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A Study for the Assessment of Post Operative Pain Management in Hydrocele

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Abstract:

Post operative management starts from the day the surgery when performed till the time the patient is mentally as well as physically fit to perform his normal daily activities. A complete and effective post operative pain management is very much need of every ayurvedic surgeon.

There are many well studied drugs in post operative pain management but they are not enough. Also, the Oral administration has some limitation in post operative period. So Bala Taila matrabasti is tried as an addition in the study to establish a complete ayurvedic pain management combination in post operative phase of Hydrocele.

Twenty patients underwent elective surgery for Hydrocele were selected for the study. Patients were randomly grouped in 2 groups. with 10 patients. In the A group Balataila Matra Basti given on previous night of surgery. same Bala Tail Matra Basti administrated once daily after the surgery till sutures removal. The patients of B group received Triphala guggulu, Gandhak rasayana and Asnaadi kwatha everyday after surgery till the sutures removal.

The results in both the groups showed that administration of balataila matrabasti along with internal medication reduces the episodes of pain, tenderness in post operative cases of hydrocele in their hospital stay and the results are statistically significant. So, it can be concluded that pain in post operative cases of hydrocele can be effectively managed by combination treatment protocol including Triphala guggulu, Gandhak Rasayana, Asanaadi kwatha along with balataila matrabasti. It can also conclude that if the above said combination is followed then administration of any kind of analgesics not required for pain management in cases of hydrocele.

Keywords: Pain management; Hydrocele; Balataila matrabasti.

INTRODUCTION:

Aim of ayurved Science is to provide better health to every human so as to have a healthy

tomorrow. Different Medical Sciences with various principles and fundamentals are trying their best for the common goal which is Health for all.

In this current age everyone is expecting miracle therapies for ailments. these miracle therapies will come at the cost of affecting the other parts of body and thus a vicious cycle of curing one part and afflicting other is started. To break this circle, one needs wisdom and guidance. This is the place where Ayurveda comes to the rescue by providing treatment with minimal adverse effects and also preventing an individual from getting diseased in the future.

Ayurvedic approach towards the disease is holistic. many therapeutic modalities have been mentioned by our Acharyas in the management of each and every disease. But the efficacy needs to reestablish by means of thorough and intensive researches. Sushrutacharya – the father of Indian surgery has classified the modalities, in a very systemic manner, a wealth of clinical material and the principles of management those are valid even today too.

Classification of traumatic wounds, their prognostic evaluation and management, avoidance of sepsis, insistence on primary suturing in clean wounds, and excision of extruded omentum and careful suturing of intestinal perforation in the management of perforating abdominal wounds, these are remarkable for their modern outlook. he was the first to recognize this similar basic pathology of all thermogenic injuries-hot or cold; he used the word ‘Shita Dagdha’ (cold burn), a term which has come in modern surgery recently.

For Sushruta health was not only a freedom from disease, but a normal state of mind, body as well as soul. He advocated total management of the disease from the very early stage of vitiation of humors to total recovery in which he insisted on bringing back the site of lesion to normalcy in all respects. Thus it may well be said that Management of Sushruta was more thorough than what is practiced today. Today wound is said 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 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 daily activities. A complete and effective post operative pain management is the need of every surgeon.

Pain has been involved with surgery since time of Acharya Sushruta. Acharya 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. sushrutacharya has also recommended many procedures like Dhoopana, Swedana, Raktamokshana, Nirvapana, Seka, Lepa as well as Basti in different chapters. Eventhough the procedures have been explained they are not practiced in the post operative cases now. Taking into account these principles and post operative pain parameters in ayurvedic surgical practice this study is planned.

Bala Taila matrasti is tried as an additional management in this study to establish a complete ayurvedic pain management combination in post operative period of Hydrocele.

OBJECTIVE OF THE STUDY:

To find out the efficacy of Balataila matra basti in the post-operative pain management of cases of Hydrocele.

MATERIALS AND METHODS:

Source of Data:

- 20 patients undergoing elective surgery for Hydrocele from Ayurved College selected for the study.

Methods of collection of data:

- Operated Patients 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.,
- Tab Gandhak rasayana 250mg t.d.s.,
- Asanaadi kwatha 40ml b.d.

➤ **In the trial group:**

- Tab Triphala guggulu 450mg t.d.s.,
- Tab Gandhak rasayana 250mg t.d.s.,
- Asanaadi kwatha 40ml b.d.,
- Bala taila matra basti was given on previous night of surgery and repeated once daily till sutures removal.

Duration of Treatment:

7 days in both groups.

Observation period:

- The patients will be observed and assessed daily for a week in the post-operative period till sutures removal.
- Assessment of pain was done once per day.
- Follow up of the patient was carried out on the 7th day after the removal of sutures.

Inclusion criteria:

- Operated Patients for hydrocele (uncomplicated and elective cases, unilateral or bilateral).
- Age between 20 to 65 years.

Exclusion criteria:

- Patients suffering from systemic diseases like Diabete, Hepatitis, Tuberculosis and HIV infections etc.

Assessment criteria:

- The patient's response will be assessed on subjective, objective parameters.

Subjective:

- Pain.

Objective:

- Tenderness.

The criteria's were graded arbitrarily as –

A. Pain: [Patients response]

- 0 – No pain
- 1 – Patients complains of pain only on movement
- 2 – Pain during resting position
- 3 – More severe pain & require analgesics Intervention

B. Tenderness:

- 0– No tenderness
- 1– Tenderness on deep palpation
- 2– Tenderness on moderate pressure
- 3– Tenderness even on touch.

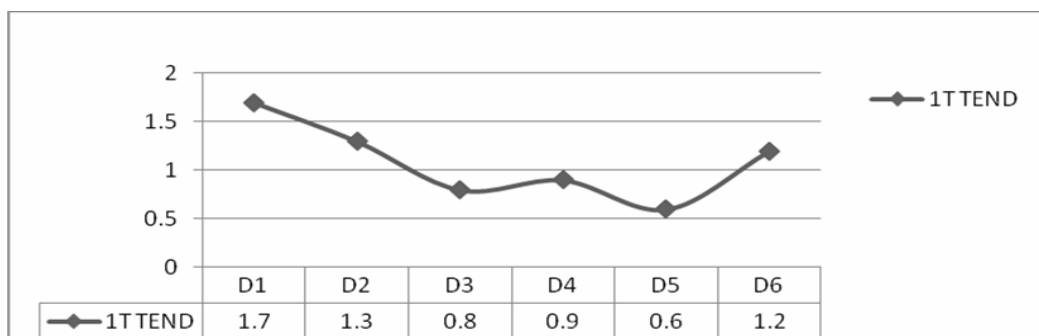
RESULTS:

All the 20 patients who were registered for the study were assessed according to a standard proforma. The details recorded are being put forth here.

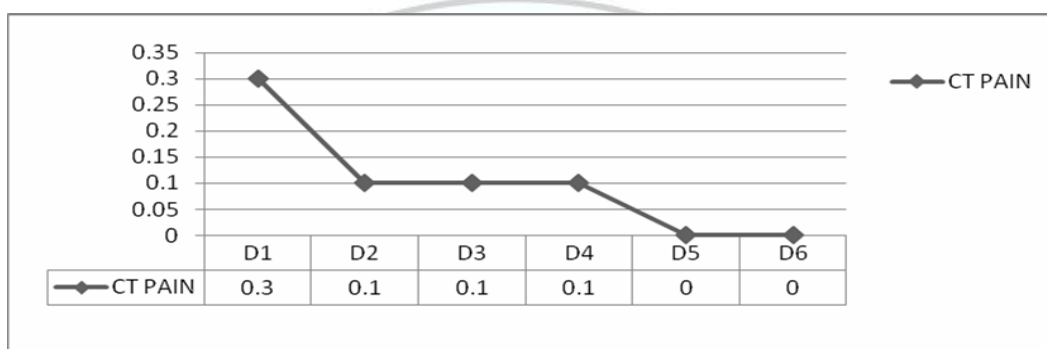
Intensity of Pain in 1st/ Contol Group:-



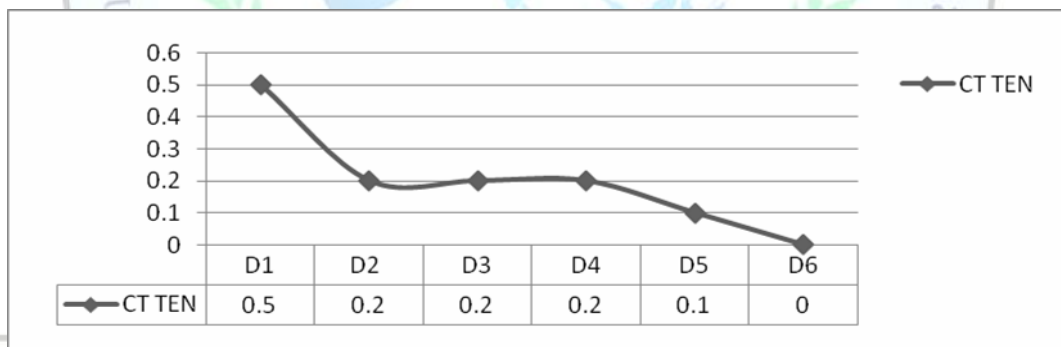
Intensity of Tenderness In 1st / Control Group:-



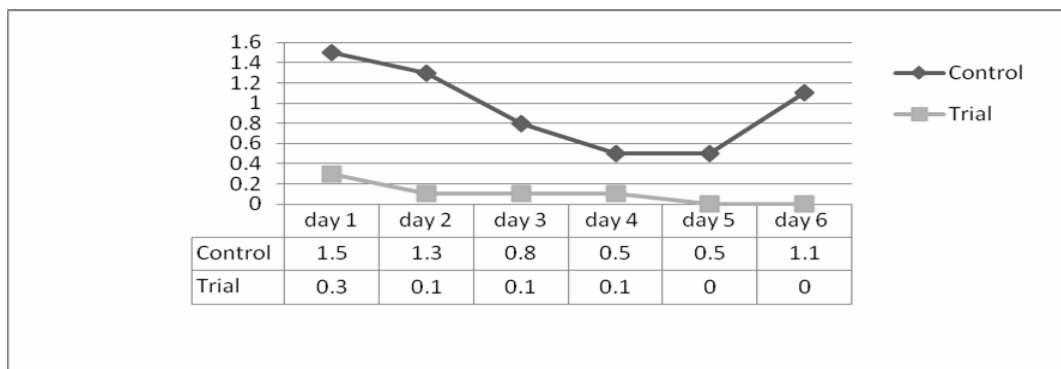
Intensity of Pain in 2nd / trial Group:-



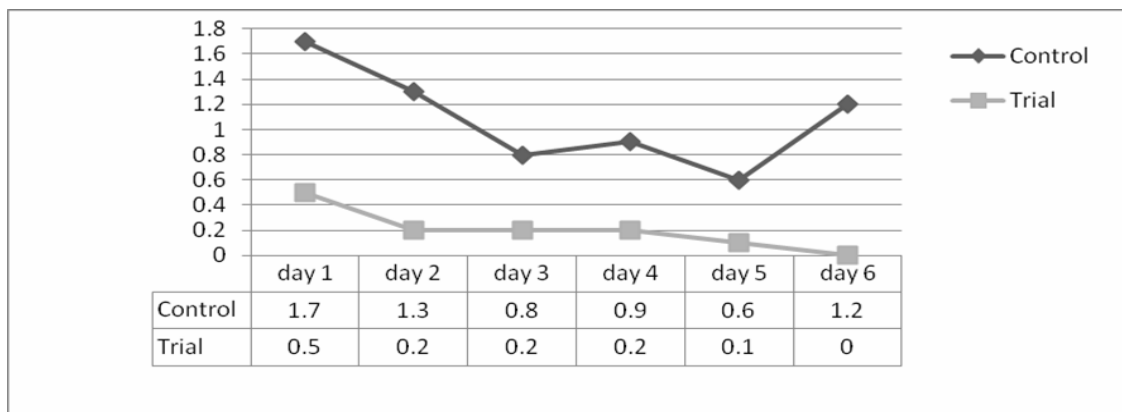
Intensity of Tenderness in 2nd /trial Group:-



Pain Comparison on Postoperative Days, between the groups:



Tenderness Comparison of on Postoperative Days, between the groups:



COMPARISON BETWEEN THE CONTROL AND TRIALGROUP:

- The Statistical analysis was done using Sigma Stat software.
- Unpaired t- test was used for comparing the results of both groups.

Intensity of pain:

Group	Mean	Difference in mean	Unpaired 't' test			
			S.D.	S.E.M.	't'	P
Control	1.000	0.900	0.304	0.0962	8.267	<0.001
Trial	0.1000		0.161	0.0509		

The mean of control group is 1.000 whereas trial group is 0.1000 and the difference in the mean values is 0.900 hence the difference in the mean values of the two groups is greater than would be expected by chance. There is a statistically significant difference between the input groups (P = <0.001). Further details with standard deviation, standard error of Mean, t value and P value are given in above table.

Tenderness:

Group	Mean	Difference in mean	Unpaired 't' test			
			S.D.	S.E.M.	't'	P
Control	1.083	0.884	0.668	0.211	3.928	<0.001
Trial	0.200		0.245	0.0775		

The mean of control group is 1.083 whereas trial group is 0.200 and the difference in the mean values is 0.884 hence the difference in the mean values of the two groups is greater than would

be expected by chance. There is a statistically significant difference between the input groups ($P = <0.001$). Further details with standard deviation, standard error of Mean, t value and P value are given in above table.

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 somen 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 medication alone.
- So, it can be concluded that pain in post operative cases of hydrocele can be effectively managed by a combination treatment protocol including Triphala guggulu, Gandhak Rasayana, Asanaadi kwatha and balataila matrabasti.
- It can be concluded that if the above said combination is followed then administration of any variety of analgesics is not required for pain management in post operative cases of hydrocele.

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