



Concept Of *Shalya* And *Shashtra Karma* In *Brihatrayi*: A Critical Samhita Review

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Introduction:

Shalya Tantra is a vital branch of *Ayurveda* that deals with the management of surgical and para-surgical conditions through *Shalya* (foreign body or pathological entity removal) and *Shashtra Karma* (operative procedures). While *Sushrut Samhita* is widely acknowledged as the principal surgical treatise, the concepts of *Shalya* and *Shashtra Karma* are also systematically addressed in *Charak Samhita* and *Ashtang Hridaya*. A comprehensive understanding of these concepts across the *Brihatrayi* is essential for appreciating the integrated surgical philosophy of *Ayurveda*.

Methods:

All the available relevant data were collected from *Ayurveda* classics: *Charak Samhita*, *Sushrut Samhita*, *Ashtang Hrudaya*, commentaries, modern literature, and research journals available from the Database PubMed and Google Scholar.

Results:

The review revealed that the concept of *Shalya* in the *Brihatrayi* extends beyond physical foreign bodies to include internal pathological factors such as vitiated *Dosha*, *Dhatu*, and *Mala*. *Shashtra Karma* is uniformly described as a systematic procedure involving *Poorva*, *Pradhana*, and *Paschat Karma*. *Sushrut Samhita* provides detailed and practical surgical descriptions, whereas *Charak Samhita* emphasizes surgical decision-making, prognosis, and conservative approaches. *Ashtang Hridaya* presents a concise and clinically applicable synthesis of surgical principles. Common emphasis on surgical ethics, physician competence, patient care, and post-operative management was observed across all three texts.

Conclusion:

The *Brihatrayi* collectively presents a well-structured and holistic framework of *Shalya* and *Shashtra Karma*, demonstrating that *Ayurvedic* surgery is a comprehensive discipline integrating preventive, operative, and rehabilitative principles. This critical *Samhita* review highlights the relevance of classical surgical concepts in strengthening contemporary *Shalya Tantra* education and clinical practice.

Keywords:

Shalya Tantra, *Shalya*, *Shashtra Karma*, *Brihatrayi*, *Sushrut Samhita*, *Charak Samhita*, *Ashtang Hridaya*, *Ayurvedic Surgery*.

INTRODUCTION

Shalya Tantra is a vital branch of Ayurveda that deals with the management of surgical and para-surgical conditions through *Shalya* (foreign body or pathological entity removal) and *Shastra Karma* (operative procedures). While *Sushrut Samhita* is widely acknowledged as the principal surgical treatise, the concepts of *Shalya* and *Shastra Karma* are also systematically addressed in *Charak Samhita* and *Ashtang Hridaya*. A comprehensive understanding of these concepts across the *Brihatrayi* is essential for appreciating the integrated surgical philosophy of *Ayurveda*.

The term *Shalya* is derived from the *Sanskrit* root “*shal*”, meaning “that which causes pain, discomfort, or distress.” Classical *Ayurvedic* texts define *Shalya* not merely as a physical foreign body but as any factor—external or internal—that produces pain (*Shoola*), inflammation (*Shotha*), suppuration (*Paka*), obstruction (*Avarodha*), or functional impairment.

Among the classical treatises, *Sushrut Samhita* is universally acknowledged as the foundational text of *Shalya Tantra*, earning *Acharya Sushrut* the title of “Father of Surgery.” Detailed descriptions of surgical instruments (*Yantra-Shastra*), operative techniques, anatomical knowledge, and post-operative care establish *Sushrut Samhita* as a comprehensive surgical manual ^[1]. However, limiting *Ayurvedic* surgery solely to *Sushrut Samhita* provides an incomplete understanding of its philosophical and clinical depth.

Charak Samhita addresses surgical principles in the broader framework of medical ethics, disease prognosis (*Sadhya-Asadhyata*), and therapeutic decision-making. *Charak* emphasizes that surgery should be employed judiciously and only when conservative measures fail ^[2]. *Ashtang Hridaya*, authored by *Acharya Vagbhata*, synthesizes surgical knowledge from earlier texts into a concise, clinically applicable format, making it especially relevant for practical application ^[3].

Together, these three authoritative texts—*Charak Samhita*, *Sushrut Samhita*, and *Ashtang Hridaya*—form the *Brihatrayi*. A critical and comparative review of the concepts of *Shalya* and *Shastra Karma* across the *Brihatrayi* is essential for understanding the integrated surgical philosophy of *Ayurveda* and its relevance to contemporary *Shalya Tantra* education and clinical practice.

Acharya Sushrut described eight surgical procedures under *Pradhana Karma* in chapter 5 of *Sutrasthan*. The surgical procedures according to different authors are as follows

<i>Sushrut</i> ^[4] (Su.Su.5)	<i>Charak</i> ^[5] (Ch.chi.25/55)	<i>Asthang Hruday</i> ^[6] (A.H.Su.26/28,29)
1. <i>Chedana</i>	1. <i>Paatana</i>	1. <i>Chedana</i>
2. <i>Bhedana</i>	2. <i>Vyadhana</i>	2. <i>Bhedana</i>
3. <i>Lekhana</i>	3. <i>Chedana</i>	3. <i>Lekhana</i>
4. <i>Eshana</i>	4. <i>Lekhana</i>	4. <i>Eshana</i>
5. <i>Aharan</i>	5. <i>Pracchana</i>	5. <i>Aharan</i>
6. <i>Vedhana</i>	6. <i>Seevana</i>	6. <i>Vedhana</i>
7. <i>Visaravana</i>		7. <i>Visaravana</i>
8. <i>seevana</i>		8. <i>Seevana</i>
		9. <i>Utpatana</i>
		10. <i>Kuttana</i>
		11. <i>Manthana</i>
		12. <i>Dehansa</i>
		13. <i>Grehana</i>

MATERIAL & METHODS

All the available relevant data were collected from *Ayurveda* classics: *Charak Samhita*, *Sushrut Samhita*, *Ashtang Hridaya*, commentaries, modern literature, and research journals available from the Database PubMed and Google Scholar.

REVIEW OF LITERATURE

Concept of *Shalya* in *Brihatrayi*

Acharya Sushrut defines *Shalya* as any entity that causes pain and must be removed to restore normal function. *Sushrut* primarily focuses on external and physical foreign bodies such as grass, wood splinters, stones, bone fragments, metals, and arrows embedded in the body^[7].

In contrast, *Charak Samhita* expands the conceptual framework of *Shalya* by including internal pathological factors. *Charak* states that aggravated *Dosha*, *Dhatu*, and *Mala* can behave like *Shalya* by obstructing *Srotas* and causing disease persistence^[8].

Ashtang Hridaya integrates both viewpoints and describes *Shalya* as both external and internal entities responsible for pain and dysfunction^[9].

Concept of *Shastra Karma*

Shastra Karma refers to operative measures undertaken for the removal of *Shalya*. All three *Samhitas* describe surgery as a systematic and disciplined process, not a mere mechanical act.

Sushrut emphasizes that surgery should be performed only by a trained and competent physician^[10]

The concept of *Trividha Karma*—a cornerstone of *Ayurvedic* surgery—is consistently described:

- *Poorva Karma*
- *Pradhana Karma*
- *Paschat Karma*

Purva Karma refers to the pre-operative or preliminary measures, which include proper preparation of the patient, sterilization of instruments and operative area, and administration of anaesthesia. *Pradhana Karma* represents the operative or principal therapeutic phase, wherein all major surgical instruments (*Shastra* and *Anushastra*) are employed. This stage involves various *Shastra Karmas*, selected according to their shape, utility, and the nature of the disease. These procedures include *Chedana* (excision), *Bhedana* (incision), *Lekhana* (scraping), *Vyadhana* (puncturing), *Seevana* (suturing), *Eshana* (probing), *Aharana* (extraction), and *Visravana* (drainage). *Paschat Karma* denotes the post-operative phase, which is a critical period involving pain management, wound care, and appropriate dietary and lifestyle advice to promote healing and prevent complications.

Charak Samhita discusses surgery in the context of *Yukti* (rational decision-making) and stresses that surgery should be avoided in *Asadhya* conditions^[11].

Ashtang Hridaya presents a concise outline of operative principles, making them clinically accessible^[12].

Concept of *Anushatra karma*

Kshara Karma:

Kshara is one of the Ayurvedic modalities used from the ancient period for the treatment of various diseases. *Acharya Sushrut* who is worshipped as the "Father of Surgery" is the pioneer of *Kshara Kalpana*. According to the *Ayurvedic* Formulary of India, *Kshara* are alkaline substance obtained from the ashes of drugs. *Kshara Karma* is important among all the para surgical procedures, due to its advantage of destroying *Tridoshaja* disorders by *Chedana*, *Bhedana*, and *Lekhana Karma* and can be used even in those places which are difficult to approach by ordinary measures.

Agnikarma:

The term *Agnikarma* has been used in different contexts with varied meanings. In Ayurveda, *Agnikarma* refers to therapeutic procedures performed using *Agni* (fire), that is, interventions carried out with the application of heat. *Acharya Sushrut* has described *Agnikarma* in the *Sushruta Samhita*, *Sutra Sthana*, Chapter 12. *Agnikarma* is especially indicated in the management of *Vataja* and *Kaphaja* disorders, as the *Ushna Guna* (hot property) of *Agni* counteracts the *Sheeta Guna* (cold property) of *Vata* and *Kapha Dosh*a, thereby helping in disease alleviation.

Jalaukavacharana:

The term *Jalauka* (leech) is derived from *Jala* (water) and *Oka* (dwelling place), indicating an organism that resides in water. *Raktamokshana* by *Jalaukavacharana* is indicated in patients who are delicate, weak, fearful, affluent, elderly, as well as in women and children. Among all methods of bloodletting, *Jalaukavacharana* is considered the mildest and safest, and hence is described as the best *Paramasukumaropaya*. *Acharya Sushrut* has classified *Jalauka* under the category of *Anushastra*. *Jalaukavacharana* is regarded as a superior therapeutic procedure due to its high efficacy in the management of *Rakta-pradoshaja* and blood-related disorders.

RESULT

The review of the *Brihatrayi* reveals a comprehensive and integrated understanding of *Shalya* and *Shastra Karma*. *Shalya* is described not only as an external physical foreign body in *Sushruta Samhita* but also as internal pathological entities such as vitiated *Dosha*, *Dhatu*, and *Mala* in *Charak Samhita*, with *Ashtang Hridaya* presenting a combined perspective. *Shastra Karma* is uniformly explained as a systematic surgical process based on *Trividha Karma*—*Poorva*, *Pradhana*, and *Paschat Karma*—emphasizing preoperative preparation, operative precision, and postoperative care. Para-surgical procedures such as *Kshara Karma*, *Agnikarma*, and *Jalaukavacharana* are consistently recognized as effective *Anushastra* modalities, highlighting *Ayurveda*'s holistic and minimally invasive surgical approach.

DISCUSSION

The *Brihatrayi* collectively establishes *Ayurvedic* surgery as a holistic, ethical, and rational discipline. While *Sushrut Samhita* provides technical and procedural excellence, *Charak Samhita* offers philosophical depth and ethical safeguards. *Ashtang Hridaya* acts as a bridge between theory and practice.

The expanded definition of *Shalya*—including internal pathological entities—demonstrates *Ayurveda*'s advanced understanding of disease causation. The structured approach of *Trividha Karma* mirrors modern surgical protocols, emphasizing preparation and rehabilitation. Para-surgical techniques further highlight *Ayurveda*'s minimally invasive and patient-centric approach.

CONCLUSION

The *Brihatrayi* presents a comprehensive and integrated framework of *Shalya* and *Shastra Karma*. Ayurvedic surgery emerges not merely as operative science but as a holistic therapeutic system incorporating prevention, precise intervention, and rehabilitation. This critical *Samhita* review reaffirms the relevance of classical surgical principles in strengthening contemporary *Shalya Tantra* education and integrative clinical practice.

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