

## POST-OPERATIVE PAIN MANAGEMENT WITH AYURVEDA

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### ABSTRACT

A complete and effective *Ayurvedic* post-operative pain management is the need of every *Ayurvedic* surgeon. *Triphala guggulu* and *Gandhak Rasayana* are well studied drugs in post-operative wound and pain management but at times they are not enough. Also, oral administration has a limitation in immediate post-operative period. Hence *Bala Taila matrabasti* is used as an addition in this study to establish a complete *Ayurvedic* pain management combination in post-operative phase of Hydrocele. 20 patients who underwent elective surgery for Hydrocele were selected for the study. Patients were randomly grouped into control and trial group. Each group had 10 patients. In the trial group *Balataila Matra Basti* was given on previous night of surgery and was administered once daily after the surgery till the removal of sutures. The patients of control group received *Triphala guggulu* and *Gandhak Rasayana* every day after surgery till the removal of sutures. The results observed in both the groups showed that administration of *Balataila matrabasti* along with conventional internal medication reduces the episodes of pain and tenderness in post-operative cases of hydrocele throughout their hospital stay and the results obtained are statistically significant. So, it can be firmly concluded that pain in post-operative cases of hydrocele can be effectively managed by a combination treatment protocol including *Triphala guggulu*, *Gandhak Rasayana* and *Balataila matrabasti*.

**Keywords:** Pain management; Hydrocele; *Balatailamatrabasti*

### INTRODUCTION

For *Sushruta* health was not merely a freedom from disease, but a normal state of mind, body and soul. He was the one to advocate total management of the disease from the earliest stage of vitiation of humors to total recovery in which he insisted on bringing back the site of the lesion to normalcy in all respects. Thus it may well be said that *Sushruta's* management was more thorough than what is practiced today. Today wound is said to have healed when epithelization is complete. But *Sushruta*

would employ '*Vaikritapaham*' measures which will bring back the normal color and surface and even hairs, thus he can be rightfully called the originator of plastic surgery.

In *Ayurvedic* surgical practice the post-operative management begins from the day the surgery is performed till the time the patient is mentally as well as physically fit to resume his normal day to day activities. A complete and effective *Ayurvedic* post-operative pain management is the need of every *Ayurvedic* surgeon.

Pain has been involved with surgery since the time of Acharya Sushruta. Acharya Sushruta has mentioned the use of *tikshna madya* before undergoing surgery to overcome the pain which reflects the importance given to relief from pain associated with surgery since that time. He has also recommended many procedures like *Dhoopana, Swedana, Raktamokshana, Nirvapana, Seka, Lepa* as well as *Basti* in different chapters. Even though these have been explained they are not practiced in the post-operative cases these days. Taking into account these principles and post-operative pain parameters in *Ayurvedic* surgical practice this study is planned.

*Triphala guggulu* and *Gandhak Rasayana* are well studied drugs in post-operative wound and pain management but at times they are not enough. Also, Oral administration has a limitation in immediate post-operative period. Hence *Balataila matrabasti* is used as an addition in this study to establish a complete *Ayurvedic* pain management combination in post-operative phase of Hydrocele.

### OBJECTIVES OF THE STUDY

To find the efficacy of *Balataila matrabasti* in the post-operative pain management of Hydrocele and to compare the results with the control group treated with *Triphala guggulu* and *Gandhaka Rasayana*.

### MATERIALS AND METHODS

**Source of Data:** 20 patients undergoing elective surgery for Hydrocele.

**Methods of collection of data:** Patients who underwent elective surgery for hydrocele were randomly selected and grouped in 2 groups i.e. Control and Trial.

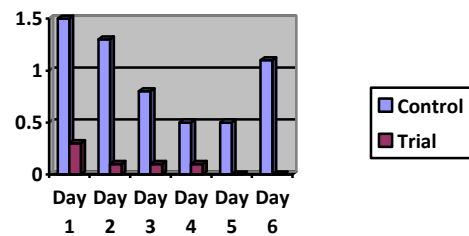
**In the control group:** Tab *Triphala guggulu* 450mg t.d.s. and Tab *Gandhak Rasayana* 250mg t.d.s, were given.

**In the trial group:** Tab *Triphala guggulu* 450mg t.d.s. Tab *Gandhak Rasayana* 250mg t.d.s, and *Balataila matrabasti* i.e. 30ml was given on previous night before surgery and then repeated once daily till removal of sutures. Patients were further evaluated on the basis of proforma prepared for the study.

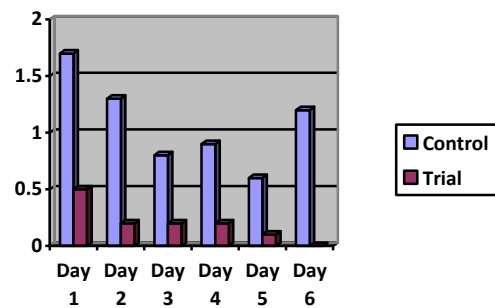
**Duration of Treatment:** Medicines were administered for 7 days in both control and trial group.

### Comparison of pain and tenderness in between groups:

#### Pain:



#### Tenderness:



### OBSERVATIONS

#### Intensity of pain and Tenderness

There is a variation in the intensity of pain and tenderness in the control and trial groups. The results observed in both the groups showed that administration of *balataila matrabasti* along with

conventional internal medication reduces the intensity of pain and tenderness in post operative cases of hydrocele throughout their hospital stay and the results obtained are statistically highly significant.

#### **Incidence**

**Age:** Majority of the patients were in the age group of 20 to 40 i.e. 70 %, whereas 25 % of the patients were between the age group of 51 to 60.

**Marital status:** 65% of the patients were married while 35 % were not.

**Religion:** 60% patients were Hindu while 40% were Muslims.

**Dietary habits:** 65% patients were consuming mixed diet, while 35% were Vegetarians.

**Occupation:** 20% were Labourers, 30% were employed, 15% were Drivers, 15% were Farmers, 5% were Students, 10% were retired and 5% were shopkeepers.

**Addiction:** 90% were not addicted, 5% had the habit of chewing tobacco, and 5% were alcoholics.

**Presentation:** 65% of the patients were with unilateral presentation and 35% had a bilateral presentation.

#### **Observations during surgery**

**Time taken for surgery:** In both groups, Time taken for surgery in bilateral hydrocele is 30mins, and unilateral hydrocele is 20mins.

**Length of incision:** In both groups, Length of incision in bilateral hydrocele was Max. 8 & 5cm, Min. 7 & 4cm and in Unilateral hydrocele average length was 6.7cm (Max.– 8cm, Min.-5cm).

**Number of skin sutures:** In both groups, Max. No. of skin sutures in bilateral hydrocele was 3 & 2 and in unilateral

hydrocele was Max.-4 Sutures and Min.-2 Sutures.

#### **During post-operative period**

**Day of removal of skin sutures:** 5.7 days were required for skin suture removal in 1<sup>st</sup> /Control group whereas 5.6 days were required for 2<sup>nd</sup>/ trial group.

**Follow-up:** Pain and tenderness was not observed in any of the patients of both control and trial group on the 7<sup>th</sup> day after removal of sutures.

#### **Probable action of *Triphala guggulu***

*Chakradatta* while explaining the properties of *Triphala Guggulu* denotes that, it reduces *kleda*, *paaka*, *putigandha*, *shotha* along with remarkable reduction of pain in *vranas*.

#### **Probable action of *Gandhaka rasaayana***

*Katu*, *tikta* rasa present in *Gandhaka Rasaayana* helps in *vranavasadana*, thus helping in early wound healing and significant reduction in the pain and it is also a *rasayana*.

#### **Probable action of *Balataila matrabasti***

Pain is produced due to *Vata dosha*. Management of pain should consider regulation of Vata. *Sneha Dravyas* have *Drava*, *Sara*, *Snigdha*, *Picchila*, *Guru*, *Sheeta*, *Mrudu* and *Manda Guna* predominantly. Here the properties of *balataila*, control the aggravated *Vata Dosh*a and acts as a *Brumhana*.

#### **CONCLUSION**

Hydrocele is primarily a painless condition but patients do complain of pain after surgery which varies from patient to patient. The present study was designed for management of postoperative pain in hydrocele using *balataila matrabasti* along with internal medication. Results show that there is a definite and statistically significant

advantage of addition of *balataila matrabasti* over the conventional post-operative pain treatment protocol which included administration of internal medications alone. So, it can be firmly concluded that pain in post-operative cases of hydrocele can be effectively managed by a combination treatment protocol including *Triphala guggulu, GandhakRasayana, and balataila matrabasti*. It can also be concluded that if the above said combination is followed then administration of any variety of analgesics is not required for pain management in operated cases of hydrocele.

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