WORLD JOURNAL OF PHARMACEUTICAL RESEARCH
SJIF Impact Factor 8.084
Volume 12, Issue 20, 534-538. Review Article ISSN 2277– 7105

A LITERARY REVIEW ON SANGYAHARAN

[1]*Dr. Prabina Kumar Matari and [2]Prof. (Dr.) Ranjan Kumar Kasta

[1]Final Yr PG Scholar, G.A.M, Puri.

[2]H.O.D, PG Dept. of Shalya Tantra, G.A.M, Puri.

Article Received on
28 Sept. 2023,

Revised on 19 Oct. 2023,
Accepted on 09 Nov. 2023

DOI: 10. 20959/wjpr202320-30301

***Corresponding Author**
Dr. Prabina Kumar Matari
Final Yr PG Scholar, G.A.M, Puri.

ABSTRACT

Ayurveda is the knowledge of complete health science, as per literatures it was recalled by lord Brhama. Later this knowledge transferred to Dakhsh prajapait then to Ashwini kumar and others. Dhanvantari Sampraday is known as school of surgery (Shalya) and Acharya Sushruta is main disciple of this school who wrote Sushruta samhita. It describes many surgical principles along with surgical ethics. Sushruta smahita describes many basic principles related to surgery in sutra sthana. Since ancient time surgeons have recognized the significance of anaesthesia and they have made an effort to achieve a state of painless surgery. As Acharya Sushruta was a profound surgeon he used sangyaharana for painless surgery. Some Dravyas, such as Madya (wine) and mohachurna, were mentioned by Sushruta. Acharya Charak has also explained how the patient should be administered the tikshna Sura before surgery. Other various dravyas were described for sangyanharan by different authors. This study provided a historical perspective on the use of Sangyaharana (Anaesthesia) by ancient surgeons.

KEYWORD: Sangyaharana, Shalya, Anesthesia, Madya.

INTRODUCTION

'Sangyaharana- anesthesia' is "reversible loss of sense." The importance of Sangyanharan is briefly described by Maharshi Sushrut in Sushrut Samhita sutra sthan.[1] Acharya susrut has mentioned Trividha karma for operative procedures of which Sangyanharan comes under Purvakarma. It is the temporary loss of sense. In ancient time there is different kind of sangyaharak dravya like cannabis, Sura, sidhu, Asav, arishtra, opioids, madhu, madira etc. But now in present era there's development of modern medical science which introduced anaesthesia in form of general, local & Spinal. It is really useful, it prevents patients from

feeling of pain, muscle relaxation, loss of memory and unconsciousness during surgery. The development of Ayurvedic surgery is a fascinating story that spans many centuries. This study will explore the historical background of Sangyaharana used in surgery by a prehistoric Indian surgeons.

HISTORICAL PROSPECTIVE

Acharya Sushruta has recommended Madya to reduce the pain and discomfort during the operative procedure. The references demonstrate the range of surgical techniques implemented by Acharya Sushruta such as laparotomies and calculus extractions were unable to be carried out without anesthesia. Consequently, we may assume that they were knowledgeable with the principles of anesthesia and that the ease of performing surgical procedures. This is also true that this is not described in detail at any place but the references reveal its existence.

Acharya Charak recommended employing Sura, Madira, and Asava to alleviate the pain of giving birth to an obstructed fetus.[2]

Sammohan Churna is claimed to have been employed during King Bhoja's brain surgery in Bhojprabandh (900 A.D.).[3]

In Ayurveda Bankmay the physician named Jivak did bhedana in the treatement of Jirna sirahsula which cannot be possible without sangyanharan.

According to Bhabaprakash, Sangyaharan can be done by using bhanga for moha and mada vridhi.[4] Bhanga is described as analgesics which aggravates moha and mada, which can be used for Sangyannasha. Since opioids are the only therapy for severe pain, analgesic ability of cannabinoids may provide a much needed alternative to opioids. Moreover, cannabinoids act synergistically with opioids and act as opioid sparing agents, allowing lower doses and fewer side effects from chronic opioid therapy.

The use of indigenous medications such as Jatamansi, Ashwagandha, Brahmi, Vacha, Parsikyavani, and Shankhpushpi[5] as premedicants to induce hypnosis and tranquility prior to surgery.

It is now possible to encounter the toxicity or adverse effects of modern anesthetics whenusing these native premedicants. These not only help to reduce toxicity but also help to

lessen anesthetic dosages, which amplifies the effects. Antiinflammatory analgesics after surgery include Shigru, Bhringraj, Rasna, Erandamool[6], Parijata, Triphala guggulu[7], and Nirgundi. Although research is ongoing, the main anesthetic drugs that are readily available locally have not yet been thoroughly examined. Because Ayurvedic herbo-mineral-chemical anesthetics are not readily available, we use allopathic anesthetics which are based on Ayurvedic principles.

Poorva Karma[8] is one of the preoperative measures of surgical therapy. Poorva refers to the physical and psychological preparation of the patient for the surgery or anesthesia. Poorva is one of the three phases of surgical therapy. The other two are Pradhan and Paschat. Poorva is a term used to refer to the physical and mental preparation of a patient for surgery or anesthetics. Poorva involves the following steps: Patient assessment Disease examination History of prevailing diseases with treatment history Setting up the operating room and equipment.

Under "Poorva Karma": the patient, the therapy, the equipment, the operating room, the surgeon and the procedure, the anesthesiologist and the anesthetics and pre-anesthetic medicine. Therefore, it is clear that Sushruta was referring to Shalya karma when he mentioned anesthesia (Surgical procedures).

SANGYAHARAK DRAVYA

S.L NO	Name of the drug used	Latin name	Anaesthetic use
01	Ahiphena	Papaver somniferum	Post operatively to reduce pain
02	Bhanga	Cannabis sativa	Post operatively to reduce pain
03	Parasika yavani	Hyoscyamus niger	Post operatively to achieve tranquility
04	Sankhapushpi	Convulvulous pluricaulis	Post operatively to achieve tranquility
05	Vacha	Acorus calamus	Post operatively to achieve tranquility
06	Nirgundi	Vitex nirgundo	Post operatively anti inflammatory action
07	Rasna	Alpinia galanga	Post operatively anti inflammatory action
08	Bhringaraj	Eclipta prostrata	Post operatively anti inflammatory action

09	Parijata	Nyctanthes arbortristis	Post operatively anti inflammatory action
10	Shigru	Moringa oleifera	Post operatively anti inflammatory action

(Ref - 22.Hemanta Kumar Panigrahi. Concept of Sangyaharana (anaesthesia) in Ancient India: A Critical Study. Int. J. Res. Ayurveda Pharm. 2020)

DISCUSSION

Every kind of surgery involves pain, and unless the surgeon can carry out the procedure without causing any pain, the patient will not be able to bear the pain. Anaesthesia is a rapidly expanding field in contemporary medicine today. It has spread to several subspecialties, such as the intensive care unit and the treatment of pain in various critically ill patients. We find the references of sangnaapanayana dravyas in Charaka and Madyenamohayitwaa (Induce anaesthesia with madya before surgery). With the exception of one or two references like this, an Ayurvedic surgeon performed every procedure on the patient, either by themselves or with the assistance of four or five attendants.[9] Ayurvedic surgeons are no longer performing surgeries as a result of this gap.

Even so, some researchers have provided evidence that sarapunkha and tagara may be used to produce spinal anesthesia and local anesthesia, respectively. Unfortunately, these findings from Ayurvedic researchers have not been improved upon or commercialized.[10]

CONCLUSION

There is still no reliable anesthetic medication available for use by Ayurvedic surgeons during surgery. The Ayurvedic medications discussed here are only used to relieve post-operative pain, induce tranquility following surgery, and manage postoperative pain. The Scientists and researchers should work widely to develop and recreate new function on this Sangyaharak Dravya which can be used in vast.

REFERENCES

1. Sushrut samhita, Hindi commentary, sastri ambika dutta, Chaukhambha Sanskrit sansthan, Varanashi, Third edition; 1972.
2. Charak Samhita Hindi Commentry, Vidyalankar, Jaideo, Motilal Banarasidas, Gaighat, Vanarasi, 1982.
3. Bhoja Prabandha, Dwibedi Sundarlalsherma, Indian press Ltd. Prayaga, 1921.

4. Bhabaprakash Nighantu, Chunkier, K.C., Chaukhamba Vidya Bhawan, Varanashi, 4th edition, 1959.
5. Role of Jatamanshi as premedicant, Sharma, P.K thesis M.S. (Sang.), IMS, BHU., 1997.
6. Clinical studies on an indigenous compound Nirgundi, Erandmoola, Bala as analgesic in postoperative pain, Ghose, R.K., et al., M.D. (Ay.) thesis, IMS, BHU, 1995.
7. Evaluation of Triphala Guggulu in post-operative pain, Singh H.O., et al. M.D. (Ay.) thesis, IMS, BHU, 2000.
8. Sushruta Samhita, Hindi commentary, Shastri, Ambika Dutta, Chaukhambha Sanskrit Sansthan, Varanasi, Third Edition, 1972.
9. Sushrut samhita, Hindi commentary, sastri ambika dutta, Chaukhambha Sanskrit sansthan, Varanashi, Third edition, 1972.
10. Hemanta Kumar Panigrahi. Concept of Sangyaharana (anaesthesia) in Ancient India: A Critical Study. Int. J. Res. Ayurveda Pharm., 2020; 11(3): 72-74.