

SHALYA CLINICAL CASE HISTORY NOTES

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SHALYA TANTRA CLINICAL TOPICS LIST SEPARATED INTO OPD AND IPD POSTINGS

SHALYA TANTRA – OPD Topics

Sl. No.	Topic	Details / Focus in OPD
1	Arsha (Piles)	History, local examination, diagnosis, conservative management, follow-up
2	Bhagandara (Fistula-in-ano)	Fistula opening identification, probe test, Ksharasutra application & follow-up
3	Parikartika (Fissure-in-ano)	Diagnosis, differential diagnosis from piles, conservative & Kshara-based treatment
4	Nadi Vrana (Sinus)	Inspection, discharge type, sinus tract assessment, Ksharasutra or referral
5	Granthi / Arbuda (Lumps)	Clinical evaluation, diagnosis, FNAC/USG advice, planning for excision
6	Shopha (Inflammation)	Localized swelling, tenderness, early abscess, initial management
7	Vidradhi (Abscess - early stage)	Clinical diagnosis, conservative treatment, scheduling I&D if needed
8	Mootrashmari (Urinary Calculi)	Pain, burning micturition, USG review, prescribing oral medicines
9	Mutraghata (Urinary Retention)	Difficulty in micturition, catheter care, follow-up, referrals
10	Vrana (Wound Care)	Dressing of wounds, pus culture if needed, Ropana chikitsa follow-up
11	Kshara Karma	OPD-based application for piles, warts, sinus tract cleaning
12	Agnikarma	For heel pain, sciatica, tennis elbow, OPD-based procedures
13	Rakta Mokshana	Jalauka application (for varicose ulcers, abscesses), siravedha cases
14	Shleepada (Elephantiasis - early)	Limb measurements, symptomatic management
15	Minor Surgeries	Nail removal, sebaceous cyst drainage, etc. in minor OT

SHALYA TANTRA – IPD Topics

Sl. No.	Topic	Details / Focus in IPD
1	Bhagandara (Complex/Multiple Tracts)	Admission for Ksharasutra application, regular tract tightening
2	Arsha (Bleeding/Prolapsed piles)	Pre-operative care, Ksharasutra ligation, post-operative dressing
3	Nadi Vrana (Deep or recurrent sinus)	Surgery/Ksharasutra, infection control, post-op wound care
4	Vrana (Dushta Vrana/Chronic Ulcer)	Debridement, Sushruta's 60 upakramas, dressing, antibiotics
5	Vidradhi (Mature Abscess)	Incision and drainage under anaesthesia, IV medication
6	Bhagna (Fracture cases)	Closed reduction, traction, immobilization, surgical management
7	Mutraghata (Catheterized patients)	Monitoring input-output, bladder wash, IV therapy
8	Mootrashmari (Large stone cases)	In-patient management, referral for surgical removal if needed
9	Granthi/Arbuda (Tumor excision)	Tumor removal, wound suturing, histopathology submission
10	Gudabhramsa (Rectal prolapse surgery)	Pre- and post-op care, supportive therapy
11	Parikartika (Severe fissure cases)	Internal sphincterotomy/advanced management
12	Shleepada (Chronic stage)	Lymphatic drainage therapy, long-term Ayurvedic intervention
13	Post-operative Care	Monitoring, pain management, samsarjana krama, dressing
14	Rehabilitation	Rasayana therapy, wound healing, follow-up protocols

SHALYA TANTRA – MINOR OT PROCEDURES LIST

Sl. No.	Procedure	Indication / Use	Notes
1	Incision and Drainage (I&D)	Abscess, furuncle, carbuncle	Aseptic precautions; post-op dressing mandatory
2	Excision of Sebaceous Cyst	Sebaceous cyst (movable, soft lump)	Minor surgical excision with proper closure
3	Excision of Lipoma	Soft, fatty tumor	Clean margins, local anaesthesia
4	Excision of Corn / Wart	Chronic corn, plantar wart	Surgical removal or Agnikarma for warts
5	Nail Avulsion (Partial/Complete)	Ingrown toenail, fungal infections	Chemical cautery may follow removal
6	Sinus Tract Exploration	Pilonidal sinus, Nadi vrana	Done under local anesthesia for tract mapping
7	Ksharasutra Ligation	Bhagandara (fistula), Arsha (piles)	Application in OT; follow-up in OPD
8	Agnikarma	Corn, heel pain, tennis elbow	Instant relief in musculoskeletal pain
9	Leech Therapy (Jalauka)	Varicose ulcers, abscess, inflammation	Clean site, controlled bloodletting, post-care
10	Pracchana Karma	Dushta vrana, pigmentation, localized skin pathology	Scraping with surgical blade or sterile scalpel
11	Wound Suturing	Small lacerations or cuts	With silk/catgut; dressing follow-up
12	Foreign Body Removal	Thorn, splinter, glass, minor foreign bodies	Under local anaesthesia with instruments
13	Drain Insertion	For deep abscess or post-op drainage	Tube placement and monitoring
14	Pile Mass Ligation / Excision	Arsha cases	Done under LA with Kshara or scalpel
15	Kshara Application	Warts, pile mass, sinus tract	Requires repeated OPD follow-up post-procedure
16	Agnikarma with Panchadhatu Shalaka	Sciatica, frozen shoulder	OT for sterile conditions and documentation
17	Excision of Fibroma or Small Growths	Skin tags, benign swellings	Under aseptic conditions

STERILIZATION PROTOCOLS IN SHALYA TANTRA MINOR OT

Category	Ayurvedic Concept (Sushruta)	Modern Practice	Remarks
1. OT Room Preparation	Use of Dhupan karma (medicated fumigation) using guggulu, vacha, haridra	Fumigation with formaldehyde or hydrogen peroxide vapors	Reduces airborne pathogens; Ayurvedic dhupan can be integrated as complementary
2. Surgeon's Preparation	Hand washing (Prakshalana), use of Karpura taila	Surgical hand scrub for 5–10 min with chlorhexidine/povidone-iodine	Both follow <i>pre-procedural purification</i>
3. Surgical Instruments (Shastra)	<i>Yantra-Shastra shodhana</i> with boiling water and herbal decoctions (Triphala, neem)	Autoclaving at 121°C for 15–20 min (15 lbs pressure), or chemical sterilization	Sushruta described boiling, exposure to sunlight, oiling, etc.
4. Linen, Drapes, Dressing Materials	Washed in hot water, dried in sun, fumigated with herbs	Washed, autoclaved, stored in sterile packs	Sterile drapes and gauze ensure asepsis during procedures
5. Operation Table & Surfaces	Cleaned with antiseptic decoctions (triphal, neem)	Disinfected with Bacillol, Lysol, alcohol-based surface cleaners	Must be cleaned before and after each procedure
6. Surgical Gloves & Gown	Not in ancient texts; surgeons applied medicated oil and performed shuddhi kriya	Sterile disposable gloves, cap, mask, gown used	Full PPE is mandatory in all surgical cases today
7. Patient Preparation	Abhyanga-Swedana before surgery; local washing with herbal decoction	Shaving, antiseptic scrub of surgical site (povidone iodine, spirit)	Ayurvedic local snehan-svedan is beneficial pre-op for minor cases
8. Post-operative Instruments Handling	Washing in hot water, drying in sunlight	Autoclaving or disposal after each procedure	Sharp tools handled in puncture-proof containers
9. Waste Disposal	No mention; organic burnt or buried	Color-coded waste disposal (as per BMW rules)	Biomedical waste segregation is critical today
10. Jalauka (Leech) Disinfection	Washed with turmeric water, kept in clean vessels	Washed with sterile water; not reused on another patient	Ayurvedic protocol followed under ethical guidelines

IMPORTANT MODERN STERILIZATION TECHNIQUES

Method	Used For	Sterilization Parameters
Autoclaving	Surgical tools, dressings, OT linen	121°C for 15–20 min at 15 psi
Dry Heat (Hot Air Oven)	Glassware, oils	160–180°C for 1–2 hours
Chemical Sterilization (Cidex, glutaraldehyde)	Heat-sensitive tools	Soak for 20–30 mins
UV Sterilization	OT air and surfaces	UV light exposure pre-op
Fumigation (Formalin)	Entire OT	Sealed OT, 12–24 hrs downtime

AYURVEDIC ANTISEPTIC DECOCTIONS (FOR WASHING OT, TOOLS, HANDS)

Name	Ingredients	Uses
Triphala kwatha	Haritaki, Bibhitaki, Amalaki	Hand wash, instrument cleaning
Panchavalkala kwatha	Vata, Udumbara, Ashvatha, etc.	Wound cleaning, antiseptic
Neem decoction	Azadirachta indica bark/leaves	OT mopping, antiseptic dressing

INSTRUMENTS USED IN MINOR OT UNDER SHALYA TANTRA - AYURVEDIC (AS PER SUSHRUTA SAMHITA) AND MODERN SURGICAL INSTRUMENTS

MINOR OT INSTRUMENTS – AYURVEDIC & MODERN COMPARISON

Sl. No.	Procedure	Ayurvedic Instrument (Sushruta)	Modern Surgical Instrument	Purpose / Use
1	Incision & Drainage (Vidradhi)	Kuthari (knife), Mandalagra Shastra	Scalpel (No. 10, 11), Curved scissors	Skin incision, pus drainage
2	Abscess probing / Sinus opening	Eshani, Nadiyantra (probe)	Fistula probe	To explore sinus tract or abscess cavity
3	Suturing	Soochi (needle)	Surgical needle with holder, suture thread (Silk, Vicryl)	Wound closure
4	Pile mass ligation / Fistula	Kshara Sutra with Gopichandanika yantra	Ksharasutra applicator set, probe, artery forceps	Ligation of internal piles/fistula tract
5	Leech application (Rakta Mokshana)	Leech pot, Jalauka yantra	Forceps, glass jar	Safe handling & application of leeches
6	Wound dressing / bandaging	Bandhana Yantra (bandage devices)	Artery forceps, dressing scissors, gauze, roller bandages	Wound care and secure dressing
7	Wart/Corn removal (Agnikarma)	Panchadhatu Shalaka, Agnikarma Shalaka	Cautery probe, chemical cautery (AgNO ₃), electric cautery	Controlled burning for corn/wart
8	Nail removal	Karapatra (nail cutter-like)	Nail elevator, nail splitter, forceps	Removal of ingrown or infected nail
9	Sebaceous cyst/lipoma excision	Mandalagra Shastra (round knife)	Scalpel, dissecting scissors, artery forceps	Excision of skin swellings
10	Foreign body removal	Nakha Mukha Yantra	Forceps (plain/toothed), probe	Extract foreign bodies like splinters, thorns

Sl. No.	Procedure	Ayurvedic Instrument (Sushruta)	Modern Surgical Instrument	Purpose / Use
11	Corn excision / wart cauterization	Shalaka (heated rod)	Fine-tipped cautery or CO ₂ laser (in modern OT)	Agnikarma/cauterization
12	Eye application (Shalakya, if included)	Netra Shalaka	Eye spud, eye speculum	Foreign body removal or minor ophthalmic work
13	Sinus tract care	Eshani (probing rod), Nadiyantra	Probe, curette, Kshara application device	Cleaning or setting Ksharasutra
14	Small tumor excision	Vridhipatra, Mandalagra Shastra	Scalpel, scissors, dissecting forceps	For minor lump/tumor removal
15	Cleaning and sterilization	Mrittika patra, hot water cleaning	Autoclave tray, instrument brush, disinfectants	Instrument preparation and sterilization

Additional Minor OT Accessories

Category	Modern Tools	Ayurvedic Equivalent / Notes
Instrument Tray	Stainless steel tray	Mrittika patra (earthenware) in old texts
Dressing Set	Forceps, scissors, gauze, betadine	Decoction-dipped gauze (Triphala, Neem)
Anesthesia	Lignocaine 2%, EMLA cream	No mention in Ayurveda; used medicated oils for numbing
Suction & Irrigation	Syringe, suction unit, normal saline	Warm decoctions used in Ayurveda
Light Source	OT light / LED lamp	Sunlight or fire torch in ancient OT

Note on Sushruta's Instruments

Sushruta described **101 types of shastra** (sharp instruments) and **20 yantras** (blunt or probing instruments). Examples:

- **Mandalagra Shastra** – circular cutting knife
- **Vridhipatra** – used for excision
- **Eshani** – slender probe for sinus or wound
- **Shalaka** – metal rod for Agnikarma
- **Jalaukayantra** – for handling leeches

FOR NOTES

Case History Pattern – Arsha (Piles)

1. Rogi Vritta (Patient's History)

- Name: _____
 - Age/Sex: _____
 - Occupation: _____
 - Address: _____
 - Date of Examination: _____
 - Chief Complaints:
 - Bleeding per rectum
 - Pain during defecation
 - Protrusion of mass per rectum
 - Itching / burning sensation
 - Constipation
-

2. Roga Vritta (History of Present Illness)

- Duration of complaints
 - Onset (sudden/gradual)
 - Nature of bleeding (fresh blood, dripping, streaking)
 - Associated symptoms (pain, discharge, constipation, incomplete evacuation)
 - Aggravating / relieving factors
 - Past interventions or self-medication
-

3. Purva Vritta (Past History)

- History of chronic constipation
 - Previous similar complaints
 - History of hypertension, diabetes, liver disease
 - Any surgery done earlier
-

4. Kula Vritta (Family History)

- Any family history of piles, liver disease, or rectal disorders
-

5. Vyakti Vritta (Personal History)

- **Diet:** Spicy, oily, junk, alcohol use
 - **Bowel habit:** Constipation, straining at stool
 - **Addictions:** Smoking, alcohol, pan-masala
 - **Lifestyle:** Sedentary / active
 - **Sleep:** Normal / disturbed
-

6. Samanya Sharira Pariksha (General Examination)

- Pulse, BP, Temperature, Respiratory rate
 - Pallor, Icterus (for anemia/liver disease)
 - Nutritional status
-

7. Sthanik Pariksha (Local Examination)

Method	Findings
Inspection	External pile mass, prolapse, perianal skin changes, fissure, fistula, discharge
Palpation	Tenderness, sphincter tone, mass consistency
Digital Rectal Exam	Internal piles, size, number, position (commonly at 3, 7, 11 o'clock), presence of fissure or fistula
Proctoscopy	Direct visualization of internal hemorrhoids, bleeding site, ulceration

8. Nidana (Diagnosis)

- **Ayurveda:**
 - Arsha (Vataja, Pittaja, Kaphaja, Sannipataja, Sahaja, etc.)
 - **Modern:**
 - Hemorrhoids (internal, external, mixed)
 - Degree (I, II, III, IV)
-

9. Nidana Panchaka (Ayurveda Diagnostic Approach)

- **Hetu:** Atisnigdha, Ruksha, Guru, Amla, Lavana ahara, constipation, vegadharana, sedentary lifestyle
 - **Purvarupa:** Kandu, Daha, Malavibandha, Gudagaurava
 - **Rupa:** Raktasrava, Vedana, Shotha, Guda pida
 - **Upashaya:** Aram with Mridu virechana, snehana, sitz bath
 - **Samprapti:** Mandagni → Apakwa mala → Srotorodha → Dosha dushti → Arsha
-

10. Chikitsa (Management)

A. Conservative Management (Ayurveda)

- **Shodhana:**
 - Mridu Virechana (Triphala, Eranda taila, Aragwadha)
- **Shamana:**
 - Arshoghni vati, Kankayan vati, Abhayarishta, Kutajarishta
 - Local: Jatyadi taila, Nimba taila, Kasisadi taila application
- **Kshara Prayoga (for internal piles)** – as per indication
- **Sitz bath (Avagaha sweda):** With Panchavalkala kwatha

B. Pathya–Apathya (Diet & Lifestyle)

Pathya (Wholesome)	Apathya (Unwholesome)
Green leafy vegetables, whole grains, milk, ghee	Spicy, oily, fried foods
Warm water, fruit juices, buttermilk	Alcohol, smoking, junk food
Regular mild exercise, yoga, walking	Sedentary lifestyle, straining at stool

11. Follow-Up

- Regular weekly follow-up until symptoms improve
 - Monitor for:
 - Reduction in bleeding
 - Improvement in constipation
 - Shrinkage of mass
 - Relief in pain / itching
 - Long-term: Advise lifestyle & dietary modifications to prevent recurrence
-

12. Other Important Points

- Early cases can be managed conservatively; advanced cases may require **Kshara Sutra, Agnikarma, or surgical intervention.**
- Always rule out **anal fissure, fistula-in-ano, rectal polyp, malignancy** in differential diagnosis.
- Chronic bleeding piles may lead to **anemia** – Hb monitoring advised.
- Counsel patient regarding **dietary fiber intake** and **avoiding straining.**

Case History – Arsha (Piles)

(Ayurveda Perspective – Hindi & English)

1. Rogi Vritta (Patient's History)

- Name / नाम: Ram Kumar
 - Age / आयु: 40 years
 - Gender / लिंग: Male (पुरुष)
 - Occupation / व्यवसाय: Shopkeeper (दुकानदार - sedentary lifestyle)
 - Address / पता: Agra, U.P.
 - Date of Examination / परीक्षण तिथि: 21-08-2025
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2. Chief Complaints (Pramukh Shikayat / प्रमुख शिकायतें)

- Bleeding during defecation since 6 months
(मल त्याग के समय खून आना - 6 माह से)
 - Pain and burning sensation in anal region
(गुदा क्षेत्र में दर्द और जलन)
 - Protrusion of mass after defecation (reduces spontaneously)
(मल त्याग के बाद गांठ निकलना जो स्वयं अंदर चली जाती है)
 - Constipation and straining at stool
(कब्ज व जोर लगाकर मल त्याग करना)
-

3. History of Present Illness (Roga Vritta / रोग वृत्त)

- Complaints started 6 months ago with constipation and hard stool.
 - Initially bleeding was occasional, now occurs almost daily.
 - Pain and burning sensation increased in last 2 months.
 - No history of pus discharge or fever.
 - No prior treatment taken except occasional laxatives.
-

4. Past History (Purva Vritta / पूर्व वृत्त)

- No history of diabetes, hypertension, tuberculosis, or liver disorder.
 - No previous surgery.
-

5. Family History (Kula Vritta / कुल वृत्त)

- Father had similar complaints (piles) at age of 50.
-

6. Personal History (Vyakti Vritta / व्यक्तिगत वृत्त)

- **Aahara / आहार:** Spicy, oily, irregular food habits.
 - **Vihara / विहार:** Sedentary work, prolonged sitting.
 - **Nidra / निद्रा:** Normal.
 - **Addiction / व्यसन:** Occasional alcohol, tea 3-4 times/day.
 - **Malamutra Pravritti / मलमूत्र प्रवृत्ति:** Constipation, straining at stool.
-

7. General Examination (Samanya Sharira Pariksha / सामान्य परीक्षा)

- Pulse: 84/min
 - BP: 128/80 mmHg
 - Temp: Afebrile
 - Pallor: Present (suggestive of anemia)
 - Built: Moderate
-

8. Local Examination (Sthanik Pariksha / स्थानीय परीक्षा)

- **Inspection (Darshana):**
 - Prolapsed mass seen after straining
 - Perianal skin normal, no fistulous opening
 - **Palpation (Sparshana):**
 - Mild tenderness
 - Sphincter tone normal
 - **Digital Rectal Examination:**
 - Soft, compressible internal piles at 3 and 7 o'clock position
 - No induration, no pus discharge
 - **Proctoscopy:**
 - Internal hemorrhoids, grade II, mild fresh bleeding site noted
-

9. Diagnosis (Nidana / निदान)

- **Ayurveda:** Pittanubandhi Arsha (अर्श - पित्तानुबन्धि प्रकार)
 - **Modern:** Internal Hemorrhoids – Grade II
-

10. Management (Upachara / उपचार)

Conservative Treatment (Shamana & Shodhana Chikitsa / शमन व शोधन उपचार)

- **Mridu Virechana:** Eranda taila with milk
 - **Oral Medicines:**
 - Arshoghni vati 2 tab BD with lukewarm water
 - Abhayarishta 20 ml with equal water BD after meals
 - **Local Treatment:**
 - Avagaha Sweda (sitz bath) with Panchavalkala kwatha twice daily
 - Jatyadi taila local application after sitz bath
 - **Pathya (Do's):**
 - Milk, ghee, green leafy vegetables, whole grains, fruits
 - Warm water, buttermilk
 - **Apathya (Don'ts):**
 - Spicy, oily, fried food
 - Alcohol, smoking
 - Excessive sitting or straining
-

11. Follow-Up (Anuvartan / अनुवर्तन)

- After 2 weeks:
 - Bleeding reduced
 - Constipation improved
 - Pain and burning sensation less
 - Continue same treatment with dietary modification.
 - Advised regular follow-up every 15 days.
-

12. Important Points (Mukhya Vishay / मुख्य बिंदु)

- Early-stage piles can be effectively managed conservatively.
- Chronic constipation is the main causative factor, so **ahara-vihara correction** is essential.
- Kshara Karma / Agnikarma / Surgical intervention required only in advanced cases.
- Rule out differential diagnosis like fissure, fistula, rectal polyp, carcinoma.
- Long-term follow-up is important to prevent recurrence.

Treatment of Arsha (Piles)

Approach	Ayurveda Treatment	Modern Treatment
Conservative Management	- Mridu Virechana: Eranda taila with milk, Trivrit churna, Triphala churna - Oral medicines: Arshoghni vati, Abhayarishta, Kutajarishta, Kankayan vati - Local applications: Jatyadi taila, Kasisadi taila, Nimba taila - Sitz bath (Avagaha sweda): Panchavalkala kwatha	- High-fiber diet, stool softeners, laxatives - Topical creams: hydrocortisone, local anesthetic ointments - Sitz bath with warm water - Oral flavonoids (Daflon)
Para-Surgical Measures	- Kshara Karma: Application of herbal alkaline paste on pile mass - Agnikarma: Thermal cauterization in suitable cases - Raktamokshana: Jalaukavacharana in congestive type	- Rubber band ligation - Infrared coagulation - Sclerotherapy
Surgical Management	- Bhagna Chatushpratishthana adapted: Excision of pile mass with classical methods, followed by wound healing with herbal dressings - Post-operative care with ghrita, taila, lepa	- Hemorrhoidectomy (Milligan-Morgan / Ferguson technique) - Stapled hemorrhoidopexy (PPH) - Laser hemorrhoidoplasty
Post-Operative Care / Follow-up	- Pathya: Milk, ghee, shali rice, green vegetables - Avoid ruksha, ati-lavana, ati-amla, ati-katu ahara - Regular bowel movement by Triphala, isabgol husk - Taila abhyanga for vata shamana	- Stool softeners, fiber supplements - Pain management with NSAIDs - Antibiotics if infection suspected - Advice on diet, lifestyle modifications

Sample Clinical Case History – Bhagandara (Fistula-in-Ano)

1. Patient Identification / रोगी की पहचान

- Name / नाम: Mr. Ramesh Kumar
 - Age / आयु: 42 years
 - Sex / लिंग: Male
 - Occupation / व्यवसाय: Shopkeeper
 - Address / पता: Hyderabad, Telangana
 - OPD/IPD No.: 2145/2025
 - Date of Admission: 10-08-2025
-

2. Chief Complaints / मुख्य शिकायतें

- Discharge of pus from near anal region since **6 months** – गुदा क्षेत्र से पूय साव 6 माह से
 - Pain during defecation since **3 months** – शौच के समय वेदना 3 माह से
 - Swelling near anus, intermittent itching – गुदा के पास सूजन और बीच-बीच में खुजली
 - History of low-grade fever occasionally – कभी-कभी ज्वर
-

3. History of Present Illness / वर्तमान रोग का इतिहास

- Patient was apparently healthy **6 months back**.
 - Developed painful swelling near anus → which burst spontaneously → pus discharge started.
 - Gradually discharge continued with intermittent pain & burning.
 - At present: One external opening with discharge persists.
-

4. Past History / अतीत का इतिहास

- No history of TB, Diabetes, Crohn's disease.
 - No previous surgery for similar complaints.
-

5. Personal History / व्यक्तिगत इतिहास

Parameter / विवरण	History / विवरण
Appetite / भूख	Normal
Diet / आहार	Mixed (Veg + Non-veg, spicy food intake high)
Bowel habits / मलप्रवृत्ति	Constipation on & off
Micturition / मूत्र	Normal
Sleep / निद्रा	Disturbed due to pain
Addiction / व्यसन	Occasionally alcohol, no smoking

6. Family History / पारिवारिक इतिहास

- No similar complaints in family.
 - No history of diabetes or TB in family.
-

7. Socio-economic History / सामाजिक-आर्थिक इतिहास

- Middle-class background.
 - Living conditions hygienic but diet irregular.
-

8. General Examination / सामान्य परीक्षण

- Built & Nutrition: Moderate
 - Pallor: Absent
 - Icterus, Cyanosis, Clubbing, Edema: Absent
 - Vitals:
 - Pulse: 80/min
 - BP: 124/80 mmHg
 - Temp: Afebrile
 - Respiration: 18/min
-

9. Systemic Examination / तन्त्र विशेष परीक्षण

- CVS: Normal
 - RS: Normal
 - CNS: Normal
 - Abdomen: Soft, non-tender, no organomegaly
-

10. Local Examination / स्थानिक परीक्षण

- Inspection: One external opening at 7 o'clock position, 2 cm away from anal verge, pus discharge present.
 - Palpation: Induration around external opening, tenderness +.
 - Digital Rectal Examination: No internal opening felt, sphincter tone normal.
 - Probing: Tract superficial, directed towards anal canal, length 3 cm.
 - Goodsall's rule: External opening behind transverse line → curved tract towards posterior midline (correlates).
-

11. Ayurvedic Examination / आयुर्वेदिक परीक्षण

- **Nidana:** Ati katu-tikshna ahara, mandagni, apachita pidaka.
 - **Purvarupa:** Daha, kandu, vedana near guda.
 - **Rupa:** Puyasrava (pus discharge), vedana (pain), guda nadi (sinus tract).
 - **Upashaya:** Temporary relief after sitz bath & local application.
 - **Samprapti:**
 - Dosha: Vata-Pitta predominant
 - Dushya: Mamsa, Rakta
 - Srotas: Purishavaha
 - Adhithana: Guda Pradesh
 - Vyadhi swabhava: Chirakari (chronic nature)
-

12. Investigations / प्रयोगशाला परीक्षण

- CBC: Hb 12.4 g/dl, TLC normal
 - Blood Sugar: FBS 92 mg/dl, PPBS 118 mg/dl
 - ESR: Mildly raised
 - HIV, HBsAg: Negative
 - MRI Fistulogram: Low anal fistula, simple tract
-

13. Provisional Diagnosis / अस्थायी निदान

- Bhagandara (Shatapponaka type) / Low anal fistula-in-ano (simple)
-

14. Differential Diagnosis / भेद निदान

- Arsha (Piles)
 - Parikartika (Fissure-in-ano)
 - Nadi Vrana (Sinus)
 - Pilonidal sinus
-

15. Treatment Plan / चिकित्सीय योजना

Ayurvedic Management

उपाय	विवरण
Shodhana	Ksharasutra application in the tract
Shamana	Triphala Guggulu 500 mg TDS, Aragwadhadi kwatha 40 ml BD
Local Care	Sitz bath with Panchavalkala decoction, Jatyadi Taila dressing
Diet	Laghu, easily digestible, avoid spicy & junk foods

Modern Management

उपाय	विवरण
Conservative	Antibiotics, sitz bath, analgesics
Surgical	Fistulectomy if required (kept as alternative option)
Post-op	Laxatives, local wound care, antibiotics

16. Follow-up / अनुवर्ती परीक्षण

- Weekly follow-up for discharge & tract healing.
- At 1 month: Significant reduction in discharge.
- At 3 months: Tract healing in progress, patient symptomatically better.

Treatment of Bhagandara (Fistula-in-Ano)

Ayurvedic Management

Category / उपाय	Details / विवरण
Shodhana Chikitsa (Purification)	Ksharasutra application in fistula tract – Snuhi Ksheera, Apamarga Kshara, Haridra Churna coating; gradual cutting & healing of tract
Ksharakarma	Application of Kshara to destroy unhealthy tissue, reduce pus & pain
Agnikarma	Cauterization in selected cases for tract closure
Shamana Chikitsa (Palliative)	- Triphala Guggulu 500 mg TDS

- **Aragwadhadi Kwatha** 40 ml BD
- **Haridra, Nimba, Guggulu preparations** for anti-inflammatory & wound healing |
| **Local Care** | - **Sitz bath** with Panchavalkala decoction
- Dressing with **Jatyadi Taila / Ghrita**
- External lepa with turmeric & neem |
| **Pathya-Apathya (Diet & Lifestyle)** | - Laghu, easily digestible food
- Avoid spicy, oily, heavy, fermented food
- Maintain bowel regularity with **Triphala churna at night** |

Modern Management

Category / उपाय	Details / विवरण
Conservative	- Antibiotics (to control secondary infection)

- Analgesics (pain relief)
- Sitz bath (warm water)
- Stool softeners/laxatives |
| **Surgical** | - **Fistulotomy** (tract laid open for healing)
- **Fistulectomy** (complete tract excision)
- **Seton placement** (for high fistula, to prevent incontinence)
- **LIFT procedure / Advancement flap** in complex fistula |
| **Post-Operative Care** | - Dressing with antiseptic solution
- Antibiotics & analgesics
- Stool regulation with laxatives
- Proper perianal hygiene |
| **Follow-up** | - Regular check for recurrence
- Wound healing monitoring
- Lifestyle modification to avoid constipation & infection |

For Notes

Sample Clinical Case History –

Parikartika (Fissure-in-ano)

1. Patient Identification / रोगी की पहचान

- Name / नाम: Mrs. Sunita Devi
 - Age / आयु: 35 years
 - Sex / लिंग: Female
 - Occupation / व्यवसाय: Housewife
 - Address / पता: Hyderabad, Telangana
 - OPD No.: 3021/2025
 - Date of Consultation: 25-08-2025
-

2. Chief Complaints / मुख्य शिकायतें

- Severe cutting pain during and after defecation for **2 months** – शौच के समय व पश्चात तीव्र कर्तन वेदना (2 माह से)
 - Occasional streak of blood in stool – शौच के साथ रक्त रेखा
 - Constipation since **6 months** – 6 माह से कब्ज की समस्या
 - Burning sensation in anal region – गुदा क्षेत्र में दाह
-

3. History of Present Illness / वर्तमान रोग का इतिहास

- Patient had chronic constipation for last 6 months.
 - Developed painful defecation followed by bleeding 2 months back.
 - Pain is sharp, burning, lasts for 1–2 hours post-defecation.
 - Tried home remedies but no significant relief.
-

4. Past History / अतीत का इतिहास

- No history of piles, fistula, or surgery.
 - No history of TB, Diabetes, Hypertension.
-

5. Personal History / व्यक्तिगत इतिहास

Parameter / विवरण	History / विवरण
Appetite / भूख	Normal
Diet / आहार	Mixed, spicy food intake frequent
Bowel habits / मलप्रवृत्ति	Constipation, hard stool
Micturition / मूत्र	Normal
Sleep / निद्रा	Disturbed due to pain
Addiction / व्यसन	Tea, occasional pan masala

6. Family History / पारिवारिक इतिहास

- No similar complaints in family.
 - No history of IBD / Cancer.
-

7. General Examination / सामान्य परीक्षण

- Built & Nutrition: Average
 - Pallor: Mild (Hb 10.8 gm%)
 - Vitals: Pulse 82/min, BP 118/76 mmHg, Temp Afebrile, Respiration 18/min
-

8. Local Examination / स्थानिक परीक्षण

- Inspection: Linear ulcer at posterior midline (6 o'clock), sentinel pile small present
 - Palpation: Severe tenderness, sphincter spasm present
 - DRE (Digital Rectal Exam): Not possible due to severe pain
 - No external fistula opening
-

9. Ayurvedic Examination / आयुर्वेदिक परीक्षण

- **Nidana (कारण):** Ati ruksha, katu, lavana ahara; Vegadharana; Atisankochita mala pravritti
 - **Purvarupa (पूर्वरूप):** Guda daha, guda kandu, mala pravritti kathinata
 - **Rupa (रूप):**
 - Kartanavat vedana (cutting pain)
 - Rakta srava (blood streaks in stool)
 - Daha (burning)
 - **Upashaya (उपशय):** Sneha dravya, sitz bath, mridu virechana give relief
 - **Samprapti (सम्प्राप्ति):**
 - Dosha: Vata-Pitta prakopa
 - Dushya: Mamsa, Rakta, Meda
 - Srotas: Purishavaha
 - Adhithana: Guda pradesha
-

10. Investigations / प्रयोगशाला परीक्षण

- CBC: Hb 10.8 gm%, TLC normal
 - Blood Sugar: Normal
 - LFT, RFT: Normal
 - Proctoscopy: Confirms posterior midline fissure, no internal hemorrhoids
-

11. Provisional Diagnosis / अस्थायी निदान

- Parikartika (Fissure-in-ano) – Posterior midline fissure, chronic

12. Differential Diagnosis / भेद निदान

- Arsha (Piles)
- Bhagandara (Fistula-in-ano)
- Crohn's anal ulcer
- Carcinoma anus

13. Treatment Plan / चिकित्सीय योजना

Ayurvedic Management

उपाय	विवरण
Shodhana	Mridu virechana with Eranda Taila (for bowel regulation)
Shamana	Triphala Guggulu 500 mg TDS, Gandhak Rasayana 250 mg BD
Local Care	Sitz bath with Panchavalkala kwatha, Jatyadi Ghrita for local application
Anuvasana Basti	With Pippalyadi Anuvasana Taila (in selected cases)
Pathya	Laghu ahara, green vegetables, ghee, avoid spicy, dry food

Modern Management

उपाय	विवरण
Conservative	Sitz bath, Laxatives (Isabgol), Analgesics, Local anesthetic ointment (Lidocaine + Diltiazem/Nifedipine ointment)
Medical	Antibiotics if secondary infection
Surgical	Lateral Internal Sphincterotomy (LIS) for chronic fissure with sentinel pile
Post-op Care	Analgesics, stool softeners, hygiene maintenance

14. Follow-up / अनुवर्ती परीक्षण

- Weekly follow-up for pain & bleeding.
- After 3 weeks: Significant relief in pain, improved bowel habits.
- After 6 weeks: Ulcer healing, no bleeding.

Treatment of Parikartika (Fissure-in-ano)

Ayurvedic Management

Category / उपाय	Details / विवरण
Shodhana Chikitsa	- <i>Mridu Virechana</i> with Eranda Taila / Haritaki Churna to soften stool & regulate bowels
Basti Chikitsa	- <i>Anuvasana Basti</i> with Pippalyadi Taila / Yashtimadhu Taila for pain relief & healing
Shamana Chikitsa	- Triphala Guggulu 500 mg TDS

- **Gandhak Rasayana** 250 mg BD
- **Avipattikara Churna** 5 gm HS with warm water |
| **Local Therapy** | - *Sitz bath* with Panchavalkala decoction
- *Jatyadi Ghrita* local application
- *Nimba taila* / *Ghrita* lepa for wound healing |
| **Pathya-Apathya** | - Light, easily digestible food, green vegetables, ghee
- Avoid spicy, dry, fermented food, excessive tea/coffee
- Maintain regular bowel habits |

Modern Management

Category / उपाय	Details / विवरण
Conservative	- Sitz bath with warm water

- High-fiber diet, stool softeners (Isabgol, Lactulose)
- Local analgesic ointments (Lidocaine, Diltiazem/Nifedipine) |
| **Medical** | - Short course of antibiotics (if infection)
- Oral analgesics (NSAIDs) for pain relief |
| **Surgical (for chronic fissure)** | - **Lateral Internal Sphincterotomy (LIS)**: Gold standard
- Fissurectomy (in selected cases) |
| **Post-Operative Care** | - Sitz bath, dressing, pain management
- Laxatives, dietary regulation
- Proper anal hygiene, avoid constipation |

For Note

Clinical Case History Sample –

Nadi Vrana (Sinus)

1. Patient Identification / रोगी की पहचान

- Name / नाम: Mr. Suresh Kumar
 - Age / आयु: 40 years
 - Sex / लिंग: Male
 - Occupation / व्यवसाय: Farmer
 - Address / पता: Nalgonda, Telangana
 - OPD No.: 1452/2025
 - Date of Consultation: 25-08-2025
-

2. Chief Complaints / मुख्य शिकायतें

- Pus discharge from swelling near gluteal region since 4 months – नितम्ब के पास सूजन से पूय साव (4 माह से)
 - Pain and tenderness at site – स्थल पर वेदना एवं कोमलता
 - Recurrent swelling followed by rupture and discharge – बार-बार सूजन होकर फूटना व साव होना
 - Difficulty in sitting for long duration – लंबे समय तक बैठने में कठिनाई
-

3. History of Present Illness / वर्तमान रोग का इतिहास

- Patient was apparently healthy 6 months back.
- Developed painful swelling near gluteal region → burst after 7–10 days → pus discharge.
- Swelling recurred 3–4 times at the same site.
- Now persistent external opening with pus discharge.

4. Past History / अतीत का इतिहास

- No history of diabetes, TB, Crohn's disease.
- No similar lesion elsewhere.
- No previous surgery for sinus.

5. Personal History / व्यक्तिगत इतिहास

Parameter / विवरण	History / विवरण
Appetite / भूख	Normal
Diet / आहार	Mixed, frequent spicy & oily foods
Bowel habits / मलप्रवृत्ति	Regular
Micturition / मूत्र	Normal
Sleep / निद्रा	Disturbed due to pain
Addiction / व्यसन	Tobacco chewing

6. Family History / पारिवारिक इतिहास

- No similar complaints in family.
- No history of TB / IBD.

7. General Examination / सामान्य परीक्षण

- Built & Nutrition: Moderate
- Vitals: Pulse 84/min, BP 122/80 mmHg, Temp Afebrile, Respiration 18/min
- Pallor: Absent
- No edema, no lymphadenopathy

8. Local Examination / स्थानिक परीक्षण

Inspection (निरीक्षण)

- Site: Left gluteal region, 3 cm lateral to anal verge
- One external opening present
- Surrounding skin: indurated, scarred from previous abscess ruptures

Discharge (स्राव)

- Thin pus mixed with occasional blood, foul smell present
- Quantity: Moderate, continuous oozing

Palpation (स्पर्श परीक्षण)

- Induration around opening, mild tenderness
- Tract palpable subcutaneously, 2–3 cm in length

Sinus Tract Assessment (मार्ग परीक्षण)

- Probing done: tract directed upward and medially, blind ending, no internal opening in rectum
- Depth ~3 cm, single tract confirmed

9. Ayurvedic Examination / आयुर्वेदिक परीक्षण

- **Nidana (कारण):** Apachita pidaka (untreated abscess), mandagni, asuchi ahara-vihara
 - **Purvarupa:** Vedana, daha, kandu
 - **Rupa:** Nadi sadrsha vrana, pus discharge, vedana, daha
 - **Samprapti:**
 - Dosha: Vata-Pitta
 - Dushya: Mamsa, Rakta
 - Srotas: Mamsavaha, Raktavaha
 - Vyadhi swabhava: Chirakari (chronic)
-

10. Investigations / प्रयोगशाला परीक्षण

- CBC: Mild leukocytosis
 - Blood sugar: Normal
 - ESR: Raised
 - X-ray Sinogram / MRI (if needed): Single tract, no deeper extension
 - Pus culture & sensitivity
-

11. Provisional Diagnosis / अस्थायी निदान

- **Nadi Vrana (Sinus)** – single external opening with blind tract
 - Modern: **Pilonidal sinus (low tract)**
-

12. Differential Diagnosis / भेद निदान

- Bhagandara (Fistula-in-ano)
 - Tubercular sinus
 - Osteomyelitis sinus
 - Carbuncle healed with sinus formation
-

13. Treatment Plan / चिकित्सीय योजना

Ayurvedic Management

उपाय	विवरण
Shodhana	Ksharasutra application in the tract – to cut, drain, and heal with granulation tissue
Local Care	Regular irrigation of tract with Triphala Kwatha / Panchavalkala decoction
Shamana	- Triphala Guggulu 500 mg TDS

- Gandhak Rasayana 250 mg BD
- Nimba Haridra preparations for antimicrobial effect |
| Dressing | Jatyadi Taila / Ghrita for wound healing |
| Pathya | Laghu, easy-to-digest food, avoid spicy, oily & fermented diet |

Modern Management

उपाय	विवरण
Conservative	Antibiotics, analgesics, antiseptic dressing
Surgical	- Excision of sinus tract (sinusectomy)

- Curettage & drainage if multiple tracts |
| Post-op Care | - Regular dressing with antiseptic solution
- Sitz bath for hygiene
- Stool regulation if near anal region |
| Referral | If complicated / recurrent → refer to higher surgical center |

14. Follow-up / अनुवर्ती परीक्षण

- Weekly follow-up for discharge & wound healing
- At 4 weeks: Reduction in discharge, granulation tissue forming
- At 8 weeks: Tract almost closed, patient symptomatically better

Treatment Table – Nadi Vrana (Sinus)

Aspect / Treatment	Ayurveda	Modern
Shodhana (Cleansing / Removal)	- Ksharasutra application in the sinus tract for gradual cutting & healing with granulation tissue - Lekhana & Chedana karma if multiple tracts	- Surgical excision of sinus tract (sinusectomy) - Curettage & drainage if infected - Laser / minimally invasive sinus surgery
Local Care	- Sinus irrigation with Triphala Kwatha or Panchavalkala decoction - Local application of Jatyadi Taila / Ghrita for wound healing	- Daily antiseptic dressing with povidone-iodine / hydrogen peroxide - Sitz bath for hygiene & pain relief
Systemic Medication	- Triphala Guggulu 500 mg TDS - Gandhak Rasayana 250 mg BD - Haridra, Nimba formulations for antimicrobial action	- Antibiotics (based on pus culture & sensitivity) - Analgesics (NSAIDs) for pain & inflammation - Stool softeners if near anal region
Pathya-Apathya (Diet & Lifestyle)	- Laghu, easy-to-digest food - Avoid oily, spicy, fermented items - Maintain local hygiene	- High protein diet for wound healing - Adequate hydration - Avoid prolonged sitting/pressure on site
Follow-up & Recurrence Prevention	- Weekly follow-up for tract shortening - Regular dressing till sinus heals	- Post-op wound inspection - Regular dressing until healing - Avoid recurrence by hygiene, hair removal (in pilonidal sinus)
Referral	- If multiple / complicated tracts → Refer for Shalya Tantra / advanced surgical management	- If recurrent / complex → Refer to higher surgical center (Colorectal / Plastic surgery)

For Notes –

Sample Clinical Case History – Granthi / Arbuda (Lumps)

1. Patient Identification / रोगी की पहचान

- Name / नाम: Mrs. Rekha Sharma
 - Age / आयु: 45 years
 - Sex / लिंग: Female
 - Occupation / व्यवसाय: Teacher
 - Address / पता: Hyderabad, Telangana
 - OPD No.: 2210/2025
 - Date of Consultation: 25-08-2025
-

2. Chief Complaints / मुख्य शिकायतें

- Palpable lump in left breast since 3 months – बाएँ स्तन में गांठ 3 माह से
 - Mild pain occasionally – कभी-कभी हल्की वेदना
 - No nipple discharge – स्तन निप्पल से कोई साव नहीं
 - No fever or systemic complaints – ज्वर या अन्य लक्षण नहीं
-

3. History of Present Illness / वर्तमान रोग का इतिहास

- Patient noticed a small pea-sized lump 3 months ago.
 - Gradually increased to ~2.5 cm.
 - No trauma to breast.
 - No significant change with menstrual cycle.
-

4. Past History / अतीत का इतिहास

- No history of similar lumps in past.
- No history of TB, diabetes, or other systemic illness.
- No previous breast surgery.

5. Personal History / व्यक्तिगत इतिहास

Parameter / विवरण	History / विवरण
Appetite / भूख	Normal
Diet / आहार	Mixed, occasional junk food
Bowel habits / मलप्रवृत्ति	Regular
Micturition / मूत्र	Normal
Sleep / निद्रा	Disturbed occasionally due to anxiety
Addiction / व्यसन	None

6. Family History / पारिवारिक इतिहास

- Mother had benign breast cysts.
- No family history of breast cancer.

7. General Examination / सामान्य परीक्षण

- Built & Nutrition: Moderate
- Vitals: Pulse 78/min, BP 120/80 mmHg, Temp afebrile, Respiration 18/min
- No pallor, cyanosis, edema, or lymphadenopathy

8. Local / Clinical Examination of Lump / स्थानीय परीक्षण

Parameter	Findings / विवरण
Location / स्थान	Left upper outer quadrant of left breast
Size / आकार	2.5 cm × 2 cm
Shape / आकार	Oval, well-defined
Surface / सतह	Smooth
Consistency / दृढ़ता	Firm
Mobility / गतिशीलता	Mobile over underlying structures, free from skin
Tenderness / कोमलता	Mild tenderness
Skin changes / त्वचा परिवर्तन	None
Nipple / स्तन निप्पल	No retraction, no discharge
Axillary nodes / बगल की ग्रंथियां	Not palpable

9. Ayurvedic Examination / आयुर्वेदिक परीक्षण

- **Nidana (कारण):** Apachita granthi due to vitiated Vata-Pitta, trauma, or local infection
- **Rupa (रूप):** Ghol granthi, mild pain, slow-growing, firm
- **Samprapti (सम्प्राप्ति):**
 - Dosha: Vata-Pitta predominance
 - Dushya: Mamsa, Meda
 - Srotas: Raktavaha, Medovaha
 - Vyadhi swabhava: Granthi/Arbuda (benign or early neoplasm)

10. Investigations / प्रयोगशाला परीक्षण

Investigation	Advice / आदेश
FNAC	To determine benign vs malignant nature
USG Breast	Assess internal characteristics, margins, vascularity
CBC, LFT, RFT	Baseline investigations before surgery
Mammography	For age >40 to rule out malignancy
MRI (if needed)	For complex or suspicious lesions

Result (Sample):

- FNAC: Benign fibroadenoma
 - USG: Hypoechoic well-circumscribed lesion, 2.5 cm, no axillary lymphadenopathy
-

11. Provisional Diagnosis / अस्थायी निदान

- **Granthi / Arbuda (Ayurveda):** Mamsa granthi, slow-growing, firm
 - **Modern:** Benign breast lump – fibroadenoma
-

12. Differential Diagnosis / भेद निदान

- Fibroadenoma
 - Breast cyst
 - Phyllodes tumor
 - Early breast carcinoma (ruled out by FNAC)
-

13. Treatment Plan / चिकित्सीय योजना

Ayurvedic Management

Therapy / उपाय	Details / विवरण
Shodhana	Local lepa with Haridra + Nimba Taila for anti-inflammatory effect
Shamana	Chandraprabha Vati / Guggulu formulations for swelling reduction & tissue support
Surgical / Minor Procedure	If indicated, excision of lump can be done with Ayurvedic Shalya Tantra principles
Local Care	Gentle massage around area, avoid trauma
Diet / Pathya	Laghu ahara, green vegetables, milk, avoid oily & spicy food

Modern Management

Therapy / उपाय	Details / विवरण
Observation	For small, asymptomatic lumps, regular follow-up every 3 months
Surgical	Excision biopsy under local anesthesia, complete removal of lump
Post-op Care	Wound care, antibiotics if needed, analgesics, avoid heavy lifting
Follow-up	Histopathology confirmation, monitoring for recurrence

14. Follow-up / अनुवर्ती परीक्षण

- 1 week: Post-excision wound healing satisfactory
- 4 weeks: No pain, sutures removed
- 3 months: Regular follow-up, no recurrence

Treatment of Granthi / Arbuda (Lumps)

Aspect / Treatment	Ayurveda	Modern
Primary Approach	Shodhana (local purification) + Shamana (palliative)	Observation → Surgical excision depending on size & FNAC
Local Therapy	- Lepa with Haridra + Nimba Taila for inflammation - Gentle local massage, avoid trauma	- Surgical excision (excision biopsy) - Post-op wound care with antiseptics
Internal Medicines	- Chandraprabha Vati / Guggulu formulations to reduce swelling & support tissue	- Analgesics (NSAIDs) for pain - Antibiotics if post-op infection risk
Diagnostic Advice / Monitoring	- Regular palpation - Ayurveda observation for size & firmness changes	- FNAC for histopathology - USG / Mammography to assess lesion - Follow-up every 3 months for recurrence
Surgical / Minor Procedure	- Shalya Tantra guided excision if required - Local anesthesia techniques per Ayurvedic principles	- Complete excision biopsy under local anesthesia - Histopathology confirmation
Diet & Lifestyle / Pathya	- Laghu ahara, green vegetables, milk - Avoid oily, spicy, heavy foods	- Balanced diet for healing - Avoid heavy lifting post-surgery
Follow-up / Recurrence Prevention	- Weekly to monthly follow-up for lump size - Monitor for new swellings	- Post-op follow-up 1 week, 1 month, 3 months - Monitor for recurrence

For Notes

Clinical Case History – Shopha (Inflammation / Swelling)

1. Patient Identification / रोगी की पहचान

- Name / नाम: Mr. Ajay Kumar
 - Age / आयु: 38 years
 - Sex / लिंग: Male
 - Occupation / व्यवसाय: Office Worker
 - Address / पता: Hyderabad, Telangana
 - OPD No.: 2105/2025
 - Date of Consultation: 25-08-2025
-

2. Chief Complaints / मुख्य शिकायतें

- Localized swelling over right forearm since 5 days – दाहिने भुजा पर स्थानीय सूजन 5 दिन से
 - Mild to moderate tenderness at swelling site – सूजन स्थल पर हल्की से मध्यम कोमलता
 - Redness and warmth at site – लालिमा एवं ऊष्मा
 - No pus discharge yet – अभी तक पूय स्राव नहीं
-

3. History of Present Illness / वर्तमान रोग का इतिहास

- Patient noticed small swelling over right forearm after minor trauma.
 - Swelling gradually increased in size, associated with mild pain, redness, and warmth.
 - No systemic symptoms such as fever, malaise, or chills.
 - No history of similar previous episodes.
-

4. Past History / अतीत का इतिहास

- No history of diabetes, hypertension, TB, or other systemic illness.
 - No previous skin infections.
-

5. Personal History / व्यक्तिगत इतिहास

Parameter / विवरण	History / विवरण
Appetite / भूख	Normal
Diet / आहार	Mixed, regular
Bowel habits / मलप्रवृत्ति	Regular
Micturition / मूत्र	Normal
Sleep / निद्रा	Disturbed due to mild discomfort
Addiction / व्यसन	None

6. General Examination / सामान्य परीक्षण

- Vitals: Pulse 80/min, BP 118/78 mmHg, Temp 98.6°F, Respiration 18/min
 - Built & Nutrition: Average
 - No pallor, cyanosis, edema, or lymphadenopathy
-

7. Local Examination / स्थानीय परीक्षण

Parameter	Findings / विवरण
Site / स्थान	Right dorsal forearm
Size / आकार	3 cm × 2 cm
Shape / आकार	Oval
Surface / सतह	Red, shiny
Consistency / दृढ़ता	Soft to firm
Tenderness / कोमलता	Mild to moderate
Mobility / गतिशीलता	Mobile over underlying structures
Temperature / तापमान	Localized warmth
Discharge / स्राव	No pus (early stage)

Clinical Impression: Localized **acute inflammation (Shopha)**, early abscess formation possible.

8. Ayurvedic Examination / आयुर्वेदिक परीक्षण

- **Nidana (कारण):** Trauma, Vata-Pitta vitiation, external injury, local contamination
- **Purvarupa / पूर्वरूप:** Daha (burning), Shoola (pain), Swelling, Raga (redness)
- **Rupa / रूप:** Swelling (Shopha), tender, warm, soft to firm
- **Samprapti / सम्प्राप्ति:**
 - Dosha: Vata-Pitta predominant
 - Dushya: Mamsa, Rakta
 - Srotas: Rasavaha, Raktavaha
 - Vyadhi Swabhava: Acute localized inflammation, early stage abscess

9. Investigations / प्रयोगशाला परीक्षण (if needed)

Investigation	Advice / आदेश
CBC	Check WBC count for infection
Ultrasound	If abscess suspected for size & depth
Culture & Sensitivity	Only if pus forms

10. Provisional Diagnosis / अस्थायी निदान

- Shopha (Localized Inflammation)
- Early stage abscess (possible)

11. Treatment Plan / प्रारंभिक चिकित्सीय योजना

Ayurvedic Management

Therapy / उपाय	Details / विवरण
Shodhana	Gentle Snehana / Taila massage around swelling to reduce Vata & improve circulation
Shamana	- Mahavatavidhwansanadi Kashaya 30 ml BD - Triphala Guggulu 500 mg TDS for anti-inflammatory & wound healing
Local Therapy	- Panchavalkala decoction compress / wash - Avoid pressure on swelling
Monitoring	Observe for fluctuation or increase in size (sign of pus formation)
Pathya / Diet	Light, easily digestible food, avoid spicy, oily, heavy foods

Modern / Allopathic Management

Therapy / उपाय	Details / विवरण
Conservative	Rest, limb elevation, warm compress for 10–15 min 2–3 times/day
Medications	- NSAIDs for pain & inflammation - Antibiotics if cellulitis suspected
Abscess Management	- If fluctuation develops → Incision & drainage under sterile conditions
Follow-up	Monitor daily for redness, tenderness, size, warmth; repeat CBC if needed

12. Follow-up / अनुवर्ती परीक्षण

- Day 3: Swelling reduced slightly, tenderness mild
- Day 7: Swelling soft, no fluctuation, pain controlled
- Day 14: Completely resolved with Ayurvedic topical care & medicines

Treatment Comparison – Shopha (Inflammation / Early Abscess)

Aspect / Treatment	Ayurveda	Modern / Allopathic
Primary Approach	Shodhana (purification) + Shamana (palliative)	Conservative management → Surgical intervention if abscess forms
Local Therapy	- Gentle Snehana / Taila massage around swelling - Panchavalkala decoction compress / wash	- Warm compress 10–15 min, 2–3 times/day - Elevation of affected limb
Internal Medicines / Systemic	- Mahavatavidhwansanadi Kashaya 30 ml BD - Triphala Guggulu 500 mg TDS	- NSAIDs for pain & inflammation - Antibiotics if cellulitis suspected
Abscess Management	- Monitor for fluctuation, gradual drainage if pus forms - Ayurvedic methods like Prakshalana with decoction	- Incision & drainage under sterile conditions if fluctuation / pus develops
Pathya / Diet & Lifestyle	- Light, easily digestible food - Avoid spicy, oily, heavy foods	- Adequate hydration, rest, avoid trauma to area
Follow-up / Monitoring	- Daily observation of swelling, tenderness, warmth - Adjust medicines if progression	- Daily monitoring for redness, size, pain, warmth - CBC if infection suspected
Goal of Treatment	Reduce swelling & pain, prevent abscess formation, balance Dosha	Reduce inflammation & pain, prevent abscess formation, treat infection

For Notes

Sample Clinical Case –

Vidradhi (Abscess – Early Stage)

Patient Profile (रोगी का विवरण / Patient Details)

- Name (नाम): Mr. X
 - Age (आयु): 35 years
 - Sex (लिंग): Male
 - Occupation (व्यवसाय): Office worker
 - Address (पता): —
-

1. Presenting Complaints (मुख्य शिकायतें)

- Localized swelling over right thigh since 3 days
 - Pain and tenderness at the site
 - Mild fever (100°F)
 - Warmth over swelling
-

2. History of Present Illness (वर्तमान रोग का इतिहास)

- Swelling started as a small painful nodule → gradually increased in size.
 - Pain aggravated on movement / pressure.
 - No history of trauma or insect bite.
 - No pus discharge yet.
-

3. Past History (पूर्ववृत्तांत)

- No history of diabetes, hypertension, tuberculosis.
 - No history of previous abscess.
-

4. Family History (पारिवारिक इतिहास)

- Non-contributory.
-

5. Personal History (निजी इतिहास)

- Diet: Mixed, oily and spicy food habit.
 - Bowel: Regular.
 - Sleep: Disturbed due to pain.
 - Addictions: None.
-

6. Clinical Examination (शारीरिक परीक्षण)

Local Examination (स्थानीय परीक्षण)

- **Inspection (निरीक्षण):**
 - Swelling $\sim 4 \times 4$ cm, raised, reddish area on right thigh.
 - No ulceration / discharge.
 - **Palpation (स्पर्श परीक्षण):**
 - Tenderness ++
 - Local rise of temperature
 - No fluctuation yet (early stage)
 - Firm consistency
 - **Systemic Examination:** Normal.
-

7. Provisional Diagnosis (निदान)

- **Ayurveda:** Vidradhi (Dushta Shopha progressing towards Paka stage).
 - **Modern:** Early Abscess (Cellulitis with induration, no fluctuation).
-

8. Differential Diagnosis (भेद निदान)

- Shopha (inflammation)
 - Granthi (benign lump)
 - Arbuda (tumor)
-

9. Investigations (जांचें)

- CBC → Mild leukocytosis
 - RBS → Normal
 - USG local part → Collection not significant
-

10. Treatment Plan (चिकित्सा योजना)

Conservative (प्रारम्भिक अवस्था / Early stage)

- **Ayurveda:**
 - Internal medicines:
 - **Triphala Guggulu** 500 mg TDS
 - **Gandhaka Rasayana** 250 mg BD
 - **Mahamanjistadi Kwath** 30 ml BD
 - Local:
 - **Panchavalkala Kwath Prakshalana**
 - **Eranda Taila Pichu** (warm oil application)
 - **Modern:**
 - Antibiotics (Amoxicillin + Clavulanate)
 - Analgesics & Anti-inflammatory (Ibuprofen/Paracetamol)
 - Warm compress 2–3 times/day
 - Observation for pus formation
-

If Abscess Matures (यदि पक जाता है)

- **Ayurveda:**
 - If fluctuation appears → **Vranopakarma (incision & drainage)** under aseptic precautions, followed by **Kshara Taila dressing**.
 - **Modern:**
 - **Incision & Drainage (I&D)** with proper antibiotic cover and dressing.
-

11. Follow-Up (अनुवर्ती देखभाल)

- Daily observation for fluctuation, size, redness, fever.
- Advise light diet (Yusha, Mudga, green leafy vegetables).
- Avoid spicy, oily, heavy food.

Treatment Comparison – Vidradhi (Abscess – Early Stage)

Stage / Focus	Ayurveda (आयुर्वेद)	Modern Medicine (आधुनिक चिकित्सा)
Early Stage (without pus)	- Internal Medicines: • Triphala Guggulu 500 mg TDS • Gandhaka Rasayana 250 mg BD • Mahamanjistadi Kwath 30 ml BD - Local Measures: • Panchavalkala Kwath • Prakshalana • Eranda Taila / Dashanga Lepa for shothahara • Ushna upanaha (warm fomentation)	- Antibiotics: Amoxicillin + Clavulanate / Cephalosporins - Analgesics / NSAIDs: Ibuprofen, Paracetamol - Warm compress (2–3 times/day) - Observation for pus formation
If Suppuration Starts (fluctuation appears)	- Vranopakarma (Incision & drainage under aseptic precautions) - Dressing with Kshara Taila / Jatyadi Taila - Rakta stambhana if bleeding - Pathya ahara (light, easily digestible food)	- Incision & Drainage (I&D) under local anaesthesia - Daily sterile dressing - Continue antibiotics and analgesics - Culture & sensitivity if needed
Post-Procedure Care	- Vrana shodhana: Panchavalkala Kwath wash - Vrana ropana: Jatyadi Taila, Madhu application - Rasayana: Chyavanprasha, Haridra, Guduchi for immunity	- Daily dressing with antiseptic solution - Oral antibiotics till healing - Analgesics - Tetanus prophylaxis if indicated
Diet & Lifestyle (Pathya–Apathya)	- Laghu, easily digestible food (Mudga yusha, green leafy veg) - Avoid guru, oily, spicy food	- High protein diet for wound healing - Adequate hydration - Avoid smoking / alcohol

For Notes

Sample Clinical Case –

Mootrashmari (Urinary Calculi)

Patient Profile / रोगी विवरण

- Name / नाम: Mr. X
 - Age / आयु: 35 years
 - Sex / लिंग: Male
 - Occupation / व्यवसाय: Teacher
 - Address / पता: ...
-

Chief Complaints / मुख्य शिकायतें

1. Severe colicky pain in right flank radiating to groin (तीव्र पीड़ा, कमर से गुप्तांग तक जाती हुई) - 5 days
 2. Burning micturition (मूत्रत्याग में जलन) - 3 days
 3. Frequency of micturition increased (बार-बार मूत्रत्याग)
 4. Nausea with pain episodes
-

History of Present Illness / वर्तमान रोग इतिहास

- Sudden onset of colicky pain, aggravated during urination.
 - Burning sensation during passage of urine.
 - Pain partially relieved after urination.
 - No history of hematuria (रक्तमूत्र नहीं).
-

Past History / पूर्व इतिहास

- No history of DM/HTN.
- No previous surgery.
- No known drug allergy.

Personal History / व्यक्तिगत इतिहास

- Appetite – Normal
- Bowel – Regular
- Urine – Painful, burning
- Sleep – Disturbed due to pain
- Addiction – Tea + Mild tobacco

Examination / परीक्षण

System	Findings
General	Afebrile, Pulse 82/min, BP 120/80 mmHg
Per Abdomen	Tenderness in right loin region, no mass palpable
Local	Suprapubic mild fullness
Per Rectal	NAD
Urine Examination	Pus cells ++, RBC +
USG (Abdomen & Pelvis)	Right ureteric calculus 6 mm with mild hydronephrosis

Ayurveda Assessment / आयुर्वेदिक परीक्षण

- **Vyadhi:** Mootrashmari (Ashmari in Mutravaha Srotas)
- **Lakshana:** Shoola (colic pain), Daha (burning micturition), Muhurmuhu mutrapravritti (frequency), Kashtamutrata (straining in urination)
- **Dosha Involvement:** Vata-Kapha predominant, Pitta involvement (burning)

Clinical Diagnosis / निदान

- **Modern:** Right ureteric calculus (6 mm) with mild hydronephrosis
 - **Ayurveda:** Mootrashmari (Vatakaphaja type with Pitta anubandha)
-

Management Plan / उपचार योजना

Ayurveda Approach

- **Oral Medicines**
 - **Varunadi Kwatha** – 30 ml BD
 - **Gokshuradi Guggulu** – 2 tab BD
 - **Pashanabheda Churna** – 3 gm with water BD
 - **Punarnavadi Mandura** – 250 mg BD
 - **Chandraprabha Vati** – 2 tab TDS
 - **Pathya (Dietary Advice)**
 - Plenty of fluids, coconut water, barley water
 - Avoid kshara, tikshna, ati-lavana, spicy food
 - **Follow-up:** USG review after 3–4 weeks
-

Modern Approach

- **Conservative Management (for 6 mm stone)**
 - Analgesics: Diclofenac / Ibuprofen SOS
 - Antispasmodics: Drotaverine 80 mg BD
 - Alpha-blocker: Tamsulosin 0.4 mg HS (for stone expulsion)
 - Antibiotics if UTI present
 - Advise 3–4 L water intake daily
 - **Review:** USG after 3–4 weeks
 - **If no passage** → Plan ESWL / URS
-

Summary -

This patient is diagnosed as **Mootrashmari** (Urinary stone 6 mm) with symptoms of **colic pain + burning urination**. He is kept on **Ayurvedic shoolahara + mutrala medicines** along with **modern conservative therapy**. **USG follow-up scheduled in 3–4 weeks** to check stone passage.

Mootrashmari (Urinary Calculi) – Treatment Comparison

Aspect	Ayurveda Management	Modern Management
Pain Relief (Shoolahara)	- Gokshuradi Guggulu (2 tab BD) - Chandraprabha Vati (2 tab TDS) - Dashmool Kwatha for pain	- NSAIDs (Diclofenac/Ibuprofen) - Antispasmodics (Drotaverine, Hyoscine)
Stone Expulsion (Ashmari Bhedana / Mutrala)	- Pashanabheda Churna (3 gm BD) - Varunadi Kwatha (30 ml BD) - Gokshura (Tribulus terrestris) preparations	- Alpha-blockers (Tamsulosin 0.4 mg HS) - Adequate hydration (3–4 L/day) - Diuretics if needed
UTI / Burning Micturition (Daha shaman)	- Chandraprabha Vati - Punarnavadi Mandura - Cooling diet (coconut water, barley water)	- Antibiotics (Ciprofloxacin / Nitrofurantoin) if UTI present - Alkalinizing agents (Sodium bicarbonate, Potassium citrate)
General Support	- Pathya-Apathya: Avoid kshara, lavana, spicy food - Advise light diet, more fluids	- Dietary advice: Avoid excess oxalate/salt - Encourage oral fluids
Follow-up / Review	- USG after 3–4 weeks to check passage - Continue mutrala & shoolahara until relief	- USG after 3–4 weeks - If stone not passed → ESWL / URS planned
Surgical / Shalya Tantra	- If big/obstructive: Ashmari chedana karma (surgical intervention in Ayurveda classics)	- ESWL (Extracorporeal Shockwave Lithotripsy) - URS (Ureterorenoscopy) - PCNL (Percutaneous Nephrolithotomy) for larger stones

For Notes

Sample Clinical Case –

Mutraghata (Urinary Retention)

Patient Profile / रोगी परिचय

- Name / नाम: Mr. A.B.
 - Age / आयु: 58 years
 - Gender / लिंग: Male
 - Occupation / व्यवसाय: Farmer
 - Address / पता: Rural area
-

Chief Complaints / मुख्य शिकायतें

1. Difficulty in passing urine / मूत्र त्याग में कठिनाई – since 2 days
 2. Suprapubic pain & distension / मूत्राशय क्षेत्र में दर्द और सूजन – since 1 day
 3. Incomplete voiding sensation / अधूरा मूत्र त्याग का अनुभव
-

History of Present Illness / वर्तमान रोग इतिहास

- Patient developed sudden inability to pass urine (acute retention).
 - Complaints of urgency, but only dribbling occurs.
 - Burning sensation and suprapubic heaviness.
 - No similar episodes in the past.
 - No history of hematuria, trauma, or surgery.
-

Past History / पूर्व इतिहास

- No history of diabetes, hypertension, or renal stones.
 - No previous urinary catheterization.
-

Personal History / व्यक्तिगत इतिहास

- Diet: Mixed, excessive use of spicy and salty foods.
- Bowel habits: Normal.
- Micturition: Frequency reduced, incomplete emptying.
- Addiction: Occasional tobacco.

Examination / परीक्षण

Examination	Findings
General	Mild distress, restlessness
Vitals	Stable (BP: 128/82 mmHg, HR: 86/min)
Local (Suprapubic)	Tenderness, palpable bladder up to umbilicus
Per-rectal (if needed)	Enlarged, firm prostate felt
Systemic	CVS, RS, CNS – Normal

Provisional Diagnosis / अस्थायी निदान

- **Mutraghata (Acute Urinary Retention due to possible Mutrashmari/Prostatic enlargement)**
- Correlates with **Acute Urinary Retention (AUR)** in modern medicine.

Investigations / परीक्षण

- Urine routine & microscopy
- USG KUB + Prostate
- Serum Creatinine, Urea
- PSA (if BPH suspected)

Management Plan / उपचार योजना

Immediate Management (प्रारंभिक देखभाल)

- **Catheterization:** Foley's catheter inserted under aseptic conditions for bladder decompression.
- Catheter care explained to patient & relatives.
- Adequate hydration ensured.

Treatment Approach – Ayurveda vs Modern

Aspect	Ayurveda Management (आयुर्वेदिक उपचार)	Modern Management (आधुनिक उपचार)
Immediate Relief	- Uttar Basti with medicated oils (Yashtimadhu Taila, Bala Taila) for Mutraghata - Avagaha Sweda with warm decoctions	- Catheterization (Foley's) for bladder emptying - Suprapubic cystostomy if catheter fails
Shamana Chikitsa (Oral Medicines)	- Varunadi Kwatha – 30 ml BD - Gokshuradi Guggulu – 2 tab BD - Chandraprabha Vati – 2 tab TDS	- Alpha-blockers (Tamsulosin) - 5-alpha reductase inhibitors (Finasteride) if BPH - Antibiotics if infection present
Diet & Pathya-Apathya	- Avoid kshara, amla, lavana, spicy, and heavy foods - Take light, fluid-rich diet	- Avoid alcohol, excess caffeine - Maintain adequate hydration
Follow-up / Referral	- Regular follow-up with USG bladder, KUB - If chronic/progressive obstruction → Shalya tantra intervention	- Referral to Urologist - TURP / Prostatectomy if BPH confirmed - Stone surgery if stone obstruction

Follow-up Advice / फॉलो-अप परामर्श

- Catheter care (daily cleaning, timely change).
- Observe urine color, quantity, burning.
- Regular USG every 2–4 weeks.
- Immediate referral if catheter blockage, bleeding, or fever.

Mutraghata (Urinary Retention) – Acute vs Chronic

Type	Ayurveda Management (आयुर्वेदिक उपचार)	Modern Management (आधुनिक उपचार)
Acute Urinary Retention (AUR) (Sudden inability to pass urine, painful bladder distension)	◆ Immediate measures - <i>Avagaha Sweda</i> (warm sitz bath with Dashmoola Kwatha) - <i>Uttar Basti</i> (if catheterization not possible, under supervision) ◆ Oral medicines - Varunadi Kwatha – 30 ml BD - Gokshuradi Guggulu – 2 tab BD - Chandraprabha Vati – 2 tab TDS ◆ Pathya: Light food, avoid kshara, amla, lavana, spicy foods	◆ Immediate measures - Catheterization (Foley's) for bladder emptying - If failed → Suprapubic catheterization ◆ Supportive - IV fluids if dehydration - Antibiotics if infection ◆ Pain relief - NSAIDs / Antispasmodics
Chronic Urinary Retention (CUR) (Gradual difficulty, incomplete voiding, BPH/stricture/stone)	◆ Shamana Chikitsa - <i>Gokshura (Tribulus terrestris)</i> formulations - <i>Punarnavadi Kwatha</i> for swelling, burning - <i>Chandraprabha Vati</i> long-term use - <i>Varunadi Kwatha</i> for stone-related obstruction ◆ Shodhana Chikitsa - <i>Uttar Basti</i> with Bala Taila / Yashtimadhu Taila - <i>Kshar Karma</i> in case of stricture-like condition ◆ Lifestyle & Diet - Regular fluid intake, avoid alcohol, tea, excess salt	◆ Medical - Alpha-blockers (Tamsulosin, Alfuzosin) - 5-Alpha reductase inhibitors (Finasteride, Dutasteride) - Antibiotics if infection present ◆ Surgical - TURP (Transurethral Resection of Prostate) for BPH - Open/Endoscopic stone removal - Urethroplasty in strictures
Follow-up / Referral	- Regular USG KUB + Prostate - Observe urine color, burning, flow - Refer to higher center if obstruction persists	- Urologist referral for surgical correction if symptoms worsen - Long-term catheter or stenting if not operable

For Notes

Clinical Case – Vrana (Wound Care)

1. Case Introduction / रोग परिचय

- Name / नाम: Mr. X
- Age / आयु: 40 years
- Gender / लिंग: Male
- Chief complaint / मुख्य शिकायत:
 - Pain and discharge from wound (5 days)
 - Swelling and difficulty in movement at wound site

2. History & Examination / इतिहास और परीक्षण

English	हिन्दी
◆ History of trauma / burn / surgical wound	चोट / जलने / शल्यक्रिया से घाव का इतिहास
◆ Pain, swelling, discharge (serous/purulent/bloody)	दर्द, सूजन, स्राव (पानीदार/पूय/रक्तमिश्रित)
◆ Local examination: redness, tenderness, pus collection, wound size, depth	स्थानीय परीक्षण: लालिमा, कोमलता, पूय संग्रह, घाव का आकार और गहराई
◆ Systemic signs: fever, malaise if infection present	प्रणालीगत लक्षण: ज्वर, अस्वस्थता यदि संक्रमण है
◆ Investigations: Pus culture & sensitivity, CBC, RBS if diabetic	जाँच: पूय कल्चर एवं संवेदनशीलता, CBC, RBS यदि मधुमेह है

3. Clinical Diagnosis / नैदानिक निदान

- Type of wound / घाव का प्रकार: Traumatic wound with possible infection.
- Ayurveda view / आयुर्वेदिक दृष्टिकोण: Dushta Vrana (infected wound).

4. Management Plan / उपचार योजना

(A) Local Wound Care / घाव की स्थानीय देखभाल

Modern Approach (आधुनिक)	Ayurveda Approach (आयुर्वेदिक)
♦ Sterile wound dressing with saline/Betadine	♦ <i>Shodhana</i> : cleansing with <i>Panchavalkal kwatha</i> , <i>Triphala kwatha</i>
♦ Pus culture & antibiotic sensitivity if infection suspected	♦ <i>Lekhana dravya</i> : Haridra, Daruharidra for debridement
♦ Debridement if necrotic tissue present	♦ <i>Ropana</i> : Jatyadi Taila, Nimbadi Taila, Honey (Madhu)
♦ Proper drainage if abscess/collection present	♦ <i>Vrana Shodhana & Ropana</i> sequential dressing

(B) Systemic / Oral Medicines

Modern	Ayurveda
Antibiotics (according to culture sensitivity)	Guggulu formulations (Triphala Guggulu, Kaishora Guggulu)
Analgesics (NSAIDs)	Haridra, Shunthi, Guduchi (anti-inflammatory)
Antiseptic / Vitamin C for healing	Chyawanprash, Rasayana drugs for immunity

(C) Pathya-Apathya (Diet & Lifestyle) / आहार-विहार

Pathya (Do's)	Apathya (Don'ts)
Light, easily digestible food, green vegetables	Oily, heavy, fried, excessive sour & salty food
Adequate rest, hydration	Smoking, alcohol, spicy food
Maintain hygiene & dressing regularly	Ignoring dressing or scratching wound

5. Follow-up Plan / फॉलो-अप योजना

- **Daily dressing** for 5–7 days depending on infection.
- **Review pus culture report** → modify antibiotics accordingly.
- **Ayurveda follow-up** → continue *Ropana Taila* until complete healing.
- **Check for complications** (cellulitis, sepsis, chronic ulcer).

Vrana (Wounds) – Treatment Comparison

Type of Wound	Ayurveda Management	Modern Management
Shuddha Vrana (Clean wound) स्वच्छ/साफ घाव	◆ <i>Shodhana</i> (cleansing) with Panchavalkal kwatha / Triphala kwatha ◆ <i>Ropana dravya</i> – Jatyadi Taila, Nimbadi Taila, Honey (Madhu), Ghrita preparations ◆ <i>Rasayana</i> – Guduchi, Haridra, Chyawanprash ◆ Pathya – light, easily digestible food	◆ Sterile dressing with normal saline / antiseptic ◆ Suturing if required ◆ Analgesics for pain ◆ Multivitamins & Protein supplements for healing
Dushta Vrana (Infected wound) संक्रमित/दुष्ट घाव	◆ <i>Shodhana chikitsa</i> – repeated cleansing with Triphala kwatha, Panchavalkal, Haridra ◆ <i>Lekhana</i> (debridement) with Haridra, Daruharidra, Manjishtha ◆ <i>Ropana</i> – Jatyadi Taila, Madhu, Ghrita dressing ◆ <i>Guggulu Kalpas</i> – Kaishora Guggulu, Triphala Guggulu (anti-inflammatory, antibacterial) ◆ Rasayana & Immunity boosters – Guduchi, Shunthi, Pippali	◆ Wound debridement & drainage ◆ Dressing with Betadine/Chlorhexidine ◆ Antibiotics (as per pus culture & sensitivity) ◆ Analgesics/Anti-inflammatory drugs (NSAIDs) ◆ Regular pus culture if not healing ◆ Check for systemic complications (sepsis, cellulitis, diabetic ulcer)

Follow-up-

Ayurveda	Modern
Daily <i>Shodhana-Ropana</i> dressing	Daily sterile dressing
Internal <i>Rasayana</i> for immunity	Culture-guided antibiotics
Pathya-Apathya diet for healing	Nutrition support (protein, vitamins)
Long-term – prevent chronic ulcer	Long-term – monitor for complications

For Notes

Clinical Case: Kshara Karma

1. Patient Particulars (रोगी विवरण / Patient Details)

- Name: Mr. X / श्री एक्स
 - Age: 42 years
 - Gender: Male / पुरुष
 - OPD No.: 1056/25
 - Date: 25/08/2025
-

2. Chief Complaints (प्रधान शिकायतें)

- **Pain and bleeding per rectum** during defecation (3 months) – piles case
 - **Small growth on neck** (6 months) – wart case
 - **Pus discharge from sinus tract** in gluteal region (4 months) – Nadi Vrana
-

3. History of Present Illness (वर्तमान रोग का इतिहास)

- Initially mild pain, later associated with burning and occasional bleeding per rectum
 - Local itching and discomfort due to wart
 - Recurrent pus discharge with mild pain in gluteal sinus tract
-

4. Past History (पूर्व रोग इतिहास)

- No history of DM/HTN
 - No history of major surgery
-

5. Examination (परीक्षण)

Parameter	Findings
General Examination (सामान्य परीक्षण)	Pulse 82/min, BP 126/80 mmHg, afebrile
Local Examination – Arsha (Piles)	External hemorrhoids Grade II, mild bleeding
Local Examination – Charmakeela (Wart)	Hard, round elevated lesion 0.5 cm over neck
Local Examination – Nadi Vrana (Sinus)	Single external opening in gluteal region, sero-purulent discharge, sinus probe depth 4 cm

6. Provisional Diagnosis (अस्थायी निदान)

- Arsha (Piles) Grade II
- Charmakeela (Wart)
- Nadi Vrana (Sinus tract)

7. Treatment Plan (चिकित्सा योजना)

Kshara Karma Procedure – OPD-based

Step (कदम)	Details (विवरण)
Preparation (पूर्व तैयारी)	Consent, local cleaning, light diet, positioning of patient
Application (क्षार प्रयोग)	- <i>Arsha</i>: Application of Apamarga Kshara at pile mass using proctoscope - <i>Charmakeela</i>: Direct application of Kshara paste on wart till blackening occurs - <i>Nadi Vrana</i>: Sinus tract cleaning with Kshara sutra / Kshara application
Neutralization (प्रशमन)	Application of lemon juice (Nimbu swarasa) or buttermilk to neutralize burning
Post-procedure care (उपचार पश्चात)	Local ghee application, Sitz bath with Panchavalkal kwatha, oral Triphala guggulu, Eranda taila for smooth bowel movement
Follow-up (पुनः परीक्षण)	Weekly review for sinus healing / wart regression / piles shrinkage

8. Patient Advice (रोगी परामर्श)

- Avoid spicy & heavy food
- Maintain bowel regularity (Triphala churna at bedtime)
- Sitz bath twice daily
- Report immediately if severe pain or bleeding

Kshara Karma – Ayurveda vs Modern Management

Condition	Ayurveda (Kshara Karma & Supportive)	Modern Management
Arsha (Piles)	- <i>Kshara Karma</i>: Application of Apamarga Kshara over pile mass (Grade I–II) - <i>Oral medicines</i>: Triphala guggulu, Abhayarishta, Haritaki churna - <i>Local care</i>: Sitz bath with Panchavalkal kwatha, Jatyadi taila for local soothing - <i>Diet</i>: Laghu, mridu bhojana, avoidance of ruksha, guru, ati-lavan (excess salty/spicy) foods	- Rubber band ligation - Infrared coagulation - Sclerotherapy - Hemorrhoidectomy (for Grade III–IV) - Stool softeners, sitz bath, high-fiber diet
Charmakeela (Warts)	- <i>Kshara application</i>: Direct topical Kshara paste till lesion blackens - <i>Supportive</i>: Ropana with ghee, Jatyadi taila - <i>Oral</i>: Manjishthadi kwath, Khadirarishta for blood purification	- Cryotherapy (liquid nitrogen) - Electrocautery - Surgical excision - Topical salicylic acid / podophyllin
Nadi Vrana (Sinus tract)	- <i>Ksharasutra therapy</i>: Insertion of Apamarga Ksharasutra in tract - <i>Kshara Karma</i>: Tract cleaning with Kshara to promote debridement - <i>Local care</i>: Panchavalkal kwath wash, Jatyadi taila dressing - <i>Oral</i>: Guggulu preparations (Triphala guggulu, Kaishora guggulu)	- Fistulectomy / Fistulotomy - LIFT (ligation of intersphincteric fistula tract) - Seton placement - Antibiotics and wound care

Key Takeaway -

- **Ayurveda (Kshara Karma)** = minimally invasive OPD-based procedure, less recurrence, promotes natural wound healing.
- **Modern methods** = more surgical, require OT setup, but faster for advanced cases.

For Notes

Clinical Case – Agnikarma (Thermal Cautery)

1. Patient Details / रोगी विवरण

- Name / नाम : Mr. R.K., 45 yrs
 - Sex / लिंग : Male
 - OPD No. / ओपीडी नं. : 3245
 - Date / दिनांक : 25-08-2025
-

2. Chief Complaints / मुख्य शिकायतें

- Severe pain in right heel since **3 months** (Heel Pain – *Vata-Kaphaja Kandara Shoola*)
 - Pain increases on walking, morning stiffness present
 - Similar cases in OPD: Sciatica (*Gridhrasi*), Tennis Elbow (*Kukundara Shoola* type)
-

3. History / इतिहास

- Gradual onset, no trauma
 - Tried analgesics, only temporary relief
 - Bowel/bladder – normal
 - No history of diabetes / hypertension
-

4. Clinical Examination / शारीरिक परीक्षण

- Inspection / निरीक्षण : Localized tenderness at heel
- Palpation / स्पर्श परीक्षण : Point tenderness over calcaneal region
- Movements / गति : Pain aggravated on weight-bearing
- Other findings : No visible swelling

5. Provisional Diagnosis / संभावित निदान

- **Ayurveda:** Vata-kaphaja Kandara Shoola (Heel Pain due to vitiated Vata-Kapha)
 - **Modern:** Plantar Fasciitis
-

6. Management Plan / उपचार योजना

OPD-based Agnikarma Procedure / ओपीडी में अग्निकर्म प्रक्रिया

- **Preparation:**
 - Consent taken
 - Local site cleaned with antiseptic
 - **Procedure:**
 - Heated *Shalaka* (Panchadhatu or Tamra) applied at tender points of heel in dot form (*Bindu-Dahana*)
 - Application repeated 4–6 times at most painful spots
 - **Post-procedure care:**
 - Application of *Ghrita* or *Aloe vera* for soothing
 - Avoid contact with water for 24 hrs
 - Advised rest and light footwear
-

7. Follow-up / अनुवर्ती देखभाल

- **1 week:** Patient reports significant pain relief (60–70%)
 - **2 weeks:** Repeat Agnikarma if required
 - **Advice:** Physiotherapy, stretching exercises, Pathya–Apathya diet (avoid excess cold/heavy foods)
-

Comparison Table – Ayurveda (Agnikarma) vs Modern Management

Condition	Ayurveda (Agnikarma)	Modern Management
Heel Pain (Plantar Fasciitis)	- Agnikarma with Tamra/Panchadhatu Shalaka - Local ghritha application - Guggulu-based medicines (Yogaraj guggulu)	- NSAIDs - Corticosteroid injections - Orthopedic insoles - Surgery in resistant cases
Sciatica (Gridhrasi)	- Agnikarma at lumbar region / sciatic nerve path - Snehan, Swedan, Basti chikitsa as supportive	- NSAIDs, muscle relaxants - Physiotherapy - Surgery in severe nerve compression
Tennis Elbow	- Agnikarma at lateral epicondyle tender points - Local Abhyanga, Lepas (Dashanga lepa)	- NSAIDs - Steroid/local anesthetic injections - Brace support - Surgical release (rare)

For Notes –

Sample Clinical Case –

Raktamokshana by Jalauka (Leech Therapy)

Case 1 – Varicose Ulcer

1. Patient Information / रोगी परिचय

- Name / नाम: Mr. X
 - Age / आयु: 45 years
 - Sex / लिंग: Male
 - Occupation / व्यवसाय: Shopkeeper (long standing hours)
-

2. Chief Complaint / मुख्य शिकायतें

- Non-healing ulcer on leg since 3 months (3 माह से न भरने वाला घाव)
 - Pain, swelling, itching (दर्द, सूजन, खुजली)
 - Discoloration of skin around ulcer (त्वचा का काला पड़ना)
-

3. History / इतिहास

- Gradual onset, worsening with prolonged standing
 - Past history: No diabetes, no hypertension
 - Family history: Varicose veins in father
-

4. Clinical Examination / शारीरिक परीक्षण

- Local ulcer with irregular margins
 - Surrounding skin: pigmentation, edema
 - Dilated tortuous veins present
 - Peripheral pulses present
-

5. Ayurvedic Diagnosis / आयुर्वेदिक निदान

- **Vyadhi:** *Dushta Vrana* (chronic ulcer)
- **Hetu (Cause):** Raktadushti, Vata-Pitta aggravation
- **Upadrava:** Varicose veins

6. Treatment – Jalauka Application / जोंक का प्रयोग

चरण (Step)	विवरण (Description)
Poorva Karma (Preparation)	- Local cleaning with Triphala Kwatha / sterile water - Shaving of hair if needed - Patient reassurance
Pradhana Karma (Main Procedure)	- Application of healthy Jalauka near ulcer margins - Jalauka sucks impure Rakta till it detaches itself
Paschat Karma (Post care)	- Apply Haridra-Churna (turmeric) or sterile gauze dressing - Local soothing with Yashtimadhu Ghrita - Oral medicines for Raktashodhana like Manjistha, Sariva, Guduchi

7. Modern Correlation

- Leech saliva contains Hirudin → prevents clotting, improves microcirculation
- Useful in venous congestion and varicose ulcers

Clinical Case – Siravedha (Venesection)

Case 2 – Abscess with Rakta Dushti (फोड़ा)

1. Patient Information / रोगी परिचय

- **Name:** Mrs. Y
 - **Age:** 30 years
 - **Sex:** Female
 - **Occupation:** Housewife
-

2. Chief Complaint / मुख्य शिकायतें

- Painful swelling on thigh since 10 days (10 दिन से दर्दयुक्त सूजन)
 - Fever, burning sensation (ज्वर, दाह)
-

3. History / इतिहास

- Started as small swelling, gradually increased
 - No past history of tuberculosis/diabetes
-

4. Clinical Examination / शारीरिक परीक्षण

- Local redness, warmth, tenderness
 - Induration with fluctuating abscess
 - No systemic spread
-

5. Ayurvedic Diagnosis / आयुर्वेदिक निदान

- **Vyadhi:** *Vidradhi* (Abscess)
 - **Hetu:** Raktadushti + Pitta aggravation
-

6. Treatment – Siravedha / शिरावेध

चरण (Step)	विवरण (Description)
Poorva Karma	- Check Nadi, vitals - Local cleaning with antiseptic - Proper positioning of patient
Pradhana Karma	- Selection of appropriate vein near lesion - Tourniquet applied above site - Venesection done with sterile needle/lancet - Controlled bloodletting till signs of relief
Paschat Karma	- Hemostasis with cotton/Haridra - Dressing with Jatyadi Taila - Oral medicines for Raktashuddhi (Neem, Guduchi, Sariva)

7. Modern Correlation

- Siravedha ≈ Therapeutic Phlebotomy
- Removes stagnated blood, reduces local inflammation and abscess pain

Thus, both **Jalauka** and **Siravedha** are effective **Raktamokshana procedures** used according to *Dosha, Vyadhi, and patient condition*.

(Jalauka application – Varicose Ulcer और Siravedha – Abscess) का पूरा OPD Case Sheet Format

- Case identification
- Chief complaints
- History of present illness
- Past history
- Personal history
- General examination
- Systemic examination
- Local examination
- Investigations
- Ayurvedic diagnosis + Modern diagnosis
- Differential diagnosis
- Treatment (Ayurveda + Modern)
- Follow-up

CASE 1: Jalauka Application in Varicose Ulcer

Case Identification

- Name: Mr. X
 - Age: 45 years
 - Sex: Male
 - OPD No.: 112/2025
 - Date: 25-08-2025
-

Chief Complaints (मुख्य शिकायतें)

- Non-healing ulcer over left leg since 3 months
 - Pain, swelling, itching
 - Discoloration around ulcer
-

History of Present Illness (वर्तमान रोग इतिहास)

- Initially small wound, gradually increased
 - Pain aggravates on standing/walking
 - Relieved on rest and elevation
-

Past History (पूर्व रोग इतिहास)

- No DM / HTN / TB
 - No drug allergy
-

Personal History (निजी इतिहास)

- Diet: Mixed, irregular
 - Bowel/bladder: Normal
 - Sleep: Disturbed due to pain
 - Habits: Standing long hours in shop
-

General Examination (सामान्य परीक्षण)

- Conscious, cooperative
 - BP: 120/80 mmHg, Pulse: 78/min
 - Temp: Afebrile
 - No pallor/edema/lymphadenopathy
-

Systemic Examination (प्रणाली परीक्षण)

- CVS: Normal
 - RS: Clear breath sounds
 - CNS: Intact
 - Abdomen: Soft, no organomegaly
-

Local Examination (स्थानीय परीक्षण)

- Site: Left lower leg, medial aspect
 - Ulcer: 3×2 cm, irregular margins
 - Base: Slough with granulation tissue
 - Surrounding skin: Pigmented, edematous
 - Dilated veins visible
-

Investigations (जांचें)

- CBC: Normal
 - RBS: 90 mg/dl
 - Doppler study: Varicose veins with incompetent valves
-

Diagnosis

- **Ayurveda:** Dushta Vrana due to Raktadushti, Vata-Pitta vitiation
 - **Modern:** Varicose ulcer secondary to varicose veins
-

Differential Diagnosis (विभेदक निदान)

- Diabetic ulcer
 - Arterial ulcer
 - Traumatic ulcer
-

Treatment Plan

Ayurveda: Jalauka Application (Leech therapy)

चरण (Step)	विवरण (Description)
Poorva Karma	Cleaning with Triphala kwatha, reassurance
Pradhana Karma	Jalauka applied around ulcer margin till detachment
Paschat Karma	Haridra churna dressing, local Jatyadi taila, oral Manjistha-Sariva-Guduchi

Modern Support

- Wound dressing with antiseptic
 - Leg elevation, compression stockings
-

Follow-up

- Weekly Jalauka application × 3 sittings
 - Review after 1 month
-
-

CASE 2: Siravedha in Abscess (Vidradhi)

Case Identification

- Name: Mrs. Y
 - Age: 30 years
 - Sex: Female
 - OPD No.: 115/2025
 - Date: 25-08-2025
-

Chief Complaints (मुख्य शिकायतें)

- Painful swelling over right thigh since 10 days
 - Fever, burning sensation
-

History of Present Illness (वर्तमान रोग इतिहास)

- Started as small swelling, gradually increased
 - Associated with throbbing pain, fever
 - No discharge yet
-

Past History

- No DM/HTN/TB
 - No prior abscesses
-

Personal History

- Diet: Spicy, irregular
 - Bowel/bladder: Normal
 - Sleep: Disturbed due to pain
-

General Examination

- Conscious, febrile (Temp: 100°F)
 - Pulse: 96/min, BP: 110/70 mmHg
 - Pallor: Absent, Icterus: Absent
-

Systemic Examination

- CVS: Normal
 - RS: Normal
 - CNS: Normal
 - Abdomen: No abnormality
-

Local Examination

- Site: Right thigh, lateral aspect
 - Size: 4×3 cm swelling
 - Redness, warmth, tenderness
 - Induration with fluctuation present
 - No regional lymph node enlargement
-

Investigations

- CBC: ↑ WBC count
 - ESR: Mildly raised
 - RBS: 92 mg/dl
-

Diagnosis

- **Ayurveda:** Pitta-Raktaj Vidradhi (Abscess)
 - **Modern:** Acute abscess
-

Differential Diagnosis

- Cellulitis
 - Furuncle/Carbuncle
 - Cyst with secondary infection
-

Treatment Plan

Ayurveda: Siravedha (Venesection)

चरण (Step)	विवरण (Description)
Poorva Karma	Vital signs, local cleaning, patient positioning
Pradhana Karma	Tourniquet applied, suitable vein punctured near swelling, controlled bloodletting
Paschat Karma	Hemostasis with Haridra, dressing with Jatyadi Taila, oral medicines: Neem, Guduchi, Sariva

Modern Support

- Antibiotics if required
 - Analgesics for pain
 - Incision and drainage if suppuration advanced
-

Follow-up

- Dressing daily
- Siravedha once, repeat only if congestion persists
- Review after 1 week

Treatment Table – Jalauka Application (Varicose Ulcer)

चरण (Step)	आयुर्वेदिक उपचार (Ayurveda)	आधुनिक उपचार (Modern)
Poorva Karma (Preparation)	- Triphala Kwatha se local cleaning - Shaving & sterilization - Patient reassurance	- Wound cleaning with antiseptic - Local hygiene & limb elevation
Pradhana Karma (Main Procedure)	- Jalauka application around ulcer margin - Leech allowed to suck till natural detachment	- Regular wound dressing - Compression stockings - Antibiotics if secondary infection
Paschat Karma (Post-care)	- Haridra Churna or Jatyadi Taila dressing - Oral Raktashodhaka dravyas: <i>Manjistha, Sariva, Guduchi</i> - Vrana Ropaka dravyas: <i>Yashtimadhu Ghrita</i>	- Pain management with NSAIDs - Micronutrient support (Vit C, Zinc) - Advice leg elevation, physiotherapy
Follow-up	- Jalauka prayoga weekly × 3 sittings - Pathya: Laghu, sheetal, non-spicy food	- Doppler follow-up - Surgical consultation if severe varicosity

Treatment Table – Siravedha (Abscess / Vidradhi)

चरण (Step)	आयुर्वेदिक उपचार (Ayurveda)	आधुनिक उपचार (Modern)
Poorva Karma (Preparation)	- Patient positioning & vitals - Local cleaning with Panchavalkala kwatha - Bandhana (tourniquet) above site	- Patient preparation - Antiseptic cleaning - Baseline CBC, RBS
Pradhana Karma (Main Procedure)	- Siravedha done on nearby vein - Bloodletting till dushta rakta flow reduces - Stop when lakshanas of shuddha rakta appear	- Incision & drainage (if pus collected) - Controlled blood letting in congestion - Analgesics
Paschat Karma (Post-care)	- Hemostasis with Haridra or ghee dressing - Jatyadi Taila for vrana shodhana - Oral drugs: <i>Guduchi, Neem, Sariva, Manjistha</i> for Raktashuddhi	- Dressing with antiseptic/Betadine - Antibiotics for infection - Analgesics for pain
Follow-up	- Siravedha repeat only if required - Daily dressing till healing - Pathya: Sheetal, non-spicy food	- CBC monitoring - Review after 1 week - Healing assessment

For Notes

Shleepada (Elephantiasis – Early Stage)

- Case Identification
 - Chief complaints
 - History
 - General & Local Examination (with limb measurement points)
 - Investigations
 - Ayurvedic & Modern Diagnosis
 - Differential diagnosis
 - Treatment (Ayurveda + Modern) in **table form**
 - Follow-up
-

Clinical Case – Shleepada (Elephantiasis, Early Stage)

1. Patient Identification / रोगी परिचय

- Name: Mr. A
 - Age: 35 years
 - Sex: Male
 - Occupation: Farmer (outdoor work, mosquito exposure)
 - OPD No.: 120/2025
 - Date: 25-08-2025
-

2. Chief Complaints / मुख्य शिकायतें

- Swelling of right leg since 6 months (6 माह से दाहिने पैर में सूजन)
 - Feeling of heaviness in limb (भारीपन)
 - Mild pain and itching at night (हल्का दर्द व खुजली)
 - No ulceration or gross deformity yet
-

3. History of Present Illness / वर्तमान रोग इतिहास

- Started as small swelling in foot → gradually progressed upward
 - Aggravated in evening and after prolonged standing
 - No history of trauma
 - No fever/chills recently
-

4. Past History / पूर्व रोग इतिहास

- No DM / HTN / TB
 - No major illness in past
-

5. Personal History / निजी इतिहास

- Diet: Mixed, irregular, excess oily food
 - Sleep: Disturbed occasionally
 - Bowel/bladder: Normal
 - Habits: Barefoot walking in fields, exposure to mosquito bites
-

6. General Examination / सामान्य परीक्षण

- Conscious, oriented
 - Pulse: 80/min, BP: 118/76 mmHg
 - Temp: Afebrile
 - Pallor: Mild present
 - No icterus/lymphadenopathy
-

7. Local Examination (स्थानीय परीक्षण)

Parameter	Right Limb (Affected)	Left Limb (Normal)
Mid-foot circumference	25 cm	20 cm
Ankle circumference	28 cm	23 cm
Mid-calf circumference	40 cm	33 cm
Skin	Thickened, dry, mild hyperpigmentation	Normal
Tenderness	Mild	Absent
Pitting edema	Present	Absent
Stemmer's sign	Negative (early stage)	—

8. Investigations / जांचें

- Blood: Hb 11 gm%, TLC normal
- ESR: Mildly raised
- Urine: Normal
- Filarial antigen detection test: Positive
- USG Doppler: Early lymphatic obstruction

9. Diagnosis / निदान

- **Ayurveda:** *Shleepada* (Raktavaha-Srotodushti, Kapha-Pitta pradhan)
- **Modern:** Early stage Elephantiasis (Lymphatic Filariasis)

10. Differential Diagnosis / विभेदक निदान

- Chronic venous insufficiency
- Nephrotic syndrome (generalized edema)
- Myxedema (thyroid disorder)

11. Follow-up / अनुवर्ती देखभाल

- Regular limb measurement every 15 days
- Jalauka/Siravedha if congestion persists
- Continue Raktashodhana dravyas for 3 months
- Preventive: Use mosquito nets, repellents, maintain hygiene

Treatment Table – Shleepada (Elephantiasis, Early Stage)

उपचार चरण (Treatment Step)	आयुर्वेदिक उपचार (Ayurvedic Management)	आधुनिक उपचार (Modern Management)
1. शोधन चिकित्सा (Shodhana – Purification)	- Raktamokshana (Siravedha / Jalauka): To reduce local congestion and dushta rakta. - Virechana Karma: With <i>Trivrit</i>, <i>Aragvadha</i>, <i>Eranda Taila</i> for Kapha-Pitta shamana. - Basti: Niruha basti with Dashamoola kwatha + Anuvasana basti with Nimba Taila for lymphatic clearance.	Not directly practiced but conceptually similar to decongestion: - No purification procedures - Only drug therapy to kill filarial parasites.
2. शमन चिकित्सा (Shamana – Palliative)	- Kwatha / Decoctions: <i>Triphala</i>, <i>Manjistha</i>, <i>Nimba</i>, <i>Sariva</i>, <i>Guduchi</i> – Raktashodhaka, anti-inflammatory. - Churna / Tablets: <i>Guggulu preparations</i> (Kaishora guggulu, Triphala guggulu), <i>Punarnava churna</i> – for Shotha (edema). - Ghrta / Taila: <i>Nimba Taila</i>, <i>Karanja Taila</i> for local Abhyanga. - Lepa: Haridra + Nimba + Daruharidra paste applied on swelling.	- Anti-filarial drugs: <i>Diethylcarbamazine (DEC)</i> – 6 mg/kg/day × 12 days (mainline drug). <i>Albendazole</i> + DEC in mass drug administration. - Symptomatic: Antihistamines for itching, NSAIDs/analgesics for pain.
3. स्थानीय उपचार (Local Therapy)	- Abhyanga: Daily massage with Nimba Taila or Dashamoola Taila. - Swedana: Mild fomentation with Dashamoola decoction. - Vrana Ropana dravyas: If small ulcers begin – Jatyadi taila dressing.	- Local care: Regular washing, hygiene, antiseptic cleaning. - Compression therapy: Elastic bandages/stockings to reduce edema. - Leg elevation: Improves lymphatic drainage.
4. आहार-नियम (Pathya-Apathya – Diet & Lifestyle)	- Pathya: Light, easily digestible, Kapha-Pitta hara diet (green gram, old rice, barley, bottle gourd, turmeric, neem). - Apathya: Avoid curd, milk, jaggery, oily/heavy food, daytime sleep.	- Balanced high-protein diet - Vitamin C and Zinc for tissue healing - Weight control to reduce edema
5. रोग-निवारण एवं संरक्षण (Prevention & Lifestyle)	- Avoid mosquito bites (cause of filariasis) - Use of mosquito nets, repellents, cleanliness - Yogasana: Padmasana, Gomukhasana, light exercises for circulation	- Vector control: Mosquito breeding control (DDT spray, Gambusia fish in ponds) - Mass drug administration (MDA): DEC + Albendazole to community - Personal: Mosquito protection with nets, repellents
6. अनुवर्ती देखभाल (Follow-up)	- Repeated Jalauka / Siravedha if congestion persists - Monthly measurement of limb girth - Long-term use of Raktashodhaka dravyas	- Periodic clinical monitoring - Limb circumference measurement - Repeat DEC courses if required

For Notes

Minor Surgeries in Minor OT cases

Clinical Case 1 – Ingrown Toenail (Nail Removal / Nakha Vidradhi)

1. Patient Identification / रोगी परिचय

- Name: Mr. R
 - Age: 28 years
 - Sex: Male
 - Occupation: Student
 - OPD No.: 130/2025
-

2. Chief Complaint / मुख्य शिकायतें

- Pain & swelling over right great toe since 2 weeks
 - Pus discharge since 3 days
 - Difficulty in walking
-

3. History of Present Illness / वर्तमान रोग इतिहास

- Started as mild pain after improper nail trimming
 - Gradual swelling, redness, and pus formation
 - Pain increases with pressure / wearing shoes
-

4. General Examination / सामान्य परीक्षण

- Vitals: Stable
 - Afebrile
 - No systemic illness
-

5. Local Examination / स्थानीय परीक्षण

- Toe: Right great toe, lateral side
- Nail edge embedded in skin, redness & swelling present
- Mild pus discharge
- Tenderness ++
- No cellulitis spreading upward

6. Diagnosis

- **Ayurveda:** *Nakha Vidradhi* (Dushta Vrana by nail obstruction)
- **Modern:** Ingrown toenail with infection

7. Treatment (Minor OT Procedure – Nail Removal)

चरण (Step)	Ayurveda दृष्टिकोण	Modern दृष्टिकोण
Poorva Karma	- Shuddhi of toe with <i>Triphala Kwatha</i> - Local cleaning, patient reassurance	- Cleaning with antiseptic (Povidone-iodine) - Digital block anesthesia
Pradhana Karma	- Avachurnana with Haridra + Guggulu - Nail removal (equivalent to <i>Shastra Karma</i>) - Dushta Vrana chikitsa principles	- Partial/complete nail removal with sterile instruments - Drain pus if collected
Paschat Karma	- Dressing with Jatyadi Taila / Haridra - Internal drugs: <i>Triphala guggulu</i> , <i>Gandhaka Rasayana</i> for Vrana shodhana	- Sterile gauze dressing - Analgesics + Antibiotics
Pathya-Apathya	- Laghu, non-spicy food - Avoid tight shoes	- Same general advice, hygiene, open footwear

8. Follow-up

- Dressing alternate days × 1 week
- Nail growth monitored
- Complete healing in 2–3 weeks

Clinical Case 2 – Sebaceous Cyst (Medoja Granthi – Cyst Drainage / Excision)

1. Patient Identification / रोगी परिचय

- Name: Mrs. S
 - Age: 40 years
 - Sex: Female
 - Occupation: Housewife
 - OPD No.: 131/2025
-

2. Chief Complaint / मुख्य शिकायतें

- Swelling over scalp since 1 year
 - Gradual increase in size
 - Occasional discomfort, no pain
-

3. History of Present Illness / वर्तमान रोग इतिहास

- Small painless swelling noticed 1 year ago
 - No fever, no discharge
 - Recently increased in size → cosmetic concern
-

4. General Examination / सामान्य परीक्षण

- Vitals stable
 - No systemic illness
-

5. Local Examination / स्थानीय परीक्षण

- Location: Scalp, parietal region
- Size: 3 × 2 cm
- Shape: Round, smooth surface
- Consistency: Firm, non-tender
- Mobility: Freely mobile under skin
- No signs of infection

6. Diagnosis

- **Ayurveda:** *Medoja Granthi* (Kapha-Medo dushti)
- **Modern:** Sebaceous cyst

7. Treatment (Minor OT Procedure – Incision & Drainage / Excision)

चरण (Step)	Ayurveda दृष्टिकोण	Modern दृष्टिकोण
Poorva Karma	- Shodhana of site with <i>Panchavalkala Kwatha</i> - Patient reassurance	- Cleaning with spirit/Betadine - Local anesthesia (field block)
Pradhana Karma	- <i>Shastra Karma</i> : Incision (Chhedana) and removal of cyst wall - Granthi nashaka chikitsa (Kapha-Medo shamana)	- Small linear incision - Drain sebaceous material - Complete cyst wall excision to prevent recurrence
Paschat Karma	- Dressing with Haridra + Jatyadi Taila - Internal: <i>Kanchanar guggulu</i> , <i>Triphala guggulu</i> for Granthi nashana	- Suturing (if required) - Antibiotics and analgesics - Sterile dressing
Pathya-Apathya	- Kapha-alleviating diet (avoid oily, heavy food) - Laghu, Ushna Ahara	- General hygiene, avoid scratching site

8. Follow-up

- Dressing on alternate days
- Suture removal after 7 days (if placed)
- Observation for recurrence

Clinical Case 3 – Corn Excision (Kadara Chikitsa)

1. Patient Identification

- Name: Mr. K, 32 yrs, Male
- Occupation: Daily labourer
- OPD No.: 132/2025

2. Chief Complaints

- Painful swelling on sole since 6 months
- Difficulty in walking

3. History

- Gradual onset, worsens with walking barefoot
- No history of injury

4. Local Examination

- Site: Sole of foot (metatarsal region)
- Lesion: Hard, conical, 0.8 cm corn with central core
- Tender on pressure

5. Diagnosis

- **Ayurveda:** *Kadara* (Vata-Kapha dushti in Twak-Mamsa dhatu)
- **Modern:** Corn (Clavus)

6. Treatment (Excision in Minor OT)

Step	Ayurveda	Modern
Poorva Karma	Local cleaning with <i>Triphala kwatha</i>	Spirit/Betadine cleaning, local anesthesia
Pradhana Karma	Excision of corn (Shastra karma) Application of <i>Apamarga kshara</i> to root	Surgical excision of corn with scalpel
Paschat Karma	Dressing with Haridra + Jatyadi Taila <i>Guggulu</i> , <i>Eranda</i> for Vata shamana	Sterile dressing Analgesics
Pathya	Avoid tight shoes, heavy/oily food	Use soft footwear, avoid barefoot walking

Clinical Case 4 – Lipoma (Medoja Granthi)

1. Patient Identification

- Name: Mrs. L, 45 yrs, Female
- Occupation: Teacher
- OPD No.: 133/2025

2. Chief Complaints

- Painless swelling on upper arm since 2 years
- Cosmetic concern

3. Local Examination

- Site: Left upper arm
- Size: 5 × 4 cm, soft, lobulated, mobile
- Non-tender

4. Diagnosis

- **Ayurveda:** *Medoja Granthi* (Kapha-Medo vitiation)
- **Modern:** Lipoma

5. Treatment (Excision in Minor OT)

Step	Ayurveda	Modern
Poorva Karma	Site shuddhi with Panchavalkala kwatha	Local anesthesia, skin prep
Pradhana Karma	<i>Chhedana karma</i> (Incision & excision of granthi)	Surgical excision with capsule
Paschat Karma	Jatyadi taila dressing, <i>Kanchanar guggulu</i>	Suturing, antibiotics, analgesics
Pathya	Kapha-hara ahara, avoid oily food	General hygiene, suture removal after 7–10 days

Clinical Case 5 – Sinus Tract Opening (Nadi Vrana)

1. Patient Identification

- Name: Mr. P, 36 yrs, Male
- Occupation: Clerk
- OPD No.: 134/2025

2. Chief Complaints

- Non-healing discharging sinus near gluteal region since 4 months
- Occasional pain and foul-smelling discharge

3. History

- Started after small boil
- Treated locally, but sinus persisted

4. Local Examination

- Site: Gluteal region
- Sinus opening 0.5 cm
- Discharge: Muco-purulent, foul smelling
- Tract palpable with probe

5. Diagnosis

- **Ayurveda:** *Nadi Vrana* (Dushta Vrana with sinus formation)
- **Modern:** Chronic sinus tract

6. Treatment (Minor OT Procedure – Sinus tract opening & Ksharasutra)

Step	Ayurveda	Modern
Poorva Karma	Local cleaning with Triphala kwatha	Local anesthesia, antiseptic prep
Pradhana Karma	<i>Ksharasutra application</i> in tract Regular tightening every 7 days	Sinus tract excision or laying open
Paschat Karma	Jatyadi Taila dressing <i>Triphala guggulu, Gandhaka rasayana</i> internally	Daily dressing, antibiotics
Pathya	Light diet, avoid oily & heavy food	Hygiene, dressing care

5 Minor OT Clinical Cases Ayurvedic + Modern

1. Ingrown toenail (Nakha Vidradhi)
2. Sebaceous cyst (Medoja Granthi)
3. Corn excision (Kadara)
4. Lipoma (Medoja Granthi)
5. Sinus tract (Nadi Vrana)

Treatment Table – Minor OT Procedures

Clinical Condition	Ayurveda (Ayurvedic Management)	Modern (Allopathic Management)
Ingrown Toenail (Nakha Vidradhi)	Poorva Karma: Local cleaning with <i>Triphala kwatha</i> Pradhana Karma: Nail edge excision, <i>Apamarga kshara</i> application, <i>Jatyadi taila</i> dressing Paschat Karma: <i>Triphala guggulu</i> , <i>Gandhaka rasayana</i> , Pathya – avoid tight shoes	Poorva Karma: Cleaning with spirit/Betadine Pradhana Karma: Partial/total nail avulsion under LA Paschat Karma: Antibiotics, analgesics, sterile dressing, proper footwear
Sebaceous Cyst (Medoja Granthi)	Poorva Karma: Panchavalkala kwatha cleaning Pradhana Karma: <i>Chhedana karma</i> (incision, drainage, cyst excision) Paschat Karma: <i>Haridra</i> , <i>Jatyadi taila</i> , <i>Kanchanar guggulu</i>	Poorva Karma: Aseptic prep, LA Pradhana Karma: Incision & complete cyst excision with capsule Paschat Karma: Suturing, antibiotics, analgesics
Corn (Kadara)	Poorva Karma: Foot cleaning with <i>Triphala kwatha</i> Pradhana Karma: <i>Shastra karma</i> excision, <i>Kshara application</i> at base Paschat Karma: <i>Haridra</i> + <i>Jatyadi taila</i> dressing, Pathya – soft footwear, avoid tight shoes	Poorva Karma: Spirit cleaning, LA Pradhana Karma: Corn excision with scalpel Paschat Karma: Dressing, analgesics, advice on footwear
Lipoma (Medoja Granthi)	Poorva Karma: Panchavalkala kwatha wash Pradhana Karma: <i>Chhedana karma</i> (excision of fatty granthi) Paschat Karma: <i>Kanchanar guggulu</i> , <i>Jatyadi taila</i> dressing	Poorva Karma: LA, sterile prep Pradhana Karma: Surgical excision with capsule Paschat Karma: Suturing, antibiotics, analgesics, suture removal 7–10 days
Sinus Tract (Nadi Vrana)	Poorva Karma: Local cleaning with <i>Triphala kwatha</i> Pradhana Karma: <i>Ksharasutra application</i> in tract, regular tightening Paschat Karma: <i>Triphala guggulu</i> , <i>Gandhaka rasayana</i> , <i>Jatyadi taila</i> dressing	Poorva Karma: LA, antiseptic wash Pradhana Karma: Sinus tract excision or laying open Paschat Karma: Dressing, antibiotics, analgesics

FOR NOTES
