

A LITRARY REVIEW ON ANGUTAJA SHALYA IN SHALAKYA

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1. INTRODUCTION

While a foreign body is impacted, the prime aim should be to locate and to expel it out from the body. When there was no X ray, MRI, CT, or USG – a time when no radiology was not at all known to the world, about 2000 years ago, sushruta, the legend surgeon of ancient India had wonderfully traced out those foreign substances lost in body. Even now some of these methods have scientific relevance and can be adopted in our OPDs. A parent coming with complaint of their child crying of swallowing a button or a pin or a bead got stuck into their nose is a common event in all our clinical practice. Sometimes we confront with simple cases ranging an impacted small fish bone in the tonsils, a busted balloon or bubblegum in the mouth which has gone inside the respiratory tract, a swallowed blade or pin, or even most complicated cases of air embolism or fat embolism or a cardio- respiratory embarrassment.

1. Diagnostics of Sushriuta and In Modern Literature

1) Ear

a) Non living:- piece of paper, sponge, grain, in children seeds of maize, wheat, rice, slate pencil, piece of chalk, metallic ball bearing in adult:- broken matchstick, cotton swab vegetable foreign body tend to swell up with time and get tightly impacted in ear canal.

Methods Of Removing

- Forcep removal
- Syringing
- Suction
- Microscopic removal
- Post aural approach

Forcep removal:- soft, irregular, foreign bodies like piece of paper, swab, sponge can be removed with fine crocodile forcep

Syringing:- most of the grains and smooth objects can be removed with syringing.

Microscope:- smooth and hard objects like steel ball bearing should not be grasped with forceps, they tend to move inward it is preferable to use general anaesthesia and operating microscope.

Post aural approach:- post aural approach is used to remove foreign bodies impacted in deep meatus, medial to the isthmus or those which have been pushed in middle ear.

Living foreign body in ear:- flies, crawling insects like mosquitoes, beetles, cockroach or ant may enter in ear canal and cause intense irritation and pain.

Methods of removing living foreign bodies of ear:- No attempts should be made to catch them alive.

Insects should be killed by instilling oil. Spirit, chloroform water, once killed the insect, can be removed with forceps or syringing.

Maggots in the ear:- flies may be attracted to the foul smelling of ear discharge and lay eggs which hatch out into larvae called maggots.

Treatment consisting of instilling chloroform water to kill the maggots, which can be removed by forceps.

Aacharya sushruta have described *aagantuj shalya* in ear and its *nirharana*.

Krumikarnkahasu, u,21/51, wa u,18/35:- due to vitiation of vatadi dosha twacha, raktaadi dhatus get necrotized and formation of krumi takes place causing intense biting pain to the patient.

Chikitsa:- wartaka dhumha, guggul dhupan, Kshartaila

Karnaguthakasu, u20/11:- kapha dosha of ear get dried because of pitta dosha and produces karnawita or karnawarcha or karnaguthaka i.e ear wax.

Chikitsa:- first of all soften the wax by instilling little bit

hot oil and then remove the wax by shalaka (forceps)

Aagantuja shalyaapkarshansu,u21/58(F.B. removal):- any foreign body living or non living if enters in ear remove it by shrunga or shalaka.

2. F.B. in nose

They are mostly seen in children and it may be organic or inorganic.

Common F.B in nose:- piece of paper, chalk, button, pebbles and seeds. Pledgets of cotton or swabs may be accidentally left in the nose.

Clinical symptoms:- may present immediately if the history of foreign body is known. Child present the unilateral nasal discharge which is often foul smelling and occasionally blood stain.

Removal of nasal F.B

1. Piece of paper or cotton swab can be easily removed with pair of forceps.
2. Rounded foreign body can be removed by passing a blunt hook(eustachian catheter is good) past the foreign body and gently dragging it forward along the floor.

Complications

1. Nasal infections and sinusitis
2. Rhinolith formation
3. Inhalation into the tracheobronchial tree nasagat krumihar chikitsa:-

Aacharya sushruta has described maggot formation takes place in

raktaja pratishayasu,u24/42 in which he described chikttsa as

a) Nasya:- vidang (embelia ribes) and gomutra amrapatra swaras (mango leaves extract) and sour milk.

3. Foreign bodies in throat

A foreign body aspirated into air passage can lodge in the larynx, trachea, bronchi Large foreign body, unable to pass through the glottis, will lodge in the supraglottic area while small one will pass down through the larynx into the trachea or bronchi.

Foreign bodies with sharp point e.g. pins, needles, fishbone etc can stick anywhere in larynx or tracheobronchial tree.

Children are more affected of age between half to 4 yr. common foreign body in children are, peanuts seeds, peas, beans, gram, plastic whistle, plastic toys, safety pins, nails, all pins, twisted wire, ball bearings, coin etc.

In adult common foreign bodies are, loose teeth, denture, fish bone etc. Non irritating F.B. e.g. plastic, glass, metallic F.B.

Irritating F.B. e.g. vegetables, peanuts, beans, seeds etc.

4. Laryngeal Foreign Bodies

Laryngeal foreign body may totally obstruct the airway leading to sudden death. Partially obstructed foreign body will cause discomfort of pain in throat, hoarseness of voice, croupy cough, aphonia, dyspnea, wheezing and hemoptysis.

Treatment

A large bolus of food obstructed above the cords may make the patient totally aphonic. The measures consist of pounding the back, turning the patient upside down and Heimlich maneuver.

If Heimlich maneuver fails cricothyrotomy of emergency tracheostomy should be done.

Kanthagata shalya nirharanasu,su27/14

In case of a bit of shellac being accidentally pricked into the pharynx, a metal tube should be first inserted into the passage, and then heated metallic rod should be reached down to the obstructing shellac though its inside. The shellac, thus melted by heat of inserted rod, would naturally stick fast to it, which should be then condensed by an injection of cold water poured down through the aforesaid tube; after that rod should be withdrawn thus carrying away the melted shellac at its end.

According to certain authorities, any other obstructing foreign matter accidentally introduce into the pharynx should be withdrawn with the help of a rod, soaked in a melted wax or shellac, and inserted into that passage all other procedure being the same as in the preceding instance.

Kanthagata asthishalya nirharana

In case of bone shalyam eg fish bone having accidentally stuck fast in the throat, a bundle of hair, tied to a string of thread, should be inserted on the gullet of the patient, the physician holding the other end of the string in his hand. Then a copious quantity of water, or of any other liquid substance, should be poured down into his throat, so as to entirely fill his stomach. After that some kind of emetic should be given to the patient, and the string should be pulled out as soon as the bundle of hair would be felt to have stuck below the obstructing bone or shalyam, which would naturally come out with the pull. As an alternative, the top end of soft twig, as it generally used in cleansing the teeth, should be bruised into the shape of a brush, and the thorn or shalyam should be treated by making the patient lick a compound of clarified butter and honey, or of the powders of the triphala, saturated with honey and sugar.

Aacharya sushruta has given remedy for grasshalyasu, su27/17(obstructed food bolus)

Strong wine should be given to the patient, or he should be slapped on the shoulders, so as to cause him to suddenly start in case where a morsel of food would be

found to have obstructed and stuck fast in his gullet. A tight gripe about the throat of a person with creeper, rope or the arm of antagonist, tend to enrage the local kapham, which obstruct the cavity of the passage, (strota) producing salivation, foaming at the mouth and loss of consciousness. The remedy in such cases consist of lubricating and diaphorising the body of the patient with oil and heat, and administering strong errhines (shiro-virechana), and the juice or extract of meat which is possessed of the virtue of subduing the deranged vayu.

Tracheal Foreign Body

A sharp Foreign body will only produce cough and hemoptysis. A loose foreign body like seeds may move up and down the trachea between the carina and the undersurface of vocal cords causing audible slap and palpatory thud. Asthmatoïd wheeze may also be present. It is best heard at patient's open mouth.

Treatment

Can be removed by bronchoscopy with full preparation and under general anesthesia. Methods to remove tracheobronchial foreign bodies

1. Conventional rigid bronchoscopy.
2. Rigid bronchoscopy with telescopic aid.
3. Bronchoscopy with c-arm fluoroscopy.
4. Use of dormie basket or Fogarty's balloon for rounded objects.
5. Tracheostomy first and then bronchoscopy through the tracheostoma.
6. Thoracotomy and bronchotomy for peripheral foreign body.
7. Flexible fiberoptic bronchoscopy in selected adult patient.

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