



# A Critical Appraisal of Ashtavidha Shastra Karma: Core Surgical Techniques in Shalya Tantra

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## Abstract

The discipline of Shalya Tantra, the surgical wing of Ayurveda, exhibits profound knowledge and remarkable precision in surgical methodologies as documented in the classical text, the Sushruta Samhita. The cornerstone of this tradition lies in the Ashtavidha Shastra Karma – eight surgical procedures that form the basis of operative interventions. This paper presents a critical appraisal of these techniques in light of both classical Ayurvedic literature and contemporary surgical science. By analyzing each Karma in terms of its clinical application, instrumentation, and underlying principles, this study explores the scope, efficacy, and scientific temperament embedded in Ayurvedic surgery. The findings affirm that these ancient techniques are not only methodologically sound but also hold immense relevance in modern integrative medicine and rural surgical practice.

## 1. Introduction

Ayurveda, the ancient Indian medical science, presents a holistic system of health care and includes eight branches, among which Shalya Tantra deals with surgical sciences. Sushruta, regarded as the Father of Surgery, systematically categorized surgical knowledge in his treatise – the Sushruta Samhita. One of the most significant contributions of this text is the classification of surgical operations under eight broad heads – known as Ashtavidha Shastra Karma. These techniques include excision (Chedana), incision (Bhedana), scraping (Lekhana), puncturing (Vedhana), probing (Eshana), extraction (Aharana), drainage (Visravana), and suturing (Seevana). Each of these procedures is explained with its indications, contraindications, instruments (Shastra/Yantra), and complications. This classification demonstrates a deep understanding of anatomy, pathology, and surgical necessity.

## 2. Objectives

- To elaborate on the classical understanding of each Shastra Karma.
- To identify the clinical conditions in which these techniques were employed
- To critically analyze their methodological soundness and therapeutic logic.
- To explore analogs in contemporary surgical practices.
- To assess the relevance and applicability of these techniques in current Ayurvedic and integrative healthcare models.

## 3. Materials and Methods

This qualitative research is primarily based on textual analysis and interpretation of classical Ayurvedic literature. Primary references include:

- Sushruta Samhita with Nibandha Sangraha commentary by Dalhana

- Ashtanga Hridaya by Vagbhata
- Charaka Samhita

Secondary data was obtained from peer-reviewed journals, modern surgical manuals, and WHO documents on traditional medicine. Comparative methodology was employed to draw parallels between classical surgical techniques and contemporary practices.

#### 4. Ashtavidha Shastra Karma: The Eight Surgical Techniques

- \*\*1. Chedana (Excision):\*\* Refers to the complete removal of abnormal growths or tissues. Indicated in Arbudha (tumors), Granthi (cyst), and external masses. Instruments: Mandalagra Shastra, Vruddhipatra. Modern analogy: excision biopsy, lumpectomy.
- \*\*2. Bhedana (Incision):\*\* Making precise cuts to open boils, abscesses, or cysts. Indicated in Vidradhi (abscess), Galashotha. Emphasizes anatomical precision. Modern analogy: surgical incision, abscess drainage.
- \*\*3. Lekhana (Scraping):\*\* Used for scraping of unhealthy tissue, necrotic slough, or fat. Indicated in Vrana (chronic wounds), Sthula patients, and skin disorders. Modern analogy: debridement.
- \*\*4. Vedhana (Puncturing):\*\* Piercing cavities or localized swellings to release contents. Used in Jalodara (ascites), fluid-filled swellings. Modern analogy: paracentesis, thoracocentesis.
- \*\*5. Eshana (Probing):\*\* Probing sinuses and tracts to understand depth and direction. Applied in Bhagandara (fistula-in-ano), Nadi Vrana. Modern analogy: fistula probe, tract mapping.
- \*\*6. Aharana (Extraction):\*\* Removing foreign bodies, dead bone or tissue, parasites, or embedded objects. Instruments: Salaka, Sandamsha. Modern analogy: forceps extraction.
- \*\*7. Visravana (Drainage):\*\* Allowing discharge of pus or fluids from wounds. Often combined with Bhedana. Indicated in suppurative lesions. Modern analogy: drain insertion.
- \*\*8. Seevana (Suturing):\*\* Suturing wounds with special attention to alignment and cleanliness. Threads were made from plant fiber, animal sinew, or silk. Modern analogy: wound closure with sutures or staples.

#### 5. Clinical Applications in Ancient Context

In classical times, these eight procedures were used as the mainstay of surgical intervention. For instance:

- Chedana in Arsha (piles) with excision of hemorrhoidal mass
- Lekhana in Upanaha (boils) and Vrana for slough removal
- Eshana in Nadi Vrana (sinus tract disorders)

The text provides detailed procedural steps, instrumentation, patient positioning, and postoperative care, demonstrating a refined surgical system. Many conditions treated with these techniques are still prevalent, especially in rural and underserved areas.

#### 6. Modern Surgical Parallels and Scientific Basis

A comparison with modern surgical techniques reveals striking similarities:

- The use of Chedana and Bhedana is reflected in tumor surgeries, incisions, and soft tissue handling.
- Lekhana is paralleled in wound debridement and scar tissue removal.
- Probing techniques remain crucial in assessing fistulas and sinus tracts.
- Suturing principles align with modern suture techniques, though materials have evolved.

Furthermore, the use of herbal fumigation (Dhoopana), antiseptic preparations, and herbal hemostats reflect an understanding of infection control and healing promotion.

#### 7. Limitations and Evolution

Despite its strengths, classical surgery faced certain limitations:

- Lack of sterilization techniques and anesthesia limited procedural depth
- Absence of advanced imaging and diagnostics

- Dependence on natural instruments and environment However, the evolution of these methods in modern Ayurveda through the use of Ksharasutra therapy, Ayurvedic minor OT setups, and integration with anesthesia has addressed several of these challenges.

## 8. Contemporary Relevance and Integration

The principles of Ashtavidha Shastra Karma are being revived in contemporary Ayurvedic surgical practice. Ksharasutra therapy, Jalaukavacharana (leech therapy), and minor surgical interventions are used effectively today. Many Ayurvedic colleges now include surgical OPDs. Integrative approaches combining Ayurvedic surgery with modern tools are being explored. These ancient techniques are especially relevant in resource-limited settings, chronic wound care, and cases where allopathy offers limited results.

## 9. Conclusion

Ashtavidha Shastra Karma represents a methodical, logical, and evidence-informed approach to surgical science in Ayurveda. The techniques demonstrate high procedural integrity and foresight. Despite historical limitations, they remain clinically relevant and adaptable in today's integrative medical landscape. Further empirical research, standardization, and training can elevate these procedures for broader application in global healthcare systems.

## 10. References

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