

**TRIVIDHA KARMA WITH SPECIAL REFERNCE TO PURVAKARMA
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ABSTRACT

Shalya Tantra is one among branches of Ayurveda, extensively elaborated by Acharya Sushruta. Surgical procedures in Ayurveda are structured under the concept of Trividha Karma, comprising Poorva Karma (preoperative measures), Pradhana Karma (operative procedure), and Paschat Karma (postoperative care). Among these, Poorva Karma forms the foundation upon which the success of the entire surgical intervention depends. The present article aims to elaborate the concept of Poorva Karma with special reference to Shalya tantra Vyadhis and to correlate these principles with modern preoperative care. A conceptual and literary review of classical Ayurvedic texts along with contemporary surgical literature reveals that most modern preoperative protocols were already systematically described in Ayurvedic classics. Proper execution of Poorva Karma ensures optimal physical and psychological preparedness of the patient, minimizes complications, and improves postoperative outcomes.

KEYWORDS: Trividha karma, Purva karma, Ayurveda, Pre-operative procedure.

INTRODUCTION

Ayurveda describes surgery as a precise and well-planned scientific discipline rather than a mere operative act. Shalya Tantra, the surgical branch of Ayurveda, deals with the management of diseases using Yantra, Shastra, Kshara, and Agni. Acharya Sushruta, revered as the Father of Surgery, laid down fundamental principles governing surgical practice, emphasizing meticulous preparation before intervention. He classified surgical procedures under trividha karma^[1]—Poorva Karma, Pradhana Karma, and Paschat Karma. Poorva Karma refers to all preparatory measures undertaken prior to the surgical or Para surgical procedure. It includes assessment of the patient, collection of instruments and materials, psychological preparation, dietary regulations, aseptic measures, consent, and disease-specific preparatory protocols. In modern surgery, these aspects are grouped under preoperative care, which is considered essential for minimizing operative risks.

The similarity between Ayurvedic and modern surgical principles highlights the advanced understanding of surgery in ancient India. Neglect of Purva Karma may lead to intraoperative difficulties, postoperative complications, and poor surgical outcomes. Therefore, understanding and implementing Purva Karma is indispensable for every Shalya Tantra surgeon.

OBJECTIVE

To understand the concept of Purva karma according to classics and compare them with contemporary surgical principles.

MATERIAL AND METHODS

All textual reference of Purva karma and pre-operative care in the library of Sri Kalabyraveshwara Swamy Ayurveda Medical College, Hospital and Research Centre, Bangalore.

Purva Karma

Trividha Karma begins with this step. Any surgery's success is determined by its Trividha Karma. At this point, the patient must be tested to see if he is fit or not. According to Acharya Sushruta, Poorva Karma, is not only preparation of patient but also the gathering of all items required during the operational procedure and for post-operative care. Sushruta provides a list of the surgical instruments which required.^[2]

Poorva Karma(pre-operative procedure)

1. Patient Examination (Rogi Pariksha)^[3]
 - Astavidha Pariksha^[4]
 - Dashvidha Pariksha
 - S hatvidha Pariksha
 - Trividha Pariksha^[5]
2. Selection of patient.
3. Selection of treatment modality. (Aushadha Chikitsa or Shastra Chikitsa).
4. Decision about time and date of procedure (Thithi, Mhurta Nirdharana)
5. Preparations of ward (Vranitagar Vyavastha).
6. Consent (Sahamati Patra).
7. Collection of drugs (Sambhar Sangrahana).
8. Sterilization (Nirjivanukarana).
9. Rogi Aahara Vidhana and before Shastra Karma.

PURVA KARMA IN ANUSHASTRA KARMA

1. Jalouka avachara
2. Kshara Karma
3. Agni Karma

JALOUKA AVACHARANA PURVAKARMA**PURVA KARMA FOR PATIENT**

- Consent should be taken from the patient and after explaining complete procedure to them in preferred language.
- BT, CT, Hb%, RBS, HIV I & II and HBsAg
- अथ जलौकोवसेकसाध्यव्याधितमुपवेश्य संवेश्य वा, विरुक्ष्य चास्य तमवकाशं मृद्गोमयचूर्णैर्यद्यरुजः स्यात्^[6]

❑ PURVA KARMA FOR JALOUKA

Preparation of jalouka by keeping in a vessel containing turmeric powder and mustard mixed with water for about one muhurtha (48min). Jalouka will be activated by this. After this jalouka should be applied to the diseased spot, their it should be (mouth) covered with smooth, white and moistened cotton swab; in case it doesnot suck the blood a drop of milk or blood should be put...if then also it is unable to suck another jalouka should be applied.

REQUIRD MATERIALS

- Surgical gloves
- Gauze, swab, sterile pad
- Haridra / Saindhava lavana
- Kidney trays
- Surgical needle (if needed)
- Jalouka

PURVA KARMA FOR PRATISARANEEYA KSHARAKARMA

- Patient should undergo relevant investigations depending on the condition of the patient.
- Consent should be taken from the patient and patient's relative after explaining complete procedure to them in preferred language.
- तत्र क्षारसाध्यव्याधिव्याधितमुपवेश्य निवातातपे देशेऽसम्बाधेऽग्नोपहरणीयोक्तेन विधानेनोपसम्भृतसम्भारं, ततोऽस्य तमवकाशं निरीक्ष्यावधृष्यावलिख्य प्रच्छयित्वा, शलाकया क्षारं प्रतिसारयेत्.^[7]

The patient to be treated by kshara should be made to sit in a spacious place free from wind and sun while all the required materials should be arranged. after locating the spot, it should be rubbed. In pittadushti (अवधृष्य); vatadushti (अवलिख्य); kaphadushti(प्रच्छयित्वा) later with help of shalaka kshara will be applied.

REQUIRED MATERIALS

- | | |
|---------------------|------------------|
| ▪ Surgical gloves | Kidney tray |
| ▪ Betadine solution | Normal Saline |
| • Lox 2% gel | Nimbu swarasa |
| ▪ Gauze, swab, Pad | Suppositories |
| ▪ Kshara | Slit Proctoscope |
| ▪ BP handle | Artery forceps |
| ▪ Sponge holder | Towel clips |

PURVA KARMA FOR AGNIKARMA

सर्वव्याधिष्वृतुषु च पिच्छिलमन्नं भुक्तवतः॥.^[8]

In all the diseases and seasons, Agni karma should be performed after having पिच्छिल अन्न.

The surgeon should perform Agni karma after considering well regarding the shape and size of the lesion, vital spots and strength of the patient, disease and season.

REQUIRED MATERIALS

- Cautery machine
- Shalaka
- Kidney tray
- Betadine solution
- Surgical gloves
- Gauze, swab,
- Sterile pad
- Madhu, ghritha.

PURVA KARMA FOR SIRAVYADHA

तत्र स्निग्धस्विन्नमातुरं यथादोषप्रत्यनीकं द्रवप्रायमन्नं भुक्तवन्तं यवागुं पीतवन्तं वा यथाकालमुपस्थाप्यासीनं स्थितं वा प्राणावबाधमानो॥^[9]

- ✓ Snehana - Sthanika abhyanga is done with suitable taila to the part where siravyadha is to be done
- ✓ Swedana - Nadi sweda is given after abhyanga
- ✓ Snigdha yavagu to be given
- ✓ Patient is made to sit comfortably
- ✓ Yantrana to be done 2 angula above the site of siravyadha.

REQUIRED MATERIALS

- Taila for abhyanga Nadi sweda yantra for Swedana
- Surgical spirit
- Cotton swabs, gauze pieces
- Scalp vein set (vrihi mukha)
- Kidney tray/ glass beaker to collect and measure the amount of blood drained.

PURVAKARMA IN SHALYAJA VYADHIS

The vyadhis which are treated using Yantra, Shastra, Kshara and Agni are known as shalya tantra vyadhis.^[10]

पूर्वकर्म in Shalya Tantra vyadhis like;

- व्रण / wounds
- अर्श / Haemorrhoids
- अश्मरी / Renal calculi

- भगन्दरा / Fistula-in-ano
- ग्रन्थि / Cyst

PURVA KARMA IN VRANA (WOUNDS)

□ Dalhana opines,

लन्घनादि विरेकान्तं as a पूर्वकर्म in the context of व्रण चिकित्सा.

तस्य व्रणस्य षष्टिरुपक्रमा भवन्ति। तद्यथा - अपतर्पण आलेपः परिषेक अभ्यन्ग स्वेदो विम्लापन उपनाहः पाचनं विस्रावणं स्नेहो वमनं विरेचनं.^[11]

Vrana (wound) management is accomplished through Śhaṣṭi Upakrama — sixty therapeutic measures designed for Shodhana and shamana. These include procedures such as Ālepa, Pariṣeka, Sweda, Upanāha, Visrāvaṇa, and Panchakarma therapies, selected based on the Doṣa predominance and stage of the Vrana.

अर्श / HAEMORRHOIDS

तत्र बलवन्तमातुरमर्शोभिरुपद्रुतमुपस्निग्धं परिस्विन्नमनिलवेदनाभिवृद्धिप्रशमार्थं स्निग्धमुष्णमल्पमन्नं द्रवप्रायं भुक्तवन्तम्.^[12]

The patient with haemorrhoids who is strong should undergo snehana, swedana and then should give snigdha, ushna, alpa ahara to pacify aggravated vata.

अश्मरी / RENAL CALCULI

अथ रोगान्वितमुपस्निग्धमपकृष्टदोषमीषत्कर्षितमभ्यक्तस्विन्न

शरीरं भुक्तवन्तं कृतबलिमङ्गलस्वस्तिवाचनमग्नोपहरणीयोक्तेन विधानेनोपकल्पितसम्भारमाश्वास्य .^[13]

The patient who underwent Vamana, Virechana and reduced weight should undergo Snehana and Swedana then after taking food, offering, auspicious rites and recitation of mantras should be performed, with arrangement of all required equipments and the patient should be assured.

भगन्दरा / FISTULA-IN-ANO

तत्र भगन्दरपिडकोपद्रुतमातुरमपतर्पणादिविरेचनान्तेनैकादशविधेनोपक्रमेणोपक्रमेतापक्वपिडकं, पक्वेषु चोपस्त्रिधमवगाहस्विन्नं शय्यायां सन्निवेश्यार्शसमिव यन्त्रयित्वा, भगन्दरं समीक्ष्य पराचीनमवाचीनं वा, ततः प्रणिधायैषणीमुन्नम्य साशयमुद्धरेच्छस्त्रेण;^[14]

- If abscess is not suppurated, it should be treated with Ekadasha upakramas.
- If abscess suppurated, after Snehana and Swedana the patient should take position on examination table and should examine whether the fistula has internal opening or external opening by inserting probe.

TYPES OF ग्रन्थि

VATAJA GRANTHI – swedana, Upanaha, lepa. If suppurates, pus should be drained by incising and then washed with decoction of bilva, arka, and aragvadha.

PITTAJA GRANTHI – jalouka and then the part should be sprinkled with milk and water.....if suppurated, it should be opened, and pus drained out and washed with decoction of milky trees.

KAPHAJA GRANTHI- after eliminating the doshas in order the part should be fomented and gentle pressure (vimlapana) with thumb, iron rod, stone piece and bamboo stick.

MEDAJA GRANTHI – swedana - double folded cloth containing inside the paste of tila should be placed on the part and rubbed frequently with iron rod(loha) without producing burn, or darvi and laksha heated is used for swedana.

PRE OPERATIVE CARE

- Pre-operative period is the time period between the decision to have surgery and the beginning of the surgical procedure.^[16]
- Preoperative preparation is the preparation of the patient requiring surgery to optimize postoperative outcomes.
- The approach is multidisciplinary; it involves participation of anesthetist and surgical teams, radiologists, pathologists, specialist, nursing staff and operating room staff.
- In general practice 2 kinds of surgeries are performed [A] Elective surgery, [B] Emergency surgery. In Elective surgeries the pre-operative procedures can be done

meticulously as well as in emergency surgeries most essential preoperative procedures are carried out with modifications.^[17]

- For this, the patient should be admitted 2 days prior to operation in cases of Elective surgeries. When bowel surgery is required, the patient is admitted earlier for bowel preparation.^[18]

PREOPERATIVE ASSESSMENT

- Lack of preoperative assessment increases the risks associated with anesthesia and surgery.
- Assess fitness for anesthesia and surgery by detailed history, Systemic examination and laboratory investigations.
- Physician, anesthetist, cardiologist (if necessary) opinions is to be taken.

PREOPERATIVE TREATMENT

- Treat distant infections like upper respiratory tract infection.
- Improvement of Hb% status, if Anaemia is present.
- Prophylactic antibiotics and Blood should be kept ready for major cases.^[19]

PREPARATION OF OPERATION THEATRE

- Sterilization of Operation theater and instruments.
- Preparation of the surgeon and assistants.

CONSENT

- Consent means voluntary agreement or permission.
- Valid consent implies that it is given voluntarily by a competent and informed person who is not under duress.
- In emergency situations or in an unconscious patient or no attendant with the patient, treating without consent of patient is permissible.
- Assent - Patient under 18yrs, where the parents or guardians consent is taken.^[20]

ADMINISTRATION OF ANAESTHESIA

- Anesthesia is state of controlled, temporary loss of sensation or which is induced for medical purposes.^[21]
- Administration of different types of anesthesia is depending upon the condition of the patient and type of surgery.

- Nil per oral (NPO) upto 6 to 8 hours.

Order regarding previous medication

- To allay anxiety - tab diazepam, lorazepam.
- To relieve pain – morphine, pethidine.
- To dry secretions – glycopyrrolate, atropine.
- To control infection – antibiotics, TT.
- All oral hypertensive drugs has to be continued till the day of surgery.
- Oral hypoglycemic agents – If minor/moderate surgery stop 24hrs prior to surgery; If major surgery stop 24hrs prior and put the patient on insulin.
- Anti-coagulants prior to surgery should be stopped.
- Thyroid medication should be continued till the day of surgery.^[22]

DISCUSSION

The importance of Poorva Karma in determining surgical outcomes cannot be overemphasized. Acharya Sushruta recognized that surgery performed without proper preparation could result in severe complications, irrespective of surgical skill.

Modern surgery emphasizes preoperative assessment, optimization of comorbidities, fasting protocols, infection control, consent, and psychological preparedness. These principles closely correspond to the components of Poorva Karma described in Ayurveda. The concept of Agropaharaniya parallels modern operation theatre preparation and sterilization protocols. Raksha Vidhi corresponds to aseptic and antiseptic techniques.

Preoperative fasting (NPO), consent, and management of systemic illnesses are universally accepted principles in modern surgery, all of which are clearly mentioned in Ayurveda classics. This demonstrates that Ayurveda laid the foundation for scientific surgery long before the evolution of modern surgical science. Integrating these principles into contemporary practice can significantly enhance surgical safety and outcomes.

CONCLUSION

Poorva Karma is the cornerstone of surgical success in Shalya Tantra. It ensures physical, mental, and procedural readiness of the patient and the surgeon. The majority of modern preoperative measures are already described in Ayurvedic classics in a systematic and scientific manner. Understanding and implementing Purrrva Karma in present-day surgical

practice can reduce complications and improve outcomes. The timeless principles laid down by Acharya Sushruta continue to guide safe, effective, and ethical surgical management.

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