

# A Review on Ethical Consideration in Surgical Procedures in *Ayurveda*

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**Abstract:** *This article for the students of Ayurveda, the medical historians, the modern surgeons and physicians, the orient lists specially the indologist, and for anyone interested in Ayurveda form amongst the educated class of public in general. it presents to them in a simple, concise and methodical way the ethics of surgery in Ayurveda. There is a great need or the modern surgeons and physicians to delve into the oceanic depths of these valuable treasures and pick out the pearls of wisdom of medical science, leaving aside the pebbles of the scientifically unconfirmed material*

**Keywords:** surgical ethics, technique of suturing, surgical procedures

## 1. Introduction

There is no end of the learning of *Ayurveda*. Hence you should cautiously and constantly devote yourself to it. In addition, you should increase your professional skill by learning from other without being jealous. The intelligent would regard the whole world as their teacher, whereas the unintelligent would think the same as their enemy<sup>1</sup>.

### Qualities of a doctor in general<sup>2</sup>:

- 1) Practice can be started only after having read and thoroughly studied the science of medicine; having seen and performed the operations himself ; having passed the appropriate test and thence obtained the permission of the governing authority.
- 2) The hair should be worn short and the nails pared. Personal hygiene cleanliness have been taken care of, he should wear and sober dress.
- 3) On his visits he should go with a cool balanced mind, wishing everybody, without trying to show – off and with an attitude to help to all. He should be accompanied by an able assistant.

### Four great ethical principles:

Friendship, sympathy toward the sick, interest in cases according to one's capabilities and no attachment with the patient after his recovery – these four ethical principles of a doctor<sup>3</sup>.

### Doctor duty towards the faithful patient:

“The patient may doubt his relatives, his sons and even his parents but he has faith in the physician. He gives himself up in the doctor's hand and has no misgivings about him. Therefore, it is the physician's duty to look after him as his own son<sup>4</sup>.

### Behavior towards ladies

He should not cut jokes with the ladies or even with female servants; he should not call them by such names which appear undignified; e should be respectful towards them. He should not try to mix up or be friendly with them. No offering of any kind should be accepted from women without the knowledge of her husband or guardian; he should not enter the place without previous information<sup>5</sup>.

### Preoperative Ethics

- The aim to through (preoperative) examination is to foresee the problem the they might have to face and to have through about the methods to tackle them<sup>6</sup>.
- There are three methods of diagnosing a case- a sound theoretical knowledge gained by a review of the authoritative literature; complete physical examination of the patient; and a process of deriving the proper inference<sup>7</sup>.
- Race and cast, familiar peculiarities, residence, climatic conditions of that place, age and personal habits of the patient- these are the factors which influence the individual variations amongst persons<sup>8</sup>.

### Requirements should be collected before hand:

A surgeon wishing to do an operation should colic the following things beforehand : instrument (both blunt and sharp), caustics, fire probes (includes other such rod like instrument as sound, director etc), horn (an instrument used for cupping), leeches, gourd (blood sucking apparatus), *jambavostha* (a cauterizing needle or probe), cotton, gouge, suture, and ligature materials, medicinal leaves bandages, honey ghee, lard, milk, oil (to be used liquids, decoctions, ointment, paste, fans(coolers), cold water, hot water and bowls etc<sup>9</sup>.

### Preoperative light diet and starvation:

- Before all operations the patient should take light diet only<sup>10</sup>.
- The patient should be completely starving before such surgical procedures a artificial instrumental delivery, abdominal condition, piles, calculus, disease, fistula – in-ano and surgical condition of the mouth<sup>11</sup>.

### Operative Ethics:

The powerfully virulent and harm full organisms, to whom flesh and blood is very dear, invade the patient tissues through the portals of entry of ulcers and wounds<sup>12</sup>.

### Care in the use of instrument:

As sharp instrument caustics and thermal cautery are great weapons of death, the surgeon should use them carefully with a balanced state of mind<sup>13</sup>.

**The incision**

These are the qualities of a good incision – it should be of adequate length, extensible, having regular and uniformly cut edges, having all the layers cleanly incised and should be independent<sup>14</sup>.

The incision should be made in the direction of hairs<sup>15</sup>.

**Importance of fluid of replacement in time:**

In a case of quick loss of fluid, immediate replacement restores the balance and stabilizes the patient. best treatment of any lost substance is replacement by an identical expander<sup>16</sup>.

**Careful homeostasis**

After incision and removal of the cause of trouble and having made the wound bloodless; having fomented with heat or by applying warm ghee having cauterized, if necessary applied a paste of ghee and having bandaged, instructions should be given regarding its further management<sup>17</sup>.

These are the four methods of stopping the bleeding *sandhanam, skandanam, pacanam, and dahnam*<sup>18</sup>.

**First aid and artificial respiration for impending shock on a sinking patient:**

**Shock:** after an accident or foreign body introduction, the body feels intense amount of pain and consciousness is gradually lost, resulting in shock. in case surgical intervention is required and extraction is considered desirable, it should be done only after carefully examination<sup>19</sup>.

**First aid:** cold water should be sprinkled on the patient who is gradually losing consciousness, his vital parts should be protected and his breath should be revived again and again<sup>20</sup>.

**Final check-up before closure**

Dust, hairs, nails loose bone-pieces and such other (foreign) matter, when found in the wound (before closure), should be removed, because if they are not removed, they would produce extensive suppuration and different types of pain<sup>21</sup>. The parities should be sutured only after replacing the intestines correctly at their appropriate places. If it remains displaced (from its normal anatomical position) it can create trouble to the extent of taking life<sup>22</sup>.

**The correct technique of suturing**

Then having raised the edges of the wound and having brought them into opposition, they should be sutured by z fine thread<sup>23</sup>.

**Post – operative**

Having admitted the patient to such a ward, which is not exposed to blasts of wind, clear directions should be given regarding further management<sup>24</sup>. The patient should carefully protect the wound from his own activities such as getting up, lying down, turning on side or while he is up and about, or speaking loudly etc<sup>25</sup>.

**Post operative dressing and bandage**

After this medicinal pastes should be applied over the wound which should then be covered by a thick layer of pad and bandaged<sup>26</sup>.

After this the old bandage should be opened on the third day and replied exactly as before. There is no hurry to open it on the second day. If the bandage is opened on the second day, it may lead to delayed healing and causes more pain<sup>27</sup>.

After this (third day) during further dressing, lotions, ointment, bandages, diet and period of ambulation and other activities should be varied depending upon the condition of the world, the prevailing climatic condition of the year (hot, cold or humid etc) and the general condition of the patient<sup>28</sup>.

The winter and spring the dressing should be changed every third day and in summer and rainy season every second day<sup>29</sup>.

Sever pain due to the operative procedure making the patient restless can be relieved by gently applying Luke – warm ghee mixed with *mulethi (Glycerrhiza Glabra)*<sup>30</sup>.

**2. Conclusion**

*Susruta*, the father of ancient Indian surgery was undoubtedly a great surgeon. His writings show that surgery had advanced to unimaginable heights of those days. The ethical principle enunciated and practiced then was of the highest order. Unfortunately, having obtained such high ideas regarding the causes, diagnosis, and treatment of diseases, their scientific study was not pursued. Thus concept of surgery of *sushruta* is highly applicable and necessary in modern era.

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