

# Response of Poorvakarmas in Different Grades of Surgery



THESIS SUBMITTED FOR THE DEGREE OF  
**DOCTOR OF MEDICINE (Ay)**  
IN  
**SHALYA**

By

*L. D. Abayasiri Karunatillake*

Under the

Co-Supervision of

**Dr. S. D. Rai**

A.B.M.S., D Ay.M., Ph.D.

Asst. Medical Superintendent

S. S. Hospital

B. H. U., Varanasi

Supervision of

**Prof. G. C. Prasad**

A.B.M.S., Ph.D., F.I.A.P. (U.S.A.)

M.A.M.S., F.A.M.S., F.A.I.M.

Head of the Department

Department of Shalya-Shalakya

I. M. S., B. H. U., Varanasi

DEPARTMENT OF SHALYA-SHALAKYA  
**INSTITUTE OF MEDICAL SCIENCES**  
BANARAS HINDU UNIVERSITY  
VARANASI-221005  
INDIA

Enrolment No 195843

November, 1990

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## S U M M A R Y

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1. "Response of Poorva Karmas in different grades of surgery" is the theme of this thesis study. The main objects of the present study are, to find out a successful solution to prevent post operative hazards, To assess the correctness of the ancient (Ayurvedic) claims of Poorva Karma therapy, To observe how far the Poorva Karma therapy would help the surgical patients, to achieve complication free, speedy recovery from post operative convalescence.
2. The Ayurvedic descriptions from the important texts were discussed to get idea of (i) what is Poorva Karma

- therapy ? (ii) A aim of Poorva Karma therapy (iii) The concept of Poorva Karma on body humours and the way of it maintaining Doshic equilibrium (iv) The types and variations of Poorva Karmas in different indications (v) What is the effect of Poorva Karma in Trauma, etc.
3. The important literature available in Ayurvedic system regarding Trauma was discussed (i) The Pathophysiology and Doshic states found in the Trauma (ii) Post operative period Doshic variations (iii) Dhatoos and Trauma etc. things were considered.
  4. The modern literature regarding various types of Trauma, post operative period, normal physiological norms of the body, 'Effect of physiological functional changes on the convalescence in post operative period, classification of the post operative period stages, (According to Moore, F.D.) were discussed to clarify Ayurvedic claims and to understand the metabolic, electrolyte, endocrinal etc. changes in the body after Trauma.
  5. Moore, F.D.'s grading of surgery, staging of post operative convalescence have also discussed to get latest

research knowledge regarding Trauma and to compare with Ayurvedic Doshic imbalance in post operative periods.

6. Methods of Poorva Karma : adopting in this study and why Virechana Karma and Vasti Karma have been administered, mode of action of these two methods, indication, contraindication method of administrations etc. things were elaborately reviewed.
7. Drugs selection for the Poorva Karma therapy. In this what is the place in Ayurveda for Triphalā Churna and Nārāyana Taila ? What are the indications of them ? What are the varieties ? Method of preparations, main actions of these drugs, the relation of the drugs and Doshic states etc. were discussed with details.
8. Clinical study - Selection of fifty patients, their groupings, methods of final diagnosis, method of Poorva Karma administration, procedure of recording investigative findings under clinical (general), metabolic, electrolyte, endocrinal etc. were taken into study. Assessments were made in between treated and controlled cases as well as in between Virechana and Vasti Karma under four categories. In this study (i) The effect



of Poorva Karma before operation (ii) Effect of Trauma in post operative period (iii) Response of Poorva Karma (Virechana) in Major operations (iv) Response of Poorva Karma (Vasti and Virēchana) in Trauma were observed.

The observations and results were studied, where regarding age most of the modern operations were belongs to middle and younger age group while major operations mostly limited to Elderly patients.

Females showed prominently major operations and males showed more moderate operations. Pittaja and Kaphaja Doshic patients were more liable to operations while Vātaja patients showed no significance.

Regarding haemoglobin treated group showed less reduction in operative phase than controlled. Treated patients sugar mobilization were less than the controlled cases.

Treated cases have shown increase trend of total protein in pre-operative period and also in post operative period in comparison to controlled.

Regarding total Eosinophil count in pre-operative period treated group showed decrease trend but in post operative period speedy and increase trend towards normalcy have shown.

Treated cases showed less potassium loss and less sodium retention comparative to controlled. Regarding urine passage treated patients passed urine much earlier than controlled. Early flatus passing was observed from treated group only.

Treated patients were able to get ambulate much earlier than controlled. Early withdrawal of intravenous fluids were observed from treated patients in compared to controlled. Significant less weight reduction on 8th day of post operative period was found in treated cases than controlled cases.

Regarding post operative complication controlled cases were more liable to get complications than treated group. Vasti Karma given patients have shown much better results than Virēchana Karma given and controlled patients except serum electrolyte findings where Vasti Karma patient showed equal findings with Virēchana Karma patients.

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#### CONCLUSIONS

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Surgeons are always interested to approach the newer methods in management of the metabolic care of surgical patients. In present era building of the body, maintenance of the homeostasis and other factors advocated the measures before the surgery and try to maintain the patient during surgery by describing various procedures. In ancient time due to non-availability of the modern advance techniques, infusion system not much has been described. They have given more emphasis on the preparation of the patient. So that they withstand the operation well. Sushrutha has laid down the principle that in Traumatic phase the Vāta

Dosha is predominant in initiating the destructive process of the Dhatu of the body. The present work has been taken to evaluate the principals of Sushruta. Therefore Virēchana and Vasti Karma have been selected to be used in Poorva Karma in the patients who are planned for the major and moderate surgery. These two measures are important in Shodhana and Shamana Chikitsa. Sushruta has described the prominent Vāta Shāmaka property in the Virēchana Karma and Vasti Karma.

In present study observations and results were discussed and concludes as follows :

1. Vasti Karma and Virēchana Karma have been said mainly to Vāta Dosha Shāmaka which exerts beneficial effects during post operative period presumely by minimising the various metabolic and biochemical changes and enhancing the anabolic activity.
2. The treated groups prepared with the Virēchana Karma and Vasti Karma have shown the better improvements, in clinical well-being and body strength in pre-operative period after the 8th day before operations showing a leading increase in total protein and haemoglobin percentage.



3. In post operative period the treated group responded better as early return of physiological norms like passing of flatus, urine etc. which allows the early oral feeding and has avoided unnecessary intravenous transfusions well as many other complications like hyperkalaemia, hyponatraemia, distention, vomiting etc.
4. Treated group shown the less tendency in reduction of the weight during the post operative period. Thereby patients become ambulatory even from 3rd day to 4th day which shows the early starting of the anabolic activity.
5. It has been also noted that the group of patients who has been prepared under Vasti Karma has shown better response in comparison to the Virēchana treated patients in recovery of patients in post operative period.

Quite possibly the beneficial effects of this therapy may be attributed to its "Vāta Shāmakā" property and "Vrunhana" property as mentioned in Ayurvedic system of medicine.

On the basis of this clinical observation the Vasti Karma and Virēchana Karma can be practised in every patient

who are undergoing any type of surgery. Vasti Karma has opened its channel in future surgical research in the field of Ayurveda.

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