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Review Article

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CLINICAL APPLICATION OF THE ANUSHASTRA IN AYURVEDA **SURGERY**

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ABSTRACT

Background: In procedures, anushastra is defined as parasurgical procedures. These procedures are separate from big in circumstances where shastra karma sensitive patients are involved. Aim: Exploring conventional parasurgical techniques in different conditions along with surgical procedures. Material & Methods: The current theoretical study focuses on the usage of parasurgical methods in modern literature, referred to as Anushastra. The strategies for performing three important parasurgical procedures are presented in this article. Anushastra kinds are particularly important in Ayurveda's classical texts and are still used in various illness plants. Separate anorectal

problems such as karma, which is the application of energy to various diseases, are appropriate for shastra leadership. There are two methods-shastrakritasiravedha and prachana techniques for ajashakrit, danta, shalaka (samples), ghrita Raktamokshana. And ghati and ashastrakrita. Conclusion: Anushastra is gaining popularity in chronic disease treatment.

KEYWORDS: Agnikarma, anushastra, jalaukavcharana, kshara karma.

INTRODUCATION

Shalya Tantra is an Ayurvedic branch that deals with Shalya kriya, Shastra kriya, and Yantra kriya, among other things. However, in addition to these Shalya Tantra major functions, there are numerous minor or parasurgical procedures that are detailed as yantra. Anushastra karma is parasurgical procedures described in the classical literature of Ayurveda apart from many surgical procedures, which are separate procedures from major karma-, procedures mentioned in the classical literatures of Ayurveda apart from many surgical procedures, which are separate procedures from major ashtvidha shastra, the main procedures. The main surgical procedures are anushastra. Include Kshara karma, Agnikarma, Jalaukavcharana, etc. Sushruta explained 15 types of anushastra, etc. These are Twakasara (bamboo bark), Sphatika, Kancha (lead), Kuruvind, Jalauka (leech), Agni (flame), Kshara (alkali), Nakha (nails), Goji, Shephalika (Harashringar leave), Shaka-patra, Kareera, Bala (hair) and Anguli (finger).^[1] These are suggested in children who are sensitive fearful and do not have surgical tools. [2] Kshara karma, Agnikarma and Jalaukawacharana are three most important anushastra karma included in shashti upakrama and are used widely in wound management. Anushastra is used successfully to handle different operating situations. Diagnosis of the various types of sinuses and fistulas by Eshan karma is equally useful. For the treatment of Nadi (sinus), Shalya yukta (Wound with foreign body), Unmargi (fistula) and utsangi (cavity wounds), we now use different types of specimens (eshani) in general for a few days we can use bala, anguli or kareer naal^[3] instead of eshani. Sushruta counts these under anushastra. Aacharya Sushruta, who is worshipped as the father of surgery, has described different methods of treatment related to both surgical and parasurgical procedures. Agnikarma is one of these forms in parasurgy. It has widely been practiced in the various clinical settings depending on the training and exposures of the physician. With renewed interest in recent agnikarma parasurgical procedures, kshara karma and jalaukavcharana have gained primary appraisal in trying to treat different categories of diseases. Though agnikarma is a parasurgical procedure yet is indicated as a therapy of choice in many diseases, formally being indicated in *vata* and *kapha* related morbidities. Moreover, the scope of this therapy is further extended to diseases that are found to be refractory to conventional sheeta-ushanasnigdha-rooksha kind of treatment. The final attribute of agnikarma can be considered in terms of its immense prophylactic ability to eradicate such diseases and has also evolved as a precursor to modern-day 'cauterization. 'Kshara is mainly of two types-Paaneeya kshara and pratisarniya kshara. [4] Kshara is best among shastra and anushastra. Pratisaraniya kshara is mainly used in wound management, various anorectal disorders such as Arsha (Haemorrhoids), guda bhramsha (Rectal Prolapse). Along with pratisarniya kshara, kshara sutra and kshara varti these two are being practiced in a wide variety of diseases like bhagandara, nadivrana, dushta vrana. Acharya Sushruta, father of surgery has scientifically classified it in a systemic manner and his principles of management are valid even today. Classification of traumatic wound, its prognostic evaluation and management through 60 procedures, insistence on primary suturing in clean wound, avoidance of sepsis, excision of extruded momentum and careful suturing of intestinal perforation in the management of

abdominal wound perforation, etc. are remarkable concepts of *Sushruta Samhita* in modern science. Sixty procedures^[5] consist of *Apatarpana*, *Alepa*, *Parisheka*, *Abhyanga*, *Svedana*, *Vimlapana*, *Visravana* etc. Among these, he also included the karma (acts) which is performed by *anushastra* known as *Anushastra Karma* means parasurgical procedures performed by non-surgical items or instruments in absence of surgical instruments. Acharya *Sushruta* described different *Anushastra*.

METHODS

The present study is a literary review of *anushastra karma*, which emphasizes the procedure of *kshara karma*, *agnikarma* and *jalaukavcharana* as described in *Sushruta samhita* by ancient *Acharya Sushruta*. As described by *Sushruta*, there are 15 types of *anushastra*. The following are among them popular and practically available at the moment.

- 1. Kshara karma,
- 2. Agnikarma,
- 3. Jalaukavcharana

> Kshara Karma

Kshara is a drug from various medicinal plants ash. Kshara is primarily of two types-Paaneeya kshara and kshara pratisarneeya. Between shastra and anushastras, Kshara is strongest. Pratisaraniya kshara is mainly used in wound management, various anorectal disorders such as Arsha (Haemorrhoids), guda bhramsha (Rectal Prolapse). In wound management it is mainly used for shodhana (debridement). Ushna and tikshna properties of kshara are helpful in wound debridement. Sushruta clearly mentioned those vrana lakshana utsanna mansan (elevated margin and hyper granulation tissue), kathinana (hard consistency), Kandu yukta (severe itching), Chirotthitan^[6] (chronic wounds) and unhealthy wounds can be cleaned easily i.e. help in wound bed preparation, which is the principal management in chronic wound. Pratisaraniya kshara also help in Darana karma in the large pus pockets having no opening especially in those where one cannot perform surgical intervention, like wounds in children, elder patient, weak patient, panic patients, ladies and wounds over sensitive and vital portion. Kshara Sutra & Kshara varti are other two variants of kshara karma which are used in the management of Nadi (Sinus) and Bhagandara (fistulas). These diseases are difficult to treat otherwise. This is because of its undermined edge and unexposed infective site and difficult in wound debridement. These conditions are treated by both methods- Shastra karma and anushastra (kshara sutra & kshara varti).

Sushruta mentioned that Nadi (sinus) present in emaciated, weak, anxious patient and present over vital parts should be treated by Kshara sutra, not by chhedana (surgery). [7] Bhagandara is also treated by kshara sutra in same manner. Kshara varti is another cleansing agent which treats Nadi effectively described in all Ayurvedic texts. Kshara is also used on that places where *Shastra* cannot be effective and appropriate. [8]

Procedure of Kshara Karma (Pratisaarniya Kshara)

Purva karma (Pre-Operative Care): A patient who is considered fit for treatment is prepared accordingly., Patients are advised and given explanation of the procedure in order to make them aware of the treatment process., Agropaharaniya-Before starting the required procedure material such as Pratisarniya kshara, nimbu swarasa, spatula, cotton, bowl, proctoscope, Changeri ghrita / Jatyadi ghrita or taila is kept ready.

Pradhana karma (Operative Procedure): In the lithotomy place, the patient is placed on the operating table. Local anesthesia is given after cleaning and manual anal dilatation is performed. Pratisaarniya kshara is taken in a bowl and spread over the mass of the pile or any other area picked. It remains until the color shifts to the *phalavarna* of *Pakwajambu*. [9]

Pashchata karma (Post-operative Care): Applied kshara is wiped, followed by nimbu swarasa with distilled water. The procedure can be repeated for 2, 3 times depending on disease indication and severity. The procedure can be repeated at 21 days' intervals for 2nd or 3rd sessions if required.

> Agni Karma

Agni karma is the second important karma of anushastra that all Acharya identify. There are so many devices called dahanupkarana for Agnikarma such as pippali, ajashakrit, godanta, shalaka (samples) ghrita, tail and guda. [10]

According to Akriti^[11] agnikarma may be of following types

Valaya - Circular shape., Bindu - Dot like shape. According to Acharya Dalhana shalaka should be of pointed tip. Vilekha - Making of different shapes by heated shalaka. Vilekha type of agnikarma is further subdivided by Acharya Dalhana into three types according to the direction of line- Tiryaka (Oblique), Riju (Straight), Vakra (Zigzag) Pratisarana -Rubbing at indicated site by heated *shalaka* and there is no specific shape.

According to Ashtang Hridya there are 3 more types of agnikarma based on akriti Ardhachandra- Crescent shape, Swastika- Specific shape of Swastika Yantra., Ashtapada - Specific shape containing eight limbs in different directions. Different types of agnikarma performed act to body parts—twak dagdha, mamsa dagdha, sira snau dagdha and asthi sandhi dagdha. Dahana upkarana are used according to site. So agnikarma can be classified as.^[12]

- Twakgata vyadhi: Diseases involving skin; Pippali, Ajashakrita, Godanta, Shara, Shalaaka are used.
- Mamsagata vyadhi: For diseases involving muscles, Jambavaushtha, Panchadhaatu ShalaakaKshaudra are used.
- Sira Snayu Asthisandhi: For diseases of Sira, Snaayu, Sandhi, Marma diseases Madhu (Kshaudra), Guda (Jaggery) and Sneha are used.

Procedure of *Agnikarma*

Poorva Karma: A patient who is considered fit for procedure is prepared accordingly., Patients are counselled and given explanation about the procedure in order to make them aware about the process of treatment.

Agropaharaniya - Gas cooker, *shalaka*, *madhuyashti churna*, and *ghritkumari* are kept ready before starting the procedure. The area is marked and cleaned.

Pradhana Karma: For a specific disease, panchdhatu shalaka or any other dahanopkarana is selected. Panchdahatu shalaka, the shalaka on the gas burner is heated red hot and applied over the chosen area. The process is repeated according to indication and need. As frozen shoulder is snayusandhigata vikara, thus guda, sneha or madhu is selected as upkarana for Agnikarma. Pulp of ghritkumari majja is applied in the area immediately after completion of the procedure followed by madhuyashti churna. Patient is carefully monitored during the procedure for any untoward complications. It is advised that patients keep the area dry, clean, prevent exertion, pain and unhealthy diet. Depending on disease and disease severity, the same procedure can be repeated.

> Jalaukawacharana (Leech therapy)^[13]

Jalaukawacharana, illustrated by ancient acharya, is the third most important anushastra karma. Jalaukavacharana is Raktamokshana's method. In sushruta samhita and Ashtang hridya, Raktamokshana has been described. It has two shastrakrita and ashastrakrita

methods. Shastrakrita further have two methods- siravedha and pracchana. Ashastrakrita method can be achieved with following tools- shringa, jalauka, alabu and ghati. There are mainly two types of Jalauka- Savish and nirvisha having six jalauka in each type. Nirvisha jalauka is of therapeutic use. They are indicated in various diseases e.g. twak roga, raktaja roga, dushta Vrana. [14] In wound management Jalauka is generally applied in initial phase of wound progress. Raktamokshan reduces pain and prevents premature swelling from being suppressed. Raktamokshana is used to treat wounds with inflammation, hardness, reddish black colour, tenderness and uneven surface.

Application of Jalauka (Jalaukavacharana)[15]

Jalaukavacharana is divided into 3 parts as other procedures.

Purvakarma (Pre-operative Care)

- a) Purification of Jalauka: Jalauaka is kept in Haridra Jala, in a kidney tray half filled with fresh water, containing Haridra Churna.
- **b) Preparation of Patient:** Before applying *jalauka*, proper counselling for better outcome of jalaukavacharana should be done by the patient. Patient should be in a position to lie down preferably. The part to apply *jalauka* is cleaned with antiseptic solution.

Pradhana karma (Operative Care): First, part of the body is selected where the indication of jalauka is to be applied. The selected site is carefully cleaned. Over the selected part, Nirvisha jalaauka is kept.

Jalauka sticks to this section. If a jalauka does not stick, use a sterile needle to puncture the site and apply jalauka. Jalauka sucks the blood through its anterior sucker that is attached by a posterior sucker to the base. During sucking of blood *jalauka* should be covered with cold and wet cotton swab to protect the leech from excessive heat of blood. Number of application of leeches depends on severity and general condition of the disease.

Pashchata karma (Post-operative Care)

a. Jalauka Care: The jalauka is removed from the site by sprinkling haridra churna or saindhava or, if completely sucked, jalauka leaves the site alone. Vomiting is induced into jalauka so that sucked blood is drained from the mouth by haridra churna and slowly and gently squeezing from tail to mouth and then holding it in fresh water. Jalauka can be applied again after a week's period. The *jalaukashould* move freely in water otherwise it is diseased *jalauka*, called *durvanta* by *sushruta*.

b. Patient Care: *Triphala kashaya* and *haridra churna* and *madhu* should be used to dress the affected part as they are haemostatic, antiseptic and analgesic in nature. Tight bandaging should be performed after bleeding has been stopped to prevent risks of re-bleeding. Patient is told to learn between 1-8 hours of blood oozing from the wound.

Contraindication of *Jalaukavacharana*: It is contraindicated in the treatment of haemorrhagic diseases such as haemophilia, severe anaemia, coagulopathy, hypotension, active tuberculosis, fever of high grade, patients with immunocompromised.

DISCUSSION

Shastra karma is the most significant and effective technique in shalya tantra, but it is also important and effective in the care of surgical sickness. As acharya has indicated, there are some places or ailments where we cannot conduct ashtvidha shastra karma or where we do not have the desired shastra available, so we must use alternative instruments in those circumstances. Therein lies the significance of anushastra karma. In the present period, there are three major anushastra karma. Because of their efficiency, kshara karma, agnikarma, and jalauka karma are gaining popularity. Arsha (haemorrhoids), gudabhramsa (rectal prolapse), and kshara sutra for sinuses and fistulas are all treated with kshara karma. When applying kshara, it should remain as pakwajambuphala varna until 100 matra kala as described by Sushruta and samyaka dagdh lakshana appear. After that it should be washed with nimbu swarasa to prevent extra caustic effect of kshara. The probable mode of action of Pratisarneeya Kshara is, as it creates a chemical burn on prolapsed rectal mucosal folds which causes cicatrization (in wound healing process) and may strengthen the anorectal ring in rectal prolapse. Its importance lies in its action, because of its ability to cure those diseases which can't be cured by the bheshaja, shastra. Agnikarma alleviate all the Vataja and Kaphaj disorders as Ushna guna of Agnikarma is opposite to sheeta guna of Vata and Kapha dosha. According to Ayurveda, every Dhatu (tissue) have its own Dhatvagni and when it becomes low, diseases begins to manifest. In this condition, Agnikarmaworks by giving external heat there by increasing the Dhatvagni which helps to pacify the aggravated dosha and hence alleviate the disease. Jalauka's management of dushta Vrana is more effective. Leech saliva contains chemicals such as Bdellins (Trypsin plasmin inhibitor), Hyaluronidase, Hirudin, Carboxypeptidase-A inhibitors, and many other substances that affect the affected part. [16] At the wound site, Bdellins are found to have anti-inflammatory action. Hyaluronidase has the property of antibiotics. Carboxypeptidase-A inhibitors increase the blood flow at the wound site. Histamine and Acetylcholine like substances present in saliva of Jalauka are found to act as vasodilatation on the microvasculature over the site of application. All of these properties, such as anti-inflammatory, antibiotic, vasodilatation, increase blood flow and are very useful for a wound healing. Increased blood flow in terms of increasing the supply of oxygen and eventually eliminating toxic materials from the affected part.

CONCLUSION

Anushastra is equally important for shastrakarma in surgical practice. Kshara is commonly mentioned in Ayurvedic texts at various locations in wound management. Pratisarniya Kshara is used in chronic non-healing wounds debriding Kshara karma is a conducive, day-care procedure and is very cost-effective, with minimal and trivial post-procedural complications that are negligible under local anesthesia. Agnikarma therapy is result-oriented in vatakaphaja disorders for sthanika involvement of vata. It is an outpatient and affordable method of treatment for the common man. Agnikarma employs hard and unloading wounds in nature. Jalaukavacharana has shown to be very effective in the management of various skin disorders, chronic non healing ulcers etc. with a very cost effectiveness.

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