



# A CRITICAL INTERPRETATION ON SANGYAHARANA (ANESTHESIOLOGY): AN AYURVEDIC STUDY

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## ABSTRACT

The only comprehensive literature that covers the difficulties of actual surgery and midwifery is the Sushruta Samhita. Sushruta was a highly accomplished surgeon. Since the dawn of time, physicians have labored to provide this pain-free operating room atmosphere because they understand the value of anesthesia. Sushruta performed painless surgery with sangyahaarana. The Sushruta Samhita is the first place where a systematic manner of arranging the surgical experiences of the more skilled surgeons is seen. Sushruta mentions a few Dravyas in the Bhojaprabandha, including Madya (wine) and mohachurna. Additionally, Charak has described the proper way to provide the tikshna Sura to the patient prior to operation. The usage of Ayurvedic drugs, such as Vacha, Ashwagandha, Bramhi, Parijata, and Parasika yavani, to treat patients' post-operative pain, edema, and anxiety has also been described by a number of research specialists. However, a primary herbal anesthetic is still awaited. The Sangyahaarana (Anaesthesia) used by ancient surgeons was examined historically in this work.

**Keyword:** Shalya, Sangyahaarana, Anesthesia etc.

## INTRODUCTION

Anesthesia is a "reversible loss of sensation," according to Sangyahaarana. Surgeons have long understood the benefits of anesthetic and strived to provide a pain-free operating environment.<sup>1</sup> In India, as in other multicultural countries, healing spells and mantras replaced conventional treatment. The main figure in Indian medicine was a priest by the name of Bhisag Atharvan who had social standing above that of a doctor. The dark, blind, primitive tribes who lived there regularly assaulted the earliest known Aryan settlements in the Punjab.<sup>2</sup> Throughout the war, the doctors routinely treated the Aryan commanders and

soldiers. The outcome was that the Aryan warriors' limbs were stripped of their arrow shafts, their legs were amputated and replaced with iron prosthesis, and their damaged eyes were removed.<sup>3</sup>

Ayurvedic surgery has a long and fascinating history of development. In this research, I'll examine the background of the Sangyahaarana anesthetic, which ancient Indian doctors used during surgeries, as well as a few drugs that were used after surgery to relieve agony and anxiety.<sup>4</sup>

## HISTORICAL PROSPECTIVE

Acharya Sushruta has prescribed Madya to help alleviate the agony of surgery. At the very beginning of the first chapter of the Sushruta Samhita, it is thoroughly explored and recognized as a significant problem facing humanity. The citations demonstrate that Acharya Sushruta, the founder of surgery, used a range of surgical procedures. Laparotomies and the removal of calculi are two surgical procedures that cannot be performed without anesthesia. We may thus infer that they were knowledgeable about the science of anesthesia and that the fact that surgical operations were straightforward was exclusively because of this.

<sup>5</sup>

It's also true that this is never thoroughly explained, but the hints reveal that it does exist. The Charak Samhita advises using Sura, Madira, and Asava to ease pain during the delivery of an obstructed fetus. Sammohan Churna is claimed to have been used during King Bhoja's brain surgery in Bhojprabandh4 (900 A.D.) (Mohchurnen Mohayet - Bhojprabandha). Moreover, Sanjivani was mentioned as a potential treatment for post-anesthesia recovery. However, nothing is said about the composition of these drugs. Sanjivani is also mentioned in the Balmiki Ramayana, which Vaidya Sukhena handed to Lakshmana to revive him.<sup>6</sup>

Ayurvedic pharmacognosy treatise Bhava Prakash describes Ahiphen and Bhanga as analgesics. Ahiphen, sometimes known as opium, is the main component of narcotic analgesics. The bulk of current hypnotic analgesics are mostly derived from opium. This science of life is founded on Tridosha and Nadi Vigyan. The Ayurvedic texts go into great detail on the motor (Aagyavahi) and sensory (Sangyavahi) nerves. The topic of treating postoperative pain is undergoing extensive research and making ground-breaking strides. It is now acknowledged that Basti and Virechana have preoperative importance. using herbal premedicants including Jatamansi, Ashwagandha, Brahmi, Vacha, Parsikyavani, and Shankhpushpi to create a trance-like state before surgery.<sup>7</sup>

It is now possible to experience the toxicity or side effects of modern anesthetics with the use of these indigenous premedicants. In addition to minimizing toxicity, they help reduce anesthetic doses, potentiating the effects in the process. Nirgundi, Rasna, Erandamoo, Bhringraj, Parijata, Triphala guggulu, and Shigru are examples of anti-inflammatory analgesics that can be used after surgery. Despite continuous efforts, the main locally accessible anesthetic drugs have not yet been thoroughly studied. Since Ayurvedic herbo-mineral-chemical anesthetics are not widely available, we utilize allopathic anesthetic drugs based on Ayurvedic principles. Western surgeons have made rapid advancements in the

field of decreasing excruciating postoperative pain. Anesthesia has come a long way since it first appeared in the West in 1846.<sup>8</sup>

### EXPLANATION BY ACHARYA SUSHRUTA

In the fifth chapter of Sutra Sthana, the earliest collection of Susruta's works, Acharya Sushruta describes three stages of surgical treatment. Poorva Karma, Pradhan Karma, and Paschat Karma are the names of these three processes. The first, second, and third phases are referred to as Poorva Karma, Pradhan Karma, and Paschat Karma, respectively. Poorva Karma is one of the preoperative procedures. The phrase "Poorva Karma" refers to the patients' mental and emotional preparation for Pradhan Karma (surgery or anesthesia). The following procedures are a part of this technique: a patient evaluation, a disease examination, a history of current diseases with treatment histories, an operating room setup, and equipment.<sup>9</sup>

There are 60 various techniques to cure wounds, according to Acharya Susruta's Langhanadi Virekantam Poorvakarma Vranasya Cha. He claimed that "Apatarpanadayo Virechanantam" also includes the names Apatarpan, Alep, Parisheka, Abhyanga, Sweda, Vimplapan, Upnah, Pachan, Visravana, Snehan, Vaman, and Virechana. The first phase of surgical case management is known as Poorva Karma. All three doshas are brought to Samyavastha, the condition of equilibrium, in the course of various treatments for the wounds of the patients. The employment of these approaches makes surgical procedures safe and efficient.<sup>10</sup>

Under "Poorva Karma," we consider the following elements in this: the patient, the therapy, the equipment, the operating room, the surgeon and the operation, the anesthesiologist and the anesthetics and pre-anesthetic medication. Therefore, it is evident that when Sushruta stated anesthesia, he was alluding to Shayla karma (Surgical procedures).<sup>11</sup>

### AYURVEDIC SANGYAHARANA DRUGS

S. No.	Name of the Drug used	Latin name	Anaesthetic use
1.	Bhanga	<i>Cannabis sativa</i>	Post operatively to reduce pain
2.	Parasika yavani	<i>Hyoscyamus niger</i>	Post operatively to achieve Tranquillity
3.	Shankhapushpi	<i>Convolvulus pluricaulis</i>	Post operatively to achieve Tranquillity
4.	Vacha	<i>Acorus calamus</i>	Post operatively to achieve Tranquillity

5.	Nirgundi,	<i>Vitex negundo.</i>	Post-operative action.	anti-inflammatory
6.	Rasna	<i>Alpinia galanga</i>	Post-operative action.	anti-inflammatory
7.	Bhringraja,	<i>Eclipta prostrata</i>	Post-operative action.	anti-inflammatory
8.	Parijata	<i>Nyctanthes arbor- tristis</i>	Post-operative action.	anti-inflammatory
9.	Shigru	<i>Moringa oleifera</i>	Post-operative action.	anti-inflammatory

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### MODERN ANESTHESIA

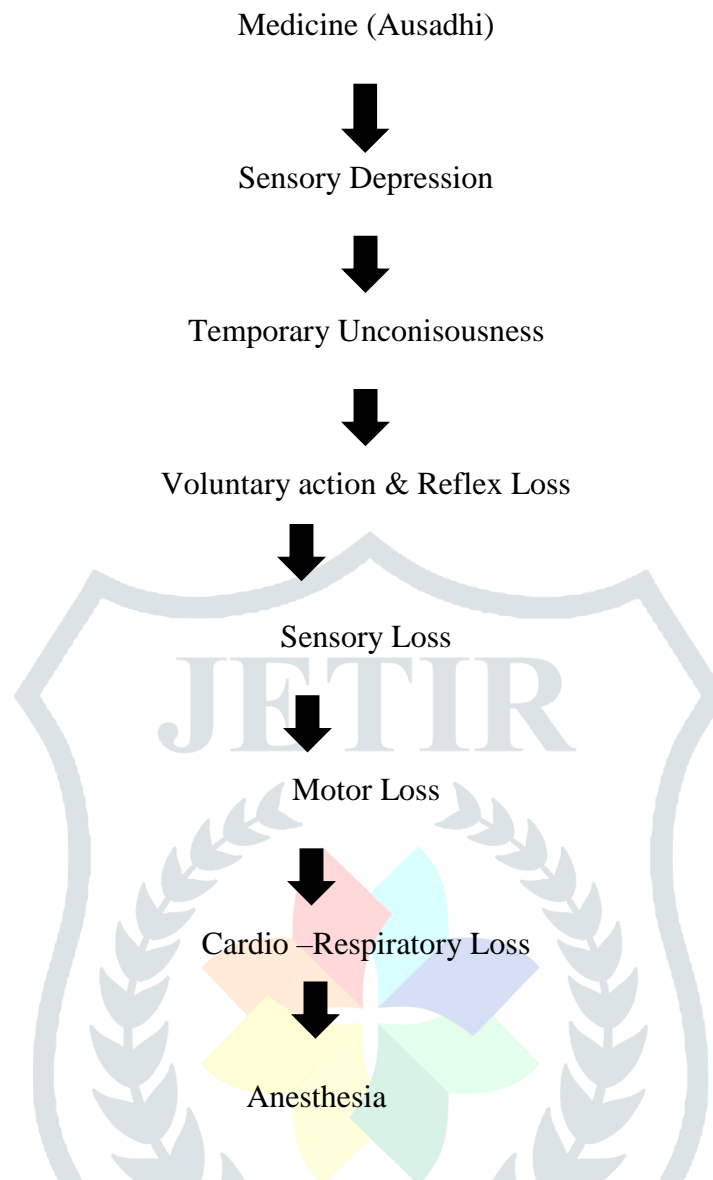
- Aesthesia - Sensation
- Anesthesia - Absence of all Sensation.

**Recent sciences have divided anesthesia on the basis of its components into four stages.**

- 1) Stage of Analgesia
- 2) Stage of Excitement
- 3) Stage of surgical Anaesthesia
- 4) Overdose (should be avoided)

**From his purpose following drugs can be employed.**

- 1) Pentathol Sodium
- 2) Ketamine
- 3) Ethyl Chloride
- 4) Ether
- 5) Halothane etc.

**MODE OF ACTION OF ANESTHESIA****DISCUSSION**

Any kind of surgery involves pain, and unless the surgeon is experienced enough to carry out his treatments without causing the patient any discomfort, the patient cannot withstand the suffering. Today, the study of anesthesia is a fast developing area of medicine. It has impacted a number of subspecialties, including the intensive care unit and the management of pain in many seriously ill patients. Sangnaapanayana dravyas are referenced in Charak and Madyenamohayitwa (Induce anesthesia with Madya afore surgery). Ayurvedic surgeons performed all procedures with the patient either in their own hands or with the aid of four or five attendants, with the exception of one or two situations like these.<sup>12</sup>

Ayurvedic surgeons no longer do surgery as a result of this gap. Even yet, certain scientists have shown that employing Tagara and sarapunkha, it is possible to generate local and spinal anesthesia, but regrettably, these Ayurvedic scientists' findings have not been further developed or made available for sale. If someone looked into this and discovered local and general anesthesia in accordance with Ayurvedic principles, it would be a significant development for Ayurvedic surgery.

## CONCLUSION

Ayurveda The oldest field of study in human history is the study of life. Surgery's biggest issue is pain control. Anesthesia is therefore far more significant in surgical procedures. An Ayurvedic manuscript known as Sushruta Samhita contains the earliest and perhaps the first mention to the use of an anesthetic herbal medicine. The Ayurvedic remedies covered here are only used to treat post-operative pain, promote tranquility after surgery, and manage discomfort. It will take a lot of work on the part of scientists and researchers to find a potent Ayurvedic anesthetic.

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## REFERENCES

1. Sushruta Samhita, Hindi commentary Shastri, Ambika Dutta, Chaukhambha Sanskrit Sansthan, Varanasi, Third Edition; 1972.
2. Sushruta Samhita – By Dr Ambikadatta Shastri, edition 1st , Chaukhamba Sanskrit series office, Varanasi, 2001.
3. Bhoj Prabandha-21, by Shri Ballalavirachita by Dr Devarshisanadhya Shastri, Chaukhamba Vidyabhavan, Varanasi, 1979.
4. A practical guide to operative surgery, edition- 3 rd , by S. Das reprint, June- 1990
5. Evaluation of Triphala Guggulu in post-operative pain, Singh H.O., et al. M.D. (Ay.) thesis, IMS, BHU; 2000.
6. Sushruta Samhita, Hindi commentary, Shastri, Ambika Dutta, Chaukhambha Sanskrit Sansthan, Varanasi, Third Edition; 1972.
7. Evaluation of Rasna (*Pluchea lanceolata*) C.B. Clarke under Sarvadaihiik Sangyahaarana (G.A.). Pai A; 1999.
8. Poorva Karma in relation to anaesthesia, Pandey, D.N. M.D. (Ay.) Thesis, IMS, BHU, Varanasi; 1986.
9. Sushruta Samhita, Hindi commentary, Shastri, Ambika Dutta, Chaukhambha Sanskrit Sansthan, Varanasi, Third Edition; 1972.
10. A comparative study on Shigru Ghansatva of Stem bark and Root bark for Post-operative pain management. Medhi Champak, et al., M.D. (Ay.) thesis, IMS, BHU; 2003.
11. Comparative study on part of Analgesia and anti-inflammatory activity of Rasna (*Pluchea lanceolata* and *Parijata* (*Nyctanthes arbor-tristis* Linn.) as premedicant C.B.Clarke, Jaiswal R.K.; 2001.
12. Hemanta Kumar Panigrahi. Concept of Sangyahaarana (anaesthesia) in Ancient India: A Critical Study. Int. J. Res. Ayurveda Pharm. 2020;11(3):72-74 <http://dx.doi.org/10.7897/2277-4343.110364>.