



NAVIGATING POST-OPERATIVE CHALLENGES: HOMOEOPATHIC APPROACHES TO COMPLICATION MANAGEMENT

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ABSTRACT: Unwanted outcomes following surgery are considered post-operative complications [1]. The quality of surgical care and patient safety are negatively impacted by this, which is a crucial area of concern and is prevalent these days. This ranges from relatively few incidents that end happily ever after to more significant episodes that could endanger life, necessitate numerous interventions, increase hospital stays and expenses, or occasionally result in death or disability. Furthermore, it might exacerbate psychological stress and impair the quality of living [2]. Homoeopathy, with its holistic approach, can address all post-surgery symptoms, from minor to significant complications, including psychological damage, without causing additional harm to the patient's health and economy.

KEYWORDS: Surgery, postoperative complications, homoeopathy.

I. INTRODUCTION: From simple procedures carried out in ancient civilisations to highly advanced techniques of modern medicine, the history of surgery is a fascinating tale of human creativity, inventiveness, and the unwavering search for a cure. The most revolutionary advancement in modern medicine is undoubtedly surgery, which offers effective treatment for various conditions [3]. However, given its invasive nature, surgery presents several risks and complications. Surgery embodies traditional medical practices at its best and worst [4]. Regardless of the degree of meticulous planning and organisation, the crux of surgical procedures lies in the incision of the skin and the manipulation of internal organs. The human body responds to such procedures on par with unintentional cuts or bumps.

The expertise of homoeopathic professionals is invaluable in the field of medicine. Concerning the use of homoeopathy in surgical scenarios, they unanimously agree that aphorism 186 in Organon of Medicine is the pivotal direction. This aphorism is considered especially pertinent in defining the role of homoeopathy in surgical cases. Consequently, it can be inferred that homoeopathy can be a beneficial complement to surgical care.[3]

Aphorism 186 of Organon of Medicine states:

“...but when in such injuries, the whole living organism requires, as it always does, active dynamic aid to put it in a position to accomplish the work of healing, e.g., when the violent fever resulting from extensive contusions, lacerated muscles, tendons, and blood-vessels requires to be removed by medicine given internally, or when the

external pain of scalded or burnt parts needs to be Homeopathically subdued, then the services of dynamic physician and his helpful homoeopathy come into requisition”[5]

It implies that an extensive range of cases where surgery is the primary therapeutic option can be managed both before and after surgery using homoeopathy.

II. EPIDEMIOLOGY: Research indicates that patients undergoing anaesthesia may experience postoperative problems. The surgical procedure, level of anaesthesia, and pre-existing comorbidities all affect the complication rate. Patients and healthcare systems bear an enormous burden on quality of life, society, work, and family as a result of post-operative complications. Different strategies have been attempted to prevent post-surgical complications [6]. Despite the efficacy of these methods, complications continue to happen at high rates worldwide; 15% of patients are believed to experience issues following surgery. Some factors that can increase the risk of postoperative complications include preexisting medical conditions, age, smoking, obesity, or a weakened immune system. These complications can range from mild to severe and can include infections, bleeding, blood clots, organ damage, or adverse reactions to anaesthesia or medication.

A study shows that 31.50% of patients experienced postoperative difficulties, 19.75% had minor complications (Grades I and II), and 8.0% had major complications (Grades III and IV). The grade V postoperative mortality was 3.75%. Research indicates that between 7 and 15 per cent of patients undergoing major surgery will have a postoperative complication. Moreover, the stated range for the overall postoperative mortality rate is 0.79 to 5.7% [7].

III. CLASSIFICATION: In 1992, Clavien et al. defined and categorised the unfavourable effects of surgical procedures: complications are defined as unforeseen, non-procedural events, sequelae as intrinsic, and failures as events that do not achieve the intended outcome of the procedure. They suggested a brand-new classification scheme that completely changed the postoperative evaluation process. The complications were ranked into four categories based on the interventions and treatments required to treat the problems, with grade 4 being death [7]. 2004, the modified version of the above system (the Clavien-Dindo classification) was published. The grading of complications was proposed based on the therapy needed for treating complications. It has seven grades (grades 1 to 5) with two subgroups for grades 3 and 4. Grade 5 denotes death [8].



Table 1: The Clavien-Dindo Classification

The Clavien-Dindo classification.

Grade	Description
I	Any deviation from the normal postoperative course without the need for pharmacological treatment or surgical endoscopic and radiological interventions
II	Requiring pharmacological treatment with drugs other than those allowed for grade I complications. Blood transfusion and total parenteral nutrition are also included
III	Requiring surgical, endoscopic, or radiological intervention
III(a)	Intervention not under general anesthesia
III(b)	Intervention under general anesthesia
IV	Life-threatening complications (including central nervous system complications) requiring intensive care unit management
IV(a)	Single organ dysfunction (including dialysis)
IV(b)	Multiorgan dysfunction
V	Death of a patient
Suffix "d"	Complication persistent at discharge (d = disability). Indicative of the need to follow up

3.1. ICD CLASSIFICATION: Post-op complications have been explained well under ICD 11 code NE81, which describes any complication attributable to a medical, surgical or other clinical procedure, which cannot be more precisely coded elsewhere in the classification [9].

Table 2: ICD classification

ICD 11 code	NAME
NE81	Injury or harm arising from a procedure not elsewhere classified. (Any complication is attributable to a medical, surgical or other clinical procedure which cannot be more precisely coded elsewhere in the classification.)
NE81.0	Haemorrhage or haematoma complicates a procedure not classified elsewhere. (Haemorrhage at any site resulting from a procedure)
NE81.1	Disruption of operation wound, not elsewhere classified
NE81.2	Surgical site infection
NE81.3	Postsurgical leak
NE81.Y	Other specified injury or harm arising from a procedure not elsewhere classified.
NE81.Z	Injury or harm arising from a procedure not elsewhere classified, unspecified

IV. MANAGEMENT: Patient safety and recovery depend on the efficient management of postoperative complications. Essential strategies include close observation, prompt movement, control of infections, prompt bleeding intervention, and effective management of respiratory, cardiovascular, and renal problems. In addition, pain management, wound care, and patient education are essential. Healthcare practitioners can improve patient outcomes and lower the likelihood of unfavourable events by using a multidisciplinary approach and following the guidelines.

V. HOMOEOPATHIC MANAGEMENT

1. **ACETIC ACID:** It is the leading remedy after surgery in patients with badanaesthesia effects. William Boericke mentioned it as antidotal to all theanaesthetic vapours. All surgical procedures where patients may suffer from many symptoms such as bleeding, nausea, vomiting, constipation, septicemia and stiffness of the affected limb. Prescribed, especially when there is marked debility and weakness seen post-surgery. Anaemia due to blood loss during surgery [10][11].
2. **CINCHONA OFFICINALIS:** After the loss of blood, it is the first remedy thought by the homoeopathic physician. Indicated in debility and other complaints after losing blood or fluid [10].
3. **STAPHYSAGRIA:** The remedy is mostly used for pain due to sharp cuts. H.C. Allen described it as a stinging, smarting pain, like the cutting of a knife after mechanical injury from a sharp cutting instrument. Kent advised to use it for colic after lithotomy and retention of urine post-surgery [12].
4. **ARNICA MONTANA:** Best prescribed in cases of haemorrhages, where extravasation of blood is noticed into tissues of internal organs or skin. Clarke mentions its uses in persons who suffer long-term effects of mechanical injuries, haematoma and bed sores [13]. As per E.A. Farrington, Arnica may be used as a preventive in Pyaemia and promotes pus evacuation. This property of Arnica was the reason for its use in routine practices in women after parturition [15].
5. **CALENDULA OFFICINALIS:** Aids wound healing. J.H. Clarke calls it “HOMOEOPATHIC ANTISEPTIC”, which restores the vitality of the injured parts, making it impregnable against the forces of putrefaction. It is invaluable in obstetrics; applying a sponge saturated with a hot solution of calendula after delivery gives great comfort to the patient. Also, it is an excellent haemostatic in tooth extraction [13].
6. **HYPERICUM PERFORATUM:** we have all heard about its role in injuries involving nerves. It can be prescribed after spine surgeries or incisions/lacerations at sites rich in nerves. Kent describes the pain as stitching, darting pains, coming and going or shooting up from the region of injury towards the body [12].
7. **SYMPHYTUM:** Considered a Friend of an Orthopedic surgeon, it aids the union of bone after orthopaedic surgery, promotes the callous formation and lessens the peculiar pricking pain [14].
8. **ALLIUM CEPA:** H.C. Allen gives its uses in cases of neuralgia of stump after amputation and phlebitis due to forceps surgery. [14]
9. **LEDUM PAL:** Kent called it “REMEDY FOR SURGEON”. It is used in punctured wounds by sharp-pointed instruments, rat bites, insect stings, and long-lasting discoloration after injuries [14].
10. **PHOSPHORUS:** Indicated in cases of haemorrhages from internal parts with characteristic “small wound bleeds easily”, along with great prostration and nervous debility [13].
11. **IPECACUANHA:** Well indicated in cases where constant nausea is present post-surgery, when vomiting doesn't relieve symptoms [4] [14].
12. **HAMAMELIS:** No other remedy has broader usefulness in haemorrhages and disordered blood vessels. The bleeding is dark, along with bruised soreness of the part. It has its action in phlebitis, threatened abortions and all other cases of post-operative bleeding [13].
13. **SILICEA:** Remedy produces inflammation about any fibrinous nidus and suppurates it. It has a tendency to push out splinters, pieces of glass or other foreign bodies and push out leftover stitches [12].

14. **THIOSINAMINUM:** The remedy has its action in dissolving scar tissues post-surgery, either in cases of adhesions after surgery or where the wound was healed by secondary intention[3][13].

15. **GRAPHITES:** It is another remedy for dissolving scar tissues, prescribed when there is marked burning seen of cicatrices[12].

16. **RAPHANUS:** Prescribed commonly after abdominal surgery where we have seen that the flatus cannot be passed either up or down, along with pain and distension of the abdomen; in such cases, the remedy acts best[3][13].

17. **PYROGENIUM:** Given after surgery in cases of Sapræmia or septicæmia, puerperal or surgical. Presented with rapid pulse and in-proportionate fever[13][14].

18. **BAPTASIA:** It is occasionally indicated in cases of sapræmia, less frequently for septicæmia and rarely for pyæmia. The symptom is “All discharges are horribly offensive”. It has all the signs of puerperal fever[12][16].

19. **RHUS TOX:** It is used as a prophylactic remedy. In cases of abdominal surgery where conditions are such that there is fear of sepsis. [16]

DISCUSSION AND CONCLUSION: The incorporation of homoeopathy into postoperative care has the potential to enhance conventional surgical practices significantly. While surgery effectively addresses immediate and structural health concerns, it commonly precipitates complications that necessitate thorough management. Homeopathy presents a holistic, non-invasive, cost-effective approach to alleviating postoperative symptoms and facilitating overall patient recovery. By attending to both the physical and psychological facets of recovery, homoeopathy can mitigate adverse effects, expedite healing, and enhance patient well-being. The amalgamation of surgical interventions and homoeopathic care augments patient outcomes and furnishes a more comprehensive approach to healthcare. The Article outlines several remedies commonly employed in both routine and complex cases to address post-surgery complications. This integrated methodology can reduce healthcare expenses, curtail hospitalisation durations, and amplify patient’s quality of life. Consequently, homoeopathy warrants recognition as a valuable constituent of postoperative management, operating in tandem with surgical care to cultivate a more holistic and productive healthcare system.

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REFERENCES

1. Patient.info. Common Postoperative Complications. 2022. Available from: <https://patient.info/treatment-medication/common-postoperative-complications-leaflet>.
2. Javed H, Olanrewaju OA, Ansah Owusu F, Saleem A, Pavani P, Tariq H, et al. Challenges and Solutions in Postoperative Complications: A Narrative Review in General Surgery. Cureus 2023. <https://doi.org/10.7759/cureus.50942>.
3. International Homoeopathic Journal, Online, Download, Free. n.d. Available from: <https://homeopathicheritage.com/international-homeopathic-journal-download-free.php>.
4. Review literature: a homoeopathic perspective in pre and post-surgical treatment. Materia Novum The Journal of Homeopathy. 2017 Oct-Dec; Vol 1, Issue 4

5. Hahnemann S. Organon of Medicine 5 and 6 Edition. 2013.

6. Leaper D, Whitaker I. Post-operative Complications. Oxford: Oxford University Press; 2010.

7. Dharap SB, Barbaniya P, Navgale S. Incidence and risk factors of postoperative complications in general surgery patients. Cureus. 2022. Available from: <https://doi.org/10.7759/cureus.30975>

8. Dindo D, Demartines N, Clavien PA. Classification of surgical complications. Ann Surg. 2004;240(2):205-13. Available from: <https://doi.org/10.1097/01.sla.0000133083.54934.ae>

9. ICD-11 for Mortality and Morbidity Statistics. Available from: <https://icd.who.int/browse/2024-01/mms/en#1952274258%2Funspecified>

10. Boericke W, Boericke W. Pocket Manual of Homoeopathic Materia Medica & Repertory. New Delhi: B. Jain Publishers; 2002.

11. Kaur DrR. Role of homoeopathy in surgical cases. Int J Homoeopath Sci. 2024;8(1):185-7. Available from: <https://doi.org/10.33545/26164485.2024.v8.i1c.1067>

12. Kent JT. Lectures on Homoeopathic Materia Medica. New Delhi: B. Jain Publishers; 1989.

13. Clarke JH. A Dictionary of Practical Materia Medica. Palala Press; 2018.

14. Allen HC. Keynotes and Characteristics with Comparisons of Some of the Leading Remedies of the Materia Medica with Bowel Nosodes. New Delhi: B. Jain Publishers; 2002.

15. Farrington EA. Lectures on Clinical Materia Medica. New Delhi: B. Jain Publishers; 2003.

16. Verma SP. Practical Handbook of Surgery with Homoeopathic Therapeutics. New Delhi: B. Jain Publishers; 2023

