



ALL INDIA INSTITUTE OF AYURVEDA (AIIA)

(आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान)

(An Autonomous Organization under the Ministry of AYUSH, Govt. of India)

Background of Anushastrakarma

The Department of Shalya Tantra, All India Institute of Ayurveda is dealing with surgical aspects of the system through imparting quality patient care, teaching, training and various research activities on Anushastrakarma. The department is fully equipped with Anushastrakarm OPDs (Kshara Karma, Agnikarma & Raktomokshana,) Minor Operation theatre and Major Operation theatre.

The Ksharakarma Unit is most admirable unit providing best possible treatment to suffers of Arsha (piles), Bhagandara (fistula- in- ano), Parikartika (fissure in ano), Nadivrana (sinuses) etc. Every day more than 100 patients are visiting to Ksharakarma OPD from Delhi and nearby states.

The Agnikarma OPD is also equipped with all kinds of heat transferring instruments. The dept. has also prepared an Agnikarma Shalaka based on the principles of Prof. PD Gupta. Agni Karma is especially beneficial in case of chronic pain management. The patients those are suffering from Gridhrasi (sciatica), Sandhivata (osteoarthritis), Kadara (corn), Charmakeela (wart), Avbahuka (frozen shoulder), Vatakantaka (plantar fasciitis), etc. are visiting to this unit. In short period of time, Agni Karma unit is also getting popularity among the patients.

Raktamokshan unit is also fully functioning and providing the services with full potential in management of non-healing ulcers, venous disorders, skin problems with good outcome. Newer Raktamokshana devices are using for getting of good outcome. All the procedures are practiced as per Standard Operative Procedure (SOPs) developed in the Department. The aseptic measures are adopted as per standard guidelines to make the procedures absolutely harmless to the patients.

All units are well maintained and Surveillance activities for infection prevention are being done regularly and there is a separate area for Bio Medical waste segregation as per the GPCB Guideline. Staffs those are working in the department are being trained regularly regarding maintaining of the OPDs, disposal of biowaste. They are also undergone to the frequent training sessions for skill enhancement. Looking to proper functioning of these units, the steps for performing Anushastra karma are also displayed at OPD area for ready reference for staff & patient education. Department is also well acquainted with hazard risk mitigation strategy. In addition to that fire safety is also assured in Anushastra karma OPDs.

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AGNIKARMA –SOP

DEFINITION

A Classical para-surgical procedure of producing therapeutic burns on body to cure certain pathological conditions is known as Agnikarma.

Indications –

1. Localized/diffuse pain of musculoskeletal origin secondary to athropathies affecting the various joints & localized myo- fasciitis.
2. Radiculopathy pain like sciatica / neuralgia secondary to spondylosis/PIVD affecting the vertebral column.
3. Plantar fasciitis.
4. Tendinopathies like tennis /golfer elbow/traction osteo -chondritis.
5. Skin warts/papilloma.
6. Corns/Callosity
7. Eczematous (wet) lesions.
8. Sinus/fistulae.

Contraindications –

1. In-acceptability by the patient/attendant.
2. Local site unsuitable for executing the Agni-karma owing to infection/particular lesion of any type.
3. Un-controlled/poorly controlled diabetic patient.
4. Patients having HBsAg /HCV/HIV I/II positive status.

Examination of the patient -

Examination of the part selected for the Agni-karma for regional infection/particular lesion of any type.

INVESTIGATIONS-

- CBC
- HBsAg/HCV
- HIV I/II
- VDRL
- Blood Sugar level

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- Specific investigation to rule out specific lesions if required.
- Review from concerned department (if required) concerning any relevant medical history that has been revealed by the patient or otherwise evident from the investigations planned or available otherwise.

INSTRUMENTS AND EQUIPMENTS NEEDED FOR AGNIKARMA

- Para surgical room
- Instrument trolley
- Dressing drums
- Instrument trays
- Kidney trays
- Bowls
- Towel clip
- Panch Dhatu knth Shalaka along with the required attachment/Gas Stove/ burner.
- Sponge Holder
- Gloves
- Draping sheets, sterilized dress material like cotton balls, gauze pieces, pads etc.
- Skin Pencil/Marker
- Panchvalkal kwath
- Fresh Pulp of Aloe Vera
- Haridra powder

PURVA KARMA (PRE-PROCEDURE) –

- Fitness of the patient for the procedure
- Local part preparation
- Preparation of required instrument, such as shalaka, gas stove, aloevera, haridra churna
- Take consent for the procedure and evaluate patient safety for before procedure as per pre procedure checklist
- Area demarcation for Agnikarma should be done.
- Heat the Panchdhatu Shalaka up to red hot.

PRADHANA KARMA (MAIN PROCEDURE)-

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- Localization of the points selected for doing Agnikarma (if needed) with skin pencil/marker.
- Painting of demarcated area for Agnikarma with Panchvalkal Kwath.
- Drapping with sterile linen hole sheet to expose only operative area.
- Patient shall be placed according to the location of diseased area.
- Shalaka should be touch at the most painful area.
- Agnikarma with PanchdhatuShalaka with BinduDagdga method leaving 0.5 cm – 1cm gap between two points of Dagdha.
- 5-20 points of touch shall be done.
- Immediate Ghrita Kumari shall be applied soon after the red hot shalaka touch and burnt the skin superficially.
-

PASCHAT KARMA (POST PROCEDURE) –

- Sprinkle the turmeric powder on the burnt site.
- Precautions shall be told to the patient to left dry the burnt part for at least 24 hours
- Advice to avoid water contact to DagdhaVrana area for next 24 hours.
- After 24 hours, application of shatadhauta ghrita shall be done
- Burnt part shall be kept open
- Procedure can be repeated after 15 days as per requirement
- Standard instruction concerning the care for the site at which the procedure has been done.
- Repeated assessment of the site/sites for any therapeutic cautery related complications like pain, discoloration, blisters & infection on next day and then as per the schedule decided.
- Post procedure evaluation should be written in patient's file

Further Planning-

Further planning concerning the repeat sitting of Agnikarma may be planned as per the entity & outcome reported.

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JALAUKAVCHARANA (LEECH THERAPY)-SOP

DEFINITION

Therapeutic application of medicinally usable leech for the purpose of removing vitiated blood is known as Jalokavacharana.

Indications:

- Vrana shopha
- Thrombosed haemorrhoid
- Granthi
- Vatarakta
- Kushta (Dermatosis- Eczema, Psoriasis, Paronychia, Scleroderma etc.)
- Vata vyadhi
- Sleepada
- Rakta granthi
- Arbuda
- Apachi
- Kshudra roga
- Visarpa (Erysipelas)
- Vidradhi (Abscess)
- Herpes Zoster
- Pitika (Boils)
- Upadamsha
- Dushta Vrana (chronic non healing ulcers like arterial, venous ulcers, bed sores, chronictraumatic wounds, diabetic ulcers, leprotic ulcers etc.)

Contra Indications:

- Absolute-Haemophilia
- Relative-Pregnancy
- Anemia
- Hypotension
- General fatigue

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- Active tuberculosis
- Mental disorders
- High temperature
- Blood dyscrasias
- Other systemic disorders which interfere with the treatment

INVESTIGATIONS:

- CBC
- Liver Function Tests
- Blood sugar
- Serum Urea, S.Creatinine
- Bleeding time, clotting time and prothrombin time
- HIV, HBsAg, HCV, VDRL

MATERIAL REQUIREMENT

- Medicinally usable leeches - Non-Poisonous leeches
- Water pot
- Fresh Water
- Kidney tray
- Haridra (Turmeric Power)
- Milk
- Sterile needle
- Gauze piece
- Sterile gloves
- Sterile Pads
- 24 No. Needles
- Roller Bandages
- Saindhav lavana

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PURVA KARMA

Preparation of the patient:

- Take consent for the procedure and evaluate patient safety for before procedure as per pre procedure checklist
- Inj. TT, 0.5 ml, IM should be given to every patient as a prophylactic measure.
- Patient is allowed to sit or lie comfortably.
- Before applying the leeches, the area to be treated should be cleaned with non-chlorinated warm water.
- No antiseptic solutions should be used to clean the area

Preparation of the Leech:

Leeches should be kept in a solution mixed with the paste of Haridra or Sarsapa for muhurtha kala to make them active and then shift them to fresh water

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PRADHANA KARMA

- Hold the leech gently with a smooth cotton or gauze and place it on the treatment procedure site.
- If I doesn't stick, sprinkle a drop of blood or make a small prick.
- When it sticks its mouth raises as horse's hoof (Ashwa Khuravadaanam).
- Observation of hooking of Jaloka (AshwaKhurVadAnana) for complete fixation of Jaloka.
- Application of wet gauze piece over Jaloka.
- Observation of proper suction movement of Jaloka up to self-removal of Jaloka.
- Leech will detach by itself after sucking for duration of 30-45 minutes.
- If it doesn't detach sprinkle Saindhavalavana or Haridra powder on its mouth.
- Leech should be detached if the patient complaints of pain or itching at the site of bite.

PASHCHAT KARMA

Patient:

- The wound so formed bleeds for long time. If bleeding doesn't stop sprinkle some sphaatik bhasma for haemostasis and apply tight secured sterile bandage.
- Tight pressure bandage should be given on operated part.
- Post procedure evaluation should be written in patient's file
- Advise for rest

Leech:

- Drop the Jaloka in clean water pot for rest.
- Allow the leech to vomit the blood by sprinkling haridra powder on its mouth
- Hold the leech between left thumb and forefinger and squeeze gently from tail towards head by using right thumb and index finger.

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- After making them vomit, they should be protected from blood intoxication (Rakta mada) and should not be used again for 7 days.
- Those leeches, which used for the treatment, should be stored in a separate container of respective patients and the containers should be labelled by patient's name, age, sex and indication.

SAFETY PRECAUTION

- One time applied Jaloka should not be used for next 7 days.
- Preservation of Jaloka should be done properly.
- Jaloka used in one patient should not be used in another patient. It should be patient personalized.
- Jaloka Vamana should be performed gently and not vigorously.

Follow Up: Number of sittings of leech therapy should be planned as per the response of the patient to the treatment.

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KSHAR SUTRA THERAPY- SOP

DEFINITION –

The Ksharsutra a medicated thread is a surgical linen (Barbour thread no. 20) coated repeatedly with plant based ingredients, so that a required amount of drug gets adhered on thread to achieve therapeutic value.

INDICATIONS:

Bhagandar (Fistula in Ano)

INVESTIGATIONS:

- Blood sugar
- Complete blood count
- Serum Urea, S.Creatinine
- Bleeding time, Clotting time and Prothrombin time
- Blood group
- HIV, HBsAg, HCV.
- X ray chest – to rule out TB
- ECG
- Fistulogram may be done when branching is suspected, in recurrent fistulae and when internal opening is not appreciable.
- MRI Pelvis with MR fistulography
- Biopsy when specific cause is anticipated
- Examination under anaesthesia
- Probe test
- Injection technique is useful in delineating the tract.

MATERIALS REQUIRED FOR KSHARSUTRA THERAPY:

- Dressing trolley
- Hole sheets
- Betadine solution
- Operation table
- Gauze Pieces
- Dressing pad
- Standard Ksharasutra
- Disposable syringe-10 ml.
- Xylocaine 2% with adrenaline
- Xylocaine 2% jelly
- Distilled water/Normal saline
- Malleable copper probe

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- Linen thread no. 20
- Methylene blue
- Sim's speculum
- Allis Forceps
- Straight and Curved Artery forceps
- Sponge holding forceps
- Tissue cutting scissors
- BP handle with surgical Blades

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KSHARASUTRA PROCEDURE:

a. Preparation of the patient:

- Physician and anesthetist fitness
- Patients should be admitted on a day before the procedure
- Instructions should be given to the patient regarding the part preparation
- The patient should be kept nil orally for at least 6 hrs. before the procedure
- Inj. Tetanus toxoid 0.5 ml, I.M, should be given on a day before the procedure to every patient.
- A written informed consent should be obtained
- Proctoclysis enema should be given early in the morning of the procedure day.
- Preoperative Antibiotics should be given.
- Xylocaine sensitivity test have to be performed in every patient those who will be planned under local anaesthesia

Anaesthesia:

Local anaesthesia or Saddle Block.

b. Operative technique:

- The procedure will be performed with the patient in a lithotomy position.
- After painting and draping, local anesthesia will be infiltrated at the operative site.
- Methylene blue dye should be instilled in the external opening to check the patency of the tract and to make the tract more visualized.
- A probe will be passed from external opening and will be taken out from the internal opening and a Ksharsutra will be applied in the tract.
- After achieving hemostasis, sterile dressing should be applied.

c. Postoperative care:

- Oral analgesics for post operative 1-2 days.
- Oral antibiotics – first five days
- Triphalaguggulu, two tablets three times a day
- Warm sitz bath 2 times a day by adding Tankan Bhasma/haridra churna in Water.
- Bulk laxative, Isabgol -4tsf with luke warm water at bedtime for a month or any laxative.
- Daily dressing – Cleaning of the tract with Panchvalkal kwath and application of Jatyadi tail in the wound.

Discharge summary should be provided to the patient at the time of discharge which

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contains the reason for admission, clinical findings, diagnosis, date of admission, type of anesthesia date of procedure or operation, date of discharge, Patient's condition at the time of discharge, investigation, results, medication given, follow up advise, medication to be used, other instructions about when and how to obtain urgent care should be mentioned in an understandable manner.

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Further planning-

- After 7 days Ksharsutra should be changed.
- Ksharasutra should be changed once in a week till the fistulous tract cuts completely.
- Patient should be assessed weekly till the wound heals completely.

KSHARASUTRA BANDHANA IN NADIVRANA

**STANDARD OPERATING PROCEDURE:
MATERIAL REQUIREMENT**

- Sponge Holding Forceps
- Betadine solution and Spirit
- Sterile gauze piece and cotton
- Sterile linen hole sheet
- Cotton bandages
- Standard ksharasutra
- Disposable syringe-10 ml.
- Xylocaine 2% with adrenaline
- Xylocaine 2% jelly
- Distilled water/Normal saline
- Malleable copper probe
- Linen thread no. 20
- Methylene blue
- Straight and Curved Artery forceps
- Allis Tissue forceps
- Sims Speculum
- Probes (Different size and length, Malleable/non-malleable)
- Tissue cutting scissors
- BP handle with surgical Blades

PURVA KARMA: -

- Obtain written informed consent for the procedure
- Part preparation, Site demarcation Painting and draping is done.
- Infiltration of local Anesthetic (lignocaine 1%)

PRADHANA KARMA: -

- Expose the area and confirm the site
- Probing done into the external to another ext opening and define the track (If needed do retrograde probing)

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- Ligation of Ksharsutra with the help of probe.
- If needed explore the external opening of Bhagandara/Nadivrana for the drainage of discharge.

PASHCHAT KARMA-

- Clean operative site with Betadine.
- Packing done with gauze piece
- Apply bandage at operative site
- Change the previous Ksharsutra on every seventh day

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KSHARASUTRA BANDHANA IN ARSHAROGA

STANDARD OPERATING PROCEDURE: MATERIAL REQUIREMENT

- Sponge holding forceps
- Betadine solution
- Sterile gauze piece and cotton
- Sterile linen hole sheet
- Cotton bandages
- Standard Ksharasutra
- Disposable syringe-10 ml.
- Xylocaine 2% with adrenaline
- Xylocaine 2% jelly
- Distilled water/Normal saline
- Malleable copper probe
- Linen thread no. 20
- Straight and Curved Artery forceps
- Allis Tissue forceps
- Pile holding forceps
- Sims Speculum
- Tissue cutting scissors
- BP handle with surgical Blades
- Round body needle
- Roller gauze
- Flatus tube

PURVA KARMA:-

- Obtain written inform consent
- Lithotomy position
- Part Preparation, Site demarcation and Painting and draping is followed
- Infiltration of local Anesthetic (lignocaine1%)
- 4 finger dilatation (2+2) if needed

PRADHANA KARMA:-

- Expose the area and confirm the site
- Hold the body of Arsha with Pile holding/Sponge holding forceps.
- Transfix the Ksharsutra on the root (Pedicel) of Arsha. and ligation in different

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directions.

- Repeat same procedure in other Arsha.

PASHCHAT KARMA-

- Clean operative site with Betadine.
- Packing done with gauze piece
- Gophana Bandhana done

KSHARA KARMA IN ABHYANTAR ARSHAS/ INTERNAL HAEMORRHOIDS

INDICATIONS

- Soft, spread out, deep rooted and elevated type of Arshas.
- First, Second, Third and Fourth degree of Internal Piles.

CONTRAINDICATIONS

- External Piles
- Thrombosed piles
- Raktapitta, Pravrdhajwara, Thrisna, Udara Rogas, Murcha, Hrudroga, Prameha, Shiro Roga, Pandu Roga, Arochaka, Sarvangashopha, Raktajagulma etc.

EXAMINATION OF THE PATIENT

- Inspection-** Thrombosed/prolapsed haemorrhoids, external haemorrhoids and skin tags are visualized.
- Per rectal digital examination** - Thrombosed haemorrhoids, as well as other associated conditions such as anal cancer, BPH may be felt per rectum.
- Proctoscopy** - Internal haemorrhoids occur in 3, 7 & 11'o clock positions. These are visualized during proctoscopy. Haemorrhoids are classified into 4 degrees by descent
 - **First degree** - Haemorrhoids does not come out of the anus and bleeding in "splash of the pan" during defaecation.
 - **Second degree** - Haemorrhoids come out only during defaecation and is reduced spontaneously after defaecation.
 - **Third degree** - Haemorrhoids come out only during defaecation and do not return by themselves, but need to be replaced manually and then they stay reduced.
 - **Fourth degree** - Haemorrhoids are permanently prolapsed and proper

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replacement is not possible.

INVESTIGATIONS

- Blood sugar
- Complete blood count
- ESR
- Blood group
- Serum Urea, S.Creatinine
- Bleeding time, Clotting time and Prothrombin time
- HIV, HBsAg, HCV.
- Chest X-ray and ECG
- Diagnostic - Proctoscopy

Instruments and equipments needed for Kshara Karma

- OT Table & lights
- Instrument trolley
- Dressing drums
- Instrument trays
- Kidney trays
- Bowls
- Towel clips
- Sponge holding forceps
- Betadine solution
- Sterile gauze piece and cotton
- Sterile linen hole sheet
- Cotton bandages
- Cheatles forceps
- Cautery machine
- Anesthesia equipment
- Arshoyantra (Eka chidra) - Proctoscope without slit
- Arshoyantra (Dwi chidra) - Proctoscope with slit
- Sims Speculum
- Darvyakriti Shalaka - Scoop for Kshara application
- Allis tissue forceps
- Hemostatic curved Artery forceps

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ALL INDIA INSTITUTE OF AYURVEDA (AIIA)

(आयुष मंत्रालय, भारत सरकार के अंतर्गत स्वायत्त संस्थान)

(An Autonomous Organization under the Ministry of AYUSH, Govt. of India)

- Plain forceps Tooth forceps
- Pile holding forceps
- Sponge holding forceps
- Needle holder
- Round body Needle
- Tissue cutting Scissors
- Pratisaraneeya Kshara
- Nimbu swarasa - Lemon juice
- Normal saline
- Disposable syringe-10 ml.
- Xylocaine 2% with adrenaline
- Xylocaine 2% jelly

Anaesthesia - General / Spinal / Caudal block / Local

PURVA KARMA (PRE-OPERATIVE)

- Physician and anesthetist fitness.
- Instructions should be given to the patient regarding the part preparation
- The patient should be kept nil orally for at least 6 hrs. before the procedure
- Inj. Tetanus toxoid 0.5 ml, I.M, should be given on a day before the procedure to every patient.
- A written informed consent should be obtained
- Proctoclysis enema should be given early in the morning of the procedure day.
- Xylocaine sensitivity test have to be performed in every patient those who will be planned under local anaesthesia.
- The procedure will be performed with the patient in a lithotomy position.
- After painting and draping, local anesthesia will be infiltrated at the operative site

PRADHANA KARMA (OPERATIVE)-

Pratisaraneeya Kshara applied on internal piles and wait for Shata matrakala(1-2 mins) and later washed with lemon juice.

PASCHAT KARMA (POST-OPERATIVE) –

- Triphala guggulu — 2 tabs thrice daily for 15 days.
- Gandhaka rasayana 2 tabs thrice daily for 15 days.
- Panchsakara or any laxative churna -5 gms at night time for 15 days.
- Raktastambhann medicine (if needed)

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