

CARE OF SURGICAL PATIENTS WITH SPECIAL REFERENCE TO VRANITOPASNIYA ADHYAYA

Danish Javed¹, Manju Agrawal²

¹Clinical Registrar(Shalya), ²Associate professor & I/C HOD(Shalya), CBPACS, Khera Dabar, New Delhi, India

ABSTRACT

Vranitopasniya adhyaya is a special chapter in *Shushruta Samhita* dedicated to post operative surgical care. Surgically ill patients are more prone to infections, complications, disabilities etc and most important i.e. stress and social interaction. Merely, care in terms of infection control does not fulfill the complete aspect. It needs more and more attention and attachment to encourage patient recovery faster. *Shushruta* has covered all aspect of health care i.e. physical, mental, social and spiritual care.

Key Words: *Vranitopasniya adhyaya*, post operative care, surgical care

INTRODUCTION

Care of post operative or trauma patient is an integral part of surgical supervision. In modern world, lots of measures are taken to follow the standard protocol to achieve highest success rate. Surgical procedures are known for their rate of complications. Care, precaution, hygiene, sterilization, modernization, technicalities etc form the backbone of operative procedures. Still many times, even after a very good surgery, we do not get as much we expect. At all times, we find some mistakes during the care of our patients. And, we never find the single set of rule to establish in the entire patient care scenario. *Acharya Sushruta* had given a lot of focus on planning of surgical hospital set up.

AIM:

The aim of this study is to review the ancient holistic approach of *Ayurveda* about a standard surgical setup and to establish a bridge between the ideas of *Ayurvedic* concept and modern scientific approach.

REVIEW OF LITERATURE:

In *Ayurveda*, *Acharya Sushruta* has described this topic in detail in a separate chapter “*Vranitopasniya adhyaya*” nineteenth chapter in his text book *Sushrut Samhita, sutra sthana*.

INFRASTRUCTURE:

Wound care unit should be established on a clean and holy land, whose building should be free from direct sun and wind. Patient's bed must be comfortable, neat and clean and the head end should be in east direction and should never been in north direction. Any metallic gadget such as a knife or any sharp weapon should be kept towards his head end or under his pillow.

SOCIAL AND SPIRITUAL SETUP:

After initial recovery of the patient, when he is shifted to ward or even after discharge from hospital, a gathering of friends and family members is mandatory, whom so ever the patient prefers, as they provide moral support and encourage the patient to

fight against the disease and help to overcome the pain of trauma. This also provides him the strength to combat with the feeling of fear and loneliness, which is very much there in the environment of hospital. Presence of opposite sex partner should be avoided to prevent sexual arousal of patient. Coitus by surgical patient can result even in death.

CARE of PATIENT:

After every surgery or trauma, immobilization is advised to prevent the risk of bleeding; loosening of stitches, pain and to promote inflammatory process for healing. In case of skeletal and neuromuscular trauma strict immobilization in plaster is given. After a few days slow and gradual movement of body is promoted to achieve the normal functioning of a particular organ. Unnecessary jerky movements like sudden standing, sitting, walking, laughing, speech in loud voice ought to be discarded. Sleep during day time is also detrimental. It may cause itching, swelling, redness, discharge, etc. from the wound. Awakening in night is likely to cause swelling and redness of the injured area. Intake of alcohol is also considered to be very dangerous due to its *ruksha*, *tikshna*, *ushna* and *ashukari* properties.

DIET:

Recently harvested grains, sesame, black gram, pea, dry herbs, pungent, salty & sour food, mutton, fish & fatty meat, cold water, curd, bulky & heavy diet, etc. should not be a part of diet of such a patient. Dust, dirt, dew and excessive, stale, allergic food or fasting is harmful and may be responsible for suppurative changes.

MENTAL STATE OF PATIENT:

The mental state of a surgical patient plays a major role in his recovery. We have seen a lot of patients with fast resur-

gence, if they have strong morale. Good thoughts, holy activities, spiritual behavior and sound state of mind is the soul of revival. Listening of demon words and ill talks must be discouraged. Different types of emotional, sentimental or aggressive mood changes, depression, and suicidal tendencies are also destructive for the patient.

DISINFECTION:

Fumigation of patient's room with mustard, *neem* and salt twice a day for ten consecutive days should be followed. A fan made up of hair of animals should be blown over the wound of patient to prevent the contamination from insects, flies, etc. Wound should neither be squeezed nor scratched and should be taken care of at the time of sleeping.

DISCUSSION and CONCLUSION:

This entire complete management must be given with due respect to all other important surgical aspects also. This protocol covers both the physical and spiritual ends as mentioned by *Sushruta*. Although the patient & his attendant are always attentive but still if proper care is not delivered during this time, there are some chances of post operative complications to occur. So, the role of post operative care never ends and the patient always requires a different methodology for his better prognosis. Care in terms of healing, avoidance of disability and recurrence is not a single sentence definition, it needs lot and lot from all the pillars of treatment i.e. *Chikitsa chatushpaad*.

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CORRESPONDING AUTHOR

Dr. Danish Javed

Clinical Registrar (*Shalya*),
CBPACS, Khera Dabar, New Delhi, India

Email: danish_surgeon@rediffmail.com

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