

Soul does not Leave the Body Immediately After the Death

KK AGGARWAL

According to Prashna Upanishad, at the time of death, the Prana Vayu (life force and respiration) merges with Udana Vayu (brainstem reflexes) and leaves the body. But this does not happen immediately after clinical death, which is defined as stoppage of heart and respiration. Medically, the term used for clinically dead patients is sudden cardiac arrest.

As per modern medicine, in cardiac arrest, the brain does not die for the next 10 minutes and during this period, if the heart can be revived, life can be brought back.

The revival of patient during this period can be remembered by the "Formula of 10": Within 10 minutes of the stoppage of heart (cardiac arrest), if effective chest compressions are given for the next 10 minutes with a speed of 100 per minute (10×10), 80% of the cardiac arrest victims can be revived.

This period can be much longer in hypothermia state. If the temperature of the body is low, the soul does not leave the body till the temperature is brought

back to normal. Today, this property of soul is also used as therapeutic measure where patients who cannot be revived in the first 10 minutes of clinical death are put in a freezing chamber and artificial hypothermia is produced and these patients can then be transported to an advance cardiac center where even after 24 hours, resuscitation measures can be applied after re-warming the body. Many people have been revived even after 24 hours of cardiac arrest with such a technology.

There are instances in literature where a newborn with hypothermia was declared dead but revived in the cremation ground when the environment heat brought the body temperature to normal and the pressure of the wood worked like cardiac massage.

This aspect of "life after death" is a contribution of the modern science to the Vedic science. Though in Vedic literature, it was a well-known phenomenon as Savitri brought life back into Satyavan even after his clinical death.

Take home message is that one should not declare a patient dead in the first 10 minutes; give cardiac massage and try reviving him with chest compression cardiopulmonary resuscitation (CPR).

(Disclaimer: The views expressed in this write up are my own.)

Group Editor-in-Chief, IJCP Group

■ ■ ■ ■

Alcohol Consumption and the Incidence of Hepatocellular Carcinoma in Patients with Hepatitis B Cirrhosis

Liver cirrhosis and hepatocellular carcinoma (HCC) are commonly encountered diseases in developing countries.

Guan et al enrolled 1,095 decompensated hepatic cirrhotic patients admitted to a hospital from September 2014 to August 2019 in this study. The components of cirrhotic etiology were described and the impact of alcohol consumption on the incidence of HCC in patients with hepatitis B cirrhosis and hepatitis C cirrhosis was assessed.

The constituent ratios of hepatitis B cirrhosis and alcohol cirrhosis were 31.32% and 30.32%, respectively among the enrolled cirrhotic patients. The incidence of HCC was found to be higher in patients with hepatitis cirrhosis compared to those with alcoholic cirrhosis (24.2% in hepatitis B, 17.5% in hepatitis C and 3.92% in alcoholic). Additionally, HCC incidence in patients with concomitant hepatitis B virus (HBV) and alcohol consumption was found to be higher than that in patients with HBV alone (33.70% vs. 20.72%). To conclude, alcohol consumption tends to heighten the incidence of HCC in patients with hepatitis B cirrhosis but not in patients with hepatitis C cirrhosis.

Source: Guan X, Xing F, Li Y. Eur J Gastroenterol Hepatol. 2020;10.1097/MEG.0000000000001837.