ORIGINAL RESEARCH PAPER
Volume - 12 | Issue - 11 | November - 2023 | PRINT ISSN No. 2277 - 8179 | DOI : 10.36106/ijsr
INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH

IS SUPERFLUOUS SURGERY A REASONABLE OPTION - OPTIMIZING THE PATIENT OUTCOMES THROUGH AYURVEDA.

Ayurveda

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ABSTRACT

Background: The motto of Fast Recovery leads people into walking souls for fancy surgery irrespective of price tag as well as impending risk which rides alongside. The ancient science of Ayurveda categorizes the diseases into Sukha Sadhya (easily treatable), Kricchrasadhya (difficult to treat or with surgery), yapya(manageable), and anupakrama (cannot be treated. It is a known fact that even Acharya Sushruta, the ayurvedic surgeon has not recommended surgeries to many such diseases and instead listed the use of Para surgical methods like kshara karma, agnikarma, and jaloukaavacharnam along with the classic 5 purificatory measures of Vamana, Virecana, Vasti, Nasya and Raktamoksha a instead. **Aims And Objectives:** To analyse and compare the diseases of IVDP (Gridhrasi and Katishoolam), OA – knee (Janusandhigatavatam / Kroshtukasheershakam spectrum), hemorrhoids (Arsha), Fibroids (Garbhaahayagranthi) and DNS (Nasanaham) with their present and ayurvedic management principles. **Methods:** an extensive literature review of suitable ayurvedic and contemporary medical textbooks along with related articles from reputed journals with standard indices was done to obtain evidence to substantiate the results. **Results:** The Ayurvedic methods offer a better recovery, reduced or no complications, cost-effective and prolonged benefits. **Conclusion:** This work voices out to prevent unwanted surgeries by integrating ayurvedic treatment principles substantiated by evidence from standard published scientific articles.

KEYWORDS

Ayurveda, Surgery, Sushruta, Para surgical methods.

INTRODUCTION

In the present era, the life of a human being has been put in overdrive. With the advances in technology, everything is getting quicker, easier as the day progresses. The mind of the people who run this cycle of life desire a fast result and recovery even in the aspects of the health irrespective of the cost burden and the impending risk that rides along with it. This is especially true in urban populations where earning wealth has now become much important than earning health. People are opting for costly surgical options owing to their short-term expectations when there are certain cheaper and safer options available. Ayurveda offers a solution to few such cases as they don't increase the burden on the patient in any way. In Ayurveda, the prognosis of any disease can be either easily curable (Sukhasadhya), difficult to cure(kricchrasadhya), manageable(yapya), or incurable(anupakrama). Acharya Sushruta has stated the need of surgical means in diseases that fall under the kricchrasadhya category. However, he did not advocate it's utility in all such diseases and instead has advocated the use of para surgical measures like kshara(chemical cautery) , agni(thermal cautery) and jaloukavacharana(Leech therapy); and panchashodhana measures like vamana(emesis), virechana(purgation), vasti(enema), nasya(nasal errhines) and raktamokshana(bloodletting) in majority of the cases.[1] Thus, to substantiate this with evidence, this article portrays 5 common kricchrasadhya rogas like IVDP(Grishrasi and Katishoolam), OA-Knee joint(janusanshigatavatam/kroshtukasheeeshakam), Hemorrhoids(arsha), Fibroids(Garbhashaya granthi) and DNS(Nasanaham) where the Western medicine has recommended microdiscectomy, advanced total knee replacement, submucosal hemorrhoidectomy, hysterectomy/uterine myotomy and SMR operations respectively as the best possible options but Ayurveda suggesting otherwise.

METHODS

A literature review conducted across Ayurveda classics as well as Contemporary science textbooks about the treatment options of the above five common diseases. The authors performed an online search from the reputed ayurvedic journals - JMP, JISM, JAIM, AYU, IJRG, JREIM, IJACARE published from 2013-2021 to secure evidence about the clinical utility of Para surgical and Pancha sodhana interventions in the above-mentioned diseases. The author also searched Medline, Scopus, web of science and Embase database and performed a meta-analysis of the reported complications and statistical significance across the above five surgical techniques from a total of 8 studies dated from 1894-2020. The objective of this research project is to testify the failure of these five surgical techniques and supply an optimizing treatment approach to patients through ayurveda and to guide them.

Table 1 Ayurvedic Intervention Of Para Surgical And Pancha Sodhana Measures Of Five Kricchrasadhya Roga Along With Superfluous Surgery

KRUCHRA SADHYA ROGA	SUPERFLUOUS SURGERY	PARASURGICAL & PANCHAKARMA INTEVENTIONS
IVDP (Gridhrasi and katishoolam)	Microdiscectomy	Agni karma, Virechana, Vasti, Siravyadham[2,3]
OA-Knee joint (Janusandhigata vata/ kroshtukasheershakam)	Advanced total knee replacement	Agni karma,[4] Mrudu virechana, Matravasti Jalukavacharanam,[5] Shrungam[6]
Hemorrhoids (Arshas)	Submucosal hemorrhoidectomy	Ksharakarma, Agni karma[7]
Fibroids (Garbhashaya granthi)	Hysterectomy / uterine myotomy	Virechana, Lekhana vasti, Uttara vasti[8]
DNS(Nasanaham)	SMR	Kshara karma Nasyam.[9]

Analysis

- The Ayurvedic intervention of para surgical and Pancha sodhana measures of five Kricchrasadhya roga have been enlisted in Table 1 along with superfluous surgery.
- Key findings of Ayurvedic interventions in clinical aspects have

been highlighted.
- Risks, complication rate, post recovery period, affordability and re operation status of the five superfluous surgeries has been composed in Table 2.
- The complication rate graph shows the insignificant levels of those surgeries.

Table 2 Outcome of Meta-Analysis

	Microdiscectomy[10,11]	Advanced total knee replacement[12,13]	Submucosal hemorrhoidectomy[14]	Hysterectomy / Uterine myotomy[15]	SMR[16,17]
RISKS (PRE-DURING - POST SURGERY)	90-day complication rate noted. DURING - Direct nerve root injury - Durotomy - surgical errors POST - New or worsening Neurological deficit - Hematoma -Wound complication -Recurrence disc complication -CSF leak	POST -Aseptic loosening -Instability -Infection -Polyethylene wear -Arthrofibrosis - Malalignment - severe metallosis related osteolysis	POST - Pain (severe) - Bleeding (7-16 days) - wound infection LATE - Anal stenosis - Formation of skin tag - Recurrence	POST -Ovarian failure	40 complications noted. PRE - Anesthesia POST -Intracranial catastrophe -Blindness - Internal carotid artery damage
PERCENTAGE OF COMPLICATION RATE	13.3%	35.3%	11%	14.8%	60%
POST RECOVERY PERIOD	MORE THAN A YEAR	MAXIMUM 5 YEARS	6 WEEKS	MORE THAN 6 MONTHS	6 MONTHS
AFFORDABILITY	COSTLY	COSTLY	COSTLY	COSTLY	COSTLY
RE OPERATION	YES	YES	YES	NIL	YES

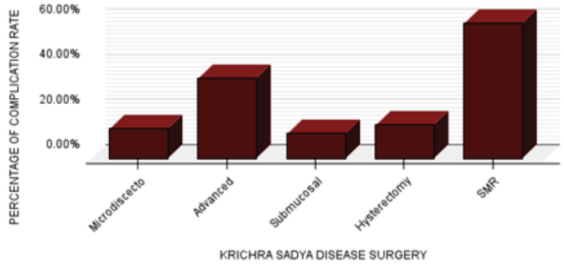

Figure 1 Percentage of Complication rate vs Kricchrasadhya disease surgery

RESULTS

We recognize the common yet extremely dangerous incentives of unnecessary surgery and their potentially harmful effects on our patients by stressing on the principles of ayurveda written by Susruta Aacharya strengthened with evidence-based research articles. These diseases are more common among Indians, especially in females, elderly, urban residents working long hours and in post-menopausal women causing tremendous suffering to the patient physical, mental, and social health. The ayurvedic Para surgical and panchakarma therapies are more beneficial than surgeries in terms of better recovery with reduced or no complications, Cost effectiveness and Prolonged benefits. Under this evolving paradigm, patients are encouraged to take part in the choice of their treatment based on the best available scientific evidence while surgeons should take into consideration and respect their patients' personal values, fears, and expectations.

DISCUSSION

Unnecessary surgery is defined as any surgical intervention that is either not needed, not indicated, or not in the patient's best interest when weighed against other available options, including conservative measures could be considered the most pragmatic approach towards reducing preventable surgical complication rates. For example, Microdiscectomy open, percutaneous, laparoscopy for IVDP does not lead to improved long-term patient outcomes when compared to non-operative treatment modalities, including physical therapy and core. Advanced total replacement did not meet the criteria of patient safety. Hysterectomies Or uterine myotomy are said to be ineffective in 1894 due to its post operative ovarian failure. Submucosal Hemorrhoidectomy is not necessarily needed for grade 2 and 3 hemorrhoids. After undergoing SMR already has 40 complications with anesthetic risk and inferior turbinate hypertrophy is still a debatable question, long term results have not been reported and it is difficult to objectively evaluate nasal function. Treatment principles mentioned in Ayurveda classics and their clinical trials are more statistically clear. Clinically the following are the outcome of using respective Pancha sodhana and para surgical measures. In Case of IVDP, it does pain management (on Roland -Morris low back pain and disability-score came down from 20-4), reliable performance in daily activities, ultimately improving quality life of patient. In OA Multimodal Ayurvedic management is highly significant. In the case of Hemorrhoids, without recurrence in the follow up period & significant in controlling the symptoms. In the case of DNS, minimally invasive and precise procedure, within 1-week symptoms reduced, completely reduced with follow up for 6 months. In case of Fibroids-Multimodal Ayurvedic management is highly significant with 3 months lower abdominal pain, body weight and size of fibroid got reduced along with regular menstrual bleeding. Further research can be carried out in exploring the mechanism of action of these Para surgical and Pancha sodhana measures in all these Kricchrasadhya diseases. Limitations of our research lie in two ways. The attainment of structural normality is questionable & using the same principle treatment in different people of the same condition, sometimes undergo longer sitting of treatment. So, the Duration of treatment principle cannot be fixed, it depends on different characteristically behavior of people even suffering from same diseases.

CONCLUSION:

Though the art of surgery always grants the scalpel yielding person a professional morale to broaden their horizons by forwarding their practices, it is not wise to extend it beyond a limit.

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