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## Literary Review of *Poorva Karma* in *Shalya Karma*

Dansena Nobal<sup>1</sup>, Singh Balendra<sup>2</sup>, A.H. Haritha<sup>3</sup>, Lakra Alka<sup>4</sup>, Sahu Sevant Kumar<sup>5</sup>

<sup>1,3,4,5</sup>Post Graduate Scholar, Department of Shalya Tantra, Govt. Ayurveda College, Raipur, Chhattisgarh, India.

<sup>2</sup>Professor & HOD, Department of Shalya Tantra, Govt. Ayurveda College, Raipur, Chhattisgarh, India.

### ABSTRACT

Acharya Sushruta is credited with inventing the notion of *Trividha Karma* and mentioned *Trividha Chikitsa Karma* in *Agropharniya Adhyaya* viz; - *Poorva Karma*, *Pradhana Karma*, and *Paschata Karma*. *Poorva Karma* is derived from the words *Poorva* (foremost) and *Karma* (action). In the *Ayurvedic* tradition, there are two methods of treatment for all diseases: *Aushadhi Chikitsa* or *Shastra Chikitsa*. In *Shalya Tantra*, there are descriptions of *Yanta*, *Shastra*, *Kshara*, and *Agni Karmas* for performing *Shalya Karma* (surgical and para surgical procedure), but *Poorva Karma* should be given importance in any surgical treatment, and this *Poorva Karma* is recognized as pre-operative care. *Poorva Karma* is crucial to a successful and complication-free operation.

**Key words:** *Poorva Karma*, *Shastra Karma*, *Trividha Karma*

### INTRODUCTION

The *Vedas* are the oldest texts, according to researchers from all around the world, and they contain descriptions of books, medicines, and *Mantras*.

As a result, *Ayurveda* is considered as a sub-*Veda* of *Atharvaveda*, with eight branches, the first and most important of which is the surgical system, since it uses swift action, instruments weapons, *Kshara* and *Agni*, and gives the best results with less recurrence rate.

The surgeon should be knowledgeable in both theoretical and practical issues, in addition to scriptures, one should be familiar with *Shastra* (weapons). In *Agropaharaniya Adhyaya*, Acharya Sushruta

explained *Trividha Karma*, a crucial principle in *Ayurveda* and modern surgery.

Those are the<sup>[1]</sup>

1. *Poorva Karma* (pre-operative)
2. *Pradhana Karma* (operative)
3. *Paschata Karma* (post-operative)

### AIM

To study the *Poorva Karma* (Pre- Operative Care)

### OBJECTIVE

To understand the *Ayurvedic* Concept of *Poorva Karma*.

### MATERIALS AND METHODS

The all-textual reference of Pre-Operative Care is collected from *Ayurvedic* classics in the library of Govt. Ayurveda College, Raipur (C.G.)

### *Poorva Karma*

*Trividha Karma* begins with this step. Any surgery or *Karma'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*

### Address for correspondence:

Dr. Dansena Nobal

Post Graduate Scholar, Department of Shalya Tantra, Govt. Ayurveda College, Raipur, Chhattisgarh, India.

E-mail: paridansena6896@gmail.com

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*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.<sup>[2]</sup>

For the operation to be successful, the *Vaidya* must follow *Sadvritta* before performing any *Poorva Karma*.

*Poorva Karma* (pre-operative procedure)

1. Patient Examination (*Rogi Pariksha*)
  - *Astavidha Pariksha*
  - *Dashvidha Pariksha*
  - *Shatvidha Pariksha*
  - *Trividha Pariksha*
2. Selection of patient (*Rogi Chayan*).
3. Selection of treatment modality. (*Aushadha Chikitsa* or *Shastra Chikitsa*).
4. Decision about time and date of procedure (*Thithi, Mhurta Nirddharana*).
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*.
10. Selection of Anesthetic drug.

### 1. Examination of patient (*Rogi Pariksha*)

According to some authorities, all diseases can be identified using these three methods *Darshana* (inspection), *Sparsana* (palpation), and *Prasna* (interrogation)<sup>[3]</sup>; however, this is incorrect; six methods of understanding diseases include examinations using the five sense organs (*Pancha Indriya*), such as eyes, ear etc., and questioning. (*Prasna*)<sup>[4]</sup>

Later in the various types of information regarding diseases available through the organs of hearing (ears) will be detailed, such as "frothy blood pouring out accompanied by sound, forced by *Anila (Vata)* etc. In

fever, oedema, and other disorders, those obtainable through the organ of touch (skin) are cold, heat, smoothness, roughness, softness, hardness, and so on. Increase and decrease in body (size), signals of life-span, changes in strength and colour of the body, and so on are all visible through the eye. The diverse tastes in diabetes and other disorders can be obtained through the taste organ. The diverse scents presenting with fatal indications, in ulcers and non-ulcerous disorders, are those (tongue) reachable through the organ of smell (nose).<sup>[5]</sup>

*Acharyas* have described the examination to know the disease.

S N	Charaka		Sushru ta	Vagbhatta		Yoga Ratna kar
	Churvidh a Pariksha	Dashvid ha Pariksh a		Shadvi dha Pariks ha	Chaturvi dha Parikhsh a	
1.	Aaptopd esha	Prakriti	Srotra (ear)	Aaptopd esha	Nidaan a	Nadi
2.	Pratyksh a	Vikriti	Netra (eye)	Pratyksh a	Poorvar upa	Mutra
3.	Anuman a	Saara	Nasika (nose)	Anuman a	Roopa	Mala
4.	Yukti	Samhna na	Jivha (tongu e)	Yukti	Upshay a	Jivha
5.	-	Praman a	Twak (skin)	-	Sampra pti	Shabd a
6.	-	Satmya	Prasna (questi on)	-	-	Spars ha
7.	-	Satva	-	-	-	Dhrika
8.	-	Aaharas akti	-	-	-	Aakriti
9.	-	Vyayam a sakti	-	-	-	-
10.	-	Vaya	-	-	-	-

### History taking and general examination

Diseases that are inappropriately noticed (by the physician), poorly described (by the patient or his family), and not extensively examined (and accurately diagnosed) are going to perplex the physician.

As a result, the patient must be examined from the standpoints of habit (*Prakriti*), pathological condition (*Vikriti*), system tone (*Saara*), compactness (*Samhanana*), proportions (*Pramana*), homologation (*Satmya*), psychic condition (*Satva*), food capacity (*Aahara Sakti*), exercise (*Vyayama Sakti*), and age (*Vaya*), in order to determine his level of strength.<sup>[6]</sup>

Nature of the habitat, time (season), caste, accustoms, causes for onset of diseases, exacerbation of symptoms, strength, nature of internal (digestive) fire, elimination or non-elimination of flatus, urine, and faeces, time of exacerbations of the disease (symptoms), and other similar information can be obtained by questioning locals (persons near to the patient).<sup>[7]</sup>

Individual variation among people is made up of the sum of various hereditary, family, climatic, seasonal, periodic, and idiosyncratic tendencies.

A physician who monitors the progression of diseases and the patient's condition on a regular basis will not make a therapeutic error.

### Purpose of examination

The goal of such an evaluation is to figure out which therapy path to follow. Treatment refers to the understanding of how to put the measures in place to combat a disease in practice.

Only after thoroughly analyzing a condition from all angles using the tripartite technique of knowledge acquisition can a diagnosis be made. A fragmented comprehension of a thing does not lead to an understanding of its whole nature. Correct (theoretical) information acquired from authoritative instruction comes first in this collection of three sources of knowledge; after that, research progresses through observation and inference. How can a guy

proceed to verify anything by observation or inference if he has no previous information about it? As a result, persons with knowledge conduct investigations in three ways: *Aptopdesha*, *Pratyaksha*, and *Anumana*. The disease's management should be adjusted based on its stage and condition.<sup>[8]</sup>

### 2. Selection of patient (*Rogi Ka Chayan*)

In a situation when there are both indications for administration and indications for avoidance of administration, the physician should balance the relative strength of both symptoms and choose which symptoms outweigh the other.

### 3. Selection of treatment modality - (*Aushdha Chikitsa /Shastra Chikitsa*)

When pharmacological therapy fails to cure the condition, a professional doctor should use certified weaponry to try to cure the sickness as quickly as feasible (*Shastra Karma*).

**Management based on disease and stage:** All of these drugs should be administered after taking into account the severity of the disease, the patient's digestive fire, and the patient's overall health. Palliative drugs (medicines) taken in excess (dosage) of the disease's strength cause another disease after healing the first; medicine administered in excess of digestive fire causes indigestion, extended abdominal stasis, and poor digestion. When medicine is administered in excess of a person's strength, it causes weariness, fainting, and poisoning. Purifying medications, on the other hand, cause problems for the patient. Both of these types of medications have no impact when supplied in insufficient amounts. As a result, a sufficient quantity of these should be used (appropriate to the strength of patient, diseases etc.)

### 4. Collection of drugs (*Dravya Sangrahana*)<sup>[9]</sup>

<b>Collection of materials:</b>	<i>Yantra, Shastra, Kshar, Agni, Shalaka, Shringa, Jalouka, Alabu, Jambavoustha, Pichu, Protha, Sutra, Patra, Patta.</i>
<b>Collection of medicines:</b>	<i>Madhu, Ghrita, Vasa, Payasa, Taila, Tarpana, Kashaya, Kalka, Vyajana, Sheethosna Udaka.</i>

Before performing any medical work, the *Vaidya* must collect the relevant literature since, during the course of medical work, the necessity for urgent medical treatment may arise if any bothersome symptoms occur. As a result, the full material, drug, and drug collection process should be completed ahead of time.

#### 5. Decision about time and date of procedure<sup>[10]</sup>

After gathering all of the items, the date must be confirmed by looking at the *Tithi* (date), *Karana*, *Muhurta*, and *Nakshatra*. Then one must seek the elders' and god's blessings.

#### 6. Preparation of ward for the patient (*Vranitagar Vyavastha*)<sup>[11]</sup>

First and foremost, a patient's chamber should be chosen; it should be auspicious and in accordance with *Vastu Shastra* (architecture science), among other things; residing in such an auspicious house, free of dirt, sunlight, and heavy breeze, the person will not suffer from physical, mental, or traumatic disorder.

#### 7. Consent (*Sahamati Patra*)<sup>[12]</sup>

If a condition is not treated and there is no guarantee of success even after conducting arms, do so only after getting consent of well-wishers and sick patients.

#### 8. O.T. Sterilization (*Dhoopana Karma*)<sup>[13]</sup>

*Vranitagara* Sterilization (*Dhoopana Karma*) has been stated by *Acharya Sushruta* as a *Raksha Vidhi* for *Sutikagar*, *Vranitagar*, *Kumaragar*, and *Aatura* by employing specific *Dhoopana Dravyas* or *Rakkshogna Dravyas* like *Guggulu*, *Aguru*, *Rall*, *Vacha*, *Sweta Sarsapa Choorna*, *Lavana*.

#### 9. Rogi Aahara Vidhana before *Shastra Karma*

Surgical operations for diseases including obstructed fetus (*Mudhgarbha*), abdominal enlargement (*Udar Roga*), renal calculus (*Ashmari*), rectal fistula (*Bhagander*), and mouth disease (*Mukhroga*) should be performed when the patient in empty stomach. The patient is given light food before operation in other conditions.<sup>[14]</sup>

According to *Acharya Vagbhata* before performing the *Shastra Karma* the patients should be given his desired foods. Alcohol should give to the person who is accustomed to alcoholic drink and also to the person who is unable to tolerate pain. After taking food patient will not become faint and he also can't feel the pain due to instrumentation as he is intoxicated state.

#### 10. Selection of anesthetic drugs (*Sanghyaharan Dravya*)<sup>[15]</sup>

**Self-assessment** - Anesthesiologist and surgeon should self-observe before surgery, whether he is capable of performing this work or not or whether the patient is able to bear the strength, surgery and condition or not.

### DISCUSSION

Surgery has been an integral part of Ayurveda since its inception. While *Maharishi Charak* has described *Charak Samhita* as an important book for medicine, *Maharishi Sushruta* wrote *Sushruta Samhita* for surgery. There are 3 parts of the surgery - *Poorva Karma* (Pre-operative), *Pradhan Karma* (Operative) and *Paschat Karma* (Post-operative).

*Trividha Karma* in *Ayurveda* has been described in many contexts. *Trividha Karma*, primarily relevant to *Shastra Karma*, have been elucidated by *Acharya Susruta*. *Susrutha* discussed *Agropaharana*, or the collection of materials needed before and after surgery, which is critical for a successful surgery and managing problems.

The position of the patient, i.e., east, has been explained by *Acharya Susruta*, which explains the proper illumination during the surgery. Food should not be consumed prior to a surgical treatment, according to *Ayurvedic* classics as well as current literature. Surgery for disorders like *Mudhagarbha* (obstructed labor), *Arsha* (piles), *Ashmari* (urolithiasis), *Bhagandara* (fistula in ano), and *Mukharoga* (mouth diseases) should be performed on an empty stomach, according to *Acharya Susruta*. Apart from the aforementioned surgical circumstances, a small amount of food is recommended prior to surgery in order to cope with the discomfort. *Poorva Karma*

should be performed as soon as possible in *Atyayika Avastha*, as any delay will worsen the patient's health.

## CONCLUSION

*Poorva Karma* is the first step of any surgery, and compare with pre-operative procedure. For a surgeon, with a good pre-operative plan, things will go smoother, faster and with less stress during the operation. Any surgical procedure with proper preoperative management will provide complication free surgery.

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