic fluid Embolism.

(blood me enter into)

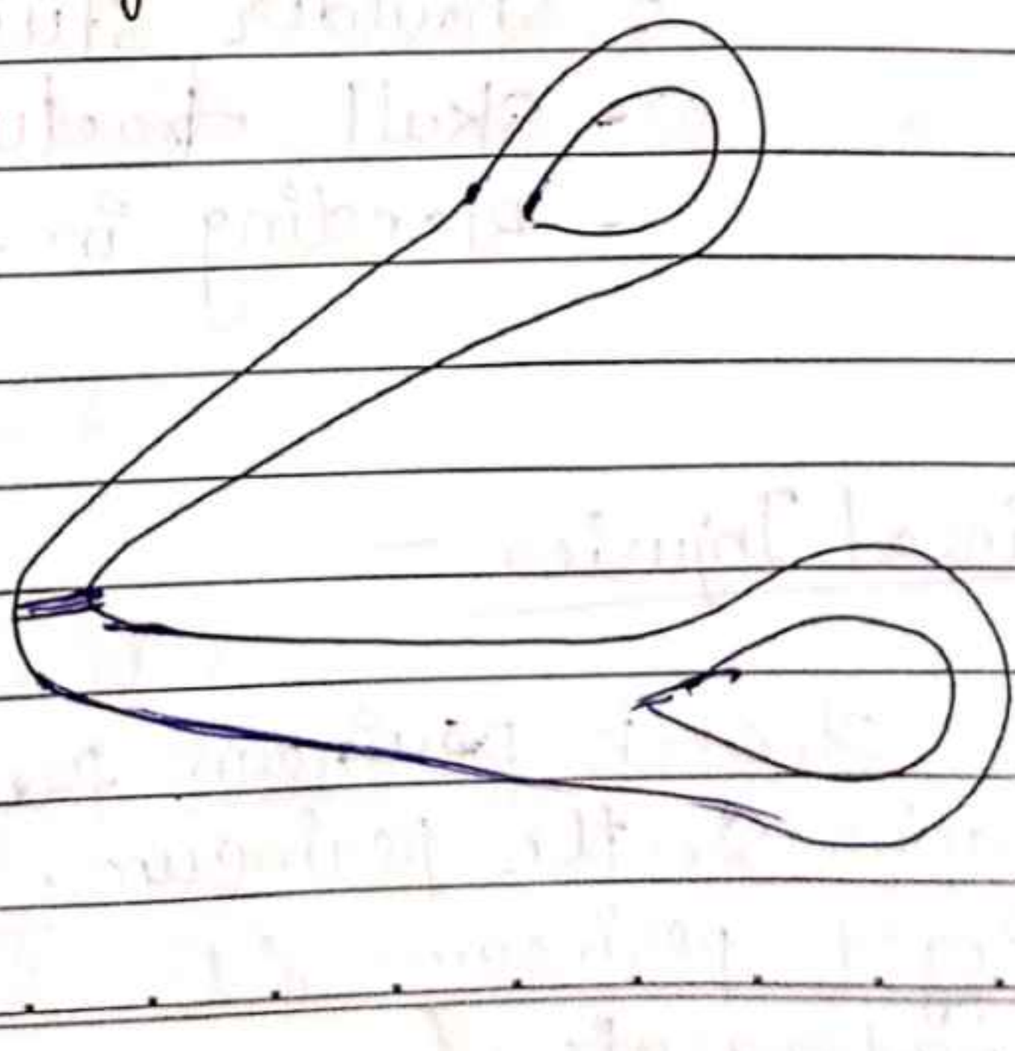
- very uncommon child birth.
- It is a emergency when Amniotic fluid enters the blood stream of the mother to trigger a serious reaction.

(3M) • forceps delivery - Assisted vaginal delivery.

- In a forceps delivery, A Health care provider applies forceps - like pair of large spoon or Saldde longe

- so, that the comes out from birth canal.
baby

Dia



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(PYQ)

(3M)

• Ventouse delivery — Vaccum extractor

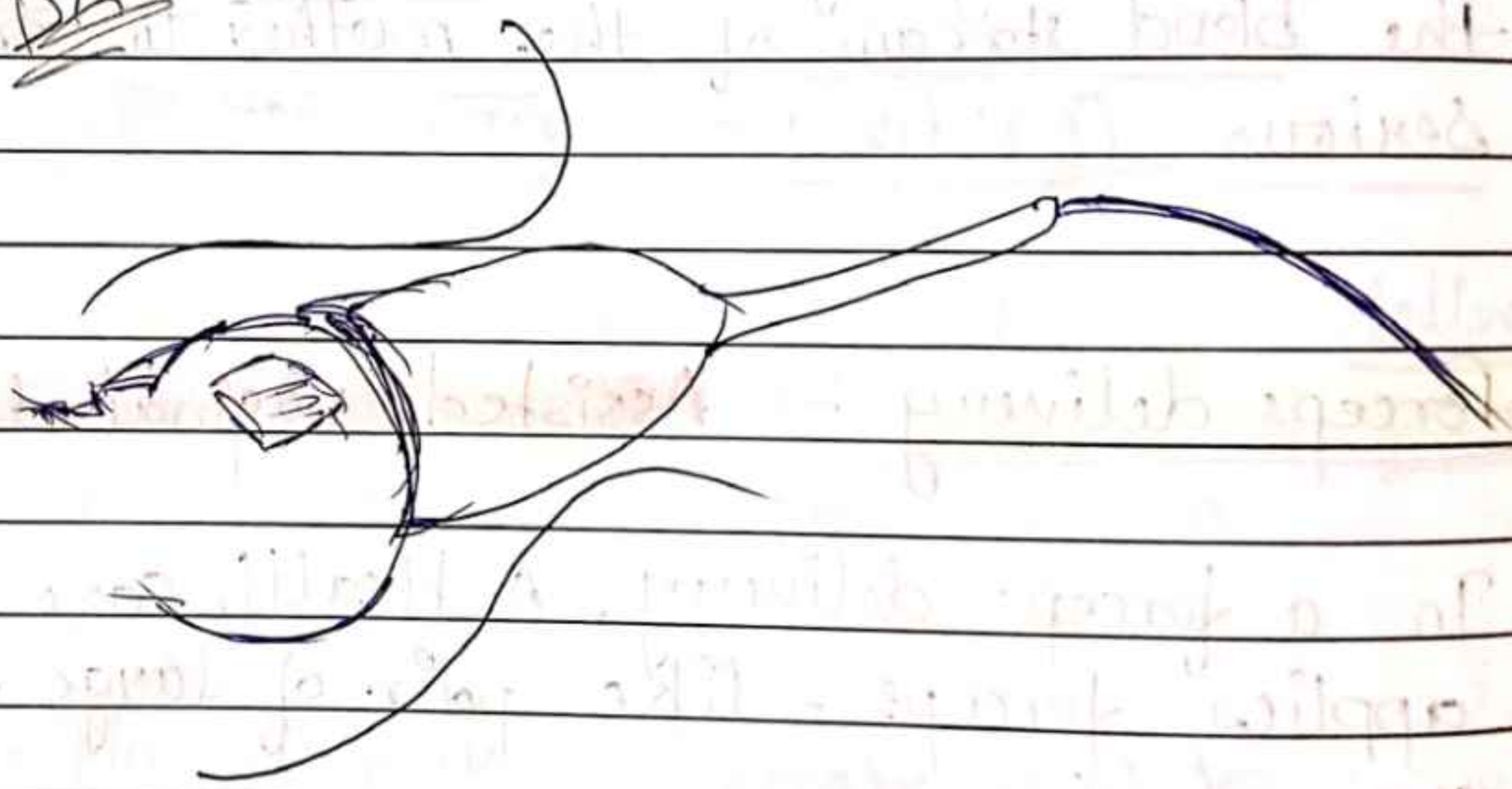
pressure

- Uses suction to attach a soft or Hard plastic or metal cup on the baby Head

- also known as Assist delivery for of a baby using vaccum device.

- Used in the second Stage of Labour.

Dia



Complication - Scalp wounds ——— (1)

- Shoulder stuck. ——— (2)

- Skull fracture ——— (3)

- Bleeding in skull. ——— (4)

• Perineal Injuries —

- Over stretch perineum Rapid str (बच्चे को ज्यादा धक्का देना)

- Rapid Stretch perineum. (to much खींचना)

- Rigid perineum. (No खींचना)

- Lactrogenic. (

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PV-1

Complication - Bleeding —(1)
- Infection —(2)
- fistula —(3)

x x x

Caesarean section (c-section)

- Also known as the c-section.

- It is surgical procedure by which a baby is delivered through an incision in mother abdomen.

Reason - obstructed Labour. —(1)
- twin pregnancy —(2)
- High blood pressure —(3)
- Breech birth —(4)
- Umblical cord problem —(5)

- Genital tract injuries -
- Rupture uterus
- Cervical tears
- perineal injuries.

Rupture during pregnancy —

- Uterine scar (Lining 45. भाग) / Uterus.
- Rudementary Horn
  (important (Original - जिस Rupture
  hora)

• Rupture during Labour —

- obstructed Labour
- Uterine Scar.
- Traumatic
- ~~forceps~~ & destructive operation

• Cervical tears —

- Instrumental delivery
- dilatation of cervix
- Scarring of cervix

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PV-1

• PPH - Post Partum Haemorrhage (5M)

- PPH refers to any amount of bleeding from genital tract.

Types
- Primary PPH — (1)
- Secondary PPH — (2)

(1) Primary PPH - Haemorrhage occur during 3rd Stage. Labour

(2) Secondary PPH - Hamorrhage occur offter 24 hours of delivery.

• Causes - Trauma — (1)
- Uterine rupture — (2)
- Uterine Inversion — (3)
- Blood Coagulopathy. — (4)

• Symptoms - Massive Blood loss
- dizziness
- fatigue
- BP ↓
- ↑ HB.
- Swelling
- pain.

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Management - Tone
Trauma
Tissue
Thrombin (clotting factor

- Retention of Placenta (PV-1)

(अपरा संग्रहण)

वही रहना (धारण)

- Retained Placenta is a condition in which all part of the placenta or placental membrane remain the uterus during third stage of Labour.

- Divided into two —

- placenta from uterine (Failed separation) — (1)
- placenta from uterine (Retained in Uterus) — (2)

- Causes — Uterine Atony
  - Trapped placenta
  - Succenturiate lobe.

Risk factors — Smoking — (1)
- Hypertension — (2)
- Surgery — (3)
- Abnormalities — (4)
- Grand parity — (5)

Treatement — Curettage — (1)
- Hysterectomy — (2)
- Manual removal. — (3)

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सूतिका काल

SV

सूतिका - A women called सूतिका till an $1\frac{1}{2}$ month duration after delivery.

- She can be called सूतिका Untill she gets Her first menstruation after delivery.

- It is called as - नव प्रसूता
  - प्रसूतिका. (2 types सूतिका)

• A/c. to कश्यप संहिता -

- सूतिका काल is for 6 months.

• A/c. to सुश्रुत and वाग्भट्ट -

- The time period for सूतिका is said to be 1½ month, until she gets her first menstrual cycle.

Factors - आर्तव दर्शन ——— (1)
- पथ्य आहार विहार ——— (2)
- 4 months सूतिकालय ——— (3)

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• सूतिका परिचर्या (SV)

A/c. to चरक

- आहार - पिप्पली P2
  पिप्पली मूल
  - चव्य C2
  - चित्रक S
  - शुण्ठी

• विहार - अभ्यङ्ग
  - ऊर्ध्व वेशतन
  - Bath with lukewarm water

औषधि - सर्पि
  - तैल → स्नेह द्रव्य
  - वसा
  - मज्जा
  - पिप्पली ? PPM
  - पिप्पली मूल P2 C
  - चित्रक चूर्ण

अनुपान → ८ उष्ण जल

पथ्य - Rest
- Bath.
- Boiled water
- परिषेक अवगाह
- स्नेह
- स्वेदन.

• अपथ्य - विरुद्ध आहार
- व्यायाम
- क्रोध
- भय
- depression.

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Secrets

↓

GnRH

↓

fSH and LH

↓

Ovarian cycle

↓

FSH

↓

Ovarian follicles

↓

Stimulate fSH and LH

↓

Ovulation -14 days.

↓

Secretory phase

↓

Menstrual bleeding phase.

Endocrine Mechanism

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सूतिका ज्वर (SV)

• Actiology — शीत सेवन
— व्यायाम
— अयास
— विरुद्ध आहार

• Types — वातज ——— (1)
— पित्तज ——— (2)
— कफज ——— (3)
— सन्निपातज ——— (4)

०।) वातज ज्वर — जृम्भ ——— (1)
— अंगमर्द ——— (2)
— दन्त हर्ष ——— (3)
— रोम हर्ष ——— (4)
— शीत सेवन ——— (5)
— प्रलाप ——— (6)

• चिकित्सा — दशमूलादि चूर्ण ——— (1)
— द्वि पञ्चमूलादि तैल ——— (2)

२) पित्तज ज्वर — तृष्णा ——— (1)
— दाह ——— (2)
— छर्दि ——— (3)
— प्रलाप ——— (4)
— कण्ठ शोफ ——— (5)

पीत — मुख, नख, दन्त, चक्षु, मूत्र

चिकित्सा — स्थिरादि कषाय
— मुस्तादि कषाय

3) कफज ज्वर - कास
- श्वास
- गुरू गात्रता
- मन्यो उष्मता
- शुक्ल मूत्र
- शुक्ल पुरिष
- निद्रा
- तन्द्रा

चिकित्सा - पटोलादि कषाय
- द्विपञ्चमूल्य कषाय

4) सन्निपातज - दाह
- शीत सेवन
- तृष्णा
- प्रलापपक्ष
- गुरूत्व
- कण्ठ संरोध

चिकित्सा - पटोल त्रिफलाक्वाथ
- पटोलादि क्वाथ
- नागरादि क्वाथ

Treatment - जीवनीय
- बृंहणा
- मधुर
- पटोलादि कषाय
- अभयारिष्ट
- नागरादि क्वाथ
- पञ्चमूल कषाय.

वर्गद्रव्य.

सूतिका शोथ (SV) (tumor)

विषमा प्रसूति :-

निजस्य हेतु : त्रयाणां प्रविष्टा ।

- Oedema in post natal period is due to

' विषम प्रसूति दुष्ट प्रजात '

सूतिका योनि - भ्रमण -

- सूतानां ——— (1)
- दुष्प्रजातानां ——— (2)
- योनि भ्रंशे ——— (3)
- माधुर्यधा ——— (4)
- मृतम् ——— (5)

• In case of योनि ~~भ्रमण~~ (~~भ्रंश~~) भ्रंश

- Uterine prolapse and Uterine Inversion.
- Anointment of displaced योनि with स्वत of same woman.
- Re-positioning of Uterus.
- fomentation Repeatedly अशोकादि तैल.
- keeping the tampon of पिचु धारण.
- अशोक, रोहिणी, प्रियंगु, बरहीश
- Uttering the word ' ओ शुभागे ',

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• <u>सूतिका योनि क्षतघ्न</u> -

- तुम्बी
- पत्र
- लोध्र
- समभाग
- सुपेषयेत

- Anointment of Pestled leaves of तुम्बी and लोध्र Cures <u>vaginal</u> ulcers.

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(3/SM) सूतिका मक्कला (SV) सूतिका विज्ञानीयम (S) (V)

- मक्कला is शूल प्रधान व्याधि occur during सूतिकावस्था. Swelling
- मक्कला - move or to go
- मक्कला used to denote a pain produced due to वात and शोणित.

- due to incomplete प्रजन्न शोणित

Two types - गर्भीणी मक्कला — (1)
- प्रसूति मक्कला — (2)

• Causes of सूतिका मक्कला -

- रूक्ष शरीर — (1)
- वात दोष aggravates — (2)
- धातु क्षय — (3)
- अवि शोधित रक्त — (4)

Causes - वेग विदारण वेगधारण
प्रसूति - आहार / अति भोजन
मक्कला - अजीर्ण
- विरूद्ध आहार सेवन
- अति प्रस्राव
- आम दोष
- वात प्रकोप

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लक्षण - ग्रन्थी (Cyst)
- शूल (Swelling)
- शोथ (tumor)

- Treatment - हिंगु + घृत — (1)
- उष्ण गण'स — (2)
- पिप्पली चूर्ण — (3)
- वरुणादि गण क्वाथ - (4)

exam + viva = CKB / PTSR

(SM) (SV)

स्तन्य अष्ट विधा (स्तन्य दुष्टि)

- स्तन्य अष्ट विधा are the 08 types of क्षीर (milk) disorders.

- They are as follows — (A/C. to क्र२४५)

- रूक्ष स्तन्य दुष्टि —— (1)
- वैवर्ण्या दुष्टि —— (2)
- फेन संयुत स्तन्य दुष्टि —— (3)
- वैवर्ण्या स्तन्य दुष्टि —— (4)
- दौर्गन्ध्या स्तन्य दुष्टि —— (5)
- अति स्निग्ध स्तन्य दुष्टि —— (6)
- पिच्छिल स्तन्य दुष्टि —— (7)
- गुरु स्तन्य दुष्टि —— (8)

(1) रूक्ष स्तन्य दुष्टि — पूर्ववत्
- कुपितः
- स्तन्ये
- स्नेहं —— (1)
- रूक्ष —— (2)
- शोषयेत् —— (3)

- वायु vitiated due to causes mentioned
- Reaches breasts and desiccates the fatty substance of milk
↓
So milk become unctous.
↓
and child suffer बलहर्ष (Loss of energy).....

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(2) वैवर्ण्य ~~स्तन्य~~ दुष्टि —

- Due to रूक्ष etc dietics —

रूक्षाहार
↓
वात प्रकोप
↓
क्षीराशय
↓
वात संसृष्ट.

- रूक्षाहारैनिलः
- प्रकोपणैः
- क्षीराशयं
- प्रत्य
- वात संसृष्टं

- Due to रूक्ष etc. dietics mode of life Capable of vitiating वात.

- The aggravated वात Reaches breasts and vitiates the taste of milk.

- child become मुख वैरस्या — (1)
- कृच्छ्र वरद्यान — (2)

(3) फेन संघत स्तन्य दुष्टि — वायुः
- कुपितः
- स्तन्यामन्तः
- फेन सङ्घात
- कृच्छ्रात

- The वात vitiated due to use of रूक्ष etc.
- Articles Reaches breasts and churns the milk and by this churning, froth is produ
↓
By this milk ejected with difficulty.

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- child sucking this milk has श्यामा स्वर, बद्ध विनमूत्र मारुतः

Suffer from - वैतिका शिरोरोग

④ वैवर्ण्या स्तन्य दुष्टि -

- पित्त मुष्णादिभि — ①
- स्तन्या शयाभि प्लुतम् — ②
- स्तन्य वैवर्ण्य — ③
- नील पीता — ④
- सितादिकम् — ⑤

पित्त aggravated

↓

produces Blue, Yellow and Black colour.

↓

child Suffer from विवर्णता

(discolouration of colour).

⑤ दौगन्ध्या स्तन्य दुष्टि -

पित्त vitiated due to causes - पूर्ववत

- कुपिते
- क्षरि मूच्छति
- पाण्डु
- ज्वरस्तत्सिवत

- produces दौर्गन्ध्य क्षीर and child suffer from पाण्डु and कामला.

⑥ अति स्निग्ध स्तन्य दुष्टि -

- गुर्वादिभि
- श्लेष्मा
- क्षीराशयगत
- स्त्रिय
- स्नेह
- वात क्षीर स्निग्ध

- श्लेष्मा getting aggraivated due to use of गुरु

↓

as having unctous property.

↓

milk also occurs excessive unctous.

⑦ पिच्छिल स्तन्य दुष्टि -

- अभिभूय :
- स्तन्यं
- पिच्छिलं
- लालालु
- शूनवक्त्र
- स्यात्तत्

कफ vitiated

↓

Over powers the milk occurs

↓

and Convert into excessively पिच्छिल

- Causes — excessive salivation
  - Oedema
  - face
  - dullness.

⑧ गुरु स्तन्य दुष्टि — क्षीरशयगतो
  - गुरुत्वान्
  - क्षीर गौरवम्
  - तत्पीत्वा
  - हृद्रो

Aggravated कफ

↓

makes milk heavy (गौरव)

↓

child (शिशु) suffers from हृदय रोग।

- according to दोष

- वातज स्तन्य दुष्टि -

- तत् कषायं भवेत् वातात् क्षिप्तञ्च प्लवते।

- श्यावरुण वर्ण
- तिक्त कषाया
- विशंद
- रूक्षम
- विसर्पति

- milk (क्षीर) vitiated by वायु is blackish brown or pinkish

↓

क्षयानुसार अनुसार (Astringent taste)

↓

विषद (Non slimy)

↓

रूक्षा (dry)

↓

dull and लघु

↓

does not give satisfication to child

• Features of वातज क्षीर -

- Floats in water ——— (1)
- Get scattered ——— (2)
- Spreads umbrella like ——— (3)
- Black in colour ——— (4)
- Bitter in taste. ——— (5)

व्याधि - चर्मदल occurs.

(2) पित्तज स्तन्य दुष्टि -

पित्त दोषं
↓
सकटुकं
↓
रक्तो अम्भसि
↓
पीतिका

milk vitiated with पित्त
↓
Having तिक्त, आम्ल and कटुका अनुरस.
↓
Smell like blood
↓
produces disorders of पित्त.

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(3) कफज स्तन्य दुष्टि -

- कफादध्मान
- पिच्छिल
- चाप्य
- स्रसीदति
- निद्रा बहुलं

milk vitiated with कफ is excessively white and sweet.

↓

लवण अनुरस

↓

Smells like पूति, पिच्छिल.

↓

Settles down at the bottom

↓

when put in water.

↓

produces various व्याधि of कफ

④ द्वंदज स्तन्य दुष्टि —

- संसृष्ट लिङ्ग — ①
- संसर्गति — ②

milk vitiated by two दोषs.

↓

physical characters of both दोषs appears.

↓

child also manifest the लक्षण of both दोषs.

⑤ शुद्ध दुष्टि स्तन्य —

- शकुनि ग्रह दुषित स्तन्य — कटु, तिक्त.
- स्कन्द ग्रह दुषित स्तन्य — सन्निपातज दुषित स्तन्य
- पुतन ग्रह दूषित स्तन्य — स्वादु, कटुका
- शेषा ग्रह दूषित स्तन्य — अन्य दोष.

• चिकित्सा सिद्धान्त — क्षीर दोषाणां
— प्रति विशेष
— भिसमीक्ष्य
- यथास्वं
- यथा दोषं
- वमन
- विरेचन

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Treatment of स्तन्य दुष्टि is bi-phasic

- Treatment of धात्री
- —"— of शिशु

① धात्री - स्नेहन and स्वेदन
- वमन, विरेचन, अनुवासन
- Proper संसर्जना
- यथा - योग पथ्या आहार सेवन.

② शिशु - मृदु वमन
- औषधि
(स्तनादि घृत & अमृत कवाय)

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Imp Puerperium (5V) puerperium.

- After delivery - 6 weeks
- 6 weeks after delivery in which reproductive organs return to the normal state.

Physiology — Involution of Uterus
— ——— pelvic organs
— Menstruation
— Ovulation
— Breast feeding.

- Involution -

(3M) - Lochia - vaginal discharge.
- Line of uterus ← seen in
- Secretion of uterine cavity, cervix and vagina.

Lochia	seen in (days)
- Lochia Rubra	- 7 days.
- Lochia Serosa	- 10 days
- Lochia alba	- 14 days

→ Lochia (types)

- Pelvic organ — Urinary tract
— Bowel changes

- Menstruation and ovulation -
— Lactating / Non Lactating
— Prolactine levels Increased.

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• Management —

—. Immediate care.
— changes past delivery period.
— Restoration of Health.
— Promotion of Lactation.
— Prevent Infection
- Infant Care
- Immunization.

1

P.E. & Eclampsia.

• Cardial Movement :-

- Engagement
- Descent
- Flexion
- Internal rotation
- torsion of the neck.
- Crowning
- Extension
- Restitution.
- External Rotation
- Birth of Shoulder and Trunk.

• Mechanism of Labour

→ Def:

- Engagement
- Descent
- flexion.
- Internal Rotation
- Crowning
- Extension
- Restitution
- External Rotation.

The series of movement that occur on the head in the process of adaptation, during its journey through the pelvis.

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Defn - also called Cardinal movement.

- Relation to a vertex presentation.
- Ability of the fetus to successfully negotiate the passage during labour.
- without causing injury to self and maternal soft tissue.
- To accomplish expulsion in due time.

① Engagement -

- widest diameter of the presenting part.
i.e.
The largest transverse diameter of the fetal occiput
- The biparietal diameter with a well-flexed head enter the maternal pelvis

② Descent -

- Downward passage of the presenting part through pelvis.
- Occurs as a continuous process enforced by contraction and retraction of uterus.
- Rate is greater during 2nd stage of labour.

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Facilitating factor

- Contraction & Retraction of uterus
- Bearing down efforts
- Straightening of fetal ovoid.

(3) Flexion (attitude fetus) —

- Facilitating factor -

- Occur during descent of fetus.
- when it encounters resistance from the bony pelvis / soft tissue of the pelvic floor.
- Resulting in passive flexion of the fetal occiput.

(4) Internal Rotation

- Is a movement of greater importance, placing the occiput behind the Symphysis pubis.

• pre-requisites of Anterior Internal rotation —

- well flexed head
- efficient Uterine contraction

- favorable shape at the mid pelvic plane.
- Tone of levator ani muscles.

Theories - slope of pelvic floor.
- pelvic shape
- (out of shape) of unequal flexibility

- Rotation - 2/8 of a circle of the occiput
- Occipito lateral position.

- Rotation - 1/8 of a circle of the occiput
- oblique anterior position.

- Torsion of Neck

- Rotation of shoulder in the same direction
To extent of 1/8th of the circle.
- shoulders along oblique diameter.

(5) Crowning -

- Maximum diameter of the head (biparietal diameter) stretches the vulval outlet.

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- without any recession of the head even after the contraction is over.

⑥ Extension -

- Release of the chin through anterior margin of the stretched perineum, the head drop down, bringing the chin in close proximity to the maternal anal opening.

⑦ Restitution -

- Rotating the head through 1/8th of a circle in direction opposite to the internal rotation.

- The occiput points to the maternal thigh of the corresponding side. To which it original lay.

⑧ External Rotation -

- Rotation of the head through 1/8th of a circle in same direction as restitution

- shoulders in antero posterior diameter (A.P).

- Birth of shoulder and trunk -

- Posterior shoulder sweeps the perineum.
- Trunk expelled in lateral flexion.

गर्भिणी पूर्व अक्षेपक (pre eclampsia) (PE)

- Pre eclampsia is a disorder of vascular endothelial malfunction.
- Occurs beyond the 20th week of gestation in approximately 5% of all pregnancies.

Risk factor
- Primi Gravida
- elderly g. primi Gravida.
- family history
- prior history
- Multiple gestations.
- Diabetes.
- Renal disease.
- obesity.

• Pathophysiology of PE -

- Uterine vascular changes.
- Endothelial dysfunction.
- Immunogenic factor.
- Circulating factor.
- Maternal contribution.
- Genetic influence.
- Abnormal lipid metabolism.

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- Clinical features of PE -

severe	mild.
~~mild~~ PE	~~Severe~~ PE.
- Systolic B.P ≥ 160mm Hg	- Hypertension
- dystolic B.P ≥ 110mm Hg	- proteinuria.
- protein uria.	
- oliguria.	
- visual disturbance.	
- pulmonary edema. (cyanosis)	

Symptoms - Headache
- visual disturbance
- Epigastric / Right upper Quadrant discomfort.
- edema / rapid weight gain.

Sign - Hypertension
- Retinal vaso spasm
- ~~Heptic~~ Hepatic tenderness
- Facial and hand edema
- Clonus.

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- Life threatening Manifestation -

- Seizures
- Cerebral hemorrhage
- placenta abruption
- pulmonary edema.
- Renal failure.
- Hepatic failure.

- Management of Severe PE -

(1) Maternal -

- BP persistently 160/100 or greater despite Rx.
- Urine Output < 400ml in 24hrs.
- platelet ~~out~~count < 50,000/mm^3.
- persistent severe headache.
- eclampsia.
- obstetric complication - PROM

(2) Fetal -

- Severe IUGR & oligohydramnios.
- Decrease fetal movement.
- Revised Diastolic blood flow in Umblical vessel.

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Eclampsia

Hypertensive disorder = Pre-eclampsia + Eclampsia

- Is an acute and life threating complication of pregnancy in a woman.

characterized by -

- appearance of tonic-clonic (convulsion) seizures.
- unexplained coma during preg. / postpartum

Sign & Symptom = pre-eclampsia

Onset of fits -

- fits occur more commonly beyond 36 wks

- Antepartum (50%) - b/f the onset of Labour
- Intrapartum (30%) - occur 1st time during labour
- postpartum (20%) - occur in puerperium

- Eclamptic seizure -

- One / More seizures may occur.
- Seizures generally last 60 - 175 sec.
- foaming at the mouth may occur.
- Respiration C. cases for the duration of the seizure.

- Stage of an eclamptic event -

- Premonitory stage.
- Tonic Stage
- clonic Stage / Convulsion stage.
- Stage of coma.

(1) Premonitory stage -

- patient is unconscious
- Twitching the muscles of face
  tongue
  limbs
  around the mouth.
- eyeball rolled
- last for 30 sec.

(2) Tonic stage -

- limb flexed
- hands clenched
- Tongue protrude b/w teeth.
- Cyanosis
- fixed eyeballs.

duration - 15 - 20 second.

(3) clonic stage -

- twitching in face
  One side of extremities.
- tongue may be bitten.
- foam appears at the mouth.
- stop breathing
- become cyanotic.

duration - 1 - 4 minute

(4) Stage of Coma -

- patient may become Combative

Treatement :-

- Prompt intervention.
- Aiming to prevent further convulsion.
- Controlling the elevated blood pressure.
- Delivering the fetus.

Paper:

(5/3M) Partograph (partogram / pictograph)

- Is a composite graphical record of key data (maternal & foetal during labour)
- enter against time on a single sheet paper.

- following observation -

- Descent of the presenting part.
- Degree of moulding [over lapping process]
- Cardio tocography.

Component -

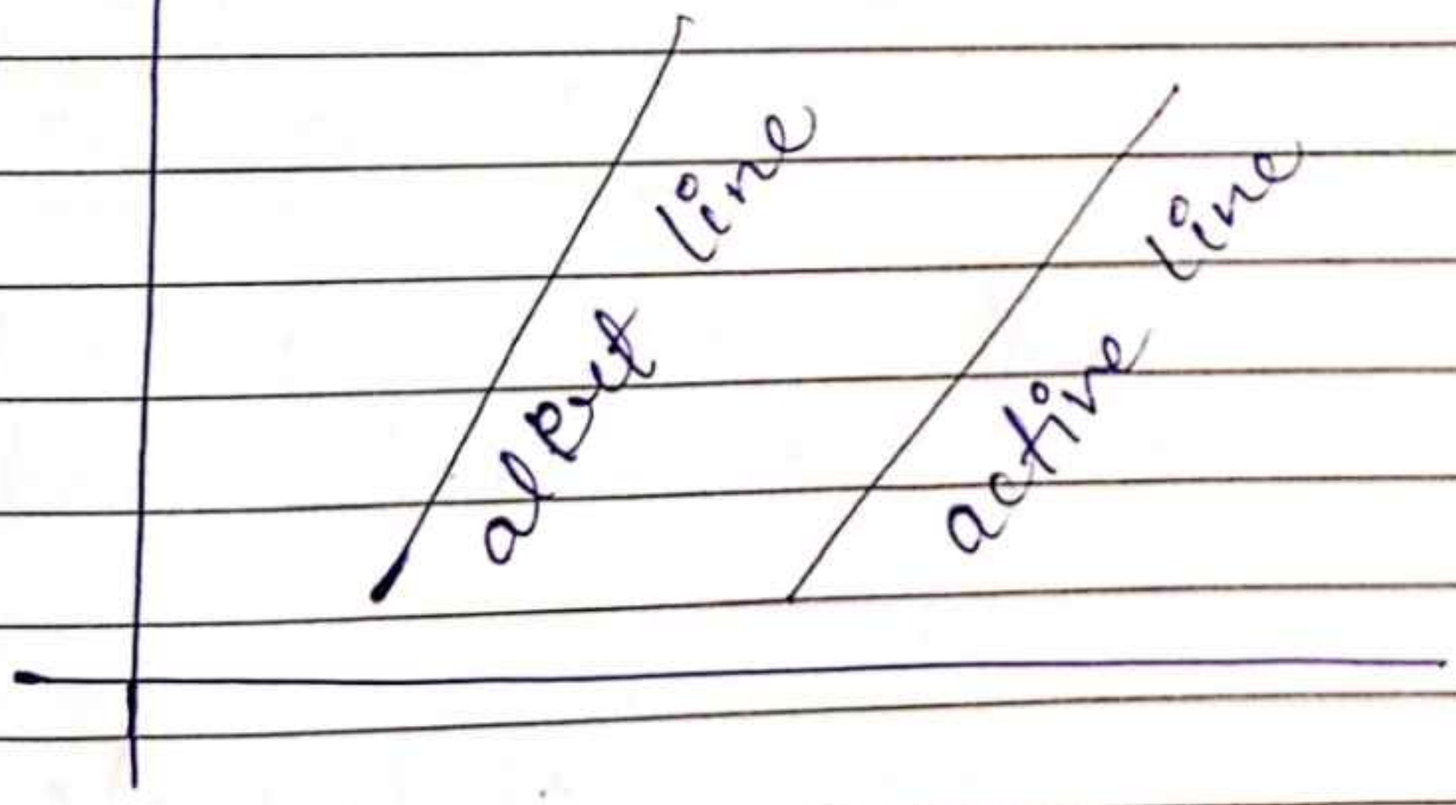
- Patient identification.
- Time recoded at hourly interval.
- foetal Heart Rate - every 30 minute
- state of membrane & colour of liquor.
- Uterine Contraction.
- Urine analysis
- Temperature record.

- Purpose -

- To record the clinical observation aquired
- To identify the difference b/w latent and active phase of labour.

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- To enterpritate the recorded partograph
- To identify any deviation from Normal.
- To monitor the progress of Labour.
- To recorganize the need of action to the appropriate time for timely refered.
- To monitor the well being to mother and as the going for labour.



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० गर्भ स्रङ्ग चिकित्सा

- घृपयेत्
- गर्भ स्रङ्ग
- तु योनि
- कृष्णा दिक्ष्चुकै : ।
- हिरण्य पुष्पी मूलं
- पाणि पादेन
- धारयेत्
- सुवर्चला
- विशल्य वा ।

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Page 17

- Progress of Labour

- Abdominal examination

- Monitoring contraction to check their -
  - Intensity
  - frequency
  - duration
  - Number of Contraction in 10 min.
  - duration of Contraction in seconds.
- Gradual disappearance of poles of the head which were felt previously in pelvic grip.
- shifting of maximal impulse of the fetal heart beat downwards.

- Vaginal Examination

- Cervical dilatation. —— (1).
- Cervical effacement. —— (2)
- Cervical Consistency —— (3)
- Cervical position. —— (4).
- fetal station. —— (5)

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(Page 13)

Bishop's Score

- Bishop's score helps delineate who would likely to achieve a successful induction.

bishop's score $\geq$ 6 (Is favourable)

Bishop's Score

Parameter	0	1	2	3
position	Post/Prior	Inter-mediate	Anterior	-
Consistency	firm	Inter-mediate	soft	-
effacement	0-30%	40-50%	60-70%	80%
Dilation	< 1cm	1-2cm	2-3cm	> 3cm
fetal station	-3	-2	-1, 0	+1 +2

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Modify Bishop's Score (tick D-Spec).

3	2	1	0	Bishop's Score
≥ 5	3 – 4	1 – 2	0	Dilatation of cervix (cm)
–	Soft	Medium	firm	Consistency of cervix
< 0·5	1 – 0	2 – 1	> 2	Length of cervical Canal (cm)
–	Anterior	Central	Posterior	position of cervix
+ 2	0, + 1	– 2	– 3	fetal station

	0	+ 1	2	3
Dilation	close	1 – 2 cm	3 – 4 cm	5 – 7
station	– 3	– 2	– 1, 0	+ 1, + 2
position	post^{r}.	mid line	Ant^{r}.	–
Effacement	> 4	2 – 4	1 – 2	< 1
Consistency	firm	medium	soft	–

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Ritzen's manoeuvre

- slow delivery of the head in between contraction

Can be achieved by pushing the chin with Sterile gauze
Covered fingers of the right hand placed over the ano-coccygeal region while
the left hand exerts pressure on the occiput.

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विपुसव (abnormal delivery)

- विपुसव is directly co-relates with the abnormal delivery.

पर्याय - विपुसव — (1)
- अचिरप्रजात — (2)
- अपूर्व दिवस — (3)

Factor - शुक्र विकार — (1)
- आर्तव विकार — (2)
- आत्म विकार — (3)
- आशय विकार — (4)
- काल विकार — (5)
- अहित विकार — (6)
- अहित - अन्न - पान — (7)

Scanned with OKEN Scanner

16/09/23 Thursday (paper - I)

उपविष्टिक / उपशुष्क (IUGR)

Defn - It is the cessation of the growth and development of the fetus after 3 or 4 months.

निदान -

- observing fasts quite often.
- Eating stale foods.
- Deficiency of fat in the food.
- Consumption of वात प्रकोप आहार.

- Expected time of delivery -

- Fetus develops very slowly by the nutrition from the diet of the mother.
- Fetus is delivery once it attains maturity

- Treatement -

घृत - वचादि घृत
- गुग्गुलवादि घृत } Rx ~ - जीवनीय - बृंहणीय - मधुर। - वातहर

- दुर्बल
- गांस रस
- Be cheerful always
- Repeated travel by rect. vehicles
- frequent riding
- frequent yawning.

(paper- I)

• जागोदर —

निदान - शोक ——— (1)
——— - उपवास ——— (2)
- अति रूक्षाहार सेवन — (3)
- अति रक्त स्त्राव ——— (4)

• लक्षण — Size of the abdomen decreases.
——— - Delayed quivering.

• चिकित्सा - बृंहण — (1)
——— - वातघ्न — (2)
- अइड — (3)
- घृत — (4)

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(paper - I)

- लीन गर्भ - (fetus remain in uterus for long time).

- This is a condition where the fetus become लीन or remains in the uterus for very long duration.

निदान - Abnormalities of स्त्रोतस
- वात प्रकोप.

- The birth canal get constricted by aggravated वात.
- Results in the prolonged intrauterine life.
- Later on leads to death of the fetus.
- Death fetus get adhered to स्त्रोतस.

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चिकित्सा —

- मृदु स्वेदन —— (1)
- वमन —— (2)
- विरेचन —— (3)
- पथ्याहार —— (4)
- Mental Happiness. —— (5)

(paper - 2)

• मृत गर्भ / अन्तमृत गर्भ

- If the fetus dies after full term before delivery in the uterus it self is called मृत गर्भ.

- also called Intra uterine Foetal Death (IUFD)

निदान — मानस —— (1)
— आगन्तु —— (2)
— सात्मय —— (3)
— वय —— (4)
— प्रपीडित: —— (5)
— गर्भो
— व्यापद्यते
— कुक्षौ
— व्याधिभिश्च
— प्रपीडित. /

सम्प्राप्ति -

Fetus gets detached from its anatomical attachment in the uterus.

↓

Descends from the spaces between liver, spleen and bowels.

↓

Irritates कोष्ठ

↓

अपान वायु get obstructed

↓

Causes pain in the flanks, abdomen, vaginal, retension of urine and faeces.

↓

expels the immature fetus & bleeding.

लक्षणा - गर्भ स्पन्दन — (1)
— आवीनां — (2)
— प्रणाद:
— श्याव — (3)
— पाण्डूता — (4)
— भवत्य
— उच्छ्वास — (5)
— पूतित्वं
— शूलं — (6)

- चान्तर्गते
— शिशौ : ।

चिकित्सा — गर्भशल्य — ①
— जरायु प्रपातनं कर्म — ②
— संशमन — ③
- मन्त्रादि कर्मपूर्ववद् —
- परिदुष्ट कर्मणा
- शल्यहर्त्रा
- हरणमित्येके ।

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P.E Toxaemia of Pregnancy (PET)

paper (1)

- Pre eclampsia is a syndrome of later part of the pregnancy.
- It develops after 20 wks of pregnancy.

- Features -

- persistent hypertension
- BP - 140/90 mmHg above
- proteinuria.
- Oedema.

Aetiology - Not known clearly

Clinical feature -

- Oedema of the dorsum of - feet
  - ankle
  - shinbonder of tibia
- Tightening of the ring finger.
- sleeplessness.

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Sign -

- Hypertension (150/100 mm Hg) ↑ During 2nd half of pregnancy
- pitting edema.
- abnormal weight gain at (3kg/month)
- proteinuria.
- Scanty liquor } eclampsia.
- IUGR }

Complication - Eclampsia
- Abruptio placenta.
- IUFD
- Oliguria
- anuria.
- eye complication.
- IUGR.
- Cerebral haemorrhage

Diagnosis - Weighing
- B.P. recording
- Testing for oedema.
- Urine for protein
- Convulsion in eclampsia.

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• Treatement → Bed rest
✓ Diet (salt restriction)
✓ watery drinking
✓ Drug (medicine)

• Hyperemesis Gravidarum

- This is severe vomiting of pregnancy during early month.
- shows deleterious effects on the mother.

Causes - unknown —— (1)
— Neural —— (2)
— Hormonal —— (3)

Symptoms - excess vomiting
— Loss of wt.
— Nothing could be taken by mouth.
— oliguria.
— dimness of vision

Sign - emaciated
- dehydrated
- Tachycardia
- Low B.P.

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5|3 M) Breast Anatomy / Mammary gland

- Rise in Temperature (100.4°F)

Treatement

Preventive - antiemetics (early stage)

Curative - carbohydrate meal (mild case)

Severe case - parenteral fluids.

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(paper-I)

• Anaemia in Pregnancy

(haemoglobin ↓ 10gm%)

- Anaemia in pregnancy is haemoglobin below 10gm %.

- Disproportionate increase of plasma volume during pregnancy lead to apparent reduction of —
  - RBC
  - haemoglobin
  - haematocriti values.

• Causes -

[during pregnancy & puerperium]

Anaemia

Physiological	Acquired	Hereditary
↓	↓	
Reduction of - RBC - haemoglobin - haematocrit value.	① nutritional ② haemorrhagic ③ infections ④ aplastic (hypoplastic)	

Common drug — prophylaxis

- Complication —

- mild — predisposes to infection.
  - → UTI
  - → puerperial sepsis.

- severe — Cause 10–15% maternal death.

Complication

maternal
- heart failure
- pre term labour
- pre eclampsia
- post partum haemorrhage

foetal
- still birth
- low birth weight baby
- neonatal death
- anaemia in baby

- Treatement

- prophylaxis
- Curative
  - mild case — oral iron & diet
  - → early & Severe anemia — iron therapy
  - Severe in late preg — blood transfusion.

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Papes - I

- Jaundice in Pregnancy

- yellow discolouration of the - skin
  - sclerae
  - mucosa
  - Serum
- bilirubin rises above 2mg%.

Causes
- Acute viral hepatitis
- Gall stone and cholecystitis
- Acute fatty liver.
- cholestasis
- Haemolytic jaundice.

- Clinical feature
  - anorexia
  - nausea
  - vomiting
  - low fever
  - fatigue
  - dark coloured urine
  - pale coloured stool

Complication - Maternal & perinatal mortality is high.

Management - Boiled water
- propey sanitation.
- vaccine

Curative - Isolation
- diet
- bed rest.

• बहु प्रत्यता (बहु गर्भिय)
(multiple pregnancy)

- In certain condition instead of one fetus two or more fetuses are formed in uterus.

- Directly co-relates with the multiple pregnancy.

• Causes -

- When the inner cell divides the डिंब or zygote into two
- Two unrighteous souls descends in them and result in pregnancy.
- Oedema of the feet
- Constipation
- palpation

experience — Backache
— Indigestion.
— sleeplessness
— Difficulty in moving.

Diagnosis — Undue Uterine distension.
— excessive fetal movement
— sonography.

Ques • TORCH Syndrome in Preg.

TO — Toxoplasma (protozoal infection)
R — Rubella.
C — Cytomegalovirus
~~H~~ — Herpes Simplex (virus)

(1) Toxoplasm.

effect — Preterm labour
— still birth.
— Jaundice
— hepato megaly
— deafness
— mental retardation.

② Rubella

effect — Abortion.
- still birth
- Congenital heart disease.
- Deafness
- mental retardness.

③ Cytomegalovirus -

effect - CHD
- Deafness
- IUGR
- Jaundice
- Hepato-splenomegaly.

④ Herpes Simplex - CNS disease
- Shock
- Thrombocytopenia-

PAPER 2 --- PART A PTSR NOTES --- BY DR SD --- M56BOOKSTORE
WITH SHORT TRICKS ----NEXT AYUSH EXAMINATION ----THEORY NOTES

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(1) Paper

• छर्दिनाशक चि.

giving कल्क of मूर्निम्ब with मधु

- छर्दि — excessive salivation
- vomiting.

- अम्लपित्त छर्दि

चि० —

- कल्क of मूर्निम्ब + equal quantity of शर्करा.
- धान्यक कल्क + तण्डुलोदक.

~~अ~~ • अरुचि चि० —

- जम्बीर स्वरस
- दाडिमा बीज चूर्ण
- शीतोफलादि चूर्ण
- पुदल पञ्चामृत

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अतिसार —

- Giving पाचक or digestive drug in आमातिसार
- Giving स्तंभक

परिकर्तिका चि. (Anal fissure)

- पुराना medicated व साधुरा द्रव्य

↓

mixed with — साल्ह
शाकरा
तिल तैल
यष्टीमधु
- फणिता.

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(Paper- II) (1)

- आयुर्वेदिक and alopathic medicine in PTSR.

2

- Group & drug used in PT.

- जीवनीय
- बृंहणीय
- दीपनीय
- स्तन्यजन्य
- स्तन्य शोधन

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- आरोग्यवर्धिनी वटी
- अविपत्तिकर चूर्ण
- आमृपाचक वटी
- अशोकारिष्ट
- भल्लातकावलेह
- बोलपर्पटी
- बलतैल
- मूर्निम्बादि कषाय.
- चन्द्रप्रभा
- चन्दनासव
- चन्द्रकाल रस

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- Modern medicine —

1) Misoprostol

dose - 0.5mg intracervical

Usages — MTP.
- PPH
- Induction of Labour / Cervical ripening

Side effect — Nausea
- Vomiting
- fever
- diarrhea.

2) Prostodin (PGF2ALPHA)

Dose - 250mcg IM.
max. — 8 doses.

Cause - Severe bronchospasm

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3) Labetalol

- antihypertensive.

dose — - 20mg IV ↻ repeat doses ever 10 minute upto max — 300mg.

Side effect - dizziness
- nausea
- headache.

2) Methyl dopa

Dose - 250 - 500 mg

Max dose - 4g/day

Side effect — headache
- depression.
- postural hypotension.

o - Antibiotics -

① Nitrofurnation

dose - (100mg) TID X 1 wk

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Uses - UTI
- prophylaxis of UTI.

(2) Keto Conazole -

Uses - Fungal infection of skin.
- cushing's syndrome.
- Histoplasma.

(3) Tinidazole -

Dose - 2g/day

Uses - Bacterial vaginosis
- Giardiasis

(4) Levofloxacin -

dose - 500mg per oral OD

Indication - 2RTI
- MDR-TB

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(2)

Side effect - Headache
- Insomnia
- Restlessness

(5) Ciprofloxacin

Dose - 200mg IV.

Side effect - GI Upset
- Headache
- Insomnia.

(6) Azithromycin -

dose - 500mg.

adverse effect - Diarrhoea
- nausea.
- abdominal pain
- Loose stool
- anemia.

(1) Methotrexate -

dosage - 1mg/kg body wt.

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Uses - Unruptured ectopic preg.
- Gestational trophoblastic neoplasm.

side effect - GI toxicity.
- Bone marrow suppression.

- Cabergoline

Dose - 0.25mg x2wks.
- 0.5mg stats.

Usage: - Lactation suppression.
- microadenoma.
- Hyperprolactinemia.

- Bromocriptine -

- dose - 1.25mg at bed time.

Uses - Galactorrhoea
- Acromegaly
- parkinsonism.

Side effect - Nausea
- headache
- dizziness
- vomiting

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(9)

- Dexamethasone – steroid

dose – 6mg IM
– 4 dose at 12hrs interval.

- Betamethasone – Glucocorticoid.

- Doses –

2 doses – 12 mg IM given at 24hrs

Danazol –

Drugs – 600-800mg daily.

Side effect – weight gain
– acne
– ~~fe~~ fluid retention.

- Flavoxate –

Dose – 100-200mg QGH/QBH.

MOA – Anticholinergic –

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Indication - Increased urinary frequency
- Urinary Urgency

• Contraindication -

- obstructive uropathy
- GI hemorrhage.

• Atropine -

Indication - Cardiac arrest
- Iritis
- Aspiration prophylaxis
- Irritable bowel syndrome.

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(H)

Sign in pregnancy.

1) Goodell's Sign:- Seen is 6 wks
- Cervix becomes Soft.

2) Hegar's Sign. - ~~4 - 8 wks~~.
- 6 - 10 wks
- Lower part of body of Uterus become empty and Soft.

3) Osciander's Sign. -
- 6 - 8 wks
- ↑ pulsation felt through the lateral fornices.

4) External ballottement
- 20 wks
- pushing the foetal parts with one hand abdominally and the other hand receiving the impulse.

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palmar's sign.

- 4- 8 wks
- Regular
- Rhythmic
- Uterine contraction (R, R, C)

· Chadwick's sign / Jaequemier's

- 8 wks
- Dusky hue of the vestibule.

Piskacek's sign:

- Asymmetrical enlargement of the Uterus

Internal ballotement :- 16- 28 wks

- Repercussion is felt when the fetus is given a push to 2 finger in the anterior fornix

Releasing of ovum called ovulation.

IVF
IVY
Gift
} ART

Gamete intra fallopian transfer.

IVF - Test tube

Intracytoplasmic Sperm injection (ICSI)

ZIFT - Zygote Intra-fallopian Tranfer.

IVF - follicle aspiration, store
- fertilization. - 4-5 days
- embryo transfer

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