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छत्रपती शाहू महाराज शिक्षण संस्था संचलित

आयुर्वेद महाविद्यालय व रुग्णालय

CHHATRAPATI SHAHU MAHARAJ SHIKSHAN SANSTHA'S

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## SOP's OF SHALAKYA TANTRA

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## SHALAKYATANTRA KRIYAKALPA

### INTRODUCTION -

We the Dept. of Shalakyatantra deal with the diseases and treatment of Uradhajatrugat vyadhi i.e. above the supra-sternal notch. It comprises diseases of Eye, Ear, Nose, Throat, Oro-dental Shiroroga.

The main treatment of these diseases includes oral or systemic medicine & Local treatment. Local treatment along with various medicinal forms is called as Kriyakalpa.

The common kriyakalpas practiced in our OPD & IPD of Shalakyatantra Dept are as follows according to site

1. NETRA(Eye) Aschyotan. Netradhawan, Parishek, Netratarapan, Anjan, Raktamokshan, Shalyanirhan, Putpak.

Aschyotan - means putting eye drops in eyes.

Parishek- Pouring the medicinal decoction on closed eyes.

Netradhawan-Eye wash open eye is washed with kwath, Swaras, Normal saline etc.

Netratarapan- Putting medicated sneha Ghrit, vasa etc into eye with special methods as per ancient toOls and recent tools like swimming goggles etc.

Putpaka- It is also like tarpan by using Swaras or decoction.

Pindi & Bidalaka- Pindi is putting medicated bolus of plant leaves on eye and Bidalak is applying the layer of medicine on closed eyes.

These kriyakalpas routinely practised.

Demostration to Interns and IVth year students is given.

Patients are encouraged about the procedure benefits and all the procedure are thoroughly explained to patients and their relatives.

Procedures like NASYA are called Ardha —Chikitsa in Urdhwajatrugata Vyadhi, which is

routinely practiced here.

Also, patient is educated to perform Nasya at home with all precautions.

Pratimarsh Nasya which can be practiced daily without any purvakarma is advised to patients.

Follow up of all the kriyakalpa (patients) procedures is followed as per the scientific

guidelines and proper record of these procedures is maintained.

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2. KARNA(Ear) - Kamapooran, Kama Dhoopan, Wax removal, Karna dhavan etc.
3. NASA (Noae) - Nasya - very important component of nasal treatment.
4. MUKHAROGA (Throat & oral cavity) - Mukh dhawan, Dhoompan , Raktamokshan etc.are routinely practiced in our Dept.

The procedures are performed as per the basic principles of Ayurved. Patients are educated to practice the minor elements at home. For certain procedures patient is convenes for admission.

For Kriyakalpa like SHIRODHARA, RAKTAMOKSHANA (Jalaukavacharana) help of Panchakarma Dept. is also taken.

Photographs,video clips are also taken as teaching material and for creating awareness about Ayurveda in society.

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### SOP's FOR KRIYAKALPA

1. Firstly pt. is registered at reg. counter.
2. At OPD Level pt. is thoroughly examined and diagnosed
3. As per Diagnosis treatment is planned.
4. Patient is convinced for procedure and procedure is applied.
5. Record of procedure is maintained in separate register.
6. Patient is advised daily Regimen after Kriyakalpa.
7. After 1-hour pt. is allowed to leave the OPD.
8. Hands on training is given to Interns for creating their interest in Ayurved.
9. Practical demonstration is given to 4\* year BAMS students.

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### SOP's FOR NETRADHAWAN

#### Procedure -

- Examination & diagnosis of patient.
- Procedure explained And Informed consent of patient.
- Given Lying position for Netradhawan.
- Medicated Kwath ,Swaras ,Normal saline used for dhawan.
- Temperature of kwath is maintain Sukhoshna
- The eye washed with all precaution & then cleaned with cotton swab.
- Cotton swab put into ear canal after procedure.
- Patient Observed for 15 to 20 min. after procedure & then relieve with necessary instructions.
- After netradhawan patient advice to use dark goggles.

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### SOP's FOR NETRA TARPAN KRIYAKALPA

- Examination & diagnosis of patient.
- Confirmation of aseptic eye (No any infection).
- Procedure explained and informed consent of patient.
- Timing - Tarpan can be performed in the early morning or evening.
- Position - The patient should lie on their back
- Eye Encirclement (Netra pali) — A wall of powdered black gram paste should be made around the patients eye.
- Medicated liquefied Ghrita is poured slowly over the patients closed eyes until their eyelashes are covered & patient advised to close and open their eyes.
- Drainage — After the Stipulated time the liquid should be drained through a hole near the outer canthus.
- Eye irrigation with lukewarm water.
- After Netratarpan patient advice to avoid exposure to bright light, high wind.

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### SOP's FOR FOREIGN BODY REMOVAL FROM

(Conjunctiva, Cornea, Ear, Nose)

- Examination & Diagnosis of Patient.
- Procedure explained And Informed consent of patient or Relative.
- Proper position & Anesthesia if required given.
- Removed foreign body with suitable, sterile instruments under all aseptic
- Antibiotic drops instilled as per need of the condition
- Patient advised to wear protective glasses
- pTecautions.
- Patient Observed for 15-20 Min.
- Then Relieve with Necessary medicines.
- Foreign body which is difficult to removal will be referred to higher center.
- Called for follow up if essential.

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### SOP's FOR KARNA-PRAKSHALAN

Procedure -

- Examination & diagnosis of patient.
- Procedure explained And Informed consent of patient.
- Given Siting position for Kama-prakshalan.
- Medicated Kwath, Swaras, normal saline are used
- The ear washed with all precaution & then cleaned with cotton swab.
- Cotton swab put into ear canal after procedure.
- Patient Observed for 15 to 20 min. after procedure & then relieve with necessary instructions.

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### SOP's FOR KARNAPOORAN

Material required - Syringe, siddha taila, cotton sterile towel

Procedu  
re-

- Examination & diagnosis of patient.
- Procedure explained And Informed consent of patient.
- Given lateral liedown position for Karna - pooran.
- Medicated Sidha taila, Swaras as required & poured into ear drop by drop with syringe till ear canal is fully filled.
- Retention of oil for 15 to 20 mins or more as per tolerance of patient.
- Massage the post auricular area during retention period.
- Remove the oil with help of cotton & syringe.
- Then cotton swab put into ear canal.
- Then patient is relieved with necessary instructions.

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### SOP's FOR SLIT LAMP EXAMINATION

**Purpose:** Routinely use to examine ocular surface, anterior & posterior segments.

**Procedure:** The illumination and observation systems must be coupled and in focus for the observer.

- patient on seating with his or her chin in the rest, head firmly against the headrest and eye level at the centre of the venical travel of the instrument and ensure they are seated comfortable.
- Use the focussing rod/joy stick provided with the slit lamp to ensure a narrow-slit beam is clearly in focus through each eyepiece.

#### **Precautions:**

- Avoid flammable or explosive environments, dust, or high temperatures. Keep the slit lamp clean and dry.
- Check that all wires are correctly and firmly connected before using. Ensure that the instrument is well grounded.
- Do not touch the surface of the lens or prism with the hand or any hard object.
- Turn off the main power first before replacing the illumination bulb and fuse.
- Turn off the power and cover the instrument with a dust cover when not in use.

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### SOP's FOR SAC SYRINGING

Material required - a torch (held by an assistant), normal saline, sterile 2 ml syringe sterile Nettle ship dilator, sterile lacrimal cannula, local anesthetic eye drops, clean cotton wool or gauze swabs, towel, gloves

#### Procedure - Pre-operative

- Wash your hands (and afterwards too).
- Position the patient comfortably with head supported & Ensure good lighting.
- Always explain to the patient (and any companion, if appropriate) what you are going to do.

#### Operative -

- Instill the local anesthetic eye drops, allowing the drops to fall directly over the lower punctum, and wait about 30 seconds.
- With cotton wool or a gauze swab, gently pull down the lower eyelid to expose the lower punctum.
- With the other hand, insert the Nettle ship dilator into the lower punctum, following the direction of the lower canaliculus.
- Take the syringe containing the saline and attached cannula and insert the cannula tip into the lower punctum.
- Inject the fluid slowly, and explain to the patient that they may have the sensation of a salty taste at the back of the mouth and the need to swallow fluid.

#### Post-operative -

- If the patient is not aware of this sensation, it indicates a blockage somewhere in the lacrimal apparatus. The fluid may be seen coming through the upper punctum.
- All the post-operative instruction given to the patient,

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## SOP's FOR MAJOR SURGICAL PROCEDURE

Procedure -

Pre - operative -

- Examination & diagnosis of patient.
- Procedure explained And Informed consent of patient.
- All the pre-operative examination & investigation done for

necessary fitness. Operative -

- Operative suitable position given to patient.
- Local anesthesia-Infiltration or instillation given with suitable drug.
- It is ensured that all the instruments are autoclave and in working condition.
- Procedure performed under all aseptic precautions.
- Dressing done if necessary.

Post-operative -

- Patient observed for at least one hour after procedure.
- All the post- operative instructions given to the patient.
- Patient relieved after assessing his condition.
- Instruction regarding medication and follow up given.

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## SOP's FOR MINOR SURGICAL PROCEDURES

Procedure -

- Examination & diagnosis of patient.
- Procedure explained And Informed consent of patient.
- All the pre-operative examination & investigation done for necessary fitness.
- Operative suitable position given to patient.
- Local anesthesia-Infiltration or instillation given with suitable drug.
- Procedure performed under all aseptic precautions.
- Dressing done if necessary, like eye padding.
- Patient observed for at least one hour after procedure.
- All the post- operative instructions given to the patient.
- Patient relieved after assessing his condition.
- Instruction regarding medication and follow up given to patient.

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