

# Anesthesia and Its Significance Role in Medical and Clinical Sciences

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exist: General anesthesia conceals central nervous system activity and results in unconsciousness and total lack of sensation, using either injected or inhaled drugs. Sedation suppresses the central nervous system to a lesser degree, inhibiting both anxiety and creation of long-term memories without resulting in unconsciousness.

**Key Words:** *Anesthesia, Medical sciences, Clinical sciences, Pain, Sedation*

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### EDITORIAL

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General anesthesia conceals central nervous system activity and results in unconsciousness and total lack of sensation, using either injected or inhaled drugs. Sedation suppresses the central nervous system to a lesser degree, inhibiting both anxiety and creation of long-term memories without resulting in unconsciousness.

Regional and local anesthesia, which blocks transmission of nerve impulses from a specific part of the body. Depending on the situation, this may be used either on its own (in which case the patient remains fully conscious), or in combination with general anesthesia or sedation. Drugs can be targeted at peripheral nerves to anesthetize an isolated part of the body only, such as numbing a tooth for dental work or using a nerve block to inhibit sensation in an entire limb. Alternatively, epidural and spinal anesthesia can be performed in the region of the central nervous system itself, suppressing all incoming sensation from nerves supplying the area of the block.

The concept of intensive care medicine arose in the 1950s and 1960s, with anesthesiologists taking organ support techniques that had traditionally been used only for short periods during surgical procedures (such as positive pressure ventilation), and applying these therapies to patients with organ failure, who might require vital function support for extended periods until the effects of the illness could be reversed.

In many countries, intensive care medicine is considered to be a subspecialty of anesthesiology, and anesthesiologists often rotate between duties in the operating room and the intensive care unit. This allows continuity of care when patients are admitted to the ICU after their surgery, and it also means that anesthesiologists can maintain their expertise at invasive procedures and vital function support in the controlled setting of the operating room, while then applying those skills in the more dangerous setting of the critically ill patient.

On behalf of the Board of the Anesthesiology Case Reports and my co-editors, I am glad to present the Volume 3, Issue 5 of the journal. The journal established in the year 2018 has now published 6 issues; 2 issues in a year. Average download per article is increasing and on an average there are 25 downloads per paper. All these are promising signs. We could reach this stage through the constant support of Board Members and intellectual generosity of the readers and contributors (authors and reviewers).

We also feel that a need exists for additional facilities for the publication of the results in anesthesia and anesthesiology research, especially in their relation to medical and clinical sciences.

Therefore, it has been resolved that papers on these topics will be welcome in our Journal; and in order to accentuate the importance we attribute to the cultivation of Anesthesia and Analgesia. Anesthesiology Case Reports is a peer-reviewed journal in which helps in uplifting the different case reports, research studies in the field of anesthesia. Our journal contributes various case reports, case studies, research work throughout the global wise. Our journal is the perfect platform to showcase the different types of case reports all over the world as we encourage every doctor, eminent authors, students, graduates etc., from any part of the world.

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