



Brief Summary

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Dr Poodipedi Sarat Chandra is a world reputed Neurosurgeon, a Professor and Chairman of the Dept of Neurosurgery. He has an huge operative experience of over 25,000 cases over the past 30 years. He has published in over 500 peer reviewed journals, with over 15,000 citations and an h-index of over 50. His publication in NEJM on Surgery for Drug resistant epilepsy in Children has over 1500 citations, and also has highly cited publications in Nature, Genomics, Neurosurgery, JNS, & Epilepsia. He has over 17 extra-mural research grants with over 6 patents in the area of spine, epilepsy and artificial intelligence. Apart from huge operative experience, in all spectrum of Neurosurgery, he has devised several new surgical techniques, some of the important ones being developing a per-cutaneous “bloodless” hemispherotomy and the DCER technique for severe basilar invagination and atlanto-axial dislocation. He developed minimally invasive techniques for aneurysms (through small eyebrow incisions). He established the Centre of Excellence for Epilepsy and MEG resource facility along with a first of its kind of Neurobiology epilepsy lab at AIIMS. This is the first of its kind of facility in India with dedicated Clinical/research faculty, fellows, PhD’s, and technicians and staff.

Some Details of his professional contributions:

He holds (and has held) several important leadership positions in International & National scientific organizations. Some of these include fellow, National academy of Science, india (NASI); fellow, National academy of medical sciences (NASI), Adjunct professor, National Brain Research Center; Adjunct professor, International Neurosciences Institute (INI); Adjunct professor, Dr Soetomo Medical University, Surabaya, Indonesia; Faculty 1000, International League Against Epilepsy (ILAE); Chair, Epilepsy Surgery, Asiano-oceanic epilepsy surgery, ILAE; member, epilepsy surgery commission, ILAE; President, Indian Epilepsy Society; President, Neuroendoscopic society; Past Presidents, Cerebrovascular society of

India, Skull Base Society of India; Asian Epilepsy Surgery Society; Executive, International society for minimally invasive neurosurgery; member, World academy of Neurological Surgery (on invitation for limited members only), founding member International Epilepsy Surgery Society, Member, Epilepsy Surgery Task Force, ILAE (<https://www.ilae.org/p-sarat-chandra>), Member, Epilepsy Surgery, Developing World, ILAE (<https://www.ilae.org/p-sarat-chandra>)

Awards:

He was recipient of several awards and orations, some include Vasvik industrial award, Career 360 award of excellence; Sun pharma award for best clinical researcher, Neurosciences-20 award (during G20) for best leadership in Neurosciences, Life time achievement award from AO-ILAE, PN Tandon oration (Indian academy of Neurosciences), AD Sehgal oration (Indian Epilepsy Society), JIPMER research day oration, Newton-Dave oration (KGMU foundation day), Life time achievement award, Spinal cord society; Prof AK Banerji oration, Neurotrauma society, apart for Presidential orations in various societies. He conducted clinical grand rounds at UCSF, UCLA, Columbia University, Thomas Jefferson University (USA).

He has contributed towards Guidelines for epilepsy management in India (GEMIND), which is now online. He has also developed epilepsy surgery programs at Indonesia, Morocco and Nepal.

He delivered several Invited lectures (>300) in several International congresses. His talks focus on developing strategies to effectively implement epilepsy surgery in developing countries, developing new techniques especially based on this own experience of >4000 cases. He also advocates the need to amalgamate research with clinical work and the need to enhance epilepsy surgery outreach. He has performed several demonstration surgeries in India and internationally, teaching epilepsy surgeries along with minimally invasive techniques (Mumbai, Surat, various AIIMS, Delhi, Jabalpur) and also in various countries (Kuala Lumpur, Malaysia 2016, Indonesia 2013, 2015, 2017, 2018; Morocco 2015, 2016, 2017, 2018; Kathmandu 2015, 2017, 2018). Most demonstrations his own innovative techniques which have significantly reduced the morbidity and enhanced the efficacy.

Seminal Contributions:

Epilepsy surgery: Clinical contributions and research: He established the first structured and the largest epilepsy surgery in India and has an experience

operating over 4000 cases. The center has advanced capabilities for MEG, Robotic SEEG and also has a neurobiology and genetics lab for epilepsy. He established all complex procedures for epilepsy surgery for the first time in India including hemispherotomies, multi-lobar disconnections, corpus callostomies, invasive EEG, stereo-electroencephalography (SEEG) and post processing algorithms. He developed new techniques- endoscopic hemispherotomy, endoscopic corpus callosotomy and commissurotomy, Robotic radio-frequency thermo-coagulative hemispherotomy (ROTCH), Robotic guided radio-frequency ablation of hypothalamic hamartoma. All these techniques have undergone proof of concept, published, validated and now being practiced in various centers. These techniques have also been published in Engel and Moshe's textbook of Epilepsy (Epilepsy- A comprehensive textbook, volumes 1-3).

(<https://www.youtube.com/watch?v=qRUfiPp5csU&t=3604s>) .

Some of his significant clinical research includes the first RCT in pediatric epilepsy (surgery vs medical therapy) published in NEJM, has over 1000 citations and demonstrated a 10-fold improvement of children who underwent surgery vs those who were treated with drugs. It also demonstrated higher rates of epileptic encephalopathy. The study was among the 10 best papers in NEJM for that year and resulted in a global policy change of practice paradigm for children with epilepsy and medical insurance in USA. The study mandated early referral of children not controlled with medical therapy. In addition, he published several studies which changed the policies for pre surgical work up, surgical strategies and outcomes for surgery. He was also the part of several multicentric studies which have had a significant impact for changing policies for epilepsy surgery globally. Some of these include the Hemispherotomy outcome prediction score (HOPS study; only Indian center) and ultra-early surgery for epilepsy in infants (only Indian study).

Epilepsy: Basic sciences research: His key areas of research bio-markers/receptors in abnormal epileptogenic areas (histone deacetylases alterations, altered kynurenine pathway metabolism, IDH-R132H-FAT1-ROS-HIF-1 α signalling pathways, mTOR pathway in FCD's, genome-wide DNA methylation and RNAseq analysis, GABA receptor mediated epileptogenicity, epigenetic regulations, endogenous activity of NMDA receptors, dual networks. He also explored newer biomarkers like KYNA as potential anti-seizure medications, which showed promising potential. He along with his team created AI algorithm for easy interpretation and understanding epileptogenesis.

Complex spine including craniovertebral junction surgeries: Clinical contributions and research: Dr Chandra has performed more than 10000 surgeries in the area of spine and over 1500 cases in craniovertebral junction

surgery (CVJ). His center now is a key National referral center for CVJ surgery. He described the technique of “Distraction, compression, extension & reduction” (DCER). This technique involves a single posterior approach, allowing reduction and correction of deformity of severe basilar invagination, atlanto-axial dislocation, particularly in congenital anomalies. This technique following an ethics approval underwent a proof of concept, was performed in over 500 cases, validated and then published in several peer reviewed high impact factor journals and also into textbooks (including Ramamurti and Tandon’s textbook of neurosurgery). Dr Chandra also patented & developed new implants (including spacers and screws for spine stabilization in CVJ surgery). In the area of vertebral hemangiomas with cord compression, he devised the technique of “Absolute alcohol embolization with short segment spine fixation”. Surgery for this pathology is challenging and “treacherous” to say the least due to highly vascular nature of the tumor. Treatment includes traditional embolization, which may not be effective to completely de-vascularize the tumor. Direct intra-operative embolization allows the tumor becoming completely avascular. Long term follow-up (10 years) also demonstrated that this technique was safe, effective, and tumoricidal preventing any recurrence. It is also highly cost effective (<1 USD vs 3-400,000 INR for traditional embolization!). He published several papers on this technique, after establishing proof concept and validation. Both the above-mentioned techniques are now practiced as standard techniques in several places and have also found their way into standard textbooks..

Basic research in CVJ anomalies: Dr Chandra described for the first time the prevalence of FBN1 gene mutations in patients with congenital cranio-vertebral junction anomalies. Based on further radiological studies, he proposed a unique 2 hit mechanism for etiology of congenital basilar invagination and atlanto-axial dislocation.

Other areas: Dr Chandra has a huge clinical experience in minimally invasive neurosurgery, cerebrovascular surgery and skull base surgery. He described key hole approaches for clipping of aneurysms, endoscopic approaches to intraventricular tumors, pituitary tumors. He developed minimally invasive nasal retractor for easy trans-nasal endoscopic approaches for pituitary tumors. He was one of the first authors to describe a systematic study of post traumatic epilepsy, which has a high incidence in India.

Publications links:

1. https://scholar.google.com/citations?user=C_fTZQsAAAAJ&hl=en.

2. https://journals.lww.com/joss/fulltext/2024/11040/prof_p_sarat_chandra_a_trailblazer_in.9.aspx

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Other Details:**1. Fields of sub-specialization:**

- a. Epilepsy & Functional neurosurgery (Deep brain stimulation)
- b. Complex spine surgery
- c. Minimally invasive Brain and Spine surgery
- d. Neuronology
- e. Awake surgery and eloquent area surgery
- f. Neuromodulation
- g. Pituitary & suprasellar region surgery
- h. Cerebrovascular surgery
- i. Acoustic schwannomas

2. Other National & International Affiliations:

- a. In Charge of Epilepsy & Functional Neurosurgery program
- b. Adjunct Professor, National Brain Research Center
- c. Adjunct Professor, Dr Soetomo Medical University, Surabaya, Indonesia
- d. Adjunct Professor, International Neurosciences Institute, Hannover, Germany
- e. President, Indian Epilepsy Society
- f. President Elect, Neuroendoscopic Society of India
- g. Past Presidents- Asian Epilepsy Surgery Society, Cerebrovascular Society of India, Skull Base Surgery Society of India
- h. Chair, Asiano-Oceanic Epilepsy Congress- International League Against Epilepsy
- i. Member, Surgical commission and in Charge of Developing countries, International League Against Epilepsy
- j. Founding member, International Epilepsy Surgery Society (IESS)
- k. Executive, International minimally invasive neurosurgery society (ISMINS)
- l. Fellow, National Academy of Science (NASI), India
- m. Fellow, National Academy of Medical Sciences
- n. Post Doc Fellow, UCLA
- o. K Kiffin Penry epilepsy fellow
- p. Past Editor, Neurology India

3. Awards and recognitions:

1. Best outgoing student in MBBS, Pfizer gold medal with Gold medals in Physiology, Surgery and ObG, 1991
2. Awarded travelling fellow-ship to Greifswald Germany 2000 to learn endoscopic techniques.
3. Awarded IBRO fellowship Annual Congress 2001 in Seoul, South Korea.
4. 2002: DBT award for young scientist to do research on “Genetic Basis of Cranio-Vertebral Junction due to congenital anomalies”.
5. Granted DBT Fellowship to go for 1 year UCLA 2005-06
6. Ceiba Giegi award for best epilepsy paper, NSI 2011. “Multi Modal Imaging for Epilepsy Surgery”.
7. Tadokoro award from the commission of Asian and Oceanian affairs of the International League against Epilepsy, 2006.
8. Penry Mini fellowship 2005 (Wake forest University, USA)
9. San Servolo (Venice) – Granted Scholarship to attend the Epilepsy Summer School (conducted by International League against Epilepsy) – 2011
10. Granted by DBT to set up Center of Excellence for Epilepsy (the first of its kind of project in South East Asia) as a collaborative project between AIIMS & NBRC.
11. Awarded faculty 1000, ILAE (among 1000 best faculty world over)
12. Members of Societies and Important Scientific Bodies.
 - a. Board Member of Neurological Society of India (2012-15)
 - b. Treasurer of Neurological Society of India (2015-18)
 - c. Editor of Neurology India (Impact Factor 2.17) (2018-24)
 - d. Board member, Indian Epilepsy Society (2018-2021)
 - e. President, Indian Epilepsy Society (2023-2025)
 - f. Board Member, Skull Base Surgery Society of India (2016-18)
 - g. Secretary, Skull Base Surgery Society of India (2018-2020)
 - h. President, Skull Base Surgery Society of India (2021)
 - i. Board Member of Asian Epilepsy Surgery Society (2010 to till date)
 - j. President, Asian Epilepsy Surgery Congress, 2010
 - k. Secretary General, Asian Epilepsy Surgery Congress, 2021-2024
 - l. Secretary, Cerebrovascular Society of India, 2019-2020
 - m. President, Cerebrovascular Society of India, 2021
 - n. Board member, International Society of Minimally invasive neurosurgery society (ISMINS)
 - o. VASVIK (Vividhlaxi Audyogik Samshodhan Vikas Kendra Industrial research award Industrial award- 2022
 - p. Career 360 award of excellence- 2023
 - q. JIPMER Research day Oration award, 2018
 - r. Sun Pharma award for being the best researcher in India, 2020
 - s. Fellow, National Academy of Sciences, India
 - t. Chair, Epilepsy Surgery, Asian-Oceanic Region, International League Against Epilepsy (ILAE)
 - u. Chairman, Neurosciences-20, as a part of the G-20 World Summit, held in New Delhi
 - v. Co-Chair, Asian Oceanic Epilepsy Congress, International League against Epilepsy, 2025
 - w. Board member, Society for Brain mapping and therapeutics- SBMT (<https://www.worldbrainmapping.org/p-sarat-chandra/>)
 - x. Received the AIIMS excellence award, 2023

- y. Elected member of World Academy of Neurological Surgeons (WANS), a prestigious body where members are taken only by invitation.
- z. Spina Cord Society Life Time Achievement Award- 2021
- aa. AOEC/ International League Against Epilepsy (ILAE) Outstanding Life Time Achievement Award- November 2022
- bb. Member, task force for epilepsy surgery, International League Against Epilepsy (ILAE), <https://www.ilae.org/p-sarat-chandra>
- cc. Member, Task force for epilepsy surgery in low resource setting, International League Against Epilepsy (ILAE), <https://www.ilae.org/p-sarat-chandra>
- 13. Editor of journals
 - a. Past Editor of Neurology India (Official journal of Neurological society of India, estt 1953, Impact factor 2.7)

4. Important Orations:

- a. Clinical grand rounds: University California, San Francisco- 2004
- b. Clinical grand rounds: University California, Los Angeles- 2005
- c. AD Sehgal oration, Indian Epilepsy Society- 2016
- d. JIPMER Annual research day oration- 2018
- e. KS Mani Oration, Cochin, 2020
- f. S Dharkar oration, Jaipur, 2021
- g. Prof AK Banerji Oration, Neurotrauma conference, 2021
- h. Prof PN Tandon Oration, Indian Academy of Neurosciences, 2024
- i. Presidential oration- Skull Base Society of India annual Congress- 2021, Jodhpur
- j. Clinical grand rounds, Thomas Jefferson University, USA, 2023
- k. Dave-Newton, KGMU Foundation day Oration award- 2023
- l. Presidential oration- Cerebrovascular Society annual congress, New Delhi- 2023
- m. Prof BS Sharma Oration given at Jabalpur, Super specialty hospital and Govt Medical College, 2022
- n. Presidential oration, IES/AO-ILAE, New Delhi, 2025
- o. Clinical Grand Rounds, University of Columbia, Dept of Neurosurgery, New York on 20th March, 2025. The department of Neurosurgery at Columbia is among the oldest in North America established in the year 1909 by Charles Elsberg. The grand rounds was attended by over 700 students, faculty and staff from the entire University.
- p. Orator for the first BC Bansal held at PGI Rohtak, 2025

5. Adjunct/ Visiting Professors:

- a. Adjunct Professor, NBRC, Manesar
- b. Adjunct Professor, International Neurosciences Institute, Germany
- c. Adjunct Professor, Dr Soetomo Medical University, Surabaya, Indonesia

6. Intellectual property, technological innovations, Research projects and new surgical techniques:

1. Patent and Instrument Designing.

1. The technique of Distraction, compression, extension and reduction (DCER) along with the relevant instrumentation to perform the technique.

- a. Patent US registered number US patent 14/897,156
- b. The technique describes a new technique of reducing and aligning severe irreducible basilar invagination and atlanto-axial dislocation through a posterior approach only
- c. Reduces the morbidity and operating time by 50%
- d. The patent describes the technique and also set of unique instrumentation to perform the procedure using the standard implants

e. Related publications

- i. Chandra PS, Agarwal M. A case of severe basilar invagination and AAD, corrected using the technique of DCER-distraction, compression, extension, reduction (with spacer + universal reducer). Neurosurg Focus Video. 2020 Jul 1;3(1):V9. doi: 10.3171/2020.4.FocusVid.20138. PMID: 36285124; PMCID: PMC9542301.
 - ii. Chandra PS, Goyal N, Chauhan A, Ansari A, Sharma BS, Garg A. The severity of basilar invagination and atlantoaxial dislocation correlates with sagittal joint inclination, coronal joint inclination, and craniocervical tilt: a description of new indexes for the craniovertebral junction. Neurosurgery. 2014 Dec;10 Suppl 4:621-9; discussion 629-30. doi: 10.1227/NEU.0000000000000470. PMID: 25320950.
 - iii. Chauhan AK, Chandra PS, Goyal N, Chowdhury MR, Banerjee J, Tripathi M, Kabra M. Weak Ligaments and Sloping Joints: A New Hypothesis for Development of Congenital Atlantoaxial Dislocation and Basilar Invagination. Neurospine. 2020 Dec;17(4):843-856. doi: 10.14245/ns.2040434.217. Epub 2020 Dec 31. PMID: 33401861; PMCID: PMC7788422.
 - iv. Chandra PS, Kumar A, Chauhan A, Ansari A, Mishra NK, Sharma BS. Distraction, compression, and extension reduction of basilar invagination and atlantoaxial dislocation: a novel pilot technique. Neurosurgery. 2013 Jun;72(6):1040-53; discussion 1053. doi: 10.1227/NEU.0b013e31828bf342. PMID: 23426148.
 - v. Chandra PS, Prabhu M, Goyal N, Garg A, Chauhan A, Sharma BS. Distraction, Compression, Extension, and Reduction Combined With Joint Remodeling and Extra-articular Distraction: Description of 2 New Modifications for Its Application in Basilar Invagination and Atlantoaxial Dislocation: Prospective Study in 79 Cases. Neurosurgery. 2015 Jul;77(1):67-80; discussion 80. doi: 10.1227/NEU.0000000000000737. PMID: 25793730.
- f. Background (provided in layman language):** Congenital Basilar invagination with or without atlanto-axial dislocation is a complex and challenging spinal pathology causing high cervical compressive myelopathy leading to progressive quadriparesis, the patient becoming bed bound and finally dying. Most of the patients are young between the second and the third decades. Traditional surgery involves operating the patient through both trans-oral routes followed by a posterior fixation (thus requiring 2 surgeries) and takes around 8-10 hours. The applicant has devised a unique procedure called DCER, and along with the universal reducer as designed above, allows effective reduction of the deformity and decompression of the spinal cord. The author has used

this technique in over 400 cases, and this has been translated into a standard procedure being used worldwide. The procedure is performed through a single surgery lasting just about 3-4 hours.

- g. **Relevant images of the Universal reducer system:** Schematic diagram of the universal reducer system (upper image); its application in surgery (lower image). Fig 4 shows a severe basilar invagination in a 24 year old female, leading to quadriplegia and being bed ridden for 8 months. Fig 4 shows complete reduction of basilar invagination with the use of the reducer. Fig 6 shows the intra-operative X-ray with the application of the Universal reducer.

2. Designed a “disposable endoscopic carpal tunnel release set”.

- a. Used it successfully in 200 patients [patent filed]. Patent application no. 306/Del/2009 dt. 17.02.2009
- b. In commercial production
- c. Device is low cost, made of recycled hard plastic, “use and throw”, costs less than 10 USD for one device
- d. **Related Publication:** Chandra PS, Singh PK, Goyal V, Chauhan AK, Thakkur N, Tripathi M. Early versus delayed endoscopic surgery for carpal tunnel syndrome: prospective randomized study. *World Neurosurg.* 2013 May-Jun;79(5-6):767-72. doi: 10.1016/j.wneu.2012.08.008. Epub 2012 Sep 25. PMID: 23022645.
- e. **Background (provided in layman language):** Carpal tunnel syndrome is a common problem, which causes progressive severe pain in the hand due to compression of the median nerve in the hand. Surgery often involves giving a large incision, followed by release of median nerve. The author has invented a minimally invasive disposable endoscopic carpal tunnel set, whereby this procedure may be performed through 2 single sutures. The surgery may be performed bedside and takes about 15 minutes.
- f. **Image of the carpal tunnel set:** given below in its commercial prototype

3. Patent applied for Kynurenic acid (KNYA) as biomarker for correct localization of epileptogenic zone, (App no TEMP/E-1/27566/2017-DEL, CBR no 24709)

- a. **Background (provided in layman language):** Based on several papers and studies performed in the neurobiology epilepsy lab, the authors have patented this molecule for accurate localization of the margins of resection of brain during surgery for drug resistant epilepsy. Till date, there is no accurate localization to define the exact margins of resection. In our studies, as mentioned below, KNYA has been demonstrated to be an important biomarker in the pathway of epileptogenic networks.
- b. **Publications:**
 - i. Dey S, Dubey V, Dixit AB, Tripathi M, Chandra PS, Banerjee J. Differential Levels of Tryptophan-Kynurenine Pathway Metabolites in the Hippocampus, Anterior Temporal Lobe, and Neocortex in an Animal Model of Temporal Lobe Epilepsy. *Cells.* 2022 Nov 10;11(22):3560. doi: 10.3390/cells11223560. PMID: 36428989; PMCID: PMC9688794.
 - ii. Dey S, Banerjee J, Dixit A, Tripathi M, Doddamani RS, Sharma MC, Lalwani S, Chandra PS, Banerjee J. Altered hippocampal kynurenine pathway metabolism contributes to hyperexcitability in human mesial temporal lobe epilepsy-hippocampal sclerosis. *Br J Pharmacol.* 2021 Oct;178(19):3959-3976. doi: 10.1111/bph.15534. Epub 2021 Jun 22. PMID: 33990935.

4. Designed a “special monopolar cautery”

- a. For use in trans oral surgery for CV Junction anomalies. Used it successfully in more than 100 cases. [patent accepted and filed].
- b. Published in Indian Journal of Neurosurgery

- c. **Background (provided in layman language):** CV junction surgery, especially trans-oral surgery requires working in long narrow corridors. Here, the usual monopolar cautery does not work. Hence, the author has designed a special monopolar attachment, which may be used in long narrow corridors effectively.
5. **A disposable nasal retractor for endoscopic trans-sphenoidal pituitary gland surgery,** Patent Application No. 201911005181; Filing date: 09/02/2019; Patent No.: 552208
 - a. **Background (provided in layman language):** Endoscopic pituitary surgery requires the use of endoscopes introduced through both nasal cavities and multiple set of varied complex endoscope instruments. These instruments are expensive and several in number. The author has devised a simple dynamic and flexible nasal retractor, which may be passed along a tunnel created along the trans-septal route to perform the surgery (tumor excision) very effectively with the standard micro-surgical instruments. The below image shows the commercial prototype (upper left), intraoperative use (upper right), its use in a large pituitary tumor (lower left) and the post-operative image showing the total excision (lower, right).

. Selection of optimum frequency bands for detection of epileptiform patterns. Healthc Technol Lett. 2019; <https://pubmed.ncbi.nlm.nih.gov/31839968/> .

b. **Related publications:**

- i. Kaur T, Diwakar A, Kirandeep, Mirpuri P, Tripathi M, Chandra PS, Gandhi TK. Artificial Intelligence in Epilepsy. Neurol India. 2021 May-Jun;69(3):560-566. doi: 10.4103/0028-3886.317233. PMID: 34169842.
- ii. Swami P, Bhatia M, Tripathi M, Chandra PS, Panigrahi BK, Gandhi TK. Selection of optimum frequency bands for detection of epileptiform patterns. Healthc Technol Lett. 2019 Jul 26;6(5):126-131. doi: 10.1049/htl.2018.5051. PMID: 31839968; PMCID: PMC6849498.
- iii. Mirpuri P, Chandra PP, Samala R, Agarwal M, Doddamani R, Kaur K, Ramanujan B, Chandra PS, Tripathi M. The development and efficacy of a mobile phone application to improve medication adherence for persons with epilepsy in limited resource settings: A preliminary study. Epilepsy Behav. 2021 Mar;116:107794. doi: 10.1016/j.yebeh.2021.107794. Epub 2021 Feb 10. PMID: 33578224.
- c. **Background (provided in layman language):** This device and algorithm was developed with a grant from PSA's office under the heading "Advanced research for epilepsy". Here, an advanced and portable EEG system was developed and an AI algorithm was created for detecting EEG waveforms to create automated reading and generation of reports for EEG.
- d. **Images:** Upper image shows the portable and EEG device, which may be placed over the head. There is no need to apply gel, as these are dry electrodes. The device is connected to an app on smart phone. The data is sent via internet to a central server. Using an AI algorithm, the EEG wave forms are converted into color coded easy to understand algorithms (image below). This device can potentially make EEG recording be done at home not requiring hospital admissions. The data sent to a central server may also be read by a neurologist. In near future, the AI algorithms may generate automated reports even bypassing the need for a neurologist. The device potentially may reduce the huge treatment gap for epilepsy which exists in India (>12 million persons with epilepsy).
- e. **The device and AI algorithm are now in advanced stages for commercial production.**

B. Extramural/ intramural research projects completed and under way

1. Ongoing Projects

- a. An observational study to investigate the gut microbiota composition of patients with drug-refractory epilepsy** (PI-AIIMS Intramural).
 - i. Alterations in gut microbiome in patients with drug-resistant epilepsy
- b. Modulators of $\alpha 4$ -containing GABAA receptors: Potential therapy for focal cortical dysplasia (FCD)** (co-PI ICMR).
 - i. Screening and identification of suitable targets for GABAA receptors as a novel therapeutic option for the treatment of FCD
- c. Deciphering the role of platelets in drug-resistant epilepsy** (co-PI ICMR). Funding
 - i. The study will highlight a conceptually new role of platelets and platelet-derived molecules in hyperexcitability and may also indicate a potential new therapeutic approach targeting platelets to prevent and treat epilepsy.
- d. Role of non-coding RNAs (ncRNAs) in clinicopathological classification and molecular perturbances associated with Focal Cortical Dysplasia (FCD)** (co-PI DBT).
 - i. Whole transcriptomic landscape and clinicopathological relevance of transcriptomic alterations in focal cortical dysplasia

2. Completed Projects

- a. Investigating the role of metabolites and neurotransmitters in abnormal synaptic transmission associated with mesial temporal lobe epilepsy (MTLE) and focal cortical dysplasia (FCD): Possible biomarkers for localization of epileptogenic foci** under “Centre of Excellence for Epilepsy Research Phase II/MEG Resource Facility (Multi-PI project)” (PI – DBT). 50 crores INR; 6 million USD.
 - i. Potential metabolic and neurotransmitter biomarkers linked to abnormal synaptic activities in epilepsy identified. These biomarkers hold promise for improving diagnostic accuracy and tailoring individualized treatment plans.
 - ii. Integrated MEG (Magnetoencephalography) and multimodal imaging techniques for precise localization of epileptogenic zones enabling enhanced accuracy in identifying seizure foci in complex cases like MTLE and FCD
 - iii. Patents for portable video-EEG systems with AI-based analysis, and novel surgical methods providing accessible and effective tools for epilepsy management.
- b. Role of kynurenic acid, a glutamate receptor inhibitor, in hyperexcitability associated with mesial temporal lobe epilepsy (MTLE)** (PI- DBT).
 - i. Observed decrease in kynurenic acid levels, which correlated with heightened hyperexcitability in MTLE suggesting that kynurenic acid, which inhibits glutamate receptors, plays a crucial role in controlling neural excitability in this condition.
 - ii. The findings highlighted that alterations in this metabolite could contribute to the pathological hyperexcitability seen in MTLE, offering insights into potential therapeutic targets
- c. Centre of Excellence in Epilepsy” a collaborative project between NBRC and AIIMS** (Phase I) (PI-DBT);
 - i. Advanced understanding of altered glutamatergic activity and synaptic mechanisms in MTLE patients, especially in drug-resistant cases.
 - ii. Identification of potential biomarkers for drug-resistant epilepsy through RNA sequencing and electrophysiological studies on hippocampal tissues from patients.

- iii. Enhanced the utility of imaging (e.g., MEG and PET) and intraoperative techniques, improving surgical outcomes for patients with epilepsy
 - iv. Combining clinical neurology, neurosurgery, neuroimaging, and electrophysiology to address the complexities of DRE facilitated accurate localization of epileptogenic zones, crucial for effective surgical intervention
- d. **Advanced research for Epilepsy (PI)-** Grant provided by Principle Scientific Advisor to Govt of India office.
 - i. This project had 4 heads which included [1] development of an AI algorithm for EEG, creating a portable video EEG connected to a server via internet [2] Development of newer anti-epileptic drugs for treating epilepsy [3] Connectomics to understand propagation and spread of epilepsy [4] Multiomics approach to epilepsy.
 - ii. The varied projects were headed by different Co-PI's and explored various strategies to understand and treat epilepsy.
- e. **Deciphering the role of Histone deacetylases (HDACs) in Mesial temporal lobe epilepsy (MTLE)** (co-PI – AIIMS Intramural)
 - i. Key findings: altered expression, activity, and sub-cellular distribution of HDACs in MTLE-HS. These changes were linked to disrupted neurochemical pathways and may provide insights into potential therapeutic targets using HDAC inhibitors.
 - ii. Findings contributed to understanding the epigenetic regulation in epilepsy pathogenesis
- f. **Assessment of mutations in GABRG2 gene from microelectrocorticographically defined areas of hippocampus and amygdala in patients with MTLE with intractable epilepsy** (PI – DBT)
 - i. Gamma-2 subunit (GABRG2) gene mutations which have been reported in different epilepsy pathologies may not be playing a significant role in the development of epilepsy or as a susceptibility gene in patients with MTLE in the Indian population.
- g. **Deciphering the role of casein kinase 2 in mesial temporal lobe epilepsy** (supervisor – DST Young Scientist),
 - i. This study highlighted that alterations in casein kinase 2 (CK2) levels contribute significantly to the hyperexcitability associated with MTLE. This finding offers valuable insights into the molecular mechanisms underlying MTLE and may guide future research into potential therapeutic targets for this form of epilepsy
- h. **Deciphering the role of ATF3 and TGF β signalling in Mesial Temporal lobe epilepsy (MTLE) patients** funded by Institute Research Grant, All India Institute of Medical Sciences (AIIMS), New Delhi in collaboration with Department of Neurology, AIIMS, New Delhi.
 - i. The study identified that ATF3 and TGF β signaling contribute to neuroinflammation and tissue remodeling associated with epilepsy.
 - ii. These findings suggest a potential link between these pathways and the progression of MTLE, offering insights for therapeutic interventions targeting these molecular mechanisms.
- i. **Deciphering the role of GABAA receptor alterations in paediatric and adult patients with focal cortical dysplasia** funded by Institute Research Grant, All India Institute of Medical Sciences (AIIMS), New Delhi in collaboration with Department of Neurosurgery, AIIMS, New Delhi.
 - i. The research found that the severity and nature of GABAA receptor-mediated epileptogenicity differ between pediatric and adult patients.

- ii. Differential configurational changes in GABAA receptors in pediatric and adult patients with FCD.
- j. **Comparative analysis of src kinase mediated high glutamatergic activity in the anterior temporal lobe (ATL) and Hippocampus of the Hippocampal sclerosis patients** funded by Department of Biotechnology, Ministry of Science & Technology, Govt of India. (Collaboration with Dr. Aparna Dixit, Dr. B.R. Ambedkar Center for Biomedical Research, University of Delhi, Delhi);
 - i. Glutamatergic hyperactivity mediated by Src kinase exhibited distinct profiles between the ATL and hippocampus, suggesting different excitotoxic mechanisms in these regions.
 - ii. The results point to Src kinase as a potential target for modulating excitotoxicity in drug-resistant epilepsy, especially in HS patients.
- k. **Study of FBN1 gene mutations in patients with congenital non-syndromic basilar invagination and atlanto-axial dislocations.** Funded by Dept of Biotechnology,
 - i. The study explored to prevalence of FBN1 gene mutations in congenital cranio-vertebral junction anomalies. This the same gene which gets affected in Marfan's syndrome. It has been seen most of the non-syndromic CVJ's have subtle phenotypic features of Marfan's even though they do not fit exactly into that bracket. Till date, the reason for relatively high prevalence of congenital CVJ is not known in this part of continent.
 - ii. The study demonstrated that there were mutations present in 80% of this cases affecting this region. Based on this and further radiological studies, a unique hypothesis was proposed
 - iii. Paper published- Chauhan AK, Chandra PS, Goyal N, Chowdhury MR, Banerjee J, Tripathi M, Kabra M. Weak Ligaments and Sloping Joints: A New Hypothesis for Development of Congenital Atlantoaxial Dislocation and Basilar Invagination. Neurospine. 2020 Dec;17(4):843-856. doi: 10.14245/ns.2040434.217. Epub 2020 Dec 31. PMID: 33401861; PMCID: PMC7788422
- l. **Effect of plasma jet on tumor tissues resected from patients with tumor linked refractory epilepsy** funded by Board of Research in Nuclear Sciences, Department of Atomic Energy (DAE), Govt. of India (March 2018- March 2022).
 - i. **Plasma jet treatment was effective in generating high levels of Reactive Oxygen and Nitrogen Species in glioma tissues.** These reactive species played a significant role in disrupting cellular structures and signaling pathways.
 - ii. Plasma jets induced apoptosis in tumor cells without significant damage to surrounding normal tissues. This highlights its potential as a targeted therapeutic approach.
 - iii. The findings suggest the plasma jet's potential for adjunctive use in treatment.
- m. **"Novel techniques for reduction of basilar invagination and atlanto-axial dislocation and surgical instruments thereof"** Funded by BIRAC- Biotechnology Ignition Grant (BIG)- Ministry of Science and technology, India.
 - i. This grant allowed developed of new spine implants customized to perform the technique of DCER
 - ii. Patents for specific spacers to be placed between C1-C2 and new types of screws to hold the spacers in position (see images below)

C. New Surgical techniques devised:

- a. **Endoscopic hemispherotomy:** The applicant for the first time devised this minimally invasive technique for disconnecting a whole hemisphere in children suffering from severe hemispheric epilepsy, now accepted globally.
 - i. **Brief Background:** Hemispherectomy is a major surgical procedure, where a whole hemisphere is removed in patients suffering for drug resistant epilepsy
- b. **Papers:**
 - i. **Chandra PS**, Kurwale N, Garg A, Dwivedi R, Malviya SV, Tripathi M. Endoscopy-assisted interhemispheric transcallosal hemispherotomy: preliminary description of a novel technique. **Neurosurgery**. 2015 Apr;76(4):485-94; discussion 494-5. doi: 10.1227/NEU.0000000000000675. PMID: 25710106.
 - ii. **Chandra PS**, Subianto H, Bajaj J, Girishan S, Doddamani R, Ramanujam B, Chouhan MS, Garg A, Tripathi M, Bal CS, Sarkar C, Dwivedi R, Sapra S, Tripathi M. Endoscope-assisted (with robotic guidance and using a hybrid technique) interhemispheric transcallosal hemispherotomy: a comparative study with open hemispherotomy to evaluate efficacy, complications, and outcome. **J Neurosurg Pediatr**. 2019 Feb 1;23(2):187-197. doi: 10.3171/2018.8.PEDS18131. Epub 2018 Nov 9. PMID: 30497135.
 - iii. **Chandra PS**, Subianto H, Bajaj J, Girishan S, Doddamani R, Ramanujam B, Chouhan MS, Garg A, Tripathi M, Bal CS, Sarkar C, Dwivedi R, Sapra S, Tripathi M. Endoscope-assisted (with robotic guidance and using a hybrid technique) interhemispheric transcallosal hemispherotomy: a comparative study with open hemispherotomy to evaluate efficacy, complications, and outcome. **J Neurosurg Pediatr**. 2019 Feb 1;23(2):187-197. doi: 10.3171/2018.8.PEDS18131. Epub 2018 Nov 9. PMID: 30497135.
 - iv. **Chandra SP**, Tripathi M. Endoscopic epilepsy surgery: Emergence of a new procedure. **Neurol India**. 2015 Jul-Aug;63(4):571-82. doi: 10.4103/0028-3886.162056. PMID: 26238894.
 - v. Baumgartner JE, Blount JP, Blauwblomme T, **Chandra PS**. Technical descriptions of four hemispherectomy approaches: From the Pediatric Epilepsy Surgery Meeting at Gothenburg 2014. **Epilepsia**. 2017 Apr;58 Suppl 1:46-55. doi: 10.1111/epi.13679. PMID: 28386922.
- c. **Endoscopic corpus callosotomy:** The applicant described this technique for the first time, where a corpus callosal sectioning may be performed in patients suffering from LG syndrome (with severe epilepsy)
- d. **Papers:**
 - i. **Chandra SP**, Kurwale NS, Chibber SS, Banerji J, Dwivedi R, Garg A, Bal C, Tripathi M, Sarkar C, Tripathi M. Endoscopic-Assisted (Through a Mini Craniotomy) Corpus Callosotomy Combined With Anterior, Hippocampal, and Posterior Commissurotomy in Lennox-Gastaut Syndrome: A Pilot Study to Establish Its Safety and Efficacy. **Neurosurgery**. 2016 May;78(5):743-51. doi: 10.1227/NEU.0000000000001060. PMID: 26474092.
- e. **DCER for basilar invagination and atlanto-axial dislocation:** The applicant has devised this unique technique now universally accepted which allows surgery for severe basilar invagination and atlanto-axial dislocation through a single staged posterior approach only. Earlier, a two staged procedure was required, one through the trans-oral route and the other through the posterior route. Not only the described technique of DCER is very safe and effective but also cuts down the operative time by >50%.

i. Papers:

1. **Chandra PS**, Kumar A, Chauhan A, Ansari A, Mishra NK, Sharma BS. Distraction, compression, and extension reduction of basilar invagination and atlantoaxial dislocation: a novel pilot technique. *Neurosurgery*. 2013 Jun;72(6):1040-53; discussion 1053. doi: 10.1227/NEU.0b013e31828bf342. PMID: 23426148.
2. Chauhan AK, **Chandra PS**, Goyal N, Chowdhury MR, Banerjee J, Tripathi M, Kabra M. Weak Ligaments and Sloping Joints: A New Hypothesis for Development of Congenital Atlantoaxial Dislocation and Basilar Invagination. *Neurospine*. 2020 Dec;17(4):843-856. doi: 10.14245/ns.2040434.217. Epub 2020 Dec 31. PMID: 33401861; PMCID: PMC7788422.
3. **Chandra PS**, Goyal N, Chauhan A, Ansari A, Sharma BS, Garg A. The severity of basilar invagination and atlantoaxial dislocation correlates with sagittal joint inclination, coronal joint inclination, and craniocervical tilt: a description of new indexes for the craniovertebral junction. *Neurosurgery*. 2014 Dec;10 Suppl 4:621-9; discussion 629-30. doi: 10.1227/NEU.0000000000000470. PMID: 25320950.
4. **Chandra PS**, Agarwal M. A case of severe basilar invagination and AAD, corrected using the technique of DCER-distraction, compression, extension, reduction (with spacer + universal reducer). *Neurosurg Focus Video*. 2020 Jul 1;3(1):V9. doi: 10.3171/2020.4.FocusVid.20138. PMID: 36285124; PMCID: PMC9542301.

- f. Absolute Alcohol embolization with instrumented fixation for vertebral body hemangiomas:** These are treacherous lesion with high risk of intra-operative bleeding. The applicant has described an innovative technique of using absolute alcohol injection into the vertebral body. Long term follow up of this technique (>20 years) showed that this technique was very safe and effective and also prevented the recurrence of lesions. As compared to expensive embolization techniques (costing >5 lakhs INR), this technique is very inexpensive (cost of absolute alcohol being a few INR only).

i. Papers:

1. **Chandra SP**, Singh P, Kumar R, Agarwal D, Tandon V, Kale SS, Sarkar C. Long-term outcome of treatment of vertebral body hemangiomas with direct ethanol injection and short-segment stabilization. **Spine J**. 2019 Jan;19(1):131-143. doi: 10.1016/j.spinee.2018.05.015. Epub 2018 Jun 8. PMID: 29890263.
2. Singh P, Mishra NK, Dash HH, Thyalling RK, Sharma BS, Sarkar C, **Chandra PS**. Treatment of vertebral hemangiomas with absolute alcohol (ethanol) embolization, cord decompression, and single level instrumentation: a pilot study. **Neurosurgery**. 2011 Jan;68(1):78-84; discussion 84. doi: 10.1227/NEU.0b013e3181fc60e9. PMID: 21099721.
3. Singh PK, **Chandra SP**, Agrawal M, Sawarkar D, Kumar R, Kumar A, Verma S, Kale SS. Long-Term Outcome of Surgical Management in Symptomatic Pediatric Vertebral Hemangiomas Presenting With Myelopathy. **Neurosurgery**. 2020 Nov 16;87(6):1240-1251. doi: 10.1093/neuros/nyaa273. PMID: 32629465.

- g. Robotic thermocoagulative hemispherotomy (ROTCH):** This is first of its kind of bloodless technique where through robotic guidance, a radio-frequency thermocoagulation is done to perform hemispheric disconnection.

i. Papers:

1. **Chandra PS**, Doddamani R, Girishan S, Samala R, Agrawal M, Garg A, Ramanujam B, Tripathi M, Bal C, Nehra A, Tripathi M. Robotic thermocoagulative hemispherotomy: concept, feasibility, outcomes, and safety of a new "bloodless" technique. **J Neurosurg Pediatr.** 2021 Apr 2;27(6):688-699. doi: 10.3171/2020.10.PEDS20673. PMID: 33799306.

- h. Robotic radio-frequency ablation for hypothalamic hamartomas:** The first of its kind of technique described for treatment of hypothalamic hamartoma presenting with gelastic epilepsy.

i. Paper:

1. Tandon V, Chandra PS, Doddamani RS, Subianto H, Bajaj J, Garg A, Tripathi M. Stereotactic Radiofrequency Thermocoagulation of Hypothalamic Hamartoma Using Robotic Guidance (ROSA) Coregistered with O-arm Guidance-Preliminary Technical Note. **World Neurosurg.** 2018 Apr;112:267-274. doi: 10.1016/j.wneu.2018.01.193. Epub 2018 Feb 3. PMID: 29408592.
2. Doddamani RS, Chandra PS, Kota R, Ahemad N, Tripathi M. Robotic-guided radiofrequency ablative disconnection of hypothalamic hamartoma. **Neurosurg Focus Video.** 2024 Jul 1;11(1):V19. doi: 10.3171/2024.4.FOCVID2450. PMID: 38957419; PMCID: PMC11216425.

Some Seminal Publications:

All publications may be accessed from here: (https://scholar.google.com/citations?user=C_ftZQsAAAAJ&hl=en).

1. Dwivedi R, Ramanujam B, **Chandra PS**, Sapra S, Gulati S, Kalaivani M, Garg A, Bal CS, Tripathi M, Dwivedi SN, Sagar R, Sarkar C, Tripathi M: Surgery for Drug-Resistant Epilepsy in Children. **N Engl J Med** 377:1639-1647, 2017. Impact factor **96.2**- First RCT in Pediatric Epilepsy surgery in the world literature, first paper from India to be published in NEJM with all Indian authors with the study fully conceived and designed in India. I was the main and only surgeon to contribute the surgical cases.
2. Banerjee J, Banerjee Dixit A, Srivastava A, Ramanujam B, Kakkar A, Sarkar C, Tripathi M, **Chandra PS (corresponding author)**. Altered glutamatergic tone reveals two distinct resting state networks at the cellular level in hippocampal sclerosis. **Sci Rep (Nature)**. 2017 Mar 23;7(1):319. **Impact factor: 5.578**. This is seminal paper published in Nature (Sc reports) which for the first time in literature has demonstrated dual networks at a cellular level for generating epileptogenesis both from hippocampus and anterior temporal lobe. This is unlike the previous known literature where it was thought the epileptogenesis in hippocampal sclerosis originated only from the hippocampus. This paper throws light for the first time that an anterior temporal lobectomy with amygdalo-hippocampectomy may have a better outcome than selective amygdalo-hippocampectomy.
3. Baumgartner JE, Blount JP, Blauwblomme T, **Chandra PS**. Technical descriptions of four hemispherectomy approaches: From the Pediatric Epilepsy Surgery Meeting at Gothenburg 2014. **Epilepsia.** 2017 Apr;58 Suppl 1:46-55. **Impact factor: 5.6**: This paper provides technical description of the surgical technique "endoscopic hemispherotomy"

developed by the author.

4. **Chandra PS**, Bal C, Garg A, Gaikwad S, Prasad K, Sharma BS, Sarkar C, Singh MB, Padma VM, Tripathi M. Surgery for medically intractable epilepsy due to postinfectious etiologies. **Epilepsia**. 2010. **Impact factor: 5.2**: This is the first ever study published in literature describing efficacy of epilepsy surgery for post infectious pathologies
5. Banerjee J, BanerjeeDixit A, Srivastava A, Ramanujam B, Kakkar A, Sarkar C, Tripathi M, **Chandra PS [corresponding author]**. Altered glutamatergic tone reveals two distinct resting state networks at the cellular level in hippocampal sclerosis. **Sci Rep. Nature** 2017 Mar 23;7(1):319. doi: 10.1038/s41598-017-00358-7. PubMed PMID: 28336943. **Impact factor: 5.5**. This paper for the first time in literature has demonstrated 2 neuronal networks in patients with hippocampal sclerosis in both hippocampus and extra-hippocampal regions providing evidence for the first time in literature on molecular basis for standard anterior temporal lobectomy with amygdalo-hippocampectomy.
6. **Chandra PS**, Goyal N, Chauhan A, Ansari A, Sharma BS, Garg A. The severity of basilar invagination and atlantoaxial dislocation correlates with sagittal joint inclination, coronal joint inclination, and craniocervical tilt: a description of new indexes for the craniovertebral junction. **Neurosurgery (Official journal of Congress of Neurological Surgeons, USA)**. 2014 Suppl 4:621-9. **Impact factor: 5.3**
7. **Chandra PS**, Kumar A, Chauhan A, Ansari A, Mishra NK, Sharma BS. Distraction, compression, and extension reduction of basilar invagination and atlantoaxial dislocation: a novel pilot technique. **Neurosurgery (Official journal of Congress of Neurological Surgeons, USA)**.. 2013 Jun;72(6):1040-53; discussion 1053. **Impact factor: 4.9**.
8. **Chandra PS**, Prabhu M, Goyal N, Garg A, Chauhan A, Sharma BS. Distraction, Compression, Extension, and Reduction Combined With Joint Remodeling and Extra-articular Distraction: Description of 2 New Modifications for Its Application in Basilar Invagination and Atlantoaxial Dislocation: Prospective Study in 79 Cases. **Neurosurgery (Official journal of Congress of Neurological Surgeons, USA)**.. 2015 Jul;77(1):67-80; discussion 80. **Impact factor: 5.3**. **Papers 6.5 & 6.6** describe for the first time a new surgical technique for basilar invagination and atlanto-axial dislocation through a posterior only approach. The technique now performed in over 200 cases, may be used even in very severe cases of cranio-vertebral junction anomalies. This technique was demonstrated by the author in several live workshops both in India and abroad and the author also gave several lectures both in India and abroad. This technique has led to 2 International patents and in terms of patient benefit has demonstrated 50% less morbidity and has cut down the hospital stay by more than half as compared to the traditional trans-oral excision of odontoid and posterior fixation. *Paper 6.6 was the first paper from India to be ever published in Neurosurgery as editor's choice.*
9. **Chandra PS**, Kurwale N, Garg A, Dwivedi R, Malviya SV, Tripathi M. Endoscopy-assisted interhemispheric transcallosal hemispherotomy: preliminary description of a novel technique. **Neurosurgery (Official journal of Congress of Neurological Surgeons, USA)**.. 2015 Apr;76(4):485-94; discussion 494-5. **Impact factor: 4.9**. *The paper for the first time in literature describes a new surgical technique of performing hemispheric disconnection using an endoscope.* This technique was developed by the author at AIIMS and was performed as live surgery in many places in India and abroad (Malaysia, Morocco). The author also spoke about this technique in several lectures both in India and abroad. The technique provides a minimally invasive approach for a highly

major surgical procedure usually performed in children, and thus reducing blood loss, hospital stay, morbidity and mortality significantly by more than 50%. The whole surgery is performed through a small incision of 4 cm size.

- a. (also see: <https://www.youtube.com/watch?v=FmO9NVG1dhk>,
- b. <https://www.youtube.com/watch?v=FmO9NVG1dhk>,
<https://www.youtube.com/watch?v=h5RbjOIRDYs>)

10. **Chandra PS**, Kurwale NS, Chibber SS, Banerjee J, Dwivedi R, Garg A, Bal C, Tripathi M, Sarkar C, Tripathi M. Endoscopic-Assisted (Through a Mini Craniotomy) Corpus Callosotomy Combined With Anterior, Hippocampal, and Posterior Commissurotomy in Lennox-Gastaut Syndrome: A Pilot Study to Establish Its Safety and Efficacy. **Neurosurgery (Official journal of Congress of Neurological Surgeons, USA)**... (2016)78(5):743-51. **Impact factor: 4.9:** The author has described this surgical technique for the first time in literature where a complete corpus callosotomy along with anterior, hippocampal and posterior commissurotomy has been described through a small incision of 3 cm size in patients who suffer from severe epilepsy with Lennox-Gastaut syndrome. Such a technique along with the combination of corpus callosotomy with commissurotomy has been described for the first time literature and has been shown to be significantly more efficacious than corpus callosotomy alone. In addition, the use of endoscopic technique has reduced the size of incision on cranium to just 3 cm size.
11. Chandra PS, Doddamani R, Girishan S, Samala R, Agrawal M, Garg A, Ramanujam B, Tripathi M, Bal C, Nehra A, Tripathi M. Robotic thermocoagulative hemispherotomy: concept, feasibility, outcomes, and safety of a new "bloodless" technique. *J Neurosurg Pediatr.* 2021- A new bloodless technique described for the first time for hemispherotomy
12. **Chandra PS**, Tej M, Sawarkar D, Agarwal M, Doddamani RS. Fronto-Orbital Variant of Supraorbital Keyhole Approach for Clipping Ruptured Anterior Circulation Aneurysms (f-Sokha). *Neurol India.* 2020 Sep-Oct;68(5):1019-1027. doi: 10.4103/0028-3886.294827. PMID: 33109845.
13. **Chandra SP**, Singh P, Kumar R, Agarwal D, Tandon V, Kale SS, Sarkar C. Long-term outcome of treatment of vertebral body hemangiomas with direct ethanol injection and short-segment stabilization. *Spine J.* 2019 Jan;19(1):131-143. doi: 10.1016/j.spinee.2018.05.015. Epub 2018 Jun 8. PMID: 29890263. An innovative technique described by Dr Chandra

COMPLETE PUBLICATIONS:

b. Chapters in important books

- i. Endoscopic-assisted hemispherotomy: Chandra PS et al, In *Pediatric Epilepsy Surgery* (Oguz Cataltepe, George I Jallo, Second Edition, Thieme publications, 2021
- ii. *Endoscopic assisted corpus callosotomy with commissurotomy: Chandra PS et al, In *Pediatric Epilepsy Surgery* (Oguz Cataltepe, George I Jallo, Second Edition, Thieme publications, 2021
- iii. *Endoscopic assisted hemispherotomy, Chandra PS et al, In *Operative technique in Epilepsy Surgery* (Gordon Baltuch, Arthur Cukiert), Thieme publications, 2019

- iv. Hemispherotomy and Multi-lobar resections- P Sarat Chandra & George Dorfmueller, In Epilepsy: Comprehensive textbook by Engel Jerome, Wolters Kluwer, 2024
- v. Post Traumatic Epilepsy- P Sarat Chandra & Manjari Tripathi, In Epilepsy: Comprehensive textbook by Engel Jerome, Solomon Moshe; Wolters Kluwer, 2024
- vi. Brain tumors, P Sarat Chandra & PN Tandon, In API Textbook of Medicine, Jaypee publications, 2024
- vii. Evolution of neurosurgical techniques. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications, 2025
- viii. History of microneurosurgery. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications.
- ix. Evolution of Neurosciences in India- A Brief overview. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications.
- x. Evolution of Neurosciences-A historical review with brief biographies of some of its selected pioneers. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications.
- xi. Evolution of neurosciences: Pre Hippocratic and period of Hippocrates. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xii. Evolution of microstructural, functional and imaging concepts of neurons. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xiii. Electrodiagnosis. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xiv. Injuries of cranio-vertebral junction and upper cervical spine. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xv. Cysticercosis. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xvi. AIDS and the neurosurgeon. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xvii. Clipology for clipping of aneurysms. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xviii. Intra-operative rupture of aneurysms and its treatment. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xix. Brain stem gliomas. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xx. Trigeminal schwannomas. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xxi. Robotic neurosurgery. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xxii. Neural transplantation and stem cell. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.

- xxiii. Surgery for epilepsy: General principles. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xxiv. Stereoelectroencephalography. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xxv. Electrocorticography. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xxvi. Hemispheric and multi-lobar resections and disconnections. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xxvii. Corpus callostomy. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xxviii. Surgery for hypothalamic hamartoma. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xxix. Neuromodulation. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xxx. Post traumatic epilepsy. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xxxi. Long term surgical outcomes of epilepsy surgery. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xxxii. Establishing an epilepsy surgery program. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xxxiii. Technique of DCER in CV Junction surgery. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xxxiv. Endoscopic management of colloid cyst. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xxxv. Endoscopic carpal tunnel release. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xxxvi. Endoscopic techniques in epilepsy surgery. In Textbook of Neurosurgery, Ramamurti and Tandon; P Sarat Chandra, Sanjay Behari, MC Vasudevan, Anil Pande, Jaypee publications. 2025.
- xxxvii. Chandra, Poodipedi Sarat, and Manjari Tripathi. "Minimally invasive hemispherotomy: endoscopic, radiofrequency and robotic techniques." *Pediatric Epilepsy Surgery Techniques*. Academic Press, 2025. 235-271.
- xxxviii. Srivastava, A., Dixit, A. B., Tripathi, M., Sarat Chandra, P., & Banerjee, J. (2024). Quantification of Neuroinflammatory Markers in Blood, Cerebrospinal Fluid, and Resected Brain Samples Obtained from Patients. In *Neuroprotection: Method and Protocols* (pp. 67-79). New York, NY: Springer US.
- xxxix. Dubey, V., Dixit, A. B., Tripathi, M., Sarat Chandra, P., & Banerjee, J. (2024). Quantification of neuronal dendritic spine density and lengths of apical and basal dendrites in temporal lobe structures using golgi-cox staining. In *Neuroprotection: Method and Protocols* (pp. 57-66). New York, NY: Springer US.

- xl. Chandra, P. S., Kota, R. C., & Tripathi, M. (2022). Newer Surgical Approaches and Techniques in Epilepsy. IAN Reviews in Neurology 2022: Epilepsy-Innovations and Advances, 161.
- xli. Dheer, A., Dixit, A. B., Tripathi, M., Chandra, P. S., & Banerjee, J. (2022). Glia in Epilepsy: An Overview. The Biology of Glial Cells: Recent Advances, 323-351.

***New Techniques devised by the author**

c. Editors of Books

- i. Textbook of Neurosurgery- By Ramamurthi and Tandon- One of the core editors of the textbook, New Book in publication, expected to be out in mid 2025. This textbook is the core textbook for residents of Neurosurgery. (in press)
- ii. Speech, Language, and Human Brain. PN Tandon and P Sarat Chandra. Salubri publications, 2025 (in press)
- iii. Evolution of Neurosciences. PN Tandon and P Sarat Chandra. Wolters kluwers, 2021

Complete List of publications in Peer reviewed journals

Year of 2024

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