

MEDICAL ETHICS IN SHALYATANTRA (SURGERY) W.S.R. TO SUSHRUTA SAMHITA**Dr. Tridev Arun Patil^{*1}, Dr. Roshan Dhale², Dr. Satish D. Urhe³ and Dr. Yogesh K. Shewale⁴**¹Assistant Professor, Rachana Sharir Dept., SMBT Ayurved College & Hospital Dhamangaon, Tal. Igatpuri, Dist. Nashik, Maharashtra.^{2,3}Assistant Professor, Panchakarma Dept., SMBT Ayurved College & Hospital Dhamangaon, Tal. Igatpuri, Dist. Nashik, Maharashtra.⁴Assistant Professor, Kriya Sharir Dept., SMBT Ayurved College & Hospital Dhamangaon, Tal. Igatpuri, Dist. Nashik, Maharashtra.**Corresponding Author: Dr. Tridev Arun Patil**

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ABSTRACT

Ethics simply means that rule or principles or right to conduct. It involves the systematization, defending and recommending what is wrong and what is right for any individual or for the society. From ancient time, *Sushruta Samhita* is considered one of the finest & oldest source for surgeries in India. That's why *Acharya Sushruta* is considered as father of surgery all over the world. *Acharya Sushruta* has emphasized surgical ethics in various chapters of *Sutrasthana* in *Sushruta Samhita*. An ethical concept is explained in *sushruta* i.e. various *Sadavritta* related to education & every day practice, surgical qualities; qualities & skills of surgeon, *Yogyavidhi*. Detailed review about the pre-operative, operative and post-operative conducts for care of patients and for creating ideal surgeon. Various ethics in emergency surgery and professional conducts & also detailed description of confidentiality about patients as well as quack practitioner. Importance of aseptic surgeries and the concept of sterilization mentioned in detailed in *Sushruta Samhita*. Physician with knowledge of many branches of science to get exact diagnosis and should try to learn throughout life with different branches of science. These concepts are even valid in present scenario in day today practice so this topic is very much important and high lightened in present era for better progression of new generation of medical science.

KEYWORDS: Ethics, *Shalyatantra*, *Sushruta Samhita*, *Yogyavidhi*, etc.**INTRODUCTION**

Ayurveda is science of life. The training of doctors and their code of ethics and training, in early India holds a salutary place in the history of medicine. Charaka clearly outlined four ethical principles of a doctor: Friendship, sympathy towards the sick, interest in cases according to one's capabilities and no attachment with the patient after his recovery. In the *Sushruta Samhita*, the doctor's duty and obligations to the patient are stressed. The patient may doubt his families, but he has full faith in the physician. He (the patient) gives himself up in the doctor's hand and has no hesitations about him. *Sushruta*, the father of ancient Indian surgery was undoubtedly a great surgeon. The ethical principles enunciated and practiced then were of high-test order. In the Ayurveda classics there is no separate section on ethics, but ethical concepts are ever-present and an ethical undercurrent runs through all the texts. To distil the ethical content from these large texts is difficult like extracting sugar from a cup of sweetened milk. One can only attempt to present gleanings from here and there to give a flavor of the ethical spirit. Ethics is a vital supporting discipline in the training of Surgery. The

application of ethics to the situation specific to surgical practice is termed as Surgical Ethics. In the current National Health Policy 2020; skill, integrity and ethics constitute the crucial policy principles. In Ayurveda, an expanded description regarding ethics associated to medical practice has been given. Surgical ethics are practical tools designed to improve patient care, innovation and research.

1. Surgical Ethics

Ideas of surgical ethics as assembled in *Sushruta Samhita* are as follows 1. Qualities of surgeon 2. Principles of informed consent 3. General ethics 4. Professional and Academic ethics 5. Preoperative/ Operative / Postoperative ethics 6. Experimental surgery ethics 7. Ethics in emergency surgery 8. Principles of Limitations of the Practice and Referrals 1. Qualities of Surgeon: *Sushruta* has specially mentioned the qualities of a surgeon viz. brave/boldness i.e. (Shaurya), quick act i.e. (Ashukriya), keeping the surgical tools sharp, i.e. (Shastra Taikshanya) himself not moist, i.e. (Asveda) no tremors, i.e. (Avepathu) not confused i.e. (Asammoha). The description of a fake practitioner has

been also defined in Sushruta samhita and described as those who not educated surgical technique directly under the direction of a guru (teacher) regarding textual and practical knowledge called as 'taskar-vaidya'. So before embarking on the surgical procedure one should assess himself that is he able to perform surgery or not.

2. Principles of informed consent

Sushruta were well aware about the concepts of informed consent centuries back. In the context of surgical mollification in Ashmari Chikitsa Prakarana there is a source of prior agreement of the king or supporters /relatives of the patient. In the context of Moodha-Garbha Chikitsa (treatment of dead foetus), reference of prior consent and permission of the guardian is also available. Dalhana has commented that if surgery is done without consent then surgeon is liable to be punished by death sentence and it is the choice of the patient to receive or refuse the treatment.

3. General ethics In Sushruta samhita

Sutrasthan equal emphasis given on theoretical knowledge and practical knowledge to get administrative permission. One surgical disciple cannot perform surgery without having applied information. Any surgeon cannot perform surgery only if having practical knowledge and lacking theoretical one. So, an Ayurvedic shalya chikitsa become successful after having both theoretical & practical knowledge. After getting theoretical and practical knowledge surgeon take permission from King (government). Surgeon should go through details about all the allied subjects before entering to the medical profession. In Sushrut Samhita vision regarding right & responsibility of teacher & student are well described in detail. The concept of selection process of student into the discipline of Shalya Tantra, and their relation to teacher, patient etc. well are described in the chapter Shishyaupaniyaadhaya in sushruta samhita.

4. Professional and Academic

A shalya tantra chikitsasaka should have knowledge of the all the eight branches (Shalya tantra, Shalakyata, Kaya Chikitsa, Bhuta Vidya, Kaumarbhtiya, Agada tantra, Rasayana tantra and Vajikarana tantra) of Ayurveda from direct regular teaching i.e., value of all related branches has been described in Sushrut Samhita. In Sushruta samhita it is clearly comment that "A person who studies only one branch of science cannot arrive at proper conclusions, therefore a doctor should try to learn as many related sciences as possible." Before any surgery diagnosis of diseases should be confirmed by these three methods – inspection, palpation and interrogation and six other methods (five sense such as ear, eye etc. and by interrogation) described for diagnosis of diseases. Prognosis about diseases which are curable should be got cured, those which trend to persist should be controlled and those which are incurable should not be treated. Diseases which are persisting for more than one year should be refused for treatment generally. Knowledge of Dravya, their rasa (taste), guna (qualities),

virya (potency), vipaka (effect after digestion), dosas (humors), dhatus (tissues), malas (wastes), asayas (viscera), marma (vital spots), sira (veins), snayu (ligament), sandhi (joints), Asthi (bones), product forming the garbha (embryo) and removal of foreign bodies lost inside the body, determining the nature of wound and kinds of fracture are described in sushruta samhita.

5. Pre-operative/ Operative / Post-operative ethics

The surgical management for diseases distributed into three steps viz. - Purvakarma (Pre-operative care), pradhan karma (Operative procedure), pashchat karma (Post-operative care). Importance of clinical examination before any surgery is described in Sushrut Samhita. It is to be stated that without history taking and physical inspections a surgeon should not go for Surgery. Operation should be done with all preparations including material such as Yantra (blunt instruments), Sastra (sharp instrument), kshara (caustic alkalis) agni (thermal cautery) shalaka (metal rods), jaulaka (leeches), sutra (threads), madhu (honey) ghrita (ghee), paya (milk), taila (oil), kasaya (decoction of durgs), sitousnodaka kataha (drums for cold and hot water) and parikarminah (attendants) who are affectionate, steadfast and strong. Concept of NBM (nil by mouth) before surgery was there in Sushruta Samhita for the treatment of Mudhagarbha (Obstructed labour), Udaroga (Abdominal disorder), Arsha(disease related to bleeding per rectum), Ashmari (urolithiasis), Bhagandar (perianal fistula) After surgery the patients should be shifted on postoperative room (special chamber) and advised to adhere to the regimen (diet and other activities).

6. Experimental surgery ethics

It is described in "Yogya Sutriyaadhaya" of sutra sthana. Sushruta has stated that a bright surgeon who did experimental surgery logically and attained practical information of the same never failed in doing surgery. Different types of chedana (excising) should be demonstrated on puspa phala and alabu and trapusa etc. excess cutting and inadequate cutting instructed on this. Bhedana (splitting) should be performed on bladder of animals and leather sac. Lekhana (scraping) by using a wide sheet of leather with hairs, vedhana (puncturing) by using the vein of dead animals, eshana (probing) by using the dumps in pieces of wood eaten by moths, bamboo dry alabu, aharana (extracting) by using fleshy portion of panasa, bimbi, bilva phala, visravana (draining fluids) by using plank of shalmali wood smeared with beeswax and sivana (suturing) by using thin and thick cloth or leather. Different kind of bandha (bandaging) by using manikins prepared from mud, cloth etc. Application of agni (fire) and kshara (alkali) on soft muscle.

7. Ethics in emergency surgery

In emergency cases, the procedure should not be followed strictly by the physician and treatment which is urgently required should be done, just as salvaging a

house which has caught fire.^[23] The pain which is produced by the knife, troubles the body of patients greatly and it gets subsided by application of lukewarm ghee boiled with yastimadhuka.

8. Principles of Limitations of the Practice and Referrals

Ayurveda have eight branches or specializations (Ashtangayurveda) and it can be concluded that the concept of specialization was well developed at that time and there were different expert practitioners of all these specializations. The medical ethics assured the physician to practice his ability within the limits of separate competence, has been well defined at various places in Ayurveda literature. One should not link the other specialty and patient should be referred to concern the expert. In the context of Pakva Gulma, it has clearly been guided to refer the patient to the expert (surgeon) who is skilled to manage the same. Similarly in the case of Udar-Roga Chikitsa.

DISCUSSION

Idea of high level ethical surgical practice was there in the time of Sushruta, which is still now effective in the era of modern surgery. Teaching & training methodology to produce highly skilled described in Sushrut Samhita which also found in the present era of surgical practices. Main persistence of surgery at the time of Sushruta was patient's safety which is well received in the ethical aspect of current surgery. Exposure of surgeon towards experimental surgery in models as described in Sushruta to enhance the skill which now well accepted worldwide in the school of surgery. In Ayurveda importance has been given on the practice of ethics to support the bond of therapeutic bond between the patient and the surgeon. Ethical values of Ayurveda are signs to guide the surgeon of modern times. It is vital to understand the authorized and professional importance of surgical ethics and to practice the similar at all the stages of medical care.

CONCLUSION

Ethical surgical practice was there in ancient India for patient safety and now also in modern surgical practice with same concern. In ancient Indian civilization at the time of Sushruta, Indian surgeon performed highest level of surgical practices following the professional ethical conduct which now well accepted worldwide and should be considered as a proud of Indian civilization. Therefore it is our duty to preserve the great cultural heritage and glory of India by patronizing surgical practice by Ayurvedic Vaidya.

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