

॥ श्री धन्वतरये नमः ॥

Purva Khandesh Kushtha Seva Mandal Sanchalit

Chaitanya Ayurved Mahavidyalaya

"Chaitanyavan" N.H.No.6, A/p.Sakegaon, Tal.Bhusawal, Dist.Jalgaon,

(Maharashtra) - 425201, Mb.No. 8459964934

Web :- camsakegaon.org, E-mail :- ayurvedchaitanya@yahoo.in

Hospital :- Jamner Road, Bhusawal - ☎ 02582- 240661, 240861



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1. Raktamokshana

Possible complication

- Server bleeding may happen during raktamokshana, in some patient with increase bleeding time or increase clotting time.
- Excessive bleeding may occur in patient taking blood thinning medications like ecosprin etc.
- Patient may land in to hypovolemic shock.
- Sometime adverse reaction of jalaukacharana may take place due to application of savish jalauka.

Emergency drugs available-

- Inj. Atropine
- Inj. Dopamine
- Inj. Dobutamine
- Inj. Phenylephrine
- Inj. Hydrocortisone
- Iv fluid like RL, NS etc.

2. Ksharkarma

Possible complications -

- While change of ksharsutra incase of fistula in ano at minor to level patient may land to Neurogenic shock due to servr pain experienced by him.
- Patient may land in to sudden Hypotension, bradycardia, Arrythmia, low cardiac output.
- Resulting in to sudden Hypotension, Bradycardia, Arrythmia, low cardiac output.
- Symptoms are like dizziness nausea vomiting blank stares fainting, increased sweating anxiety, pale skin.




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3. Agnikarma


Possible complications-

- While performing Agnikarma treatment there may be chances of burn.

Drug available –

- Antibiotics
- Analgesics.
- Silver sulphadiazine ointment for local applications
- Inj.Hydrocortistone
- IV Fluids like RI,NS etc.




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RaktaMokshan :-

Requirement

A) Manpower-Respective consultant.

-Trained P.G.Scholar(1)

-Trained staff Nurse.(1)

-Class IV worker(1)

B) Material-

For Siravedh:- 16 No. Needle IV set, kidney tray,Spirit swab ,Paper sticking.

Jalakavcharan:- Jalauka ,Haridra,Bowl with water,triphal churna,Needle ,Dressing material.

Prachhanna:- blade,needle.

Preoperative –

1. Counseling
2. Written consent
3. Part Preparation
4. Singdha picchil Annapan prior to procedure
5. The site of Raktamoksha is washed with triphala quath and wiped with dry sterilized gauze and covered with a hole sheet
6. Harida charna kept ready for dressing.

Operative:-

Prachhanna- Part should be tied with tourniquet to dilate vessels. Then with securing marma superficial incision are the given parallel tp local blood vessels

Bythis superficial Doshas are removed and relieve tension on that part.

Siravedh:- vein is selected according to the disease and blood lenthing done with pressure effect.decide amount of blood to be drained.

Jalaukavcharan- Decide part and no. of jaluka,if jaluka not start to suck then small pricks are given around diseased part and then jalauka start sucking . It's mouth takes the shape of horse's hoof and lift it's neck then cover it's neck with wet gauze when jalauka suckes enough blood.it leaves that spots and if doesn't leave,turmeric powder is sprinkled around the mouth.

Post OP:- Remove tourniquet&Tigh dressing applied.

Safety precaution:-

Material:-Sterilization of Instrument &line checked periodically.

Patient- Part preparation,Instruction to patient about post op care





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Emergency Management : Management of Hypovolemic shock.

1) Agnikarma:

Requirement-

a) Manpower- Respective consultant

P.G. scholar

Trained staff nurse

One class IV worker

B) Material- Agnikarma shalaka, haridra, triphalachurm, ghrutkumari jel(fresh), madhu + sarpi, dressing material.

. pre-operative :-

Counseling

Written consent

Part preparation

Snigdha picchil Annapan prior to procedure

The site of Agnikarma is washed with triphala quath & wiped with dry sterilized gauze & covered with a hole sheet

Shalaka is heated up to red hot ghrutkumari pulp & Haridra churna kept ready for dressing.

Operative:-

- 1) Patient is advised to give suitable position according to the different condition
- 2) Painting & draping is done.
- 3) Respective of specific site, Agnikarma points to avoid overlapping of dagdhavna
- 4) After Agnikarma ,fresh Gruthakumari pulp is applied on dagdhavran to relive burning pain.

Post operative:-

- 1) Rest to the part atleast 30 min. after procedure.
- 2) After wiping of gruthkumari pulp honey & ghee applied on dagdhavran
- 3) After that dusting of Haridra churna done.
- 4) Patient is observed for 30 min. after that advised pathyapathya of dagdhavran
- 5) Patient are stickly advised not to allow water contact at dagdhavran site for 24 hrs.

Safely precaution :-



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Regarding procure: Care is taken to prevent excessive burn during procedure

Emergency Management: Inform about any problem to on duty PG. Pg will inform to consultant.

3)Ksharkarma:-

Requirement-

a)Manpower-Respective consultant

-Trained PG scholar

-Trained staff nurse

-One class IV worker.

b)Material-Ksharpratisaran: kshar(Apamarga, Chitrak, Palash)

Scoop, Lemon Juice, Xylocain jelly 2%, Jatyadi tail/Ropan tail.

Ksharsutta: kshar(Apamarga, Chitrak, Palash) Ksheer(Fresh Latex of Snuhi/Arka/Papaya/ Udumbar)
Haridra churna, Barbour linen thread 20 No., 40 No.

XZylocain jelly 2%. Probe , Artery Forcep , suture cutting sizzer,Dressing Material , Jatyadi tail/Ropan,
tail/Kshartail.

Pre- operative:-

Counseling done

Written consent

Part Preparation

Physician's Consent for GA if needed

Instrument checked &trolley is prepared

Operative :-Position suitable according to condition anesthesia painting and drapping done

For ksharsutra : Probe inserted through ext. opening and moved out from anak canal with the help of
left hand index finger.

Kaharsutra mounted on eye of probe and tread moved out of anus tie knot of both the ends reasonable
tight to the tract. Dressing done.

Ksharpratisaran : was seen for application of exact amount of kshar . wait for 100 matras count then



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- Advice Triphala quath avagaha BD
- Triphala Guggul 2-----2.
- Saftey precaution.

Regarding material:- sterilization of instruments Linen checked periodically ksharsutra kept ready

Regaurding patient : part preparation bowel evacuation should proper done avoid excessive sitting, follow up after 7 days

Regading procedure- Care Taken while probing care taken while application of kshar

Emergency management : Regarding Anaesthesia complications.

PG.scholar should informed to concern

Consultant for suitable management.




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SOP for examine OPD patients

1. Patients will come to the OPD with their case paper having OPD number on it.
2. Interns and PG students will take case history of patients.
3. Patients will be examined by respected consultant for further management and treatment.
4. After examined of patient consultant will advise treatment on OPD basis or if required admission then will advise admission in respective ward (male/female).
5. Medicines will be advised with their standard dose with Aushadhsevankala and with anupan.
6. OPD paper will be completed with respected consultant's name, sign and time.
7. Further follow up of patient will be noted on OPD case paper.
8. Emergency drugs will be maintained in OPD.




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Ksharsutra preparation standard operative procedures

1. Ksharsutra cabinet kept in ksharsutra changing room.
2. Authenticated and standardized drugs will be used (snukshira/apamargakshira, haridra, apamargakshara)
3. Coatings should be as follows:
 - A. Ksgura- 11 coatings
 - B. Haridra- 7 coatings
 - C. Apamargakshar- 3 coatings

As per standard protocol

4. This kshar sutra will be kept high voltage kshsutr cabinet under light source.

Ksharsutra changing Standard operative procedures

5. Patient will come with their OPD case paper.
6. Written and inform consent of patient will be taken.
7. Procedure will be explained in their local language.
8. Procedures will be done under all aseptic precautions.
9. Emergency drugs maintained in Ksharsutra changing room(if required).
10. Separate ksharsutra test tube maintained with name of the patient.

Pre-operative standard operative procedures

1. Patients will be admitted in IPD.
2. Pathological investigations will be done.
3. Radiological investigations will be done.
4. Pre-operative assessment and case history of patient will be taken.
5. Written and informed consent will be taken.
6. Part preparation will be done.
7. Injection xylocaine sensitivity test will be done.
8. Injection TT 0.5ml IM will be given.
9. Patient will be nil by mouth at least 8 hours prior to surgery.
10. Site marketing of operative site will be done with marker pen.




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SOP' Of Agnikarma

Materials required:

- Arkapatra
- Cotton spirit swab
- Matchbox
- Two artery forceps

Preparation of Materials:

- Cotton spirit swab catching with artery forcep.

PURVA KARMA:

- Take a consent for the procedure and evaluate patient safety for before procedure as per pre procedure checklist.
- The patient should be seated with exposed the part on which agnikarma is to be given with comfort.

PRADHAN KARMA:

- Find the tender point of the pain.
- On which part agnikarma should be applied.
- Cotton spirit swab should be igniting with matchbox.
- On tender point put the igniting spirit swab with artery forcep.
- Keep it until patient can tolerate.
- One side should be done once only/day.


DURATION:

As per patient.

PASHCHAT KARMA:

- The patient should be advised to move the affected part for 5 minutes.
- Post procedure evaluation of the patient should be written in patient's file




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SOP's OF JALAUKAACHARAN

STANDARD OPERATING PROCEDURE:

Materials Required:

- Jalauka
- Cotton swab
- Kidney tray
- Bandage
- Turmeric Powder
- Vessels with full of water

PREPARATION OF MATERIALS:

- Before applying the jalauka, keep in water of turmeric powder for 5 mins.

PURVAKARMA:

- Take a consent for a procedure and evaluate patient's safety for before procedure as per procedure checklist.
- The patient should be a seat with expose the part on which jalaukavacharan is done with comfort.

PRADHAN KARAMA:

- Find proper site for jalaukavacharan.
- Clean the site of jalaukavacharan with water swab.
- Applied jalauka on site gently.
- If jalauka is not attached then put one drop of milk on site and try to attach jalauka.
- If it does not detached itself then itself then put on the site little turmeric powder.

DURATION:

As per patient 15 days.

PASHCHAT KARMA:

- On the jalaukavacharan dressing should be done with turmeric powder and closed with bandage.
- The patient should be advised to rest for 30 miutes.
- Post procedure evaluation of patient should be written in patient's file.




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- The patient should be seated with exposed the part on which agnikarma is to be given with comfort.

PRADHAN KARMA:

- Find the tender point of the pain.
- On which part agnikarma should be applied.
- Cotton spirit swab should be igniting with matchbox.
- On tender point put the igniting spirit swab with artery forcep.
- Keep it until patient can tolerate.
- One side should be done once only/day.

DURATION:

As per patient.

PASHCHAT KARMA:

- The patient should be advised to move the affected part for 5 minutes.
- Post procedure evaluation of the patient should be written in patient's file.

SOP's OF JALAUKA VACHARAN

STANDARD OPERATING PROCEDURE:

Materials Required:

- Jalauka
- Cotton swab
- Kidney tray
- Bandage
- Turmeric powder
- Vessels with full of water

PREPARATION OF MATERIALS:




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PURVAKARMA:

- Before applying the jalauka, keep in water of turmeric powder for 5 mins.

PRADHAN KARMA:

- Take a consent for a procedure and evaluate patient safety for before procedure as per procedure check list.
- The patient should be seat with expose the part on which jalaukavacharan is done with comfort.

DURATION:

As per patient 15 days.

PASHCHAT KARMA:



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Ksharsutra changing standard operative procedures

1. Patient will come with their OPD case paper.
2. Written and inform consent of patient will be taken.
3. Procedure will be explained in their local language.
4. Procedure will be done under all aseptic precautions.
5. Emergency drugs maintained in ksharsutra changing room (if required).
6. Separate ksharsutra test tube maintained with name of the patient.

Implementation of S.O.P.'s for Ksharsutra preparation and ksharsutra changing

- Ksharsutra will be prepared by Post graduate and intern students.
- Snuhikshir will be collected by intern students
- Coating of barber thread will be done by intern students.

Monitoring of S.O.P's for Ksharsutra preparation and Ksharsutra changing

- Monitoring of ksharsutrapreparationand changing will be done by consultant doctors.
- Consultant doctors will report to the head of the department.

SOP'S Of Angnikarma

Material required:

- Arkapatra
- Cotton spirit swab
- Matchbox
- Two artery forceps

Preparation of Materials:

- Cotton spirit swab catching with artery forcep.

PURVA KARMA:

- Take a consent for the procedure and evaluate patient safety for before procedure as per pre procedure checklist.




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Standard Operative procedures for the surgical procedures

1. Patients will be shifted in recover room just prior to surgery.
2. All pre-operative steps will be checked out
3. In the operation theater required position will be given to patient.
4. Patient will be advised to be cool and calm.
5. Required anesthesia will be given.
6. Plan of operation will be decided as per patient's operative site.
7. As per plan operation will be held.
8. All the required drugs will be kept on tray.

Post-operative care standard operative procedures

1. Patient will be kept nil by mouth.
2. Patient will be shift in recovery room.
3. Oxygen will be given to patient if required.
4. Required position will be given to patient.
5. After stabilization of vital signs patient will be shifted to respective ward.
6. After breaking NBM diet will be advised to patient as per diet chart.
7. Required medication will be given.

Ksharsutra preparation standard operative procedure

1. Ksharsutra cabinet kept in kshasutra changing room.
2. Authenticated and standardized drugs will be used (snuhikshira/apamargakshira, haridra, apamargakshara)
3. Coating should be as follows:
 - A. Kshira -11 coatings
 - B. Haridra- 7 coatings
 - C. Apamargakshar- 3 coatings

As per standard protocol

4. This kshar sutra will be kept in high voltage ksharsutracobint under light source.




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Standard operative procedure for Anesthesia

1. All required anesthetic drugs will be checked out before anesthesia
 - ❖ Inj. Anawin heavy
 - ❖ Inj. Propofol
 - ❖ Inj. Ketamine
 - ❖ Inj. Fortwin
 - ❖ Inj. Phenargan
 - ❖ Inj. Glycopyrolate
 - ❖ Inj. Diazepam
 - ❖ Inj. Midaz
2. All required instruments will be checked out before anesthesia
 - ❖ Laryngoscope
 - ❖ Oxygen mask
 - ❖ Boyel's apparatus
 - ❖ E.T. Tube
 - ❖ Tracheostomy tube
 - ❖ Spinal needle no. 23 or 25
 - ❖ Syringes 2cc, 5cc, 10cc
 - ❖ Suction catheter
 - ❖ Suction machine
 - ❖ Cardiac monitor
 - ❖ Pulse oxymeter probe
 - ❖ Ambu bag
 - ❖ Oxygen cylinder and No2 cylinder checked out.
3. Required position for anesthesia will be given.
4. During whole operation vitals will be recorded and noted on anesthesia chart.
5. Anesthetist name will be noted.
6. Time available by procedure will be noted.
7. At the end of operation patient's conscious level will be checked.




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