



Conceptual Study of TrividhChikitsa Karma in Shalya Tantra– A Review

Dr. Abhishek Mavale^{1*}  and Dr. Devyani Dasar²

¹PG Scholar, Department of Shalyatantra, Mahatma Gandhi Ayurved College Hospital and Research Centre, Salod (H), Datta Meghe Institute of Medical Sciences, Wardha 442001

²Associate Professor, Department of Shalya Tantra, Mahatma Gandhi Ayurved College Hospital and Research Centre, Salod (H) Wardha, Datta Meghe Institute of Medical Sciences, Wardha 442001.

Abstract: Ayurveda focuses on integrating and balancing the body, mind, and spirit rather than on specific illnesses. Shalyatantra is associated with the sage-physician Sushruta. Given the early stage of human history and the absence of any supporting body of knowledge before his era, his concepts of anatomy, pathophysiology, and therapeutic approaches were incomparable. Acharya Sushruta has described the entire course of medical treatment in connection with a disease, which may be grouped under these subheadings as the initial steps (Purva Karma), the main therapeutical or surgical appliances (Pradhana-Karma), and the follow-up steps (Paschat Karma) regardless of the surgical procedure. Surgery comprises the main action (operation) but also the care of the patient before and after the technique. Acharya Sushrut, regarded as the father of surgery in Ayurveda, chose these three Karma solely and only for the benefit of patients who undergo any surgical procedure. In this article, we compare ancient and contemporary surgical practices, contrasting prior articles or research that solely focused on particular Karma, upkramas, and specific topics. In our article, we contrasted several old and contemporary strategies in a simple way for students to grasp. This article compares several parts of trividha karma with contemporary surgical techniques, demonstrating the relevance of our acharyas' siddhanta even today.

Keywords: Trividhchikitsa Karma, Purva Karma, Pradhan Karma, Paschat Karma, Ashtavidha Karma.

*Corresponding Author

Dr. Abhishek Mavale , PG Scholar, Department of Shalyatantra, Mahatma Gandhi Ayurved College Hospital and Research Centre, Salod (H), Datta Meghe Institute of Medical Sciences, Wardha 442001

Received On 13 January, 2023

Revised On 19 July, 2023

Accepted On 3 August, 2023

Published On 1 November, 2023

Funding This research did not receive any specific grant from any funding agencies in the public, commercial or not for profit sectors.

Citation Dr. Abhishek Mavale and Dr. Devyani Dasar , Conceptual Study of TrividhChikitsa Karma in Shalya Tantra– A Review.(2023).Int. J. Life Sci. Pharma Res.13(6), L300-L310 <http://dx.doi.org/10.22376/ijlpr.2023.13.6.L300-L310>

This article is under the CC BY- NC-ND Licence (<https://creativecommons.org/licenses/by-nc-nd/4.0>)

Copyright @ International Journal of Life Science and Pharma Research, available at www.ijlpr.com

Int J Life Sci Pharma Res., Volume13., No 6 (November) 2023, pp L300-L310



1. INTRODUCTION

Sushruta, the father of surgery about 500 BC, has been unapproachable to the medical science of the day because of its original availability. The two categories of Ayurveda's Prayojana are sustaining health by applying Ritucharya, Dinacharya, and Sadvritta and curing illness through therapeutic techniques. Sushruta Samhita, the great surgical treatise written by Sushruta, the father of surgery, about 500 B.C, has been inaccessible to the other medical sciences of the day and world because of its original availability in Sanskrit, a language of ancient Indians only.

According to Acharya Sushrut,

Trividh is Sanskrit for three sorts, while *Karma* is a Sanskrit word for "Operative procedure." Acharya Sushruta have explained the entire course of medical treatment for a disease, which can be divided into subheads¹.

- 1) Before Operative Procedure (*Purva Karma*),
- 2) Internal Operative procedure (*Pradhana Karma*), and
- 3) After Operative Care (*Paschat Karma*).

The pre-operative evaluation of a foreign body, its precise location within the body, as well as the suitable instrument to remove it has been outlined by Acharya Sushruta. He has also brought up starvation and pre-operative diets for different kinds of surgery. He has also underlined the importance of taking asepsis and antisepsis precautions and protecting wounds from harmful and unseen organisms (*Nishachara*). *Vranitaagara* needs are to be fumigated twice a day for ten days.²

According to Dalhana,

- Purva karma: Langhana to Virechana || karmas,
- Pradhan karma: Patan to ropan
- Pashchat karma: Restoration of Bala, Varna & Agni.

Also, he says that wounds over the head, ears, face, neck, lips, nose, cheek, abdomen, upper extremities, reproductive organs, scrotum, penis, etc., should be sutured right away. In excised or stretched-out tissues, Acharya Vagbhata advised rapid suturing. When undergoing deep surgery, Charakacharya recommended suturing on the flanks, bowels region, etc.³ It is imperative to emphasize that the eight surgical methods that make up the *Ashtavidha Shashtra Karmas* are the eight surgical techniques and also the eight universal principles that can be used in any surgery. These Karmas include a brief but comprehensive description of every operation.⁴ This article aims to educate surgeons with an integrated strategy for delivering patients the best treatment possible. It will be accomplished by the conceptual study of *trividh chikitsa karma* in *shalyatantra*. Early research done in this context explains how we can comprehend the systematic way of organizing the older surgeon's surgical experience concerning preparatory, primary, and following measures.⁵ But the study needs modern techniques in a way that is understandable to students and incorporates the fundamentals in practicals aspect. Existing research articles need a comparative evaluation of the fundamentals of surgery from modern and ayurveda perspectives. This study represents the data in a tabular manner and visuals which simplifies complex ideas. Thus, it will assist in explaining the complex Ayurvedic principles to the students in a simplified manner. The previous studies lacked detailed information

about the modern and Ayurveda concepts; moreover, their comparison wasn't made satisfactorily, which needed to be modified according to present times.

2. PURVA KARMA -PRE-OPERATIVE PROCEDURE

The *Sushruta Samhita* contains numerous descriptions of pre-operative treatment, including disease diagnosis, admission, consent & counseling, enema, fasting, and part preparation. Some of these have been discussed under the category of *Mudhagarbha*. In contrast, others have been discussed under the heading of *Shashtra Karma*, and others have been discussed under the categories of *Bhagandar*, *Arsha*, *Ashmari*, *Mukharoga*, etc. Before any surgical treatment, adequate *Poorva Karma* should be performed. Correct pre-operative care will result in better intra-operative, post-operative, and complication-free outcomes. Patient preparation, sterilization, and anesthesia are all included in *purva Karma*. Acharya Sushruta and Vagbhata presented a unique ritual called *Raksha Karma*. The surgeon is instructed to recite a few mantras for the patient's well-being and prosperity. These mantras are recited pre or post-surgery. This *Raksha Karma* merely aspires for the patient's best outcome and success. Acharyas have also emphasized the necessity of collecting a complete history, performing a comprehensive physical examination, and performing many assessments, because failing to do so can misguide the physician. According to one definition, *poorva Karma* is a pre-surgical strategy for overcoming intra-operative and post-operative problems. The pre-operative phase is the duration between the patient's hospital admission and the start of the procedure. A pre-operative preparation includes several steps, including taking the patient's history, examining, consent, pre-operative treatment, investigation of the patient, administration of anesthesia, and OT preparation with sterilization of the instrument. According to Acharya Dalhan, the first 12 *shasthiupa kramas*, or the "*shastivranau* Karmas," are described as "*poorva Karmas*" that should be performed before the "*pradhan Karma*".⁵

2.1. Patients History

The specific question is asked to the patient aiming at a clear diagnosis and intensity of symptoms; onset, duration, and relieving factors should also be documented.

2.2. Examination of the patient

Systemic examination includes CNS, CVS, and RRS.

2.3. Investigation

CBC, HB, PCV, PSR, BTCT, Blood group, and cross-matching should be done.

2.4. Informed consent

It is very necessary before any measure surgery.

2.5. Nil by mouth

Patients are advised not to take solid food before six hours of surgery. Fluid should be given within two hours before anesthesia.

2.6. Preparation of part

The field of operation should always be examined carefully to exclude any septic spot. The extent of skin preparation should be well beyond the field of operation. The skin is prepared before the operation.

2.7. Care of bowel

In anorectal surgeries, anemia should be given twice. In case of constipation, laxatives should be given or prescribed 36 hours before the surgery. And the patient must have morning anemia before he goes to Operation Theatre. If the patient's bowel habit is normal, Soap water anemia or Proctolysis Anemia is sufficient in the morning.

2.8. Administration of anesthesia

Ensure that the patient does not feel any pain during surgery.

2.9. Anesthesia in Ayurveda

2.10. Madhya Paan⁶

It is well-known that the Sushruta era saw the height of surgery. These days, a great deal of individuals uses anesthesia. For various procedures, Acharya Sushruta mentioned Madhya. Even Charaka recommends it to lessen labor pain and discomfort during foreign body removal.

2.11. Skin preparation and draping

Skin preparation includes the surgical site and the area around it, starting from the incision and working away from it. Contaminated areas like exile and perineum should be covered last. Two coats of antiseptic are usually done (1% iodine). Draping of the skin creates a protective zone around the operative site. Both disposal and reusable drapes are suitable. Once in a place, they should not be disturbed.

Table I: Vrana Upakarmas ⁷		
SR. NO.	VRANA UPKARMAS	DESCRIPTION
1.	<i>Apatarpana</i>	Faster
2.	<i>Alepa</i>	Ointment
3.	<i>Parisheka</i>	wash the affected area with liquids
4.	<i>Abhyanga</i>	Massage to the entire body
5.	<i>Sweda Karma</i>	Sudation
6.	<i>Vimlapana</i>	Softening the Vranashotha
7.	<i>Upanaha</i>	Poultices
8.	<i>Paachana</i>	<i>Aama Pachana</i>
9.	<i>Rokta Mokshana</i>	Blood letting
10.	<i>Sneha Pana</i>	consumption of oils and ghees
11.	<i>Virechana</i>	Purgation
12.	<i>Vamana</i>	Emesis

3. PRADHANA KARMA - INTERNAL OPERATIVE PROCEDURE

The primary eight surgical techniques described by Sushruta are called *Ashtavidhshastra Karma*. *Ashtavidhashastra Karmas*, which can be applied to any surgery. Acharya Charaka has detailed six different types of shashtra Karma, Acharya Vagbhata has described thirteen different types in *AshtangHridaya*, and twelve different types have been published in *AshtangSamgrah*.

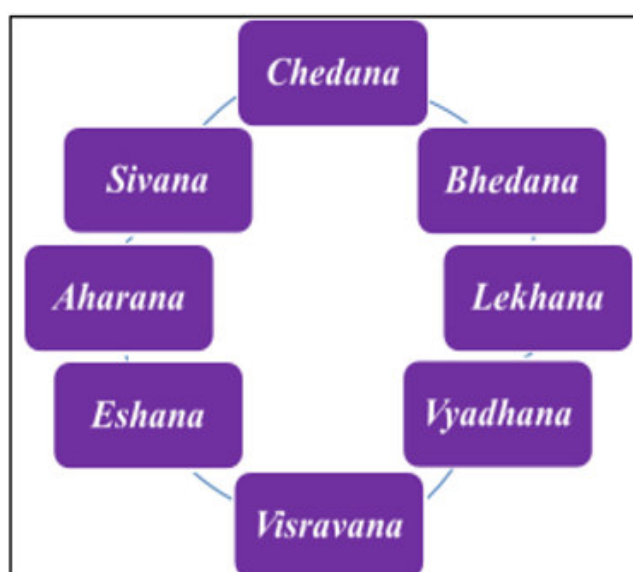


Fig 1: Techniques of Ashta Vidha Shashtra Karma

Table 2: Upakramas

Sr. No.	Sushruta Samhita ⁸	Charak Samhita ⁹	Astang Sangrah ¹⁰	Astang Hridaya ¹¹
1.	Chedan	Patana Karma	Aaharana	Utpatan
2.	Bhedan	Vedhana Karma	Patana	Patana
3.	Lekhan	Chedana Karma	Seevana	Seevana
4.	Eshana	Lekhana Karma	Eshana	Eshana
5.	Aaharana	Prachhan Karma	Lekhan	Lekhana
6.	Vedhana	Seevana Karma	Visravana	Prachhana
7.	Visravana	--	Kuttana	Kuttana
8.	Seevana	--	Chedana	Chedana
9.	--	--	Bhedana	Bhedana
10.	--	--	Vyadhan	Vyadhan
11.	--	--	Manthana	Manthan
12.	--	--	Grahana	Grahan
13.	--	--		Dahana ¹

3.1. Chhedana Karma (Excision or extraction)

Chedana Karma refers to the removal of a physical portion that is aberrant. Disorders like Arshaankur (hemorrhoid), granthi (cysts), tilkalak, vranavrttha (margins of ulcer), arbuda (tumors), charmakila (warts), jatumani (necrosed ligament, muscles, and veins) and foreign body located in bone are treated with the help of mandalagra (circular knife), karapatra (bone saw), vrudhipatra (scalpel), etc.

3.2. Bhedana Karma (Incision)

Bhedana Karma refers to a surgical incision to reveal a particular operating site. Bhedana Karma is used to treat a variety of illnesses, including vataj-pitaj-kaphajgranthi (lymphadenitis), pramehapidika, shopha, bhagandaradiprapaki (suppurating) roga, medojvyadhi (adipose tissue diseases), the three varieties of visarpa (erysipelas), vrudhi (hydrocele and hernias), carbuncles, inflammatory swellings, breast diseases, diseases caused by medas, etc.

3.3. Lekhana Karma (Scraping)

Lekhana Karma means scraping of infected skin or lesions. Disorders classified as lekhan Karma yoga include vitiligo, kilas (leukoderma), upjihvika (sublingual inflammatory swelling), diseases of fatty tissue, skin patches, keloid, hypertrophied muscles, and vataj-pitaj-kaphaj-raktajrohini (diphtheria).

3.4. Vedhana Karma (Puncturing)

This term refers to puncturing with tools such as a needle, eshani, kutharika, and aara. Ascites, hydrocele, and diseases in which blood vessels are punctured.

3.5. Eshana Karma (Probing)

Eshana Karma means probing with eshani (probe). Probes are used to examine sinuses, wounds, and foreign bodies with an oblique path or extensions.

3.6. Aharana Karma (Extraction)

The term "aharana Karma" refers to the removal of three different types of sharkara, including mutrasharkara (urinary gravel), padsharkara (foot corn), and dantasharkara (dental tartar), as well as dantamala (tooth stains), kar-namala (ear wax), ashmari (vesical calculus), obstructed labor, etc.

3.7. Vistravana Karma (Draining pus)

Drainage is referred to as visravana Karma. Needles, kush yantra, trikurchak, shararimukh, antarmukh, and aatimukh are used to drain the pus in cases of vidradhi, shopha (localised inflammation edema), Karnapali may (ear lobe illnesses), dantaveshtak (gum hypertrophy), sitaad (suppurative gingivitis), infected blood, tumors, soft chancre, breast disorders, and pyorrheadiseases of lips caused by pitta, rakta, and kapha.

3.8. Seevan Karma (Suturing)

Suturing with the aid of needles and threads is known as seevan Karma. Disorders that are seevan Karma yoga are Medasamutha (adipose tissues), incised and scraped wounds, fresh wounds, and gatishil sandhi linked movable wounds. Suturing is not advised in wounds exposed to caustic burns, toxins, or wounds containing foreign bodies. It is indicated in tumor size and scrapped well in traumatic wounds and disease-localized unmovable joints.

3.9. Different types of Seevan Karma

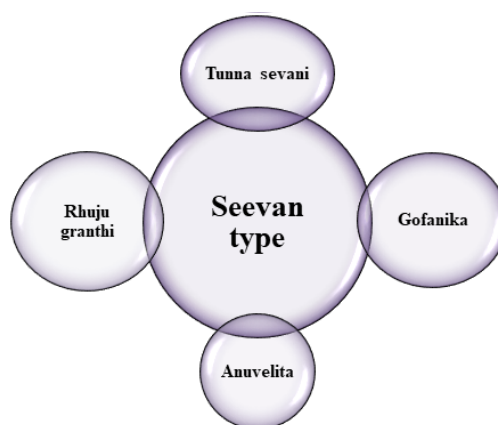


Fig 2: According to Ayurveda

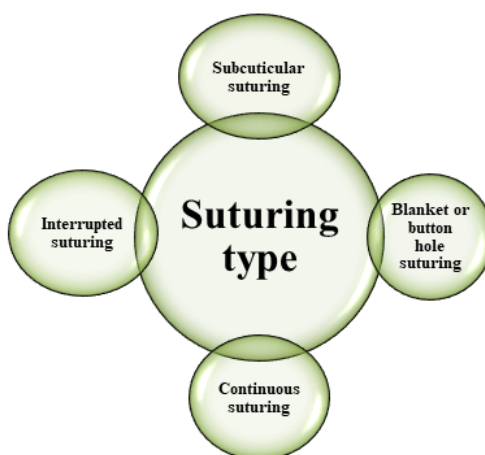


Fig 3: According to Modern Science

4. TYPES OF SEEVAN

4.1. Vellitaka

It means continuous suture. It is accomplished by stitching constantly along the length of the wound, rapping the twisted edges inside it.

4.2. Gophanika

The Vrana, which are molded as footprints of a crow or are wide, are suturing with a gophanika kind of suturing.

4.3. Tunnasevani

It is done as like as the destroyed pieces of clothing are suturing. It fits in vrana over the eyelids.

4.4. Rujugranthi

This needle is embedded in Vrana edges and sutured, keeping some distance between the two join.

4.5. Paschat Karma -Post-Operative Care






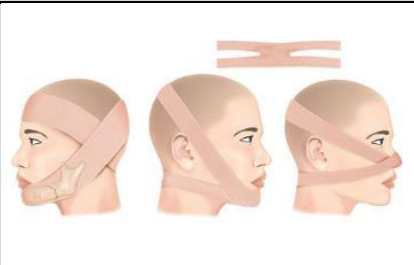

The surgeon and his assistant must provide attentive care until the patient fully recovers and the wound has healed

after completing the Shastra Karma. Following surgery, a thick layer of pads or bandages should be placed over the wound before applying the medicinal pastes. On the third day, the previous bandage should be removed and reapplied exactly as before. The dressings should be changed every third day in the winter and spring and every second day in the summer and rainy seasons.¹⁴ The usage of additional bandages, dressings, lotions, ointments, meals, and ambulation intervals depends on the patient's overall health and the state of the wound. Acharya Vagbhata discussed the need to disinfect and fumigate bandages and clothing. Acharya Sushruta made it very clear in Chikitsa Sthana that patients should always maintain good health since it helps minimize the disease's severity.¹⁵ The patient must exercise extreme caution when moving, sitting, standing, changing positions in bed, etc. As part of the Prasastha Ahara, Ushna, Snigda, Saalianna (unpolished rice), Jivanthi (spinach), Modaka (radish and carrot), Mudga (gramme pulses), Kaaravella (bitter gourd), Vilepi, Jangalamaamsa rasa, and hot water should be provided. Madhya should be avoided because of its effect on the healing process of wounds. A gentle application of lukewarm ghee mixed with Mulethi helps calm the patient's restless pain from an operation. After performing the servant Karma, the wound is bandaged with silken gauze using powders such as Anjan, priyangu, mulhethi, lodhra, shaalaaki phal, etc. The patient spends 10 days in the post-operative care unit (vranitagara).¹⁶

4.6. Bandaging

4.7. Patterns of bandaging/types of bandage¹⁷Table 3: Ayurvedic Bandaging^{12,13}

Sr. No.	Types of Bandhana	Modern correlation	Site of uses	Figs
1.	Kosa- Sac/ Cocoon like	Circular/ Finger Bandage	Thumb, toes & fingers	 Fig 4
2.	Dama-thread belt like	Crepe/ Sling Bandage	Narrow parts	 Fig 5
3.	Swasthika-cross-shaped/cruciform like	Spica/ Fig of 8 Bandage	Joints, ankle, eyebrows, inter mammary region, palms, soles, ears	 Fig 6
4.	Anuvellitha-bent down/twisted	Spiral Bandage	Extremities	 Fig 7
5.	Mutoli/Pratholi - broad road or path	Winding/ Circular Bandage	Neck & Penis	 Fig 8
6.	Mandala-circular	Abdominal binders	Circular/ rounded parts	 Fig 9
7.	Sthakika-make invisible	Supporting Bandage with splints/ Stump Bandage	Terminal parts of fingers, toes, penis	 Fig 10

8.	Yamaka-twin, double	Twin Bandage	To cover two adjoint wounds	
Fig 11				
9.	Khatvaka-swing, hammock	Four- tailed Bandage	Mandible, temple & cheek	
Fig 12				
10.	Cina-thread, banner	Eye Bandage	Outer canthus of the eye	
Fig 13				
11.	Vibandha-binding from both sides causes one.	Many tailed Bandage	Back, abdomen & Chest	
Fig 14				
12.	Vitana-tent, canopy	Head/ Cape-line Bandage	Head (Scalp)	
Fig 15				
13.	Gophana-forehead of a cow	T Bandage	Chin, nose, lips, shoulders & pubic region	
Fig 16				
14.	Panchagi-With five parts	Many tailed Bandage	Supraclavicular regions	
Fig 17				

15. Utsangi- hanging parts

Arm sling

Bahu



Fig 18

Roller Bandage	It is the most commonly used bandage. This bandage is unrolled to wind around the affected part. The rolled part of the bandage, which is kept in hand by the surgeon, is called the 'head,' and the end is called the 'tail' of the bandage. Sometimes the tails of the two roller bandages are stitched together to make a 'double-headed bandage,' which is used for a capeline bandage on the head.
Triangular Bandage	It is a diagonally folded piece of cotton.
T-Bandages	This bandage consists of a horizontal limb and a vertical limb attached to the middle of the horizontal limb. It looks like a T. It is mainly used after the operations on the perineum and anal canal.
Fourtailed bandage	The two ends of this bandage are longitudinally split to make four tails. This bandage is used for fractures of the lower jaw.
Many-tailed Bandage	A square piece of flannel is stitched into five long strips sewn at right angles to the piece of flannel so that these strips overlap one another for 2/3 of their width.
Chest bandage	Figure 8 many-tailed or triangular bandages for the chest, Pichu, plotha, and kabalika (surgical dressings, etc.).
Buttock bandage	"T" or double "T" bandage or open triangular bandage for the buttocks
Butterfly bandages	Adhesive bandages are used in place of sutures to hold wound edges together.
Barton bandage	The double figure of 8 bandages of the lower jaw.
Axilla bandage (bandage with a spica)	A turn starts under the affected axilla, crosses over the shoulder of the affected side, and makes the long loop under the opposite armpit.
Abdomen bandage	A single wide or several narrow ones hold the dressing place or exert moderate pressure.
Ankle bandage	One of the loops is brought around the sole and the other around the ankle and tied in front or one side.
Stump bandage (amputation bandage)	Used to bandage the stump of a limb after amputation. The limb is placed on the base of the triangular bandage, the ends of the triangle's base are joined and pinned, and the point of the triangle is folded back and pinned or tied to the previously joined ends.

Fig 19: Modern Bandaging

4.8. Turns of Bandaging

Circular turn	The bandage is turned horizontally around the part over again. This type of bandaging is only used on the head and never on a limb.
Special turns	These are special types of bandages used in certain parts of the body, ego capeline bandages for the head, and supporting bandages.
Divergent spica	This is used to cover a flexed joint.
Spica	It is also used for joints. It is a figure-of-eight bandaging the loops around the proximal part being wider than those around the distal part. It is so called because the finished pattern resembles an ear of wheat. A spica may be ascending or descending according to the first crossing point, the highest or the lowest part.
Figure-of-eight	This type of turn is used for joints to keep it in extension. The bandage is turned around the limb spirally upwards and downwards like a figure-of-eight, continued above and below by circular turns.
Recurrent	It is mostly used to cover the amputation stump or tip of the finger. The bandage is repeatedly laid over the end of the stump by forward and backward turns. Circular turns fix these turns.
Reversed spiral	It is the same as the spiral one except that the bandage is reversed on itself by turning it so that the inner surface of the bandage becomes the outer surface, and now the spiral is continued in the reversed direction.
Spiral	The bandage is turned spirally upwards or downwards according to the circumstances; this is mostly applied in the case of limbs.

Fig 20: Turns of Bandaging

5. BANDAGE MATERIALS¹⁹

The following materials are useful for bandaging in Vrana, fracture, etc. These are cloth made from kshauma, cotton, sheep wool, inner bark of trees, silk, and wool.

Kavalika: A thick Kavalika (wick or roll of paste of drugs/ gauze pack) should be kept on the wound/affected parts, then should be tied, moving it in the direction of the left hand, straight without folding, without any twists and inserting a soft pad (of cotton cloth, gauze), the knot should not be tied on the wound as that gives rise to pain.

After Post Operation Positions of Patient:

- Pillows should not be placed underneath the head in spinal anesthesia to avoid spinal headaches.

- Foot should be elevated to relieve the effect of anesthesia.

Diet Regimen²⁰: According to our classics, diet (*aharajapathya-apathyakalpana*) is one of the important therapies. During the three-karmic period, *shali* rice with the recommended accompaniments—such as *ghee*, *chaulai*, *jivanti*, *changeri*, *bathuwa*, *amalak*, *mung*, *sattu*, *vilapi*, and heated water—should be consumed. The patient shouldn't consume *Nava dhaanya*, *mastu*, *sarshapa*, *klaaya*, *kulattha*, and *nishpaava*.

Raksha Karma²¹: It means a measure of protection. It is a recital of certain mantras for the patient's quick recovery. Vranitagara Acharya Sushrut in *Agropaharaniya Adhyaya* mentioned that soon after *Raksha Karma*, the patient should be shifted to *Aatura Aagara*. In

Vranitopaasaniya Adhyaya Sushrut tells that the patient's ward should be free from dirt, heavy breeze, and sunlight.

6. SUMMARY

While *Poorva Karma*, *Pradhan Karma*, and *Paschat Karma* have been discussed in various Ayurvedic texts, *Acharya Sushrut's* explanations of these concepts focus mostly on *Shastra Karma*.²² In this article, we compared ancient and contemporary surgical practices, contrasting prior articles or research that solely focused on particular Karma, upkramas, and specific topics. Yet, our paper contrasted several old and contemporary strategies in a simple way for students to grasp. *Acharya Sushrut* in *Agropaharaniya Adhyaya* also explains the material collection which is needed before and after surgery.²³ *Acharya Sushruta* outlined the importance of obtaining consent before doing surgery in the *Ashmari Chikitsa*.²⁴ To properly direct light at the surgical area during the procedure, *Acharya Sushruta* explained that the patient should be positioned in the east. The *vrana dhoopana*, which promotes sterility and wound healing, was also mentioned by *Acharya Sushruta*.²⁵ *Acharya Sushruta* also explains *raksha Karma* about *vrana chikitsa*, both for the patient undergoing surgery and the surgeon executing the main treatment. It is done to eliminate the fear of *Rakshas* and to eradicate the witch known as *kritya*. Additionally, this technique seeks to strengthen the patient psychologically.²⁶ In the context of *Panchkarma*, *Acharya Vagbhat*, and *Acharya Charak* have

explained different types of *PuravKarmas* like *Paachana*, *Deepana*, *Snehana*, *Swedana*, and *Paschat Karma* like *Paeyadisamsarjana*. The father of surgery, *Acharya Sushruta*, performed a variety of operations. Without anesthesia, surgical operations like laparotomies and calculus extraction were not possible. Consequently, they were acquainted with the science of anesthesia, and it was solely because surgical procedures were simple. In our article, we especially focus on that *Acharya Sushruta* and discuss several archaic surgical procedures in *SushrutAmhita*, which are highly correlated with contemporary allopathic treatments. Moreover, various recent surgical techniques have their roots in older techniques. There is a lot of information regarding the *Acharya Sushruta* period, which is followed in modern surgical procedures, in this article since we specifically include all sorts of *purva karma*, *pradhan karma*, and *paschat Karma* mentioned in the *Sushrut Samhita*. In past assessments, the material was briefly presented; here, we are attempting to condense it and provide it in a simplified manner using flow charts and diagrams.

7. CONCLUSION

Preoperative care entails the formation of a clinical diagnosis and patient preparation. Postoperative care is crucial for the patient's optimal recovery and rehabilitation. For a smooth and uneventful outcome, intraoperative anesthesia and procedure call for a high degree of precision. *Acharya Sushruta* wrote an extensive chapter on pre-operative care for surgical patients in *AgrahoparniyaAdhyaya*, referred to as *Trividh Karma*. The briefly summarized article will provide

10. REFERENCES

1. Susruta SS Vol. I (Edited with Ayurveda TattvaSandipika) by KavirajAmbikadutta Edition Print 2010. Chaukhamba Sanskrit Sansthan. Sutras than 5/3 page no. 22-27.
2. Susruta SS Vol. I (Edited with Ayurveda TattvaSandipika) by KavirajAmbikadutta Edition Print 2010. Chaukhamba Sanskrit Sansthan. Sutra sthan 25/20-32 page no. 22-27.
3. AstangaHridayam of Vagbhata commentary by Dr. BuluruSita ram Chaukhambaorientalavaranasi vol-I edition- 1st 2008, Sutrasthana. Vols. 29/29: page no.320.
4. Susruta SS Vol. I (Edited with Ayurveda TattvaSandipika) by kaviraj Ambikadutta Edition Print 2010. Chaukhamba Sanskrit Sansthan. sutra sthan 10/5, page no. 41-45.
5. Poona G, Arjun G, Bharti Neeru H. Trividha Karma in surgical parlance- A conceptual study. Ayushdhara. 2019;6(6) :page no. 2473-2476.
6. Susruta SS Vol. I (Edited with Ayurveda TattvaSandipika) by KavirajAmbikadutta Edition Print 2010. Chaukhamba Sanskrit Sansthan. sutra sthan 5/7 page no. 22-27.
7. Samhita S. Hindi commentary, Shastri, Ambika Dutta, Chaukhambha Sanskrit Sansthan, Varanasi, 17/11 page no. 91-96.
8. Sharma PV, Samhita S. 1st edi. Varanasi, ChaukhambaVishvabharati. Vol. I; 1999, page no.61.
9. Sharma PV, Sam-hita S. 1st edi. Varanasi, ChaukhambaVishvabharati. Vol. I; 1999, page no.62.

information on the role of *Trividhchikitsa Karma*. We hope that this review will be useful to students in learning about successful and complication-free surgery to achieve good results. Every surgery requires a common thing that requires exclusive pre-operative care. Proper pre-operative management, which includes physical examination, interrogation, collection of material, and patient preparation, if done properly, gives fruitful results after *Pradhan Karma*. Similarly, the outcome of postoperative care is most important for the patient's quick recovery. *Acharya Sushrut*, considered the father of surgery, was well aware of this and gave it utmost preference, which can be observed as he mentioned a complete chapter on the pre-operative management of surgical patients. Lastly, we concluded that every surgery procedure which follows proper *Trividh Karma* results in foolproof surgery, and the final result of surgery mainly depends upon *Paschat Karma* management if followed properly.

8. AUTHORS CONTRIBUTION STATEMENT

Dr. Devyani Dasar conceived of the presented idea. Dr. Abhishek Mavale developed the theory and performed the computations. Dr. Devyani Dasar encouraged Dr. Abhishek Mavale to investigate [a specific aspect] and supervised the findings of this work. All authors discussed the results and contributed to the final manuscript.

9. CONFLICT OF INTEREST

Conflict of interest declared none.

10. Sharma PV, Sam-hita S. 1st edi. Varanasi, ChaukhambaVishvabharati. Vol. I; 1999, page no. 66.
11. Sharma PV, Sam-hita S. 1st edi. Varanasi, ChaukhambaVishvabharati. Vol. I; 1999, page no. 22.
12. Sushruta Samhita with commentary of Dalhana Vaidya JadavajiTrikamji A, editor. Varanasi: Chowakhambasubhartiprakashan [reprint], ChikitsaSthana, 1st Chapter, Verse 8, 2009; page no. 307.
13. Sushruta Samhita with commentary of Dalhana Vaidya JadavajiTrikamji A, editor. Varanasi: Chowakhambasubhartiprakashan [reprint], ChikitsaSthana, 1st Chapter, Verse 8, 2009; page no. 307.
14. Verse. Sushruta Samhita with commentary of Dalhana Vaidya JadavajiTrikamji A, editor. Varanasi: Chowakhambasubhartiprakashan [reprint], sutra Sthana [25th Chapter]; 2009; page no. 118. p. 13-8.
15. Astangasamghraha(1). 1st edited by Kavirajatrivedgupta, chowkhambakrishnadas academy, Varanasi, reprint 2005, page no. 38.
16. Dutt A, SushrutaSamitha, Sthan S. 5/17 Chowakhamba Orientalis Delhi 2008, page no. 36-44.
17. Dutt A, SushrutaSamitha, Sthan S. 29/16 Chowakhamba Orientalis Delhi 2008, page no. 270-283.
18. Dutt A, SushrutaSamitha, Sthan S. 29/4-8. Chowakhamba Orientalis Delhi 2008, page no. 270-283.

19. AmbikaduttaShastri K, 2006. Susrutasamhita, Sutrasthana, [18/17] Chaukhamba Sanskrit Sansthan, Varanasi, page no. 96-102.
20. Das S. A practical guide to operative surgery. In: Das S, editor. Dr. Somen Das, publisher. 5th ed. Vol. 13. Kolkata: Old Mayors' Court; 2007. Page no. 551- 554.
21. AanantkunarShekokar Vd. Edition 2014, textbook of Shalyatantra part 1st, chapter (12). page no. 182.
22. Susruta SS (Edited with Ayurveda Tattva Sandipika) by KavirajAmbikadutta Edition Print. Chaukhamba Sanskrit Sansthan. Sutra Sthan. 2010;5/17, page no 22-27.
23. Samhita S (Edited with Ayurveda TattvaSandipika) by KavirajAmbikadutta Edition Print. Chaukhamba Sanskrit Sansthan. Sutra Sthan. 2010;5/42, page no.22-27.
24. Susruta SS Vol. I (Edited with Ayurveda TattvaSandipika) by KavirajAmbikadutta Edition Print 2010. Chaukhamba Sanskrit Sansthan. Sutra sthan 8/4 page no. 37-40.
25. Dr. Sharma AR, edited with 'Sushrutavimarshini' Hindi commentary; Chapter 12. Verse no. 5. Varanasi: Chaukhambhaprakashan. In: Sushrutasamhita, Maharishi Sushruta. Sutra-sthan. 1st ed; 2010; page no. 86.
26. Sushrut-samhita English commentary by K.R. Shrikantha Murthy chikitsasthana 07th Chapter, page no. 56-63.
27. AmbikaduttaShastri SS. Twelfth edition, 2001. Vol. I Chaukhambha Publication, Varanasi, India, Sutra sthana, 19/28 page no. 102-106.
28. Susruta SS Vol. I (Edited with Ayurveda ,TattvaSandipika) by KavirajAmbikadutta Edition Print ,2010. Chaukhamba Sanskrit Sansthan. sutra sthan 8/4 page no.37-40.
29. Dr. AbhayAhirwar, Dr. Singh R et al. AshtaVidha shastra karma for the management of various surgical innervations: an Ayurveda review, wiper. Vol. 4(4), page no.132 – 134; 2018.
30. Fig 1. Dr. Abhay AHIRWAR*. 2018;1 , Dr. Raviraj Singh2 and Dr. Ranjit Narang, ASHTA VIDHA SHASTRA KARMA FOR THE MANAGEMENT OF VARIOUS SURGICAL INNERVATIONS, wjpmr:4(4),page no. 132 – 134.
31. Fig 4. Dr. Rakeshkumar Gujar, Types of Bandha (Bandages) In Ayurveda, Jun 26, 2021. Page No.3.
32. Fig 5. Dr. Rakeshkumar Gujar, Types of Bandha (Bandages) In Ayurveda, Jun 26, 2021. Page No.4.
33. Fig 6. Dr. Rakeshkumar Gujar, Types of Bandha (Bandages) In Ayurveda, Jun 26, 2021. Page No.5.
34. Fig 7. Dr. Rakeshkumar Gujar, Types of Bandha (Bandages) In Ayurveda, Jun 26, 2021. Page No.6.
35. Fig 8. Dr. Rakeshkumar Gujar, Types of Bandha (Bandages) In Ayurveda, Jun 26, 2021. Page No.7.
36. Fig 9. Dr. Rakeshkumar Gujar, Types of Bandha (Bandages) In Ayurveda, Jun 26, 2021. Page No.8.
37. Fig 10. Dr. Rakeshkumar Gujar, Types of Bandha (Bandages) In Ayurveda, Jun 26, 2021. Page No.9.
38. Fig 11. Dr. Rakeshkumar Gujar, Types of Bandha (Bandages) In Ayurveda, Jun 26, 2021. Page No.10.
39. Fig 12. Dr. Rakeshkumar Gujar, Types of Bandha (Bandages) In Ayurveda, Jun 26, 2021. Page No.11.
40. Fig 13. Dr. Rakeshkumar Gujar, Types of Bandha (Bandages) In Ayurveda, Jun 26, 2021. Page No.12.
41. Fig 14. Dr. Rakeshkumar Gujar, Types of Bandha (Bandages) In Ayurveda, Jun 26, 2021. Page No.13.
42. Fig 15. Dr. Rakeshkumar Gujar, Types of Bandha (Bandages) In Ayurveda, Jun 26, 2021. Page No.14.
43. Fig 16. Dr. Rakeshkumar Gujar, Types of Bandha (Bandages) In Ayurveda; Jun 26, 2021. Page No.15.
44. Fig 17. Dr. Rakeshkumar Gujar, Types of Bandha (Bandages) In Ayurveda, Jun 26, 2021. Page No.16.
45. Fig 18. Dr. Rakeshkumar Gujar, Types of Bandha (Bandages) In Ayurveda, Jun 26, 2021. Page No.17.