

Clinical Utility of Anushalyas (Ksharakarma, Agnikarma and Jaloukacharana)

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ABSTRACT

Among 8 branches of Ayurveda Acharya Sushruta has given special emphasis on Shalya tantra and mentioned it 1st among all remaining branches. This branch of Ayurveda deals with surgical and parasurgical techniques for the management of various diseases. Anushalya karma means uses of minimum invasive techniques to perform surgical procedures. Shalya tantra has got its prime importance by mentioning of Anushalya karmas like Kshara, Kshara sutra, Agnikarma and Jaloukacharana. With the advancement of medical science many techniques have been designed to overcome draw backs of Anushalya karmas. The Anushalya karmas play vital role in surgical interventions, therefore in this article the various aspects and recent advances related to the Anushalya karma are presented.

KEYWORDS: Aushalyas, kshara, Agnikarma, Jaloukacharana

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INTRODUCTION

Acharya Sushruta has described different parasurgical procedures apart from many surgical procedures, including twaksara, sphatika, kaacha, kuruvinda, jalouka, agni, kshara, nakha etc. [1] These procedures usually carried out in infants and those who are afraid of instruments and also when the sharp instruments are not available. Anushalya karmas not only cure the disease but also helps in diagnosis of various pathological conditions like nadi vrana, unmargi vrana and utsangi vrana. Among all types of anushalyas kshara karma, agnikarma and jaloukavacharana have major approaches as agnikarma helps in vata and kapha predominant abnormalities, kshara used in management of diseases like arsha and bhagandara, and jaloukaavacharana in raktaja and pittaja vikaras. So, in this article various aspects and recent advances related to the anushalya karmas are presented.

Kshara

As per the acharya susruta kshara means substance capable of melting away or destroying. Being a composite of many drugs, having properties like tikshna, ushna and shodhana, it alleviates the three doshas. Kshara is considered to be superior among shastras and anushashtas because it can be used when surgery is not possible. There are 2 types of ksharas, pratisaraniya kshara for external purpose and paaniya kshara for internal purpose. Mrudu, madhyama and teekshna are other types of kshara based on their potency. [2]

Indications of pratisaraniya kshara

Kushta, kitibha, dadrumandala, kilasa, bhagandhara, arbhuda, arsha, dushta vrana, naadi vrana, charmakeela, tila kaalaka, nyaccha, vyanga, mashaka, bhahya vidradi

Indications of paneeya kshara

Ghara (artificial poison), gulma, udara, agnisangha, ajeerna, arochaka, aanaha, sharkara, ashmari, abhyantara vidradi, krimi, visha, arsha

Contra indication

Durbala, baala, sthavira, bhiru, sarvangashoona, udari, raktapitta, garbhini, rutumati, pravruddha jwara, pramehi, kshata ksheena, trusheeta, murcha, klibha

Clinical application of kshara in arshas**Poorva karma**

A patient who is fit for the surgery should be counselled and prepared accordingly. Before starting procedure Materials required like pratisaraniya kshara, normal saline, nimbu swarasa etc kept ready.

Pradhana karma

patient is made to lie in lithotomy position. Under local anesthesia painting and draping done. Lubricated slit proctoscope is inserted slowly to visualize the pile masses. Care should be taken not to burn the healthy mucosa by placing wet cotton swabs over it. kshara is applied over the pile mass and kept for 1 minute. Then it is cleaned with distilled water followed by nimbu swarasa. Observe that whether the pinkish pile mass was turned to blackish (pakvajambu phala varna). Thereafter the anal canal is packed with cotton pad soaked in jatyadi taila or yastimadhu taila.

Pashchat karma

Patient kept NBM for next 6 hours after the procedure. Anal pack removed after 24 hours or when patient get natural urge of defecation. Medicines having analgesic, anti-inflammatory action are prescribed.

AGNIKARMA

The word agnikarma denotes agni + karma i.e., heat + procedure. "agnikarma is a para surgical procedure performed by using agni". Different types of dahanopakaranas are pippali, aja shakrit, godanta, sara, shalaka for twakgata disorders, jambavastha, loha for mamsagata disorders, kshoudra, guda, Sneha for sira, snayu, sandhi and asthigata disorders. Different shapes of agnikarma are valaya, bindu, vileka, pratisarana, ashtapaada, ardhachandra and swastika.^[3]

Indications

Severe pain caused by vata in the skin, muscles, veins, ligaments, bony joints and bones, vrana, granthi, arsha, arbhuda, bhagandhara, apachi, shlipada, charmakeela, tilakaalaka, shonitha atipravrutti

Contra indications

Pitta prakriti, bhinna koshta, durbala, vridhdha, antaha shonitha, baala, bhiru, multiple vrana, pandu, kshaya,

atisara, udara roga, chardhi, garbhini, ajirna, kshuda, timira.

Clinical application of agnikarma

Example: shalaka

Poorva karma

Patient should be counselled and prepared accordingly. Required instruments and materials (shalaka, ploti, Pichu) should be kept ready. Patient should be asked to take picchilla Anna and snigdha diet before agnikarma procedure. The shalaka should be heated on fire to red hot

Pradhana karma

The affected area of the patient should be marked with a marker or pen. The shalaka which is heated to red hot is applied uniquely over the marked site taking care not to burn deeper tissues. One should not exert excessive pressure while doing Agnikarma, otherwise it might result in atidagdha

Pashchat karma

Application of paste of *Ghrita* and *Madhu*, and paste of drugs which are *Snigdha* and *Sheeta Virya*. *Agnikarma Chikitsa* can be repeated after 7 days.

JALOUKACHARANA**Principles of raktamokshana**

In panchakarma chikitsa pravruddha doshas are moved from the body, whereas in raktamokshana along with vitiated rakta the vitiated doshas, are removed. The susceptibility of rakta towards impurity is so versatile that the classics where compel to agree upon rakta as the chaturta dosha. Therefore, dushita rakta should be let out to protect the health or to remove the disease. Since pitta is dependent on the rakta therefor raktamokshana decreases the quantum of enhanced pitta, henceforth doshas and pittaja vyadhi are too relieved or cured by the therapy

Jalauka- Jala+ Ayu means the animal whose life is depend on water. Jaloukacharana is claimed to be the supreme therapy because of safety and higher efficiency in blood disorders. It is indicated for King, rich, old aged, fearful, weak, women and even is sophisticated peoples.^[4]

Types

1. Savisha
2. Nirvisha

Collection and Presentation

The leeches can be collected from a pond by use of a wet leather keeping in the stream or by fresh meat of dead animals

Time: Sharad Rhotu

Preservation- They should be kept in a wide spacious pot. The pot should be filled with pure water of pond

with lotus. Its normal feeding is with shaival, meat of animals, powder of small plants, grass and leaves of small plants. On every third day water should be changed and feeding should be kept into the pot. After 7 days pot should be changed.

Indications of leech application

Gulma, arsha, vidradi, kushta, vata rakta, galaroga, netraroga, vishadvashta and visarpa

Poorvakarma

Shodhana of Leech- The leech should be kept in haridra powder mixed in water for one minute and then washed in clean water

Preparation of the patient- Affected part should be cleaned and swedan karma is done. The affected part should be rubbed (Vigharshan) by the rough powder of cow dung or clay. It is contraindicated if part is ulcerated.

Pradhan Karma

After preparation of patient the leech will be too much unctuous, pichchila and soft that it slips from the hand. It should be caught with gauze or with hands covered with gloves. Then leeches should be taken out from their receptles and sprinkled over the cater. Leeches attach to the skin by two muscular suckers before biting with three teeth inside their anterior suckers. Blood is sucked in to the stomach by peristalsis. Each leech will ingest blood nearly ten times of its body weight before falling off. The middle part of the leech will be swollen, as soon as it starts sucking the blood. It sucks only impure blood first. If patient notice pain during sucking it should be thought that pure blood is now sucked by leech. Then the leech should be removed instantaneously by pouring saindhava lavana at its mouth. If leech refuse to stick over the desired spot, The affected part should be painted with milk or blood. Another fresh leech may be applied.

Inference of sucking

During sucking from affected part, the leeches assume the shape of horse shoe and raise their neck when they attach to the seat of the disease. During sucking cold water should be sprayed over the leeches.

Symptoms of fresh blood sucking

- Sensation itching at site of application
- Drawing pain at the site

If these symptoms occure, leeches should be removed.

Removal of leech

The powder of Saindhava is sprinckled. They will give up sucking.

Paschat Karma

Management of leeches- The leeches should be kept on rice powder, their mouth should be lubricated with composition of oil, common salt. Then they should be caught with tail with help of thumb and forefinger of the left hand. Their back should be rubbed with the same fingers of right hand from tail to the mouth in upward direction so that they may eject the whole blood which they sucked. This should be repeated until emptying of their stomach. Now the leech should be kept in fresh water in a separate pot with label.

Patient care

Due to hirudin the blood of the affected part will not coagulate. The shatadhauta ghrita is applied on the wound or a pichu dipped in shatadouta ghrita is kept on the wound. If the bloodletting is unsatisfactory or improper, the wound must be rubbed with honey and cold water or it must be bandaged with cold paste.

Number of leeches applied

It is decided to apply leeches as one leech per two years of age up to adult age of the patient for a complete course schedule. A leech should not be used for several patients but for each patient separate leech should be applied.

As average size leech will cause bleeding of 10 to 20ml of blood.

Each leech will feed for 30 minutes to 1 hour, remove around 20ml of blood before falling off. Though bleeding from the wound can resulted the blood loss up to ten times of this amount.

The leeches are now applied worldwide in the cases of skin grafts to encounter blood congestion, in haematomas, purpura fulminans, paronychia, vascular congestion of penis, tumours, skin diseases, venous illness, acute phlebitis, varicose veins, acute gout, infections, facial boils and insect bite, high blood pressure, haemorrhoids, delayed wound healing.

The active leech substances totally block the enzymatic processes activated and often exceeding within inflammation and trauma. The salivary glands of leeches also produce a cornucopia of other pharmacologically active substances including an antihistaminic protease and possibly an anaesthetic and an antibiotic.

The therapeutic effect is not only from the loss of blood but due to secretion which the leech expels into the wound. ^[5]

Complications

- Allergic reaction due to histamine release.
- Soreness after the bite rarely appears.

- Small scar at the site of bite may remain for weeks.

Discussion

In present era three main anushastra karma used they are kshara karma, agni karma, and jaloukacharana. All these 3 karmas are having their own importance in their places but comparatively agnikarma takes superior among these because of its roganam apunarbhavam quality. With the advancement of medical science many techniques have been designed to overcome draw backs of Anushalya karmas. For example, Although the standard Apamarga ksharasutra is used successfully in the management of Fistula in ano, the problem in its preparation and use are worth noting as Snuhi ksheera coagulates if not used early and its collection becomes difficult in summer season. To overcome such problems, several researches have been carried out. same in Agnikarma based on its principal in pain relief modified techniques are used e.g., transcutaneous electric nerve stimulation (TENS), electric muscle stimulator (EMS), electro cautery etc. For raktamokshana various methods are employed such as; Shringa, Jalouka, Alabu, Prachhana and Siravyada. But as it is having drawn backs like spreading of infections like HIV, Hepatitis B etc, the modified techniques like Cupping therapy, Different size of Dispovan syringes are used.

Conclusion

Kshara karma, agni karma and rakta mokshana are minimum invasive approaches which offer maximum health benefits in many diseases that require surgical approach, minimum post procedure complications, ambulatory treatment modality which is affordable to every common man.

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