

CURRICULUM VITAE

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1 Background, Education and Positions Held

Over 33 years of teaching experience; 28 years on the faculty of the All India Institute of Medical Sciences, New Delhi.

1.1 Education and training

Period	Position and institution
1985–1991	MBBS — MKCG Medical College, Berhampur, Odisha. Honours / gold medals in Biochemistry, Physiology, Obstetrics & Gynaecology and Surgery. Best Outgoing Student of the batch; Pfizer Medallion awardee.
Jun 1991 – Jun 1998	Senior Resident and Post-MCh Resident, Department of Neurosurgery, National Institute of Mental Health and Neuro Sciences (NIMHANS), Bangalore, India
Jul 2005 – Aug 2006	Post-Doctoral Fellow, Department of Neurosurgery, University of California, Los Angeles, United States

1.2 Faculty positions, All India Institute of Medical Sciences, New Delhi

Period	Position
Aug 1998 – 2003	Assistant Professor, Department of Neurosurgery
2003 – 2008	Associate Professor, Department of Neurosurgery
2008 – 2011	Additional Professor, Department of Neurosurgery
2009 – 2025	Professor and Head of Unit 1, Department of Neurosurgery
July 2025 onwards	Head of Department and Head of Unit 1, Department of Neurosurgery

2 Executive Summary — My Story as a Neurosurgeon, Educator, Researcher and Innovator

How to use this summary: each superscript number cross-references the cited paper to its entry in the accompanying “List of All Publications, Grouped by Theme.” The two-part number (e.g., 443-167) gives the paper’s position in the full list of 716 — the first figure is its overall serial number, the second its rank within that theme. Cross-references to other parts of this CV are given in parentheses — for example (Section 3) or (Section 7).

AIIMS was founded on a threefold national mandate: **to deliver the highest standards of patient care, to advance medical education, and to conduct research in the service of the country.** For twenty-eight years on its faculty — and now as Professor and Head of the Department of Neurosurgery — I have worked to honour all three together. This summary sets out, on objective data, the scientific work that has come of that effort.

2.1 A Surgeon’s Service — and What It Made Possible

I am a neurosurgeon, educator, scientist and innovator. I completed my MBBS in Odisha and my neurosurgical training at NIMHANS, Bengaluru. From the **beginning of my residency I understood that neurosurgery is unlike other specialties** — among the most demanding, requiring not only fine judgement but the physical stamina to operate for unusually long stretches: a routine brain operation runs six to seven hours, and a complex one may extend to twelve or fifteen. I came to regard this not as a burden but as an opportunity to grow, and it taught me a principle that has stayed with me — that **the more one does, the more one becomes capable of doing.**

At AIIMS I have been fortunate to practise in one of the busiest clinical and operative environments anywhere in the world. Our department is consistently counted among the largest and busiest globally: a single outpatient clinic sees forty to fifty patients, most referred from every corner of the country, and together we perform roughly 130 operations and 30 Gamma Knife procedures each week. A working day that begins by eight in the morning and seldom ends before eight or nine at night is the ordinary rhythm of this work. It is from this sustained volume, over nearly three decades, that my own operative experience of more than 25,000 surgeries has been built — among the largest for any single neurosurgeon, and greater than that of most centres in the world.

A clinical and operative load of this size might be expected to leave little time for anything more. I chose to treat it as a foundation rather than a limit. Because AIIMS holds patient service, education and research to be inseparable, I committed the hours beyond the operating theatre to developing niche areas of research and

capacity that did not exist elsewhere in the country. The very scale of the surgery — the breadth of clinical material it brought, and the discipline of endurance it demanded — is what made the research and innovations that follow possible.

This standing is not the work of any one person. Our department was founded in March 1965 by Prof. P. N. Tandon and Prof. A. K. Banerji, whose vision and rigour every generation since has sought to uphold. In the years that I have led it as Head, the department has come to be ranked, on independent international assessment (EduRank, 2026), first in India, second in Asia and eleventh in the world in neurosurgery — placing it, on that assessment, ahead of institutions such as UCLA (ranked 13th in the world), the University of Oxford (22nd) and the University of Cambridge (30th). I set this down not as a personal claim but as the measure of a team — the standard set by those who built this department, carried forward by the colleagues, residents and scientists who sustain it today.

Source: *EduRank — Best Neurosurgery Universities in the World (2026 ranking)*, <https://edurank.org/medicine/neurosurgery/> (ranks as of July 2026).

The work described below took shape in these conditions, unified by a single idea — translation: carrying each clinical problem from mechanism and biomarker through to a new operation, an affordable device or a definitive trial. An early post-doctoral fellowship at UCLA, then among the world's foremost epilepsy centres, showed me what a complete, multidisciplinary programme could achieve, and I returned resolved to build one at home — writing the grant as PI for Centre of Excellence for Epilepsy (41 crores INR) Co-PI for MEG resource facility (50 crore INR) that established the country's first-ever Centre of Excellence for Epilepsy and MEG Resource Facility. Everything since — **716 peer-reviewed publications carrying a cumulative journal impact factor of approximately 907, an h-index of 52**, and the operative record above — has been bound together by that idea.

2.2 Epilepsy and Epilepsy Surgery — Building the Evidence That Was Missing (284 papers)

To prove that surgery could help children whom medicine had failed, I co-led (as the only surgeon in the study) the **world's first-ever** randomised controlled trial of epilepsy surgery in children⁴⁴³⁻¹⁶⁷ — the *New England Journal of Medicine* study that gave paediatric epilepsy surgery the highest level of evidence it has ever had (cited more than 700 times). Around it, I along with my team described operations that had never appeared in the literature: the **world's first** endoscopic hemispherotomy⁵⁰⁹⁻²¹⁰ and endoscopic corpus callosotomy⁴⁸⁸⁻¹⁹⁸, the **world's first “bloodless” robotic thermo-coagulative hemispherotomy (ROTCH)**²⁷³⁻¹¹⁶, **India's first** SEEG-guided radiofrequency thermocoagulation of seizure networks⁶⁰⁻⁶, the first multimodal MRI-PET-electrocorticography localisation of the epileptogenic focus⁵³⁶⁻²¹⁸, and — during my UCLA years — the **world's first** PET-MRI fusion for localising epileptogenic tubers in tuberous sclerosis⁶⁴⁵⁻²⁶⁰. From this grew one of the largest epilepsy-surgery programmes anywhere, with **more than 4,000 operations since 1998**. Its defining achievement is finding the seizure even when the MRI is entirely normal — pushing network localisation to the cellular level by combining video-EEG, ictal-SPECT, PET, MEG and robotically placed stereo-EEG electrodes, so that a child once declared inoperable can walk out cured. The scale of this need is easy to overlook: India carries an estimated 10–12 million people with epilepsy — roughly one in six of everyone affected on Earth — of whom about a million are potential surgical candidates, yet **fewer than 1,000 epilepsy surgeries are performed in the whole country each year**, reaching barely two of every thousand who could be cured. (The programme, its funded projects and competitive grants are detailed in Section 3; every epilepsy paper is listed in Section 6.)

2.3 Reading the Diseased Tissue — The Science Beneath the Surgery (53 papers)

Because every operation yields tissue, I built two research engines around the theatre — the Prof. P. N. Tandon Neurobiology Laboratory and a dedicated Genomics Laboratory — to ask *why* the brain seizes. There we showed, **for the first time**, that hippocampal sclerosis harbours two distinct epileptogenic networks at the cellular level rather than one⁴⁵⁶⁻¹⁷⁶, overturning a long-held belief and reshaping how the operation is planned; identified an endogenous NMDA-receptor mechanism of hyperexcitation⁵¹⁴⁻²¹²; and used RNA-sequencing to uncover novel candidate genes and biomarkers of drug-refractory epilepsy⁴⁸⁴⁻¹⁹⁴. This connectomics, molecular and intracellular-electrophysiology work — extending to genome-wide methylation and the kynurenine and mTOR pathways — is hard to read in the primary papers, but its purpose is simple: to move from treating drug resistance to predicting and preventing it. (The laboratory projects behind this science are set out in Section 3.)

2.4 Craniovertebral Junction and Spine — One Operation Instead of Two (145 papers)

Severe basilar invagination with atlantoaxial dislocation once demanded two long, dangerous operations — a trans-oral decompression followed by separate posterior fixation, often 8–10 hours in total. I devised the

world's first-ever single-stage, posterior-only DCER (Distraction–Compression–Extension–Reduction) technique⁵⁵⁷⁻¹²², together with new indices that grade the severity of the junction⁵¹⁰⁻¹¹³ — work that became the first paper from India ever published in *Neurosurgery* as an Editor's Choice — and later validated two further modifications prospectively in 79 cases⁵⁰⁸⁻¹¹². DCER roughly halved operating time (to 3–4 hours) and halved morbidity and mortality with it; I now hold an operative experience of **over 2,000 craniovertebral-junction cases**, among the highest anywhere. Describing the C1–C2 joint types **for the first time** let the operation be tailored to each patient, and a study of the *FBN1* gene allowed my group to propose a new “weak ligaments, sloping joints” hypothesis for how the deformity arises — one that also helps explain why congenital basilar invagination appears more common in India³³⁵⁻⁷⁸. (The DCER technique and its instrumentation are patented — Section 7 — and catalogued among the new techniques devised in Section 3.)

2.5 Affordable Innovation — Solutions Ordinary Patients Can Reach (neuro-oncology 67 · neurovascular 42 · functional 17 · neurotechnology 25)

Guided by a conviction that innovation must serve the public good, I sought answers that were not only new but affordable. Vertebral haemangiomas are treacherous, bleeding lesions whose complete removal can take 10–12 hours; I described the **world's first** use of absolute-alcohol (ethanol) embolisation for them⁵⁹²⁻¹³⁰ — costing a few rupees against the more than ₹5 lakh of conventional embolic materials — with over twenty years of follow-up showing no recurrence and excellent recovery³⁷⁷⁻⁸⁷. The same philosophy produced robot-guided radiofrequency ablation of hypothalamic hamartoma³⁹³⁻¹⁴ and patented, “Make in India” neurotechnologies, including an AI algorithm for EEG interpretation and EPISAVES, a portable smartphone-linked video-EEG system that carries epilepsy diagnosis where none existed. (These indigenous devices and their patents — absolute-alcohol embolisation, the AI-EEG algorithm and the EPISAVES video-EEG — are listed in Section 7.)

2.6 The Engine Behind the Work — Grants, Projects and Patents

None of this happened by chance; it has been powered by **more than ₹100+ crore in competitive research grants** (Section 3). Among them are the founding grants for the Centre of Excellence in Epilepsy — a joint NBRC–AIIMS programme — and the Advanced Research for Epilepsy project supported by the Principal Scientific Advisor to the Government of India. Alongside completed studies that mapped the molecular biology of the epileptic focus, my laboratories today ask how the gut microbiome, GABA^A-receptor changes, platelets and non-coding RNAs drive drug-resistant epilepsy (Section 3). Wherever a discovery could become a tool, we have protected and shared it: the craniovertebral portfolio alone spans the DCER technique and its instrumentation (US Patent 14/897,156) and a purpose-built occipito–C1–C2 spacer, while further patents cover kynurenic acid as a biomarker for localising the seizure focus, disposable endoscopic carpal-tunnel and trans-sphenoidal retractor sets, and the EPISAVES portable, AI-enabled video-EEG — a growing family of granted Indian and US patents (Section 7). The operations these ideas produced are themselves recorded as formally described new surgical techniques (Section 3).

2.7 Research Infrastructure, Mentoring and Legacy

Beyond individual techniques, my work has consistently been about building research capacity rather than reputations. I conceived, established and then sustained through competitive funding a National Centre of Excellence for Epilepsy (as PI with grant of INR 41 crore INR) and a MEG Resource Facility (as CO-PI with grant of INR 50 crores), translational-neuroscience and molecular-diagnostic laboratories, and a comprehensive programme that unites neurologists, radiologists, physicists, pathologists, geneticists, engineers and data scientists in a single team. A generation of residents, fellows and doctoral scholars trained here now lead departments across India and abroad, and centres in India and overseas have been mentored to establish programmes of their own (Sections 5 and 8). The instinct that has guided all of it is to build what outlasts oneself, and to raise the people who will carry it on.

2.8 A Note on Reading This Record

One point of context may help in weighing this record fairly. On bibliometrics: an h-index of 52 is high for any physician, and higher still for a full-time operating surgeon. The leading surgical and neurosurgical journals, though the most respected in the field, generally carry impact factors of only four to six — a fraction of those of general-medicine journals such as *The Lancet* or the *New England Journal of Medicine* — and much of a surgeon's most consequential output, the first description of a new operation or device, is not work those journals publish at all. **Hence my humble request is to read this against the hours a surgeon must give to the operating theatre, and against the natural ceiling of the journals in which surgical science appears**, a record of 716 publications, a cumulative journal impact factor of approximately 907 and an h-index of 52 stands well above the expected norm.

Taken together, the 716 publications, the grants and patents, the programmes and the people summarised here are not a catalogue of achievements but a single, sustained effort — to move discovery from the bench to the bedside, to build capacity that outlives any individual, and, above all, to give patients back their lives.

“Concern for man himself and his fate must always form the chief interest of all technical endeavours... Never forget this in the midst of your diagrams and equations.”

— Albert Einstein

“Let us never forget, in the midst of all our surgeries and research, our teaching and our papers, for whom all of it is finally meant — not the procedure, the publication, or the prestige, but the patient.”

3 Research Projects, Techniques and Grants

Research grants: total in excess of INR 100 crore.

3.1 Extramural and Intramural Research Projects — Completed and Underway

1. An observational study to investigate the gut microbiota composition of patients with drug-refractory epilepsy (PI — AIIMS Intramural). Funding: INR 50 lakh.

- **Question:** whether the gut microbiome is altered in patients with drug-resistant epilepsy.

2. Modulators of $\alpha 4$ -containing GABA^A receptors: potential therapy for focal cortical dysplasia (FCD) (Co-PI — ICMR). Funding: INR 50 lakh.

- **Question:** screening and identification of suitable GABA^A-receptor targets as a novel therapeutic option for focal cortical dysplasia.

3. Deciphering the role of platelets in drug-resistant epilepsy (Co-PI — ICMR). Funding: INR 50 lakh.

- **Question:** whether platelets and platelet-derived molecules contribute to hyperexcitability — a conceptually new role that may indicate a therapeutic approach targeting platelets to prevent and treat epilepsy.

4. Role of non-coding RNAs (ncRNAs) in clinicopathological classification and molecular perturbances associated with focal cortical dysplasia (FCD) (Co-PI — DBT). Funding: INR 50 lakh.

- **Question:** the whole transcriptomic landscape of focal cortical dysplasia and the clinicopathological relevance of transcriptomic alterations.

5. Investigating the role of metabolites and neurotransmitters in abnormal synaptic transmission associated with MTLE and FCD: possible biomarkers for localisation of epileptogenic foci — under “Centre of Excellence for Epilepsy Research Phase II / MEG Resource Facility (Multi-PI project)” (PI — DBT). Funding: INR 91 crore.

Key outcomes:

- Potential metabolic and neurotransmitter biomarkers linked to abnormal synaptic activity in epilepsy were identified; these hold promise for improving diagnostic accuracy and tailoring individualised treatment.
- Integrated MEG (magnetoencephalography) and multimodal imaging for precise localisation of epileptogenic zones, enabling enhanced accuracy in identifying seizure foci in complex cases such as MTLE and FCD.
- Patents for portable video-EEG systems with AI-based analysis and for novel surgical methods, providing accessible and effective tools for epilepsy management.

6. Role of kynurenic acid, a glutamate receptor inhibitor, in hyperexcitability associated with mesial temporal lobe epilepsy (MTLE) (PI — DBT). Funding: INR 50 lakh.

Key outcomes:

- A decrease in kynurenic acid levels was observed, correlating with heightened hyperexcitability in MTLE, indicating that kynurenic acid (an inhibitor of glutamate receptors) plays a crucial role in controlling neural

excitability.

- Alterations in this metabolite could contribute to the pathological hyperexcitability seen in MTLE, offering insights into potential therapeutic targets.

7. “Centre of Excellence in Epilepsy” — a collaborative project between NBRC and AIIMS (Phase I) (PI — DBT). Funding: INR 95 crore.

Key outcomes:

- Advanced the understanding of altered glutamatergic activity and synaptic mechanisms in MTLE patients, especially in drug-resistant cases.
- Identified potential biomarkers for drug-resistant epilepsy through RNA sequencing and electrophysiological studies on hippocampal tissue from patients.
- Enhanced the utility of imaging (MEG and PET) and of intraoperative techniques, improving surgical outcomes for patients with epilepsy.
- Combined clinical neurology, neurosurgery, neuroimaging and electrophysiology to address the complexities of drug-resistant epilepsy, enabling accurate localisation of epileptogenic zones.

8. Advanced Research for Epilepsy (PI) — grant from the office of the Principal Scientific Adviser to the Government of India. Total grant: INR 5 crore.

Key outcomes:

- The project had four heads: [1] development of an AI algorithm for EEG, creating a portable video-EEG connected to a server via the internet; [2] development of newer anti-epileptic drugs; [3] connectomics to understand the propagation and spread of epilepsy; [4] a multi-omics approach to epilepsy.
- The constituent projects were headed by different Co-PIs and explored a range of strategies to understand and treat epilepsy.

9. Deciphering the role of histone deacetylases (HDACs) in mesial temporal lobe epilepsy (MTLE) (Co-PI — AIIMS Intramural).

Key outcomes:

- 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 therapeutic targets using HDAC inhibitors.
- Findings contributed to the understanding of epigenetic regulation in epilepsy pathogenesis.

10. Assessment of mutations in the GABRG2 gene from micro-electrocorticographically defined areas of hippocampus and amygdala in patients with MTLE with intractable epilepsy (PI — DBT).

Key outcomes:

- Gamma-2 subunit (GABRG2) gene mutations, reported in other epilepsy pathologies, may not play a significant role in the development of epilepsy, or as a susceptibility gene, in patients with MTLE in the Indian population.

11. Deciphering the role of casein kinase 2 in mesial temporal lobe epilepsy (Supervisor — DST Young Scientist). Funding: INR 50 lakh.

Key outcomes:

- Alterations in casein kinase 2 (CK2) levels contribute significantly to the hyperexcitability associated with MTLE, offering insights into the molecular mechanisms underlying MTLE and potential therapeutic targets.

12. Deciphering the role of ATF3 and TGFβ signalling in mesial temporal lobe epilepsy (MTLE) patients — funded by the Institute Research Grant, AIIMS, New Delhi, in collaboration with the Department of Neurology, AIIMS, New Delhi. Funding: INR 50 lakh.

Key outcomes:

- ATF3 and TGFβ signalling contribute to the neuroinflammation and tissue remodelling associated with epilepsy.
- Findings suggest a link between these pathways and the progression of MTLE, offering insights for therapeutic interventions targeting these mechanisms.

13. Deciphering the role of GABA^A receptor alterations in paediatric and adult patients with focal cortical dysplasia — funded by the Institute Research Grant, AIIMS, New Delhi, in collaboration with the Department of Neurosurgery, AIIMS, New Delhi. Funding: INR 5 lakh.

Key outcomes:

- The severity and nature of GABA^A receptor-mediated epileptogenicity differ between paediatric and adult patients.
- Differential configurational changes in GABA^A receptors were demonstrated in paediatric and adult patients with FCD.

14. Comparative analysis of Src kinase-mediated high glutamatergic activity in the anterior temporal lobe (ATL) and hippocampus of hippocampal sclerosis patients — funded by the Department of Biotechnology, Ministry of Science & Technology, Government of India (in collaboration with Dr Aparna Dixit, Dr B. R. Ambedkar Center for Biomedical Research, University of Delhi). Funding: INR 50 lakh.

Key outcomes:

- Glutamatergic hyperactivity mediated by Src kinase showed distinct profiles in the anterior temporal lobe and the hippocampus, indicating different excitotoxic mechanisms in these regions.
- Src kinase is a potential target for modulating excitotoxicity in drug-resistant epilepsy, especially in hippocampal sclerosis.

15. Study of FBN1 gene mutations in patients with congenital non-syndromic basilar invagination and atlanto-axial dislocation — funded by the Department of Biotechnology. Funding: INR 50 lakh.

Key outcomes:

- The study explored the prevalence of FBN1 gene mutations in congenital cranio-vertebral junction (CVJ) anomalies — the same gene affected in Marfan's syndrome. Most non-syndromic CVJ anomalies show subtle phenotypic features of Marfan's without fitting exactly into that bracket; the reason for the relatively high prevalence of congenital CVJ anomaly in this part of the continent remains, to date, unknown.
- Mutations were present in 80% of these cases; on this basis, and on further radiological study, a new hypothesis was proposed.
- Publication: 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. PMID: 33401861; PMCID: PMC7788422.

16. Effect of plasma jet on tumour tissue resected from patients with tumour-linked refractory epilepsy — funded by the Board of Research in Nuclear Sciences, Department of Atomic Energy (DAE), Government of India (March 2018 – March 2022). Amount: INR 30 lakh.

Key outcomes:

- Plasma-jet treatment generated high levels of reactive oxygen and nitrogen species in glioma tissue, disrupting cellular structures and signalling pathways.
- Plasma jets induced apoptosis in tumour cells without significant damage to surrounding normal tissue, indicating potential as a targeted therapeutic approach.
- Findings suggest a potential adjunctive use in treatment.

17. “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. Amount: INR 50 lakh.

Key outcomes:

- Enabled development of new spine implants customised to perform the DCER technique.
- Patents for specific spacers to be placed between C1 and C2, and for new types of screw to hold the spacers in position.

3.2 New Surgical Techniques Devised

1. Endoscopic hemispherotomy. In a **world's first**, the nominee devised this minimally invasive technique for disconnecting a whole hemisphere in children with severe hemispheric epilepsy — now accepted globally. Hemispherectomy, in which a whole hemisphere is removed in patients with drug-resistant epilepsy, traditionally requires a large craniotomy; the described procedure uses a 3 cm opening in the skull, reducing morbidity and mortality significantly. In a series now exceeding 75 patients, a seizure-free outcome of 90% was attained. Most of these children had severe epilepsy, some with several hundred seizures a day.

Papers:

a. Chandra PS, Kurwale N, Garg A, Dwivedi R, Malviya SV, Tripathi M. Endoscopy-assisted interhemispheric transcalsal hemispherotomy: preliminary description of a novel technique. *Neurosurgery*. 2015 Apr;76(4):485-94; discussion 494-5. doi:10.1227/NEU.0000000000000675. PMID: 25710106.

b. 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 transcalsal 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. PMID: 30497135.

c. 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.

d. 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.

2. Endoscopic corpus callosotomy. The nominee described this technique in a **world's first**, allowing corpus callosal sectioning in patients **suffering from Lennox-Gastaut syndrome** with severe epilepsy. This procedure traditionally requires a large opening; the technique was developed to be performed through an opening of 3 cm. In addition, sectioning of the commissures combined with the corpus callosum was described for the **first time**. The procedure controlled drop attacks in almost 100% of cases, while other seizures reduced by over 56%. Lennox-Gastaut syndrome is an ominous condition, characterised by multiple self-harming sudden drop attacks along with several other seizure types; it has no medical cure, and affected children often die within a few years. This procedure offered these children a prospect of control.

Papers:

a. 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.

3. DCER for basilar invagination and atlanto-axial dislocation. The nominee devised this 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 — trans-oral plus posterior — was required). DCER is safe and effective and cuts operative time by more than 50%. Basilar invagination with atlanto-axial dislocation affects children and young adults and, if untreated, leads to progressive quadriplegia, bed-bound dependence and death.

Papers:

- a.** 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.

- b. 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. PMID: 33401861; PMCID: PMC7788422.
- c. 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.
- d. 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.

4. Absolute alcohol embolisation with instrumented fixation for vertebral body haemangiomas.

These are treacherous lesions with a high risk of intra-operative bleeding. The nominee described an innovative technique of injecting absolute alcohol into the vertebral body. Long-term follow-up (over 20 years) showed it to be safe and effective, and to prevent recurrence. Compared with expensive embolisation techniques (costing more than INR 5 lakh), this technique is inexpensive, the cost of absolute alcohol being a few rupees only.

Papers:

- a. 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. PMID: 29890263.
- b. 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.
- c. 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.

5. Robotic thermocoagulative hemispherotomy (ROTCH). The **world's first** bloodless technique, in which radiofrequency thermocoagulation under robotic guidance is used to perform hemispheric disconnection. Multiple small-calibre holes (2.1 mm) are drilled in the skull; through these, electrodes are introduced and an entire hemisphere is disconnected by radiofrequency ablation. There is no blood loss, and since these operations are performed in young children (usually under seven years of age), complication rates are markedly reduced. Most of these children are severely affected, some with several hundred seizures a day. The procedure rendered 76% of the 42 operated cases seizure-free. It appeared on the cover of the *Journal of Neurosurgery* and is being adopted internationally; a team from Tel Aviv Medical University learned the technique and implemented it in Israel. (<https://www.schillerindia.com/news-events-success-stories/drug-resistant-epilepsy-care-gets-robotic-boost-rosa-rotch-a-technique-developed-by-dr-sarat-chandra-at-aiims-delhi/>)

Papers:

- a. 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.

6. Robotic radiofrequency ablation for hypothalamic hamartoma. The **world's first** description of a minimally invasive technique for the treatment of hypothalamic hamartoma presenting with gelastic (laughing) epilepsy.

Papers:

- a. 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. PMID: 29408592.

b. 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.

3.3 Summary of Research Grants

No.	Name of topic	Granting agency	Period
1	Centre of Excellence for Epilepsy, Phase II	Dept of Biotechnology, Ministry of Science and Technology, India	2018–2023
2	Advanced Epilepsy Research: a multidisciplinary approach	Principal Scientific Adviser (PSA), Govt of India	2018–2023
No.	Name of topic	Granting agency	Period
3	Role of kynurenic acid on hyperexcitability associated with mesial temporal lobe epilepsy	Dept of Biotechnology, Ministry of Science and Technology, India	2017–2021
4	Deciphering the role of GABA ^A receptor alterations in paediatric and adult patients with focal cortical dysplasia	Intramural grant, AIIMS, New Delhi	2017–2019
5	Deciphering the role of casein kinase 2 in mesial temporal lobe epilepsy	SERB, Department of Science and Technology	2016–2018
6	Deciphering the role of histone deacetylases (HDACs) in mesial temporal lobe epilepsy (MTLE)	Intramural grant, AIIMS, New Delhi	2016–2018
7	Centre of Excellence for Epilepsy	Dept of Biotechnology, Ministry of Science and Technology, India	2012–2018
8	Assessment of mutations in GABRG2 gene from micro-electrocorticographically defined areas of hippocampus and amygdala in patients with MTLE with intractable epilepsy	Dept of Biotechnology, Ministry of Science and Technology	2010–2013
9	fMRI and simultaneous EEG for localising the epileptogenic focus in patients with intractable epilepsy	Dept of Biotechnology, Ministry of Science and Technology	2011
10	Exon defects in osseous developmental CVJ anomalies	Dept of Biotechnology, Ministry of Science and Technology	2011
11	Evaluation of autonomic function, saccadic eye movement control, and Fibrillin gene (Exon 24–28)	Dept of Biotechnology, Ministry of Science and Technology	2011
12	Multimodal imaging for epilepsy surgery	NSI 2011	2011
13	Differential expression of neurotransmitters from hippocampus during amygdalohippocampectomy for epilepsy surgery	Dept of Biotechnology, Ministry of Science and Technology	2010
14	Autonomic functions in patients undergoing surgery for intractable epilepsy	Dept of Biotechnology, Ministry of Science and Technology	2009
15	ISS implantation for vascular dementia	BRAINS GATE, Israel	2009
16	Visuomotor control of eye movements	NBRC	2008
17	Study of FBN1 gene mutations in patients with congenital non-syndromic basilar invagination and atlanto-axial dislocations	DBT	2001

3.4 Ongoing Projects

1. An observational study to investigate the gut microbiota composition of patients with drug-refractory epilepsy (AIIMS Intramural).
2. Modulators of $\alpha 4$ -containing GABA^A receptors: potential therapy for focal cortical dysplasia (FCD) (Extramural).

3. A case-control study to investigate gut microbiota dysbiosis in drug-refractory epilepsy patients using whole-metagenomic shotgun sequencing (Extramural).
4. Deciphering the role of platelets in drug-resistant epilepsy (Extramural).
5. Role of non-coding RNAs (ncRNAs) in clinicopathological classification and molecular perturbances associated with focal cortical dysplasia (FCD) (Extramural).
6. Differentially expressed synaptic-activity-associated long non-coding RNAs (lncRNAs) in drug-resistant epilepsy (DRE) (AIIMS Intramural).

4 Awards and Positions in Scientific Societies

4.1 Academic awards

1. Tadokoro Award, International League Against Epilepsy (2006)
2. Sun Pharma Award 2019 for Best Clinical Researcher in India (<https://www.sunpharmasciencefoundation.net/LatestWinnersResearchAwardmain.asp>)
3. AIIMS Excellence Award for Best Clinical Researcher, 2018
4. Fellowship of the National Academy of Sciences (NASI), India, 2020 — see page 364 (http://nasi.nic.in/Fellowship%20Nomination%20Book%202016/Biological_Sciences_Section_Book_II.pdf)
5. Fellow, National Academy of Medical Sciences, 2024
6. VASVIK National Award 2020 — Vividhlaxi Audyogik Samshodhan Vikas Kendra Industrial Research Award, conferred for biological sciences for the year 2020 (<https://www.vasvik.org/award-winners/>)
7. Annual Research Orator Award, 3rd Annual Research Day, Jawaharlal Institute of Postgraduate Medical Education and Research (JIPMER) (<https://jipmer.edu.in/sites/default/files/JIPMER%20Newsletter%20Sep-Oct%202017.pdf>)

4.2 Domain awards

1. Lifetime Outstanding Achievement Award, Asian Oceanian Commission for Epilepsy, International League Against Epilepsy (ILAE), 2022 (<https://www.ilae.org/about-ilae/awards/asian-and-oceanian-outstanding-achievement-epilepsy-award-aoea/p-sarat-chandra-2022>, <https://youtu.be/ZbeLJTkm2U>)
2. Lifetime Achievement Award, International Spinal Cord Society, 2019
3. Prof. B. C. Bansal–Uma Bansal Oration Award, Pt. B. D. Sharma University of Health Sciences, PGIMS, Rohtak, 2025

4.3 Orations

1. Presidential Oration, Skull Base Surgery Society of India, 2020–2021
2. Presidential Oration, Cerebrovascular Society of India, 2023
3. Presidential Oration, Indian Epilepsy Society, and Asian-Oceanian Commission for Epilepsy Distinguished Oration, 2024 — “Newer innovations in epilepsy surgery: a personal journey of over 20 years”
4. Presidential Oration, Neuroendoscopic Society of India, 2025 — “Applying the science of metacognition to neuroendoscopy” (<https://www.youtube.com/watch?v=dftDBsyzcfU>)
5. Dave-Newton Oration, KGMU, Lucknow, 2023 — “The science and art of finding new cheese”
6. P. N. Tandon Oration, Indian Academy of Neurosciences, 2023 — “Translational research to find abnormal epileptogenic networks: the role of the surgeon”
7. K. S. Mani Oration, Indian Epilepsy Society, Kochi, 2022 — “Developing newer paradigms and techniques for epilepsy surgery”
8. A. D. Sehgal Oration, Indian Epilepsy Society, 2016 — “Pushing the envelope for epilepsy surgery”
9. Prof. B. S. Sharma Oration, March 2023 — “The need for innovation in neurosurgery”

4.4 Positions in scientific societies

1. President, Skull Base Surgery Society of India, 2020–2021
2. President, Cerebrovascular Society of India, 2022–2023
3. President, Indian Epilepsy Society, 2023–2024

4. President, Neuroendoscopic Society of India, 2024–2025
5. Chairman, Publication Committee, World Federation of Neurosurgical Societies, 2025–2027
6. Chair, Epilepsy Surgery, Asian-Oceanian Epilepsy Congress, International League Against Epilepsy (<https://www.ilae.org/p-sarat-chandra>)
7. Representative for Developing Countries, International League Against Epilepsy (<https://www.ilae.org/p-sarat-chandra>)
8. Faculty 1000 — recognised among the top 1000 global faculty for epilepsy (International League Against Epilepsy)

4.5 Adjunct and visiting professorships

1. Adjunct Professor, National Brain Research Centre
2. Adjunct Professor, Dr Soetomo General Hospital / Dr Soetomo Medical University, Surabaya, Indonesia (<https://www.youtube.com/watch?v=rr6oA7e8QaE>)
3. Visiting Professor, International Neurosciences Institute (INI), Hannover, Germany

4.6 Journal editorship

Editor, *Neurology India*, 2019–2024. *Neurology India* is the official, bimonthly, peer-reviewed medical journal of the [Neurological Society of India](#), established in 1952. It is the oldest and premier publication in the country dedicated to advances in neurosurgery, clinical neurology, neuro-oncology and allied neurosciences, and is indexed in MEDLINE and Scopus. [1, 2]

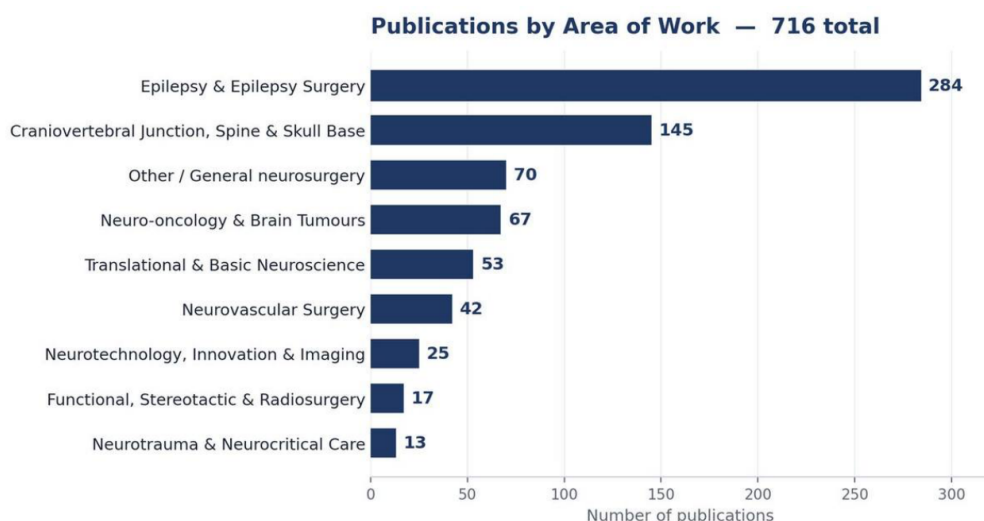
5 Fellowships

1. **Post-doctoral fellowship, UCLA, Los Angeles, 2005–2006** — epilepsy surgery and functional neurosurgery, including deep brain stimulation (DST BOYSCAST fellowship).
2. **Fellowship, UKD Düsseldorf, Germany, June 2013.**
3. **Fellow, National Academy of Sciences (NASI), India, 2020.**
4. **Fellow, National Academy of Medical Sciences, India, 2024.**
5. **J. Kiffin Penry Epilepsy Mini-Fellowship, 2006** — hosted by Wake Forest University School of Medicine, Winston-Salem, North Carolina; a post-graduate programme of intensive training in advanced epilepsy care and clinical epileptology.

6 Publications and Research Portfolio

Link to publications:
https://scholar.google.com/citations?user=C_fTZQsAAAAJ&hl=en&authuser=6&citsig=AMstHGTdWskAPdOFVMOAzSIySTW-4A_J5g

716 peer-reviewed publications; cumulative journal impact factor 907, an h-index of 52



6.1 Research Portfolio — A Summary of My Scholarly Work

6.2 Selected Peer-Reviewed Publications and Their Impact

Journal Impact Factors shown reflect the latest Clarivate Journal Citation Reports (JCR 2024).

The papers selected here are not necessarily those with the highest impact factors, but rather the ones I believe have had the most significant impact on patient care

1. Surgery for Drug-Resistant Epilepsy in Children

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. **N Engl J Med.** 2017 Oct 26;377(17):1639–1647. doi:10.1056/NEJMoa1615335. PMID: 29069568.

Impact Factor 78.5 · Citations > 700 · World's first RCT in paediatric epilepsy surgery

The first randomised controlled trial of paediatric epilepsy surgery anywhere in the world — with all authors from AIIMS. A landmark study that changed clinical-practice paradigms internationally and was recognised with the Best AIIMS Researcher award.

In the news

Selected as a NEJM Journal Watch Neurology “Top Story of 2018” by the editors (J. C. Probasco, Editor-in-Chief) and reviewed as “Practice Changing” — “Efficacy of Epilepsy Surgery in Children,” R. C. Knowlton (Associate Editor), NEJM Journal Watch Neurology, 19 Jan 2018. <https://www.jwatch.org/na45275/2018/01/19/efficacy-epilepsy-surgery-children>

First test of anti-epilepsy surgeries in children shows dramatic benefit (Reuters Health / Fox News). <https://www.foxnews.com/health/first-test-of-anti-epilepsy-surgeries-in-children-shows-dramatic-benefit>

2. FDG-PET/MRI Co-registration and Diffusion-Tensor Imaging Distinguish Epileptogenic Tubers and Cortex in Tuberous Sclerosis Complex

Chandra PS, Salamon N, Huang J, Wu JY, Koh S, Vinters HV, Mathern GW. **Epilepsia.** 2006 Sep;47(9):1543–1549. doi:10.1111/j.1528-1167.2006.00627.x. PMID: 16981871.

Impact Factor 6.6 · World's first PET–MRI fusion for localising epileptogenic tubers

The world's first study to demonstrate the role of PET–MRI fusion in localising epileptogenic tubers in patients with tuberous sclerosis complex.

3. Infantile Spasm-Associated Microencephaly in Tuberous Sclerosis Complex and Cortical Dysplasia

Chandra PS, Salamon N, Nguyen ST, Chang JW, Huynh MN, Cepeda C, Leite JP, Neder L, Koh S, Vinters HV, Mathern GW. **Neurology.** 2007 Feb 6;68(6):438–445. doi:10.1212/01.wnl.0000252952.62543.20. PMID: 17283320. <https://pubmed.ncbi.nlm.nih.gov/17283320/>

Impact Factor 8.5 · Foundational UCLA work on tuberous sclerosis

An early study from the author's UCLA years, correlating infantile spasms with microencephaly (cortical microdysgenesis) in tuberous sclerosis complex and cortical dysplasia. This foundational tuberous-sclerosis research shaped his conviction, on returning to India, to build a comprehensive, multidisciplinary epilepsy-surgery programme — among the largest in the world today.

4. Altered Glutamatergic Tone Reveals Two Distinct Resting-State Networks at the Cellular Level in Hippocampal Sclerosis

Banerjee J, Dixit A, Srivastava A, Ramanujam B, Kakkar A, Sarkar C, Tripathi M, Chandra PS. **Scientific Reports (Nature).** 2017 Mar 23;7(1):319. doi:10.1038/s41598-017-00358-7. PMID: 28336943; PMCID: PMC5428248.

Impact Factor 3.9 · Seminal Nature (Scientific Reports) paper

Demonstrated, for the first time in the literature, dual networks at the cellular level generating epileptogenesis from both the hippocampus and the anterior temporal lobe — overturning the earlier belief that epileptogenesis in hippocampal sclerosis arises only from the hippocampus. It indicates that anterior temporal lobectomy with amygdalohippocampectomy may achieve better outcomes than selective amygdalohippocampectomy.

5. RNA-Seq Analysis of Hippocampal Tissues Reveals Novel Candidate Genes for Drug-Refractory Epilepsy in Patients with MTLE-HS

Dixit AB, Banerjee J, Srivastava A, Tripathi M, Sarkar C, Kakkar A, Jain M, Chandra PS (corresponding author). **Genomics.** 2016;107(5):178–188. PMID: 27094248. Impact Factor 3.0

Identifies new genetic markers as potential biomarkers underlying drug-refractory epilepsy.

6. Endoscopic-Assisted (Through a Mini-Craniotomy) Corpus Callosotomy Combined with Anterior, Hippocampal and Posterior Commissurotomy in Lennox–Gastaut Syndrome

Chandra PS, Kurwale NS, Chibber SS, Banerjee J, Dwivedi R, Garg A, Bal C, Tripathi M, Sarkar C, Tripathi M. **Neurosurgery** (official journal of the Congress of Neurological Surgeons, USA). 2016;78(5):743–751. doi:10.1227/NEU.0000000000001060. PMID: 26474092.

Impact Factor 3.9 · First-in-literature technique

The first description in the literature of complete corpus callosotomy combined with anterior, hippocampal and posterior commissurotomy, performed through a 3 cm incision in patients with severe Lennox–Gastaut syndrome. The combination proved significantly more efficacious than corpus callosotomy alone, while the endoscopic approach reduced the cranial incision to just 3 cm.

7. Enhanced Endogenous Activation of NMDA Receptors in Pyramidal Neurons of Hippocampal Tissues from Patients with Mesial Temporal Lobe Epilepsy: A Mechanism of Hyperexcitation

Banerjee J, Dixit AB, Tripathi M, Sarkar C, Gupta YK, Chandra PS (corresponding author). **Epilepsy Research.** 2015;117:11–16.

Impact Factor 2.0 · Mechanism of seizure generation in hippocampal sclerosis

Correlated hyperactivation of the NMDA receptor with excitability in hippocampal pyramidal neurons of hippocampal-sclerosis patients, identifying resting-state glutamatergic tone as a contributor to seizure generation.

8. Distraction, Compression, Extension and Reduction with Joint Remodeling and Extra-articular Distraction: Two New Modifications for Basilar Invagination and Atlantoaxial Dislocation — Prospective Study in 79 Cases

Chandra PS, Prabhu M, Goyal N, Garg A, Chauhan A, Sharma BS. **Neurosurgery** (official journal of the Congress of Neurological Surgeons, USA). 2015;77(1):67–80. doi:10.1227/NEU.0000000000000737. PMID: 25793730.

Impact Factor 3.9

Introduces two new modifications of the DCER technique — joint remodeling and extra-articular distraction — for basilar invagination and atlantoaxial dislocation, validated prospectively in 79 cases.

9. Endoscopy-Assisted Interhemispheric Transcallosal Hemispherotomy: Preliminary Description of a Novel Technique

Chandra PS, Kurwale N, Garg A, Dwivedi R, Malviya SV, Tripathi M. **Neurosurgery** (official journal of the Congress of Neurological Surgeons, USA). 2015;76(4):485–494. doi:10.1227/NEU.0000000000000675. PMID: 25710106.

Impact Factor 3.9 · World's first endoscopic hemispherotomy

The first description in the literature of hemispheric disconnection performed using an endoscope. Developed by the author at AIIMS and demonstrated as live surgery in several centres in India and abroad (Malaysia, Morocco), it offers a minimally invasive approach to a major paediatric procedure — reducing blood loss, hospital stay, morbidity and mortality by more than 50%, through an incision of just 4 cm.

10. Extended Costotransversectomy to Achieve Circumferential Fusion for Pathologies Causing Thoracic Instability

Chandra PS, Ramdurg SR, Kurwale N, Chauhan A, Ansari A, Garg A, Sarkar C, Sharma BS. *The Spine Journal*. 2014;14(9):2094–2101. PMID: 24448191.

Impact Factor 4.7 · Among the first descriptions of single-approach 3-column fusion

One of the first studies to demonstrate circumferential spinal fusion for three-column thoracic instability.

11. The Severity of Basilar Invagination and Atlantoaxial Dislocation Correlates with Sagittal Joint Inclination, Coronal Joint Inclination and Craniocervical Tilt: New Indexes for the Craniovertebral Junction

Chandra PS, Goyal N, Chauhan A, Ansari A, Sharma BS, Garg A. *Neurosurgery* (official journal of the Congress of Neurological Surgeons, USA). 2014;10(Suppl 4):621–629. doi:10.1227/NEU.0000000000000470. PMID: 25320950.

Impact Factor 3.9 · Editor's Choice · 2 international patents

Together with the related DCER description, this work presents — for the first time — a posterior-only surgical technique for basilar invagination and atlantoaxial dislocation. Now performed in over 300 cases and applicable even to very severe craniovertebral-junction anomalies, it has been demonstrated in live workshops in India and abroad, has led to two international patents, and delivers roughly 50% less morbidity with more than halved hospital stay compared with traditional trans-oral odontoid excision and posterior fixation. This was the first paper from India ever published in *Neurosurgery* as an Editor's Choice.

In the news

AIIMS doctors find new method to operate on spine (The Times of India). <https://timesofindia.indiatimes.com/science/aiims-doctors-find-new-method-to-operate-on-spine/articleshow/30751237.cms>

12. Distraction, Compression and Extension Reduction of Basilar Invagination and Atlantoaxial Dislocation: A Novel Pilot Technique (DCER)

Chandra PS, Kumar A, Chauhan A, Ansari A, Mishra NK, Sharma BS. *Neurosurgery* (official journal of the Congress of Neurological Surgeons, USA). 2013;72(6):1040–1053. doi:10.1227/NEU.0b013e31828bf342. PMID: 23426148.

Impact Factor 3.9 · Foundational DCER description

The first description in the literature of new C1/C2 joint indices that quantify the severity of basilar invagination and atlantoaxial dislocation to plan surgical strategy — the foundation of the DCER technique.

13. Intra-operative Co-registration of MRI, PET and Electrographic Data for Neocortical Lesional Epilepsies May Improve Localization of the Epileptogenic Focus: A Pilot Study

Chandra PS, Bal CS, Jain S, Joshua SP, Gaikwad S, Garg A, Ansari A, Nehra A, Sarkar C, Tripathi M. *World Neurosurgery* (official journal of the World Federation of Neurosurgical Societies). 2013.

Impact Factor 2.1 · First description of the multimodal-imaging concept

The first paper to describe the concept of multimodal imaging to localise epileptogenic networks.

14. Robotic Thermocoagulative Hemispherotomy (ROTCH): Concept, Feasibility, Outcomes and Safety of a New “Bloodless” Technique

Chandra PS, Doddamani R, Girishan S, Samala R, Agrawal M, Garg A, Ramanujam B, Tripathi M, Bal C, Nehra A, Tripathi M. *Journal of Neurosurgery: Pediatrics*. 2021;27(6):688–699. doi:10.3171/2020.10.PEDS20673. PMID: 33799306.

Impact Factor 2.1 · ROTCH — world-first “bloodless” robotic hemispheric disconnection

A newly described “bloodless” technique performing hemispheric disconnection through robot-guided multiple thermocoagulations (ROTCH).

In the news

Drug-resistant epilepsy care gets a robotic boost — ROSA-ROTCH, developed by Dr Sarat Chandra at AIIMS Delhi (Schiller India). <https://schillerindia.com/news-events-success-stories/drug-resistant-epilepsy-care-gets-robotic-boost-rosa-rotch-a-technique-developed-by-dr-sarat-chandra-at-aiims-delhi/>

AIIMS: Dr Sarat Chandra's ROTCH robotic technique revolutionises epilepsy surgery (Neurosurgical.tv). <https://www.neurosurgical.tv/aiims-dr-sarat-chandras-rotch-robotic-technique-revolutionises-epilepsy-surgery-s/>

Electrodes in brain: new hope for severe cases of epilepsy (The Times of India). <https://timesofindia.indiatimes.com/city/delhi/electrodes-in-brain-new-hope-for-severe-cases-of-epilepsy/articleshow/85913226.cms>

15. SEEG-Guided Radiofrequency Thermocoagulation of the Epileptogenic Networks: Utility for Both Treatment and Validation of Epileptogenic-Network Localization Chandra PS, Doddamani RS, Honna R, Suresh A, Tripathi M, Garg A, Parihar J, Tripathi M. *Stereotactic and Functional Neurosurgery*. 2025;103(5):312–325. doi:10.1159/000548196. Epub 2025 Sep 1. PMID: 40889253.

Impact Factor 2.4 · First study from India — minimally invasive SEEG-guided RF thermocoagulation

The first study from India to demonstrate excellent results with minimally invasive stereo-electroencephalography (SEEG)-guided radiofrequency thermocoagulation of epileptogenic networks.

16. Treatment of Vertebral Hemangiomas with Absolute Alcohol (Ethanol) Embolization, Cord Decompression and Single-Level Instrumentation — An Affordable, Indigenous Technique

Singh P, Mishra NK, Dash HH, Thyalling RK, Sharma BS, Sarkar C, Chandra PS. *Neurosurgery* (official journal of the Congress of Neurological Surgeons, USA). 2011 Jan;68(1):78–84; discussion 84. doi:10.1227/NEU.0b013e3181fc60e9. PMID: 21099721.

Impact Factor 3.9 · Affordable “Make in India” innovation · Cost reduced from > ₹5 lakh to a few rupees

Vertebral body hemangiomas are treacherous lesions carrying a high risk of catastrophic intra-operative bleeding. Prof. Sarat Chandra described an innovative technique of injecting absolute (medical-grade) alcohol directly into the vertebral body as an inexpensive embolic and tumouricidal agent, combined with cord decompression and single-level instrumentation. Long-term follow-up of more than 20 years has shown the technique to be very safe and effective and to prevent recurrence. Compared with conventional embolization materials costing over ₹5 lakh, absolute alcohol costs only a few rupees — a dramatic reduction that makes treatment accessible to ordinary patients. (Long-term results: Chandra SP, Singh P, Kumar R, et al. *The Spine Journal*. 2019;19(1):131–143. doi:10.1016/j.spinee.2018.05.015. PMID: 29890263.)

In the news

New Delhi: AIIMS doctor uses alcohol to treat spine tumour (Medical Dialogues). <https://speciality.medicaldialogues.in/new-delhi-aiims-doctor-use-alcohol-to-treat-spine-tumour>

AIIMS doctor curing tumour with alcohol, lauded by many (DailyRounds). <https://www.dailyrounds.org/blog/aiims-doctor-curing-tumor-with-alcohol-lauded-by-many/>

6.3 List of All Publications, Grouped by Theme

716 peer-reviewed publications · h-index 52 · i10-index 232 · Cumulative impact factor 907

Thematic Breakdown

- **Epilepsy & Epilepsy Surgery** — 284 papers
- **Craniovertebral Junction, Spine & Skull Base** — 145 papers
- **Neuro-oncology & Brain Tumours** — 67 papers
- **Neurovascular Surgery** — 42 papers
- **Functional, Stereotactic & Radiosurgery** — 17 papers
- **Neurotrauma & Neurocritical Care** — 13 papers
- **Translational & Basic Neuroscience** — 53 papers
- **Neurotechnology, Innovation, Imaging & Education** — 25 papers
- **Neurosurgical Outcomes, Complications & General Neurosurgery** — 15 papers
- **Other / Miscellaneous** — 55 papers

Total: 716 publications. References are grouped by principal theme; a paper spanning more than one area is listed under its primary focus.

Note on the Numbering

Each publication carries a two-part number in the form **G–T** (for example, **22-13**). The first number (**G**) is the publication's serial position in the complete master list of all 716 references. The second number (**T**) is its running number within its theme. Thus **22-13** denotes the 22nd publication overall and the 13th within that section (here, Epilepsy & Epilepsy Surgery). This lets every entry be cross-referenced to the full list of 716 while also showing its rank within each subject area.

A note on the cumulative impact factor. For each thematic section below, the figure shown in the heading is the cumulative journal impact factor — the sum of the most recent Journal Citation Reports (Clarivate, 2024) impact factors of the journals in which that section's peer-reviewed articles were published. Conference abstracts, meeting supplements, letters and book chapters, together with journals that carry no Clarivate impact factor, are counted as zero, so the totals are deliberately conservative. On this basis the cumulative journal impact factor across all ten themes is approximately 907. The impact-factor values are taken from the Journal Citation Reports (Clarivate Analytics), 2024 edition (source: <https://jcr.clarivate.com>). The h-index shown for each section is calculated from the Google Scholar citation counts of that section's publications (retrieved 27 July 2026); applied to the complete list, the same method reproduces the overall Google Scholar h-index of 52.

Cumulative Impact Factor and h-index by Theme

Cumulative journal

Thematic section	impact factor	h-index
Epilepsy & Epilepsy Surgery	≈ 492	38
Craniovertebral Junction, Spine & Skull Base	≈ 160	21
Neuro-oncology & Brain Tumours	≈ 55	18
Neurovascular Surgery	≈ 37	13
Functional, Stereotactic & Radiosurgery	≈ 28	4
Neurotrauma & Neurocritical Care	≈ 10	5

Cumulative journal

Thematic section	impact factor	h-index
Translational & Basic Neuroscience	≈ 40	16
Neurotechnology, Innovation, Imaging & Education	≈ 14	13
Neurosurgical Outcomes, Complications & General Neurosurgery	≈ 18	7
Other / Miscellaneous	≈ 55	12
All ten themes	≈ 907	52

The same two figures appear in each section heading below, each with a short note on how it was derived. h-index values are computed from Google Scholar citation counts (retrieved 27 July 2026); the same method applied to the whole list reproduces the overall Google Scholar h-index of 52 (shown in the final row, which reflects the entire body of work — section h-indices are not additive). Cumulative impact factors sum the journals' Clarivate Journal Citation Reports (2024) values, with conference abstracts, letters, book chapters and non-indexed journals counted as zero.

Epilepsy & Epilepsy Surgery (284 papers · cumulative journal impact factor ≈ 492 · h-index 38)

Basis: the h-index is computed from the Google Scholar citation counts of the 284 publications listed in this section (retrieved 27 July 2026); the cumulative impact factor is the sum of the Clarivate Journal Citation Reports (2024) impact factors of the journals in which their peer-reviewed articles appeared, with conference abstracts, letters and non-indexed journals counted as zero.

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Craniovertebral Junction, Spine & Skull Base (145 papers · cumulative journal impact factor ≈ 160 · h-index 21)

Basis: the h-index is computed from the Google Scholar citation counts of the 145 publications listed in this section (retrieved 27 July 2026); the cumulative impact factor is the sum of the Clarivate Journal Citation Reports (2024) impact factors of the journals in which their peer-reviewed articles appeared, with conference abstracts, letters and non-indexed journals counted as zero.

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Neuro-oncology & Brain Tumours (67 papers · cumulative journal impact factor ≈ 55 · h-index 18)

Basis: the h-index is computed from the Google Scholar citation counts of the 67 publications listed in this section (retrieved 27 July 2026); the cumulative impact factor is the sum of the Clarivate Journal Citation Reports (2024) impact factors of the journals in which their peer-reviewed articles appeared, with conference abstracts, letters and non-indexed journals counted as zero.

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Neurovascular Surgery (42 papers · cumulative journal impact factor = 37 · h-index 13)

Basis: the h-index is computed from the Google Scholar citation counts of the 42 publications listed in this section (retrieved 27 July 2026); the cumulative impact factor is the sum of the Clarivate Journal Citation Reports (2024) impact factors of the journals in which their peer-reviewed articles appeared, with conference abstracts, letters and non-indexed journals counted as zero.

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Functional, Stereotactic & Radiosurgery (17 papers · cumulative journal impact factor ≈ 28 · h-index 4)

Basis: the h-index is computed from the Google Scholar citation counts of the 17 publications listed in this section (retrieved 27 July 2026); the cumulative impact factor is the sum of the Clarivate Journal Citation Reports (2024) impact factors of the journals in which their peer-reviewed articles appeared, with conference abstracts, letters and non-indexed journals counted as zero.

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- 15-2. Garg D, Das A, Adhya A, Radhakrishnan DM, Rajan R, Elavarasi A, Thoibisana A, Garg A, Srivastava AK, Singh M: **Pallidotomy after - - Pallidotomy for Medication-Refractory Dystonia: Preliminary Short-Term Results from a Case Series of Five Patients.** *Movement Disorders Clinical Practice* 2026, **13**(2):503–508.
- 25-3. Singh V, Tripathi M, Chandra SP, Verma R, Jha SK, Chhabra HS, Chakravarty M, Mitra S, B I, Jha A: **Cross-species comparison of rodent and human decision-making in the Iowa Gambling Task in select neurological and psychiatric disorders: translational approach to examine age-and sex-specific effects of stress and corticolimbic perturbations.** *Frontiers in Psychiatry* 2025, **16**:1551477.
- 39-4. Poudel S, Fasano A, Dash D, Shukla AW, Garg A, Upadhyay AD, Wig N, Rajan R, Das A, Divya M: **Gait parameters, Imaging features, and CSF tap test in idiopathic Normal Pressure Hydrocephalus (iNPH) Is composite testing the way to go?** *medRxiv* 2025:2025.2011. 2016.25340322.
- 43-5. Pandey K, Kumar AG, Girish A, Verma S, Agrawal D, Chandra SP, Kale SS: **Utility of Artificial Intelligence in Stereotactic Radiosurgery for Vestibular Schwannomas: A Systematic Review.** *Asian Journal of Neurosurgery* 2025.
- 60-6. Chandra PS, Doddamani RS, Honna R, Suresh A, Tripathi M, Garg A, Parihar J, Tripathi M: **SEEG-Guided Radio-Frequency Thermocoagulation of the Epileptogenic Networks: Its Utility for Both Treatment and Validation for Localizing Epileptogenic Networks.** *Stereotactic and Functional Neurosurgery* 2025, **103**(5):312–325.
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- 113-9. Tripathi M, Agarwal D, Singh M, Chandra PS: **Gamma knife radiosurgery: a delicate yet powerful neurosurgical knife.** In., vol. 71: Medknow; 2023: S2.
- 152-10. Ayajuddin M, Chaurasia R, Das A, Modi P, Phom L, Koza Z, Yeniseti SC: **Fluorescence microscopy-based sensitive method to quantify dopaminergic neurodegeneration in a Drosophila model of Parkinson's disease.** *Frontiers in neuroscience* 2023, **17**:1158858.
- 199-11. Chandra PS: **Secondary trigeminal neuralgia-surgery vs. radiosurgery: which is better?** In., vol. 70: Medknow; 2022: 843–844.
- 272-12. Chandra PS, Doddamani R, Tripathi M: **Gamma Knife for Giant Hypothalamic Hamartomas—Not the Only Effective Tool in the Kit.** *Indian Journal of Pediatrics* 2021, **88**(11):1066–1067.
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- 393-14. 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 Neurosurgery* 2018, **112**:267–274.
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Neurotrauma & Neurocritical Care (13 papers · cumulative journal impact factor ≈ 10 · h-index 5)

Basis: the h-index is computed from the Google Scholar citation counts of the 13 publications listed in this section (retrieved 27 July 2026); the cumulative impact factor is the sum of the Clarivate Journal Citation Reports (2024) impact factors of the journals in which their peer-reviewed articles appeared, with conference abstracts, letters and non-indexed journals counted as zero.

- 10-1. Mahajan VB, Tandon V, Gour SSK, Raheja A, Dhamija A, Patni V, Gupta D, Agrawal D, Kumar A, Chandra PS: **Clinical assessment of a Near-Infrared spectroscopy device for rapid triage in traumatic brain injury.** *Journal of Clinical Neuroscience* 2026, **145**:111850.
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- 180-3. Goda R, Sharma R, Borkar SA, Katiyar V, Narwal P, Ganeshkumar A, Mohapatra S, Suri A, Kapil A, Chandra PS: **Frailty and Neutrophil Lymphocyte Ratio as Predictors of Mortality in Patients with Catheter-Associated Urinary Tract Infections or Central Line-Associated Bloodstream Infections in the Neurosurgical Intensive Care Unit: Insights from a Retrospective Study in a Developing Country.** *World neurosurgery* 2022, **162**:e187–e197.
- 203-4. Alam I, Garg K, Raheja A, Tandon V, Sharma R, Singh M, Singh GP, Mishra S, Singh PK, Agrawal D: **Managing Traumatic Brain Injury During the Coronavirus Disease 2019 Pandemic—A Case-Matched Controlled Analysis of Immediate Outcomes.** *World Neurosurgery* 2022, **165**:e59–e73.
- 248-5. Goda R, Chandra PS: **Advances in traumatic brain injury research in 2020: A review article.** *Apollo Medicine* 2021, **18**(3):172–178.
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- 580-12. Chandra PS, Mahapatra A: **Traumatic Basal Ganglia.** *Textbook of Traumatic Brain Injury* 2012:207.
- 583-13. Chandra PS: **Improving Outcome after 23 Traumatic Brain Injury.** *Textbook of Traumatic Brain Injury* 2012:143.

Translational & Basic Neuroscience (53 papers · cumulative journal impact factor ≈ 40 · h-index 16)

Basis: the h-index is computed from the Google Scholar citation counts of the 53 publications listed in this section (retrieved 27 July 2026); the cumulative impact factor is the sum of the Clarivate Journal Citation Reports (2024) impact factors of the journals in which their peer-reviewed articles appeared, with conference abstracts, letters and non-indexed journals counted as zero.

- 23-1. Srivastava A, Vaish S, Srinivasan V, Chandra P, Kvarnung M, Bird L, Raju V: **Biallelic variants in ITSN1 are implicated in neurodevelopment disorders with severe intellectual disability.** In: *EUROPEAN JOURNAL OF HUMAN GENETICS*: 2025: SPRINGER NATURE CAMPUS, 4 CRINAN ST, LONDON, N1 9XW, ENGLAND; 2025: 749–749.
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- 96-4. Deora H, Jayan V, Mishra S, Kedia S, Tandon V, Garg K, Chandra P, Kale SS: **Does gender diversity affect the number and impact of publications among major academic institutes in India? Barriers and opportunities.** *Journal of Clinical Neuroscience* 2024, **130**:110888.
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- 122-6. Shanker OR, Kumar S, Dixit AB, Banerjee J, Tripathi M, Chandra PS: **Epigenetics of neurological diseases.** *Progress in molecular biology and translational science* 2023, **198**:165–184.
- 155-7. Agosti E, Garg K, Tandon V, Deora H, Veiceschi P, Naik V, Mishra S, Kedia S, Raheja A, Meena R: **Lessons learned during COVID-19 pandemic, a worldwide survey: impact of SARS-CoV-2 vaccination on neurosurgeons and neurosurgical practice.** *Journal of neurosurgical sciences* 2023, **67**(2):257–259.
- 162-8. Sinha S, Chosdol K, Chattopadhyay P, Jalota A, Irshad K, Dikshit B, Srivastava C, Madan E, Sarkar C, Gupta D: **Molecular reclassification of disease; how the laboratory can guide the clinic.** *Indian Journal of Clinical Biochemistry* 2022, **33**(S1):S1–S1.
- 189-9. Garg K, Gupta D, Singh M, Chandra PS, Kale SS: **Comparison of a bolt-connected external ventricular drain with a tunneled external ventricular drain—a narrative review and meta-analysis.** *Neurosurgical Review* 2022, **45**(2):937–949.
- 195-10. Deora H, Raheja A, Mishra S, Tandon V, Agosti E, Veiceschi P, Garg K, Naik V, Kedia S, Meena R: **Lessons learned during COVID-19 pandemic, a worldwide survey: evolution of global neurosurgical practice.** *Journal of Neurosurgical Sciences* 2022.
- 222-11. Samala R, Doddamani RS, Meena R, Agrawal M, Sawarkar D, Agrawal D, Chandra PS, Tripathi M: **Vagal Nerve Stimulation for Nonneurological Diseases: An Overview.** *Journal of Peripheral Nerve Surgery Vol* 2021, **5**(1).
- 224-12. Samala R, Agrawal M, Doddamani RS, Meena RK, Agrawal D, Chandra PS, Tripathi M: **Pearls and Nuances in Vagal Nerve Stimulator Implantation Surgery.** *Journal of Peripheral Nerve Surgery Vol* 2021, **5**(1).
- 246-13. Katiyar V, Garg K, Doddamani R, Singh PK, Singh M, Chandra PS: **Spontaneous external rupture of hydrocephalus after fontanelle closure: a case report and review of literature.** *Child's Nervous System* 2021, **37**(6):2069–2073.
- 256-14. Doddamani RS, Samala R, Chandra PS, Tripathi M: **Boltless stereoelectroencephalography: a necessity in very young children.** *Journal of Neurosurgery: Pediatrics* 2021, **28**(3):368–369.
- 269-15. Chandra SP: **Hydrocephalus: An Odyssey of Trials, Tribulations, and Eternal Hope Tamaso Ma Jyotirgamaya (“Lead me from Darkness to Light”).** *Neurology India* 2021, **69**(Suppl 2):S257–S258.
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Neurotechnology, Innovation, Imaging & Education (25 papers · cumulative journal impact factor ≈ 14 · h-index 13)

Basis: the h-index is computed from the Google Scholar citation counts of the 25 publications listed in this section (retrieved 27 July 2026); the cumulative impact factor is the sum of the Clarivate Journal Citation Reports (2024) impact factors of the journals in which their peer-reviewed articles appeared, with conference abstracts, letters and non-indexed journals counted as zero.

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Basis: the h-index is computed from the Google Scholar citation counts of the 15 publications listed in this section (retrieved 27 July 2026); the cumulative impact factor is the sum of the Clarivate Journal Citation Reports (2024) impact factors of the journals in which their peer-reviewed articles appeared, with conference abstracts letters and non-indexed journals counted as zero.

- Other / Miscellaneous (55 papers · cumulative journal impact factor ≈ 55 · h-index 12)**

Basis: the h-index is computed from the Google Scholar citation counts of the 55 publications listed in this section (retrieved 27 July 2026); the cumulative impact factor is the sum of the Clarivate Journal Citation Reports (2024) impact factors of the journals in which their peer-reviewed articles appeared, with conference abstracts, letters and non-indexed journals counted as zero.

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Chapters in Books

Forty-one book chapters authored or co-authored by Prof. P. Sarat Chandra, grouped by book. The ISBN of each book (verified from the publisher) is shown with its title. **Pediatric Epilepsy Surgery. Cataltepe O, Jallo GI, eds. 2nd edn. Thieme; 2021. ISBN 978-1-62623-816-9.**

- Endoscopic-assisted hemispherotomy. — *Chandra PS et al.*
 - Endoscopic-assisted corpus callosotomy with commissurotomy. — *Chandra PS et al.*
- Operative Techniques in Epilepsy Surgery. Baltuch G, Cukiert A, eds. Thieme; 2019. ISBN 978-1-62623-818-3.**
- Endoscopic-assisted hemispherotomy. — *Chandra PS et al.*
- Epilepsy: A Comprehensive Textbook. Engel J, Moshé SL, eds. 3rd edn. Wolters Kluwer; 2024. ISBN 978-1-975105-52-5.**
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- Ramamurthi and Tandon's Textbook of Neurosurgery (4 volumes). Ramamurthi R, Tandon PN, Behari, S., Vasudevan, M. C., Pande, A., & Chandra, Poodipedi. Sarat. (Eds.).4th edn. Jaypee; 2025. ISBN 978-93-5696-981-0. Chapters by P. Sarat Chandra (with S. Behari, M. C. Vasudevan, A. Pande):**
- Evolution of neurosurgical techniques.
 - History of microneurosurgery.
 - Evolution of neurosciences in India — a brief overview.
 - Evolution of neurosciences — a historical review with brief biographies of selected pioneers.
 - Evolution of neurosciences: the pre-Hippocratic era and the period of Hippocrates.
 - Evolution of microstructural, functional and imaging concepts of neurons.
 - Electrodiagnosis.
 - Injuries of the craniovertebral junction and upper cervical spine.
 - Cysticercosis.
 - AIDS and the neurosurgeon.
 - Clipology for the clipping of aneurysms.
 - Intra-operative rupture of aneurysms and its treatment.
 - Brainstem gliomas.
 - Trigeminal schwannomas.
 - Robotic neurosurgery.
 - Neural transplantation and stem cells.
 - Surgery for epilepsy: general principles.
 - Stereo-electroencephalography (SEEG).

25. Electrocorticography.
26. Hemispheric and multilobar resections and disconnections.
27. Corpus callosotomy.
28. Surgery for hypothalamic hamartoma.
29. Neuromodulation.
30. Post-traumatic epilepsy.
31. Long-term surgical outcomes of epilepsy surgery.
32. Establishing an epilepsy-surgery programme.
33. Technique of DCER in craniovertebral junction surgery.
34. Endoscopic management of colloid cyst.
35. Endoscopic carpal tunnel release.
36. Endoscopic techniques in epilepsy surgery.
37. **Pediatric Epilepsy Surgery Techniques: Controversies and Evidence.** Fallah A, et al., eds. Academic Press (Elsevier); 2025. ISBN 978-0-323-95981-0. 37. Minimally invasive hemispherotomy: endoscopic, radiofrequency and robotic techniques (pp. 235–271). — Chandra PS & Tripathi M
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39. Quantification of neuronal dendritic-spine density and apical/basal dendrite lengths in temporal-lobe structures using Golgi-Cox staining (pp. 57–66). — Dubey V, Dixit AB, Tripathi M, Sarat Chandra P, Banerjee J
- IAN Reviews in Neurology 2022: Epilepsy — Innovations and Advances.** Sylaja PN, ed. Jaypee; 2022. ISBN 978-93-5465-904-1.
40. Newer surgical approaches and techniques in epilepsy (p. 161). — Chandra PS, Kota RC, Tripathi M
- The Biology of Glial Cells: Recent Advances.** Patro I, Seth P, Patro N, Tandon PN, eds. Springer; 2022. ISBN 978-981-16-8312-1.
41. Glia in epilepsy: an overview (pp. 323–351). — Dheer A, Dixit AB, Tripathi M, Chandra PS, Banerjee J

Books as Chief Editor

1. Behari, S., Vasudevan, M. C., Pande, A., & **Chandra, Poodipedi. Sarat.** (Eds.). (2026). *Ramamurthi and Tandon's textbook of neurosurgery* (4th ed., Vols. 1–4). Jaypee Brothers Medical Publishers. Ramamurthi and Tandon's Textbook of Neurosurgery is the definitive, comprehensive reference of neurosurgery from the Indian subcontinent. The fourth edition (2025) is a four-volume, approximately 2,000-page work written entirely by Indian authors, spanning the whole specialty — from the history and basic sciences of neurosurgery to the most advanced operative techniques. As one of its chief editors, Prof. Sarat Chandra helped shape a modern core text for neurosurgical trainees and practitioners across India and South Asia, updating it with contemporary advances in epilepsy surgery, robotics, and minimally invasive and craniovertebral-junction surgery. ISBN 978-93-5696-981-0 (Jaypee Brothers Medical Publishers, New Delhi). **RAMAMURTHI AND TANDON'S TEXTBOOK OF NEUROSURGERY (4VOLS): Four Volume Set** RAMAMURTHI AND TANDON'S TEXTBOOK OF NEUROSURGERY (4VOLS): Four Volume Set.
2. Tandon, P. N., & 2. **Chandra, P. S.** (2025). *Speech, language, and human brain*. Salubri Publications.
3. Tandon PN, **Chandra PS.** Evolution of neurosciences. Neurology India. 2022 Jul-Aug;70(Suppl 1):S1-S113-Textbook published by Neurology India providing an excellent historical treatise of historical development of Neurosciences including Indian contribution.

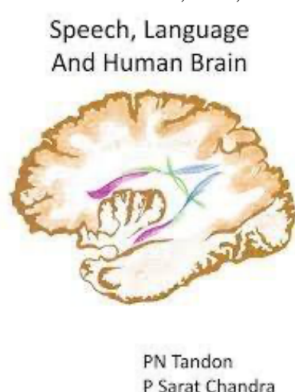
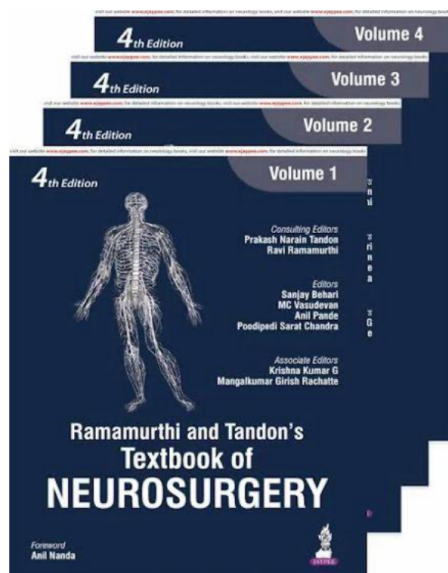
7 Intellectual Property and Technological Innovations

7.1 Patents and Instrument Design

1. The technique of Distraction, Compression, Extension and Reduction (DCER), together with the instrumentation to perform it.

1. US patent 14/897,156.
2. The technique describes a new method of reducing and aligning severe irreducible basilar invagination and atlanto-axial dislocation through a posterior approach only.
3. Reduces morbidity and operating time by 50%.
4. The patent covers the technique and a set of unique instruments that allow the procedure to be performed with standard implants.
5. **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:

- iv. 10.14245/ns.2040434.217. PMID: 33401861; PMCID: PMC7788422.
 - v. 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.ob013e31828bf342. PMID: 23426148.
- 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.

2. A disposable endoscopic carpal tunnel release set.

1. Used successfully in 200 patients. Patent application no. 306/Del/2009 dated 17.02.2009.
2. In commercial production.
3. The device is low cost, made of recycled hard plastic, single-use, and costs less than USD 10.
4. **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. PMID: 23022645.
5. **Background (in plain language):** carpal tunnel syndrome is a common condition causing progressive severe pain in the hand through compression of the median nerve. Surgery conventionally involves a large incision followed by release of the median nerve. The nominee devised a minimally invasive disposable endoscopic carpal tunnel set with which the procedure may be performed through two single sutures, at the bedside, in about 15 minutes.
6. *Figure: the carpal tunnel set in its commercial prototype.*

3. Kynurenic acid (KYNA) as a biomarker for correct localisation of the epileptogenic zone (application no. TEMP/E-1/27566/2017-DEL, CBR no. 24709).

1. **Background (in plain language):** on the basis of several studies performed in the neurobiology epilepsy laboratory, this molecule was patented for accurate localisation of the margins of resection during surgery for drug-resistant epilepsy. To date there is no accurate method of defining the exact margins of resection. In these studies KYNA was shown to be an important biomarker in the pathway of epileptogenic networks.
2. 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. PMID: 33990935.

4. A special monopolar cautery.

1. For use in trans-oral surgery for craniovertebral junction anomalies. Used successfully in more than 100 cases (patent accepted and filed).
2. Published in the *Indian Journal of Neurosurgery*.
3. **Background (in plain language):** craniovertebral junction surgery, especially by the trans-oral route, requires working in long narrow corridors, where the usual monopolar cautery does not work. The nominee designed a special monopolar attachment that may be used effectively in such corridors.

5. A disposable nasal retractor for endoscopic trans-sphenoidal pituitary gland surgery. Patent application no. 201911005181; filing date 09.02.2019; patent no. 552208.

1. **Background (in plain language):** endoscopic pituitary surgery requires endoscopes introduced through both nasal cavities together with multiple sets of complex and expensive instruments. The nominee devised a simple, dynamic and flexible nasal retractor that may be passed along a tunnel created by the trans-septal route, allowing tumour excision with standard micro-surgical instruments.
2. *Figure: the commercial prototype (upper left), intraoperative use (upper right), use in a large pituitary tumour (lower left) and the post-operative image showing total excision (lower right).*

6. EPISAVES — Epilepsy Patient Integration of Synchronised Automated Video EEG.

1. **System:** a portable, automated video-EEG with AI integration, smartphone connectivity and a medicine-adherence system for seizure monitoring and comprehensive patient care. Patent: 201811033960 (grant from the office of the Principal Scientific Adviser, Government of India). Preliminary study: Swami P, Chandra PS, Gandhi TK et al. Selection of optimum frequency bands for detection of epileptiform patterns. *Healthc Technol Lett*. 2019. <https://pubmed.ncbi.nlm.nih.gov/31839968/>
2. **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. 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.
 - ii. 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. PMID: 33578224.
3. **Background (in plain language):** this device and algorithm were developed with a grant from the office of the Principal Scientific Adviser under “Advanced Research for Epilepsy”. An advanced portable EEG system was developed together with an AI algorithm for detecting EEG waveforms, allowing automated reading and report generation.
4. *Figure: the portable EEG device, which is placed over the head. No gel is required, as the electrodes are*

dry. The device connects to a smartphone application and the data are sent by internet to a central server; an AI algorithm converts the EEG waveforms into colour-coded, readily interpretable output. The device can potentially allow EEG recording at home without hospital admission, with the data read remotely by a neurologist, and in future the AI algorithm may generate automated reports. The device may thereby reduce the large treatment gap for epilepsy in India (more than 12 million persons with epilepsy).

5. The device and AI algorithm are in advanced stages of commercial production.

7.2 Summary of Patents

#	Title	Inventors	Patent number	Date
1	A compact portable ambulatory video electroencephalography (VEEG) unit for seizure monitoring and comprehensive care for epilepsy patients (provisional)	P. Sarat Chandra; Manjari Tripathi; Kirandeep Kaur; Amol Bhardwaj; Anmol Gupta; Dhananjay Goel	Indian Patent 201811033960	10.09.2018
2	Implant system to enhance cervico-occipital (cranio-vertebral junction) stabilisation	P. Sarat Chandra; P. Prarthana Chandra	Indian Patent 201911002700	22.01.2019
3	A disposable nasal retractor for endoscopic trans-sphenoidal pituitary gland surgery	P. Sarat Chandra; Kirandeep Kaur	Indian Patent 201911005181	09.02.2019
4	Disposable multi-port system for cranial endoscopic surgeries	P. Sarat Chandra; P. Prarthana Chandra	Indian Patent 201911012505	23.03.2019
5	Novel techniques for reduction of basilar invagination and atlanto-axial dislocation and surgical instruments thereof (in process with Medtronic, Memphis, USA, for commercialisation of a universal spine reducer as an industry–institute collaborative project)	P. Sarat Chandra; AIIMS, New Delhi	United States / PCT patent US20160128736A1; US 14/897,156 — https://patents.google.com/patent/US20160128736	2014
6	Occipito-C1 and C2 spacer — a unique implant allowing placement between the O-C1 and C2 joints, customised to perform the DCER technique for reduction of basilar invagination and atlanto-axial dislocation, whose design allows	P. Sarat Chandra; AIIMS, New Delhi	Indian Patent 201611023116	05.07.2016

#	Title	Inventors	Patent number	Date
	self-retraction of the joint surfaces; under development with support from BIRAC (DBT, Ministry of Science and Technology, India)			
7	Disposable endoscopic carpal tunnel release set	P. Sarat Chandra; Manjari Tripathi; AIIMS, New Delhi	Patent application no. 306/Del/2009	17.02.2009

7.3 Technologies Developed Under Funded Programmes

1. 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 localisation of epileptogenic foci — under “Centre of Excellence for Epilepsy Research Phase II / MEG Resource Facility (Multi-PI project)” (PI — DBT). INR 50 crore.

1. Potential metabolic and neurotransmitter biomarkers linked to abnormal synaptic activity in epilepsy were identified; these hold promise for improving diagnostic accuracy and tailoring individualised treatment.
2. Integrated MEG (magnetoencephalography) and multimodal imaging for precise localisation of epileptogenic zones, enabling enhanced accuracy in identifying seizure foci in complex cases such as MTLE and FCD.
3. Patents for portable video-EEG systems with AI-based analysis, and for novel surgical methods, providing accessible and effective tools for epilepsy management.

2. Effect of plasma jet on tumour tissue resected from patients with tumour-linked refractory epilepsy — funded by the Board of Research in Nuclear Sciences, Department of Atomic Energy (DAE), Government of India (March 2018 – March 2022). INR 30 lakh.

1. Plasma-jet treatment generated high levels of reactive oxygen and nitrogen species in glioma tissue, disrupting cellular structures and signalling pathways.
2. Plasma jets induced apoptosis in tumour cells without significant damage to surrounding normal tissue, indicating potential as a targeted therapeutic approach.
3. The findings suggest a potential adjunctive use in treatment.

3. “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. INR 50 lakh.

1. Enabled the development of new spine implants customised to perform the DCER technique.
2. Patents for specific spacers to be placed between C1 and C2 and for new types of screw to hold the spacers in position.
3. *Figure: the spacers and screws developed under this grant.*

4. New surgical techniques devised. The techniques arising from this work — endoscopic hemispherotomy, endoscopic corpus callosotomy, DCER for basilar invagination and atlanto-axial dislocation, absolute-alcohol embolisation with instrumented fixation for vertebral body haemangiomas, robotic thermocoagulative hemispherotomy (ROTCH) and robotic radiofrequency ablation for hypothalamic hamartoma — are described in full, with their supporting publications, in the section on Research Projects, Techniques and Grants. ROTCH is a technique developed in India that is being adopted worldwide, including in Israel (Tel Aviv Medical University), and was published in the *Journal of Neurosurgery* with the illustration on the cover.

- <https://schillerindia.com/news-events-success-stories/drug-resistant-epilepsy-care-gets-robotic-boost-rosa-rotch-a-technique-developed-by-dr-sarat-chandra-at-aiims-delhi/>

- <https://www.neurosurgical.tv/aiims-dr-sarat-chandras-rotch-robotic-technique-revolutionises-epilepsy-surgery-s/>
- <https://thejns.org/pediatrics/view/journals/j-neurosurg-pediatr/27/6/article-p688.xml>
- <https://timesofindia.indiatimes.com/city/delhi/aiims-uses-laser-to-treat-epilepsy/articleshow/46913672.cms>

8 Mentoring and Capacity-Building at Other Centres in India and Abroad

Together with my team, I have been closely involved in transferring the knowledge, techniques and systems for epilepsy surgery that we developed at AIIMS to centres both within India and abroad, among them Nepal (<https://www.ilae.org/files/dmfile/report-of-the-workshop-held-at-nepal-2023.pdf>), Rabat (Morocco), the University of Tel-Aviv (Israel) and Dr Soetomo General Academic Hospital, Surabaya (Indonesia), while also training visiting fellows from India and overseas who came specifically to learn these methods and take them back to their own institutions. This effort culminated in the **first-ever ILAE (International League Against Epilepsy) Surgical Mentorship Programme**, which I co-led with Prof. Manjari Tripathi and which was designed to build genuine, on-the-ground surgical capability in **Indonesia — a country of more than 270 million people that, at the time, had no dedicated epilepsy-surgery centre**. Hosted by Dr Soetomo General Academic Hospital, the programme began with a four-week online phase of lectures (reaching over 100 participants) and structured multidisciplinary case discussions with the ILAE Surgical Commission, through which 13 patients were assessed and 8 selected for surgery, and continued with an intensive two-week on-site visit (17–28 May 2024) comprising case conferences, a public-education seminar, a full-day symposium for around 80 specialists, hands-on workshops in electrocorticography, video-EEG and seizure semiology, and five epilepsy operations performed alongside the local team — from temporal lobectomy with amygdalohippocampectomy and stereotactic lesioning of a hypothalamic hamartoma to electrocorticography-guided resections with motor mapping and vagus-nerve-stimulator implantation. **Crucially, the programme was built for sustainability rather than as a single visit**, establishing monthly online case reviews between Dr Soetomo and AIIMS, New Delhi, and a planned second-phase visit during the 18th Asian Epilepsy Surgery Congress; in doing so, our team helped seed an indigenous, self-sustaining epilepsy-surgery programme in Indonesia — exporting not only surgical expertise but the training and systems needed to make it last.

(<https://www.ilae.org/index.cfm?objectid=35E1C53E-02D7-DF32-34A020B2D2E9EE91>)

9 Media, Public Coverage and Online Verification

The links below were compiled from public web searches and are grouped by theme.

Robotic & Epilepsy Surgery (ROTCH / ROSA)

Drug-Resistant Epilepsy Care Gets a Robotic Boost – “ROSA–ROTCH”

Schiller India — Profiles the Robotic Thermo-Coagulative Hemispherotomy (ROTCH) technique developed by Dr. Sarat Chandra at AIIMS, a robot-guided “bloodless” method of disconnecting a diseased brain hemisphere in children with severe drug-resistant epilepsy, with far less blood loss and faster recovery. <https://www.schillerindia.com/news-events-success-stories/drug-resistant-epilepsy-care-gets-robotic-boost-rosa-rotch-a-technique-developed-by-dr-sarat-chandra-at-aiims-delhi/>

Dr Sarat Chandra’s ROTCH Robotic Technique Revolutionises Epilepsy Surgery

Neurosurgical.TV — A feature on how the robotic thermocoagulative hemispherotomy pioneered by Dr. Sarat Chandra is changing epilepsy surgery, achieving hemispheric disconnection through precise, robot-guided radio-frequency heat rather than large open operations. <https://www.neurosurgical.tv/aiims-dr-sarat-chandras-rotch-robotic-technique-revolutionises-epilepsy-surgery-s/>

AIIMS Delhi’s New Robotic Surgery Brings Fresh Hope to Epilepsy Patients

Drug Today Online — News report on the AIIMS robotic epilepsy procedure, describing how the minimally invasive, robot-guided technique offers new hope to patients whose seizures do not respond to medicines. <https://drugtodayonline.com/medical-news/news-topic/aiims-delhi-s-new-robotic-surgery-brings-fresh-hope-to-epilepsy-patients>

AIIMS New Epilepsy Treatment: Robotic Needle Surgery Offers Hope

CAAS India News — Coverage of the minimally invasive, robot-guided needle-based epilepsy surgery at AIIMS (ROTCH), explaining how it treats drug-resistant epilepsy with minimal trauma and quicker recovery. <https://en.caasindia.in/aiims-new-epilepsy-treatment-robotic-surgery/>

Electrodes in Brain: New Hope for Severe Cases of Epilepsy

The Times of India — Reports on AIIMS’s use of implanted electrodes (stereo-EEG) to precisely locate and treat the source of seizures in patients with severe, drug-resistant epilepsy. <https://timesofindia.indiatimes.com/city/delhi/electrodes-in-brain-new-hope-for-severe-cases-of-epilepsy/articleshow/85913226.cms>

Craniovertebral Junction & Spine Surgery (DCER)

AIIMS Doctors Find New Method to Operate on Spine

The Times of India — Covers the DCER technique devised at AIIMS for correcting severe basilar invagination and atlanto-axial dislocation through a single posterior operation, replacing two longer and riskier surgeries. <https://timesofindia.indiatimes.com/science/aiims-doctors-find-new-method-to-operate-on-spine/articleshow/30751237.cms>

AIIMS Doctors Devise New Technique for Spine Surgery

Business Standard (IANS) — A news-agency report on the same posterior-only DCER craniovertebral-junction technique, highlighting its reduced operative time, lower morbidity and shorter hospital stay. https://www.business-standard.com/article/news-ians/aiims-doctors-devise-new-technique-for-spine-surgery-114022001078_1.html

Affordable Innovation — Spinal Tumours

New Delhi: AIIMS Doctor Uses Alcohol to Treat Spine Tumour

Medical Dialogues — Describes the low-cost technique of injecting absolute (medical-grade) alcohol to treat vertebral haemangiomas — a safe, effective and inexpensive alternative to costly imported embolization materials. <https://speciality.medicaldialogues.in/new-delhi-aiims-doctor-use-alcohol-to-treat-spine-tumour>

AIIMS Doctor Curing Tumour with Alcohol, Lauded by Many

DailyRounds — A feature praising the affordable absolute-alcohol embolization technique for spinal (vertebral body) tumours pioneered at AIIMS, and its impact on making treatment accessible. <https://www.dailyrounds.org/blog/aiims-doctor-curing-tumor-with-alcohol-lauded-by-many/>

Profiles, Awards & Recognition

Prof. P. Sarat Chandra: A Trailblazer in Neurosurgery

Journal of Spinal Surgery (editorial profile) — An editorial tribute recognising his pioneering contributions to craniovertebral-junction and spine surgery and his record of surgical innovation. https://journals.lww.com/joss/fulltext/2024/11040/prof__p_sarat_chandra__a_trailblazer_in.9.aspx

Asian & Oceanian Outstanding Achievement Epilepsy Award (AOEA) — P. Sarat Chandra (2022)

International League Against Epilepsy (ILAE) — The official award citation honouring Prof. Sarat Chandra's outstanding contributions to epilepsy and epilepsy surgery in the Asian–Oceanian region. <https://www.ilae.org/about-ilae/awards/asian-and-oceanian-outstanding-achievement-epilepsy-award-aoea/p-sarat-chandra-2022>

P. Sarat Chandra — Leadership Profile

Society for Brain Mapping and Therapeutics (SBMT) — A leadership profile page recognising his role and contributions in neurosurgery, epilepsy surgery and brain mapping. <https://www.worldbrainmapping.org/sbmt-leadership/p-sarat-chandra/> Full news archive: for the latest and complete coverage, see [Google News](https://news.google.com/search?q=%22Sarat%20Chandra%22%20AIIMS%20neurosurgery) — <https://news.google.com/search?q=%22Sarat%20Chandra%22%20AIIMS%20neurosurgery>

Selected Educational Webinars and Orations

Selected educational webinars, teaching videos and recorded orations available online, compiled from public sources (ILAE, AIIMS and professional societies). Each entry gives the host or platform, a short description, and a link; some ILAE sessions may require an ILAE Academy sign-in.

Epilepsy Surgery — “Case by Case / Step by Step” (ILAE webinar series)

International League Against Epilepsy (ILAE) — A live, interactive teaching series that works through real drug-resistant epilepsy cases from evaluation to surgery, step by step, with an expert panel. Prof. Sarat Chandra serves as faculty in this Asian–Oceanian epilepsy-surgery education series; the archived episode on right mesial temporal sclerosis (3 July 2021) is available as a replay. <https://www.ilae.org/congresses/webinars/epilepsy-surgery-case-by-case/step-by-step> · Replay: <https://www.youtube.com/watch?v=CFxjtASXVsM>

Endoscopic (Endoscope-Assisted) Hemispherotomy — Surgical Teaching Video

YouTube — A narrated demonstration of the minimally invasive endoscope-assisted hemispherotomy pioneered at AIIMS, showing how a diseased cerebral hemisphere is disconnected through a small incision in children with severe drug-resistant epilepsy. <https://www.youtube.com/watch?v=FmOgNVG1dhk>

Epilepsy Surgery at AIIMS — Operative Teaching Video

YouTube — An educational surgical video from the AIIMS comprehensive epilepsy-surgery programme, illustrating operative technique and intra-operative decision-making in the treatment of drug-resistant epilepsy. <https://www.youtube.com/watch?v=h5RbjOIRDYs>

Translational Epilepsy Research & the Neurobiology Laboratory — Overview

YouTube — A walkthrough of the translational epilepsy research at AIIMS, explaining how surgically resected tissue is used to study seizure networks and molecular biomarkers — connecting the operating theatre with the laboratory. <https://www.youtube.com/watch?v=qRUfiPp5csU>

“Applying the Science of Metacognition to Neuroendoscopy” — Presidential Oration, Neuroendoscopic Society of India (2025)

YouTube — A recorded plenary oration on how metacognition — thinking about one’s own thinking — can sharpen judgement, situational insight and safety during neuroendoscopic surgery. <https://www.youtube.com/watch?v=dftDBsyzcfU>

“Situation Awareness in Aneurysm Surgery” — Presidential Oration, Cerebrovascular

Society of India (2023)

LinkedIn (video) — A presidential oration applying human-factors principles of “situation awareness” to the safe conduct of cerebral aneurysm surgery — a lecture on decision-making and error-avoidance in the operating room. https://www.linkedin.com/posts/dr-p-sarat-chandra-3371b568_situation-awareness-in-aneurysm-surgery-activity-7112608206601777154-7x0Z Further recorded sessions and case-based webinars are hosted on the ILAE Academy and the ILAE Neurosurgical Education video library; additional lectures and teaching videos appear on the AIIMS Neurosurgery and personal YouTube channels.

Online Verification — Links to Sources

Public links verifying the major claims, positions, awards, patents, media, teaching and outreach summarised in this document:

Official profiles & positions

- AIIMS faculty page — https://www.aiims.edu/index.php/en/2014-12-19-04-37-04/neurology_surgery_faculty?id=1408
- AIIMS official CV (PDF) — https://aiims.edu/images/pdf/Departments_Centers/Neuro-Surgery/dr.p.s.chandra%20CV-25.pdf
- Google Scholar — 716 papers, h-index 52 — https://scholar.google.com/citations?user=C_fTZQsAAAAJ
- ILAE profile & committee roles — <https://www.ilae.org/p-sarat-chandra>
- WFNS Publication Committee (Chairman) — <https://wfns.org/committees>
- SBMT leadership profile — <https://www.worldbrainmapping.org/sbmt-leadership/p-sarat-chandra/>
- Centre of Excellence for Epilepsy, AIIMS (he established/leads) — <https://www.coeepilepsy.in/>
- Ekatwam — epilepsy patient-support charity (co-founder; 10,000+ helped) — <http://ekatwam.org/>

Awards & honours

- VASVIK National Award, Biological Sciences (2019) — <https://www.vasvik.org/award-winners/>
- ILAE Lifetime Achievement in Epilepsy (2022) — <https://www.ilae.org/about-ilae/awards/asian-and-oceanian-outstanding-achievement-epilepsy-award-aoea/p-sarat-chandra-2022>

<https://www.ilae.org/about-ilae/awards/asian-and-oceanian-outstanding-achievement-epilepsy-award-aoea/p-sarat-chandra-2022>

- Tadokoro Award (ILAE) — <https://www.ilae.org/about-ilae/awards/tadokoro-award>
- Sun Pharma Research Award — <https://www.sunpharmasciencefoundation.net/LatestWinnersResearchAwardmain.asp>
- Fellow, NASI (National Academy of Sciences) —

http://nasi.nic.in/Fellowship%20Nomination%20Book%202016/Biological_Sciences_Section_Book_II.pdf

Landmark research

- NEJM Journal Watch — 2018 “Practice-Changing” paediatric epilepsy trial —

<https://www.jwatch.org/na45275/2018/01/19/efficacy-epilepsy-surgery-children>

- J. Neurosurgery: Pediatrics — key paper — <https://thejns.org/pediatrics/view/journals/j-neurosurg-pediatr/27/6/article-p688.xml>

<https://thejns.org/pediatrics/view/journals/j-neurosurg-pediatr/27/6/article-p688.xml>

- PubMed — indexed research — <https://pubmed.ncbi.nlm.nih.gov/31839968/>
- Journal of Spinal Surgery — “Trailblazer in Neurosurgery” (2024) —

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

Patents (inventor: Prof. Sarat P. Chandra)

- DCER spine technique — US Patent US20160128736A1 (appln 14/897,156) —

<https://patents.google.com/patent/US20160128736>

- EPISAVES portable video-EEG (AI) — Indian Patent Appln 201811033960 (2018)
- Occipito-C1/C2 spacer (BIRAC) — Indian Patent Appln 201611023116 (2016)
- CVJ stabilization implant — Indian Patent Appln 201911002700 (2019)
- Nasal retractor, pituitary surgery — Indian Patent 201911005181 / No. 552208 (granted)
- Multi-port cranial endoscopy system — Indian Patent Appln 201911012505 (2019)
- Endoscopic carpal-tunnel-release set — Indian Patent Appln 306/Del/2009
- KYNA epilepsy biomarker — Indian Patent Appln TEMP/E-1/27566/2017-DEL
- Verify Indian patents — official IP-India portal (InPASS) — <https://iprsearch.ipindia.gov.in/PublicSearch/>

Media & newspaper coverage

- Times of India — SEEG electrodes for epilepsy — <https://timesofindia.indiatimes.com/city/delhi/electrodes-in-brain-new-hope-for-severe-cases-of-epilepsy/articleshow/85913226.cms>

<https://timesofindia.indiatimes.com/city/delhi/electrodes-in-brain-new-hope-for-severe-cases-of-epilepsy/articleshow/85913226.cms>

- Times of India — laser treatment for epilepsy — <https://timesofindia.indiatimes.com/city/delhi/aiims-uses-laser-to-treat-epilepsy/articleshow/46913672.cms>

<https://timesofindia.indiatimes.com/city/delhi/aiims-uses-laser-to-treat-epilepsy/articleshow/46913672.cms>

- Times of India — DCER spine technique — <https://timesofindia.indiatimes.com/science/aiims-doctors-find-new-method-to-operate-on-spine/articleshow/30751237.cms>

<https://timesofindia.indiatimes.com/science/aiims-doctors-find-new-method-to-operate-on-spine/articleshow/30751237.cms>

- Business Standard (IANS) — DCER spine surgery — https://www.business-standard.com/article/news-ians/aiims-doctors-devise-new-technique-for-spine-surgery-114022001078_1.html

https://www.business-standard.com/article/news-ians/aiims-doctors-devise-new-technique-for-spine-surgery-114022001078_1.html

- Medical Dialogues — alcohol therapy, spinal tumour — <https://speciality.medicaldialogues.in/new-delhi-aiims-doctor-use-alcohol-to-treat-spine-tumour>

<https://speciality.medicaldialogues.in/new-delhi-aiims-doctor-use-alcohol-to-treat-spine-tumour>

- Neurosurgical.TV — ROTCH robotic epilepsy surgery — <https://www.neurosurgical.tv/aiims-dr-sarat-chandras-rotch-robotic-technique-revolutionises-epilepsy-surgery-s/>

<https://www.neurosurgical.tv/aiims-dr-sarat-chandras-rotch-robotic-technique-revolutionises-epilepsy-surgery-s/>

- The HealthSite — “hidden epidemic” interview — <https://www.thehealthsite.com/diseases-conditions/epilepsy/india-is-facing-a-hidden-epidemic-of-epilepsy-aiims-doctor-851565/>

<https://www.thehealthsite.com/diseases-conditions/epilepsy/india-is-facing-a-hidden-epidemic-of-epilepsy-aiims-doctor-851565/>

- Google News — coverage archive —

<https://news.google.com/search?q=%22Sarat%20Chandra%22%20AIIMS%20neurosurgery>

Television & public-media interviews

- Doordarshan — “Hello Doctor”: brain tumour (2024) — <https://youtu.be/hZzZiQr3Mgo>
- Doordarshan — “Hello Doctor”: Parkinson’s Day — <https://youtu.be/oQp4CRCKCXw>
- Doordarshan DD-1 — “Talk on Epilepsy” — https://youtu.be/P_9BcH2V5mM
- DD News — “Total Health”: Epilepsy — <https://youtu.be/iocSA4fF36I> · <https://youtu.be/owbALaHlBsY> · <https://youtu.be/8qiUoDgq6hs> · <https://youtu.be/qQ1o9-HEepg>
- India Science — “Question Hour: Vaccine” — <https://youtu.be/z-pXMvmHVBo>
- The Checkup — “Epilepsy Surgery 101” — https://youtu.be/wU_bPCACiJk
- DNA India — AIIMS expert on COVID — <https://youtu.be/7B1Pvy7T3IE>
- Oneindia Hindi — Black Fungus briefing — <https://youtu.be/wDyfpDsMgVA>
- Podcast — brain, focus & Vedic science — <https://youtu.be/EAyqpPcNte8>
- Human Library Cafe — interview — <https://youtu.be/hppLWocrBnQ>

Teaching, operative & lecture videos

- Grand Rounds, Columbia University Neurosurgery (2025) — <https://youtu.be/QTvtYMDBLHU>
- ILAE webinar — “Epilepsy Surgery, Step by Step” — <https://www.ilae.org/congresses/webinars/epilepsy-surgery-case-by-case/step-by-step>

<https://www.ilae.org/congresses/webinars/epilepsy-surgery-case-by-case/step-by-step>

- “Epilepsy Surgery: Current & Future” (Walter E. Dandy Soc.) — <https://youtu.be/zNgtetmT-vM>
- CME — “Revolutionizing Epilepsy Surgery” (Neuro Foundation) — <https://youtu.be/MHxpsV-q884>
- On epilepsy (Centre of Excellence for Epilepsy) — https://youtu.be/igGIEG4_77c
- Lecture — “Endoscopic Hemispherotomy” — <https://youtu.be/Tjjo662TrDE>
- Operative — Stereo-EEG (SEEG) implantation — <https://youtu.be/EX9KnQ2u2ys>
- Operative — temporal lobectomy + amygdalo-hippocampectomy — <https://youtu.be/zlpBffRbzVlk>
- EASYTRAC-P retractor, pituitary surgery — demo — <https://youtu.be/cr33ZZSRtly>
- Faculty teaching lecture, AIIMS — <https://youtu.be/Y9yK7RogTmU>
- Presidential Oration — NEUROENDOCON 2026 — <https://www.youtube.com/watch?v=dftDBsyzcFU>
- Oration — “Situation Awareness in Aneurysm Surgery” (CVSI) — https://www.linkedin.com/posts/dr-p-sarat-chandra-3371b568_situation-awareness-in-aneurysm-surgery-activity-7112608206601777154-7xoZ

https://www.linkedin.com/posts/dr-p-sarat-chandra-3371b568_situation-awareness-in-aneurysm-surgery-activity-7112608206601777154-7xoZ

Mentoring & capacity-building abroad

- Adjunct Professorship, Univ. Airlangga, Indonesia — <https://youtu.be/rr60A7e8QaE>
- ILAE — epilepsy-surgery workshop, Nepal — <https://www.ilae.org/files/dmfile/report-of-the-workshop-held-at-nepal-2023.pdf>
- ILAE — Surgical Mentorship Programme, Indonesia — <https://www.ilae.org/index.cfm?objectid=35E1C53E-02D7-DF32-34A020B2D2E9EE91>

<https://www.ilae.org/index.cfm?objectid=35E1C53E-02D7-DF32-34A020B2D2E9EE91>

10 Selected Images

Figure 1. Establishment of the first MEG center in India, in NBRC as a AIIMS-NBRC collaborative project (inaugurated by then Hon'ble Minister for Science and Technology Shri Harsh Vardhan and Prof PN Tandon with Madam Sneh Bhargav.



Figure 2. The following figure shows the main components of the Center of Excellence for Epilepsy for which Prof. Chandra is the Principal Investigator and Team Leader. These include [1.] The Epilepsy surgery division [2.] Clinical Electrophysiology [3.] The MEG and Brain mapping centre located in the National Brain Research Centre [4.] Intra-cellular electrophysiology and molecular division. Such a multi-team and multi-speciality centre is the first of its kind for the country, and even for the whole South East Asia.

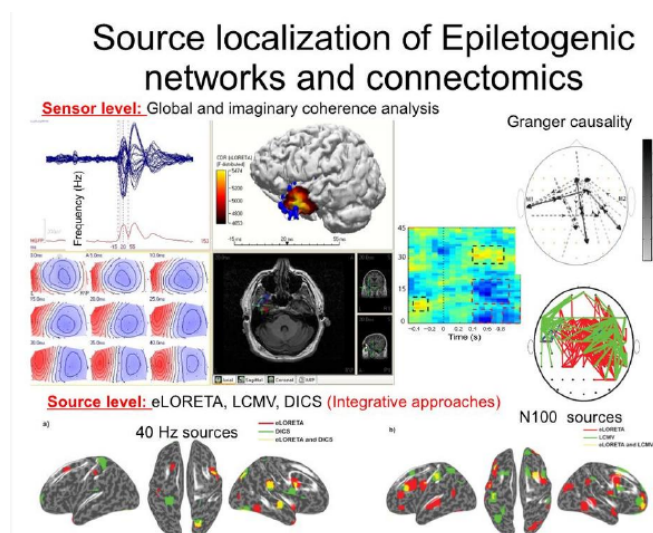
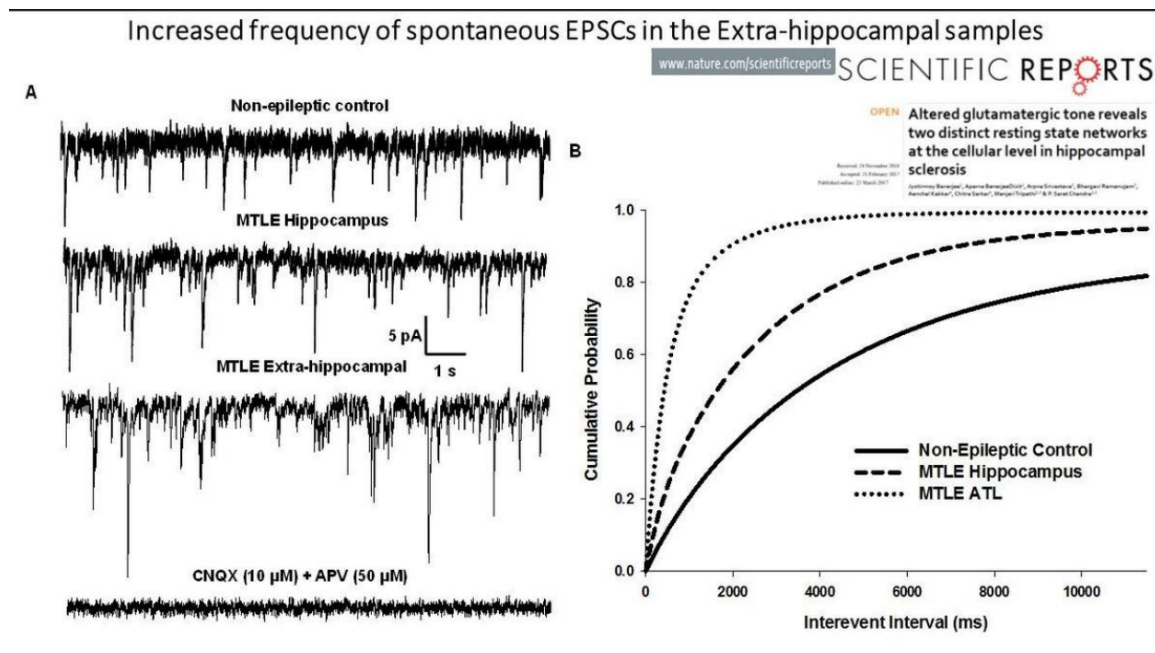


Figure 3. The following figure collage given below is an excerpt from the publication in Scientific reports (Nature) which demonstrated for the first time, 2 separate networks, one from hippocampus and the other from the anterior temporal lobe. Such a finding provided immense translational value providing evidence at cellular level to perform an anterior temporal lobectomy + amygdalo-hippocampectomy as opposed to performing selective amygdalo-hippocampectomy. Such an evidence was earlier favoured by well known the meta-analysis performed by Josephson (Neurology, Impact factor 8.03). However, our study was the first of its kind to demonstrate this at the cellular level.

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4 Figure 4. Interview of the candidate Dr. Chandra in a renowned Japanese magazine on the newly developed technique of ROTCH.

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Figure 5. The first-of-its-kind ILAE (International League Against Epilepsy) Surgical Mentorship Programme, conducted at Dr Soetomo General Academic Hospital, Surabaya — one of Indonesia’s largest public teaching hospitals (over 1,500 beds) and, in national standing, the Indonesian counterpart of AIIMS. Over an intensive on-site fortnight (May 2024), preceded by four weeks of online lectures and multidisciplinary case review, our centre was instrumental in building the hospital’s on-the-ground capability for epilepsy surgery — spanning presurgical evaluation, video-EEG and seizure localisation through to the operating theatre — thereby helping to establish Indonesia’s first sustainable, indigenous epilepsy-surgery programme.

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