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RACHANATMAKA (ANATOMICAL) CONSIDERATION OF VITAL PARTS IN MUTRASHMARI (URINARY CALCULUS) SHALYAKARMA ACCORDING TO SUSHRUTA SAMHITA

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Abstract

The Sushruta samhita provides imperative Anatomical and surgical knowledge. Sushruta samhita is the main source of information in the field of anatomy and surgery. In Sushruta samhita we come across an efficient method of arranging the surgical experiences of the older surgeons and collecting the scattered facts of the Vedic literature. No one can carry out any type of surgery without the knowledge of anatomy. It is in Sushruta samhita that we find a systemic effort at arranging together the facts of anatomical observations. Surgeon should know about the complete knowledge of anatomy before performing any surgical process. This type of anatomical knowledge is also required for performing the surgery in case of Mutrashmari i.e. urinary calculus. Sushruta included Mutrashmari in Ashtamahagada (naturally too hard to cure)¹. Mutrashmari (urinary calculus) is the disease of Mutravaha srotas (urinary system). Nowadays, in Urology various types of treatment aspects are developed. Mutrashmari is one of the most frequent diseases linked to the urinary system. Practical surgery requires a good knowledge of practical anatomy. This article presents anatomical vision of sushruta samhita in Mutrashmari shalyakarma (lithotomy), which shows the importance of anatomy during surgical process.

Introduction

Mutrashmari:-

Mutrashmari consist of three words- Mutra, 'Ashma' and 'Ari'. 'Mutra' means Urine, 'Ashma' means Stone and 'Ari' means Enemy. Mutrashmari or calculus looks like small stones or gravels. Hence they are termed as Mutrashmari. According to Acharya sushruta Mutrashmari (urinary calculus) is a hazardous disease and is as lethal as death itself, i.e. Vyadhirantakpratimo². Due to improper purification of the body and by following the improper diet and lifestyle, kapha dosha gets vitiated in the urine and reaches in the Basti that is urinary bladder to form Mutrashmari³. Recent origin (acute) of Mutrashmari requires only medicines, while an enlarged or chronic one requires surgical operations⁴. The death of the patient is almost certain without a surgical operation and the result to be derived from it is also uncertain. i.e. Akriyayaam dhruvo mritu kriyayaam samshayo bhavet⁵. It means that in the case of Mutrashmari if we ignore the surgical process than death will occur but if we operate the Mutrashmari or calculus than it will be also doubtful. Surgical operations in these cases are not successful even if they are conducted by the hands of a skilful and experienced surgeons⁶.

Anatomy Of Basti (Urinary Bladder):-

The bladder is located in the pelvic cavity, surrounded on its different sides by the back, loin, umbilicus, scrotum, rectum, groins, and pelvis. This organ is provided with a single opening and lies with its mouth downward, covered,

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with nets of nerves (sira) and ligaments (snayu), in the shape of a gourd. The organ is extremely thin in structure and thus situated in pelvic cavity. It is connected, through its mouth or external orifice with the rectum, the penis and the testes. It is also known as Maladhara⁷.

Site of incision

An Incision should then be made on the left side of the Raphe of the perineum at the distance of a 'Yava' (barley corn) and of a sufficient width to allow the free outlet of the stone. Some authorities suggest the opening to be on the right side of the raphe of the perineum for the convenience of the procedure.

In women the uterus (*Garbhashaya*) is nearby to the urinary bladder (*Basti*). For this reason the calculus should be removed by making an oblique and upward incision, otherwise a urine exuding ulcer might result from the deep incision in that region. Any hurt to the urethra during the operation would be attended with the same result even in a male patient⁸.

Parts to be protected in lithotomic operations are as follows9

- 1) Mutravaha srotas (Urine carrying channels)
- 2) Sukravaha srotas (Semen carrying channels)
- 3) Muskavaha srotas (Cord of testes channels)
- 4) Mutra praseka (Urinary passage/Urethra)
- 5) Sevani (Raphe of perineum)
- 6) Yoni (Vagina/Uterus)
- 7) Guda (Rectum)
- 8) Basti (Urinary Bladder)

These 8 structures should be carefully protected at the time of performing a lithotomic operation. Death results if urine carrying channels (*Mutravaha srotas*) being any way hurt during the operation owing to an accumulation of urine in the urinary bladder. Similarly, if any hurt or injury to the semen carrying ducts (*Sukravaha srotas*) at the time it results in death or impotency of the patient. A hurt to the cords of the testes (*Muskavaha srotas*) begets incapability of fecundation. Any hurt/injury to the urinary ducts (*Mutra praseka*) leads to a frequent dribbling of urine. While a hurt or injury to the Vagina (*Yoni*) or Raphe of perineum (*Sevani*) gives rise to extreme pain. An Injury to the *Basti marma* is fatal within a day, because the *Basti* is a *Sadyah Pranhara Marma* according to its effect. *Guda* is another one *Sadyah Pranhara*¹⁰, which is also fatal within a day.

Discussion

The medical authorities have described the *marmas* to have covered half in the scope of *Shalya tantra* (surgery) ¹¹. According to general aetiology of *Mutrashmari*, *Basti* is the site of *Mutrashmari*¹². So any injury to *Basti* during the operative procedures in *Mutrashmari* can be fatal. Also, any injury to the nearest part of any *Marma* whether secondary to a cut, *Abhighata*, burn, puncture or any other reason shows the same symptoms as an actually affected itself¹³. Hence, there are so many chances to get fatal or any deformity during *Shalyakarma* of *Mutrashmari*. Sushruta said that eight structures should be protected during *Shalyakarma* of *Mutrashmari*. A deformity of the organ is surely occur from an injury to one of these *marmas*, even death may occur by judicious and skilful medical treatment¹⁴. The diseases which are seated in the *marmas* are generally serious. Therefore, *marmas* may be made to show amenable with the greatest care¹⁵.

Conclusion

Sushruta explained anatomy of Basti, Garbhashaya, structures related to Basti and site of incision in Mutrashmari shalyakarma. From above all discussed points we can say that, Mutrashmari shalya karma described by Sushruta samhita is showing very close relation to the anatomical aspect. It means Sushruta has anatomical view in the reference of Mutrashmari. It also shows the importance of anatomy in the field of surgery. Sushruta also said that the surgeon should not perform any surgical process who is not cognisant of locations and characters of eight parts which are described above¹⁶.

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