



A LITERARY STUDY OF SANGYAHARANA IN PRE-HISTORIC INDIA: A REVIEW STUDY

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ABSTRACT

The Sushruta Samhita is the only complete work we have that addresses the challenges of practical surgery and midwifery. Sushruta was a deeply skilled surgeon. Since the beginning of time, doctors have recognized the importance of anesthesia and have worked to create this pain-free surgical environment. Sangyahaarana was utilized by Sushruta for painless surgery. The Sushruta Samhita is where we first see a methodical approach to organizing the surgical experiences of the more experienced surgeons. Some Dravyas, such as Madya (wine) and mohachurna, were mentioned by Sushruta in the Bhojaprabandha. Charak has also explained how the patient should be administered the tikshna Sura before surgery. Additionally, several study experts have detailed the use of Ayurvedic medications including Vacha, Ashwagandha, Bramhi, Parijata, and Parasika yavani to treat patients' post-operative pain, edema, and anxiety. A primary herbal anesthetic, however, is yet awaited. This study provided a historical perspective on the Sangyahaarana (Anaesthesia) practiced by ancient surgeons.

Keyword: Sangyahaarana, Shalya, Anesthesia etc.

INTRODUCTION

Sangyahaarana- anesthesia's is "reversible loss of sense." Since the beginning of time, surgeons have recognized the value of anesthesia and have worked to provide a pain-free operating environment.¹

As in other diverse nations, healing spells and mantras took the place of medicine in India. A priest named Bhisag Atharvan was the principal figure in Indian medicine and held a status above that of a medical

professional in society. The first recorded Aryan colonies in the Punjab were frequently besieged by the dark, blind, primitive people who lived there.² The Aryan leaders and soldiery were frequently the patients of the physicians throughout the conflict. As a result, the Rigveda records that the Aryan soldiers had their legs severed and replaced with iron prosthetics, their wounded eyes were removed, and their limbs had been stripped of their arrow shafts³

The development of Ayurvedic surgery has a long and intriguing history. In this study, I'll go through the historical background of the anesthetic Sangyahanana, which ancient Indian surgeons employed during operations, as well as certain medications that were used after surgery to lessen discomfort and anxiety.⁴

HISTORICAL PROSPECTIVE

In order to lessen the discomfort of operation, Madya has been recommended by Acharya Sushruta. It is extremely well discussed and acknowledged as a major issue facing humanity at the very beginning of Sushruta Samhita's first chapter. The references show that the father of surgery, Acharya Sushruta, performed a variety of surgical techniques. Without anesthesia, surgical operations like laparotomies and calculus extraction were not possible. Therefore, we may conclude that they were familiar with the science of anesthesia and that it was solely owing to this that surgical procedures were simple to carry out.⁵

It's also accurate to say that this isn't ever discussed in depth, but the allusions show that it does exist. Using Sura, Madira, and Asava is recommended in Charak Samhita to lessen discomfort during the birth of the blocked fetus. In Bhojprabandh⁴ (900 A.D.), it is said that Sammohan Churna was utilized during King Bhoja's brain operation (Mohchurnen Mohayet - Bhojaprabandha).⁶ additionally, it was stated that Sanjivani may be used for anesthesia recovery. But the makeup of these medications is not stated. The Balmiki Ramayana, which Vaidya Sukhena gave to Lakshmana to awaken him, also makes reference to Sanjivani'.

Ahiphen and Bhanga are described as analgesics in Bhava Prakash, a treatise of Ayurvedic pharmacognosy. Opium, or ahiphen, is the primary ingredient in narcotic analgesics. Opium is the primary source of the majority of modern hypnotic analgesics. Tridosha and Nadi Vigyan are the foundation of this science of life.⁷ the motor (Aagyavahi) and sensory (Sangyavahi) nerves are both extensively discussed in Ayurvedic scriptures. Many studies are being conducted and ground-breaking advancements are being made in the field of postoperative pain treatment. Basti and Virechana are now recognized for their preoperative relevance. The use of indigenous medications such as Jatamansi, Ashwagandha, Brahmi, Vacha, Parsikyavani, and Shankhpushpi as premedicants to induce hypnosis and tranquility prior to surgery.⁷

With the use of these indigenous premedicants, it is now conceivable to experience the toxicity or side effects of contemporary anesthetics. Not only is the toxicity decreased, but these also aid in lowering anesthetic dosages, potentiating the effects in the process. Following surgery, anti-inflammatory analgesics include Nirgundi, Rasna, Erandamoo, Bhringraj, Parijata, Triphala guggulu, and Shigru. The primary locally available anesthetic medications have not yet been fully investigated, although attempts are ongoing.⁸ we use allopathic anesthetic agents based on Ayurvedic principles since Ayurvedic herbo-mineral-chemical

anesthetics are not readily available. Western surgeons have advanced quickly in the area of reducing severe postoperative pain. Since its debut in the West in 1846, anesthesia has advanced rapidly.

EXPLANATION BY ACHARYA SUSHRUTA

Three phases in surgical therapy are outlined by Acharya Sushruta in the fifth chapter of Sutra Sthana, the first compilation of Sushruta's writings. These three processes are Poorva Karma, Pradhan Karma, and Paschat Karma. Poorva Karma, Pradhan Karma, and Paschat Karma are the names of the first, second, and third steps, respectively.⁹ Preoperative measures include Poorva Karma. Poorva Karma is the term used to describe the physical and emotional preparation of patients for Pradhan karma (surgery or anesthesia). In this technique, the following steps are included: patient assessment, disease examination, history of prevailing illnesses with treatment history, setup of the operating room, and equipment.¹⁰

According to Acharya Sushruta's Langhanadi Virekantanam Poorvakarma Vranasya Cha, there are sixty different ways to treat wounds. According to what he said, "Apatarpanadayo Virechanantam" includes Apatarpan, Alep, Parisheka, Abhyanga, Sweda, Vimplapan, Upnah, Pachan, Visravana, Snehan, Vaman, and Virechana among other names. Poorva Karma is the initial stage of surgical case management. Patients who undergo these treatments receive both local and systemic therapy for their wounds, bringing all three doshas to Samyavastha, the state of balance. The surgical operations are made safe and effective by the use of these techniques.¹¹

For this, we take into account the following factors 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 Shayla karma when he mentioned anesthesia (Surgical procedures).

AYURVEDIC SANGYAHARANA DRUGS

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

9	Nirgundi,	<i>Vitex negundo.</i>	Post-operative anti-inflammatory action.
10	Rasna	<i>Alpinia galanga</i>	Post-operative anti-inflammatory action.
12	Bhringraja,	<i>Eclipta prostrata</i>	Post-operative anti-inflammatory action.
13	Parijata	<i>Nyctanthes arbor-tristis</i>	Post-operative anti-inflammatory action.
15	Shigru	<i>Moringa oleifera</i>	Post-operative anti-inflammatory action.

(Ref - 22.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>.)

DISCUSSION

Any type of surgery entails pain, and unless the surgeon is skilled enough to do his procedures without any discomfort, the patient cannot tolerate the agony. Today, anesthesia is a rapidly expanding field of medical science. It has spread over several subspecialties, such as the intensive care unit and pain treatment for many critically sick patients. In Charak and Madyenamohayitwa, allusions to sangnaapanayana dravyas may be found (Induce anesthesia with madya afore surgery). With the exception of one or two instances like these, an Ayurvedic surgeon carried out all surgeries while the patient was either in his own hands or with the assistance of four or five attendants.¹²

Due to this gap, Ayurvedic surgeons no longer do surgery. Still, there are some researchers who could demonstrate the viability of developing local and spinal anesthesia using Tagara and sarapunkha, but sadly, these results provided by certain Ayurvedic researchers have not been further improved and commercialized. It would be a major advance for Ayurvedic surgery if someone took on this topic and discovered local and general anesthesia along Ayurvedic principles.¹³

CONCLUSION

An efficient anesthetic medication for use during surgery is currently unavailable to Ayurvedic doctors. The Ayurvedic medications discussed here are exclusively used to relieve post-operative pain, induce calmness following surgery, and control post-operative discomfort. Scientists and researchers should put forth a lot of effort to discover a powerful Ayurvedic anesthetic.

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