



1.3. General Scheme of Surgical Case Taking

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(Shalya-Tantra & Modern Surgery Integrated Template for 3rd-Prof BAMS)

Aim: to collect, analyse and relay all information that guides a **precise rūpa-nidāna** (clinical diagnosis) and a **tad-anukūla cikitsā-yojana** (appropriate management plan).

1 | Patient Profile (*Pratyakṣa-parikṣā - direct observation*)

Section	Essential Data	Notes / Mnemonics
Identification	Name, age/sex, marital status, occupation, address, registration no.	“NAOMA” – Name, Age, Occupation, Marital, Address
Date & time of admission ...		Critical for medico-legal sequencing
Source & mode of referral	OPD / Emergency / Other hospital, self-referral	Clarifies urgency & prior care

2 | Presenting Complaints (PC)

Suśruta's Triad: “प्राप्तिप्राप्ति-प्राप्तिप्राप्ति-प्राप्तिप्राप्ति” – inquire, inspect, palpate (Su. Sū. 4/6).

Record **all symptoms** *verbatim* with **duration** in chronological order.
Eg. “Pain abdomen – 4 days; vomiting – 2 days”.

3 | History of Present Illness (HPI)

Parameter	Guiding Questions	Surgical Mnemonic
Site	Where is the symptom located?	
Onset	Sudden / gradual? precipitating event?	
Character	Dull, throbbing, colicky, etc.	
Radiation	Does it travel elsewhere?	
Associations	Fever, jaundice, dysuria, etc.	
Timing	Continuous / intermittent / diurnal variation	
Exacerbating / relieving factors	Food, posture, medication	
Severity	Visual analogue scale (0-10)	

Ayurveda add-on: note **Agnibala**, **Vega-vighāta**, relation with **Ahāra-sevana kāla**, **Rtu**.

4 | Past History

- Medical illnesses, surgeries, transfusions, trauma, allergies, medications
- Suśruta emphasises prior *śalya-karma* complications: “*पूर्वकृतं कर्म निदानीकृत्य*” (Su. Sū. 32/5).



5 | Personal & Social History

Heading	Details
Diet	Vegetarian / mixed; appetite; caffeine
Habits	Smoking (pack-years), alcohol, chewables
Lifestyle	Sleep pattern, stress, exercise
Occupational hazards	Radiation, toxins, repetitive strain
Āyurveda-specific	Prakṛti, Vihāra, Rtuśāra, Dinacaryā deviations

6 | Family & Genetic History

Record similar illnesses, malignancies, bleeding disorders, anaesthetic deaths.

7 | Systemic Review (ROS)

Brief checklist for CVS, RS, GIT, GU, CNS, Endocrine to avoid missing co-morbid clues.

8 | General Physical Examination (GPE)

Parameter	Technique / Normal	Significance
Built & Nourishment	BMI / MUAC; Ayurveda: Sara-Samhanana	Surgical risk stratification
Consciousness	GCS; orientation	Airway & neuro status
Vitals	Pulse, BP, RR, Temp, SpO ₂ , Pain score	Pre-op baseline
Pallor, icterus, cyanosis, clubbing, oedema, lymph-nodes	Inspection & palpation	Underlying anaemia, sepsis, malignancy
Skin	Scars, sinuses, striae	Previous surgery, TB, fistula

Mnemonic: "VIP-PCCLS" – Vitals, Investigate skin/eyes, Pallor, Palpate nodes, Cyanosis, Clubbing, Lymph-oedema, Scars.

9 | System-Wise Examination

System	Method	Key Surgical Yields
Cardio-Respiratory	IPPA (Inspection, Palpation, Percussion, Auscultation)	Murmur → infective endocarditis risk; wheeze → GA fitness
Abdomen	Four-quadrant inspection, Cullen's sign, shifting dullness → palpation (nine-region), liver span, fluid thrill, per-rectal	Appendicitis, lump characteristics
Hernial Orifices	Cough impulse test, ring occlusion	Type & reducibility
Breast / Thyroid / Vascular	Size, skin changes, bruit, Allen's test	Benign vs. malignant, graft suitability
Musculo-skeletal & Neuro	Power grading, sensory, reflexes	Compressive neuropathies, compartment syndrome

Ayu. correlation: **Nādī parīkṣā, Srotas-dusthi laksāṇa** noted alongside.

10 | Local Examination (Lesion-Centric)

“**Darśana → Sparśana → Praśna → Upanāha**” sequencing.

Inspection → Palpation → Measurements → Special tests → Relation to skin, muscle, bone, neuro-vascular bundle.

Document with diagrams; use callipers / thread for circumference.

11 | Provisional & Differential Diagnosis

Relate positive & negative findings.

Example format:

Provisional Dx: Acute calculous cholecystitis (based on RUQ pain, Murphy +, fever, leucocytosis).

DDx: Acute pancreatitis, perforated duodenal ulcer, right renal colic.

12 | Investigations Plan

Category	Examples	Rationale
Baseline	CBC, RFT, RBS, LFT, Urine R/M	Fitness & surgical risk
Imaging	USG, X-ray, CT, MRI, Doppler	Local anatomy & staging
Special	ECG, 2D Echo, PFT, Tumour markers, FNAC/biopsy	Co-morbidity & confirmation

Āyurveda adjuncts: **Āsthī-māṃsa kṣaya, Upasneha** by Rogī- & Roga bala tables.

13 | Management Outline

- Resuscitation (if emergency) → Definitive surgery / para-surgery (Kṣāra, Agnikarma) → Post-operative protocols → *Samṣārjana krama* (diet ladder).

Flow-chart suggestion (Teacher may insert): “**ABCDE → Decide → Incision/Instrument → Close → Care**”.

14 | Clinical Summary & Communication

SOAP-STYLE NOTE

S	35 y male, smoker, RUQ pain × 4 d, fever; no jaundice
O	Pulse 96, BP 130/80, Murphy +, WBC 14 000
A	Acute calculous cholecystitis (Tokyo Grade I)
P	NPO, IV fluids, antibiotics, lap. cholecystectomy within 72 h after optimisation

Present verbally using “**One-Minute Preceptor**” method - chief issue, salient positives/negatives, working plan, ask for feedback.

15 | Memory Tools

1. **“SURGICAL HISTORY” acronym for intake:**
Surgery, Units blood, Rx (meds), General illnesses, Infections, Children & obstetric, Allergy, Life-style.
2. **Colour-coded table** (include in PPT): Green – essential; Yellow – desirable; Red – medico-legal.

16 | Sanskrit Pearls for Examination

Verse	Translation	Application
“दृष्टः स्पृष्टः पृष्टश्च रोगिणः सम्यगवधारितः ।” (Su. Sū. 4/6)	“A disease is comprehended only after seeing, touching, questioning the patient thoroughly.”	Basis of inspection-palpation-history triad
“सुखेनायः क्रियाः कुर्याद् दैवोपहत जीवितः ।” (Su. Sū. 1/16)	“He who performs procedures with proficiency secures the patient’s life even from divine mishap.”	Emphasises meticulous, skilful case-workup

One-Page Checklist (for student’s pocket)

Step	Tick
Profile & Consents	<input type="checkbox"/>
PC & HPI	<input type="checkbox"/>
Past / Personal / Family	<input type="checkbox"/>
GPE & Vitals	<input type="checkbox"/>
Systemic & Local exam	<input type="checkbox"/>
Draw diagram	<input type="checkbox"/>
Provisional & DDX	<input type="checkbox"/>
Investigations ordered	<input type="checkbox"/>
Initial management	<input type="checkbox"/>
Summary communicated	<input type="checkbox"/>

Bottom-line: A well-structured case sheet is the *śalya-tantra-śastra par excellence*—an instrument sharper than any scalpel, enabling the surgeon to cut through ambiguity and reach sound clinical judgement.