



An Analysis Of “*Ekam Shastramadhiyano Na Vidyachchhastranishchyam*”: The Multidisciplinary Learning

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Abstract:

Ekam Shastramadhiyano Na Vidyachchhastranishchyam! Tasmadbahushrutah ShastramVijaniyachchikitsakah!!

The above *Shloka* (verse) from *Sushruta Samhita's Sutrasthana* Chapter-4 encapsulates a timeless educational philosophy in *Ayurveda*. The mastery of a single *Shastra* yields no definitive knowledge and urging physicians to become *Bahushrutas* (versed in multiple disciplines). This *Shloka* (verse), attributed to the ancient surgeon Sushruta (circa 600 BCE), critiques narrow specialization, advocating integrative learning across *Vedas*, logic, ethics, and medical sciences for holistic healing.

Historically, it reflects *Vedic Yuga* (era) responses to knowledge fragmentation, promoting *Pramanas* (epistemological tools) like *Pratyaksha* and *Shabda*. Philosophically, it aligns with *Upanishadic Shrivana-Manana-Nididhyasana*, fostering *Dosha* equilibrium through broad insights. In practice, it guides *Ashtanga Ayurveda* (eight branches of *Ayurveda*), ensuring exact *Chikitsa* amid complexities like surgical emergencies.

Contemporary relevance spans medical education, where it inspires evidence-based *Ayurveda-Alopathy* fusion, interdisciplinary stem, and lifelong learning against information overload. Critiques address over-specialization risks, balanced by *Guru-Shishya* experiential synthesis. Ethical dimensions emphasize *Ahimsa* and *Vidyavardhana*.

This paper dissects the *Shloka's* (verse's) *Bhasha* related (linguistic) *Swaroop* (structure), *Prasangika* (contextual) *Vyakhya* (exegesis), *Pratikool Maulika* (cross-textual) parallels (*Charaka*, *Ashtanga Hridaya*, *Shukra Niti*) and applications in modern *Shikshana* (pedagogy). Through philological, epistemological, and *Vyavharika* (pragmatic) lenses, it demonstrates how *Bahushruta Kshamta* (competence) elevates *Chikitsakas* from technicians to sages, offering universal lessons for knowledge economies. Empirical validations from *Ayurvedic curricula* underscore its enduring efficacy, positioning Sushruta's wisdom as a bulwark against *Matandhata* (dogmatism) in evolving sciences.

KEYWORDS:

Index Terms - *Sushruta Samhita*, *Bahushruta*, *Ayurveda*, Multidisciplinary Learning, *Shastranishchaya*, *Ashtanga Ayurveda*, *Pramanas*, integrative medicine, *Guru-Shishya Parampara*, epistemological synthesis etc.

INTRODUCTION:

Sushruta Samhita stands as a *Adhara* (cornerstone) of *Ayurvedic* literature, *Pratirodha* (rivalling) *Charaka Samhita* in *Gambhirta* (profundity) and *Vagbhata's Ashtanga Hridaya* in *Sanshleshana* (synthesis). However, each *Samhita* (*Ayurvedic* Text) has its own unique characteristics and it is essential to bring them together on a single platform, so that a *Vaidya* (doctor) understands the fundamental principles of each *Samhita* (*Ayurvedic* Text), as described in this *Shloka* (verse). Within its *Sutrasthana*, Chapter 4

(*Prabhashaniya Adhyaya*) delineates the *Chikitsaka's* (doctor's) qualifications “**One who studies only one shastra does not attain certainty in Shastra; therefore, the physician should know many Shastras as a well-read scholar**”¹. Acharya Charaka has criticised the person, who is studying only single Shastra^{2,3}. This *Shloka/Vachana* (dictum) transcends medicine, embodying Indian *Darshana's* emphasis on holistic *Vidya*. The *Shloka* (verse) addresses a perennial tension: depth versus breadth. In an age of proliferating texts—*Vedas, Upanishads, Smritis, Nyaya, Samkhya* - Sushruta warns against silos, where *Ekashastra Adhyayana* (single text study) breeds partiality. “*Shastranishchayam*” denotes unerring conviction, elusive without cross-verification. “*Bahushruta*” evokes the *Rigveda's Rishi*, ear-attuned to cosmic truths via diverse *Shrutis*.

This paper systematically unpacks the *Shloka*: etymology, grammar, context, philosophy, praxis and modernity. It draws on primary texts, commentaries (Dalhana's *Nighantu*), and secondary scholarship to affirm its relevance amid 21st century specialization.

LINGUISTIC AND GRAMMATICAL ANALYSIS:

Here, the precision of *Sanskrit* is demonstrated-

“*EkamShastramAdhyayano*” - means continuous study of a single text.

“*NaVdyata*” - negates attainment through knowledge (knowing).

“*Shastranishchayam*” - is composed of *Shastra* (science/scripture) and *Nishchaya* (firm resolve).

“*Tasmata*” - is a causal conjunction and therefore transforms into an imperative.

“*BahushrutaShastra*” - refers to the study of many scriptures.

“*Vijaniyata*” - is suitable for prescriptive ethics, indicating specialized knowledge.

“*Bahushruta*” - (*Bahu* - many and *Shruta* - heard) denotes scholarly learning based on oral traditions.

“*Cikitsaka*” - refers to a physician for the purpose of treatment (medicine).

HISTORICAL CONTEXT AND AUTHORSHIP:

Acharya Sushruta, considered the "father of surgery," lived in Kashi around the 6th century BCE, during the time of *Buddha*. The *Samhita* developed through a process of compilation and editing; the original core dates to the pre-Buddhist period, with later additions. *SushrutaSamhitaSutrasthana* Chapter-1 lists 125 disciples, indicating a strong tradition. In this *Samhita*, *Shloka* (verse) 7 of Chapter-4 serves as a lesson for *Jalsajon* (charlatans), who refer a single text for all health-related needs. *Acharya Charaka* also advocated similar scholarly principles⁴. Manuscripts (Bengal and Kashmir editions) consistently preserve this text, confirming its antiquity. Archaeological evidence supports this; surgical instruments from Harappa indicate a proto-*Ayurvedic* continuity, which *Sushruta* systematized.

PHILOSOPHICAL UNDERPINNINGS:

According to the epistemology inherent in *Mimamsa-Nyaya*, this *Shloka* (verse) prioritizes diverse sources of knowledge. Reliance on a single scripture carries the *Upalambha* (risk of error), while multiplicity enables reasoned judgment. *Samkhya's Prakriti-Purusha* dualism illustrates this: different qualities create imbalance, and the synthesis of the three *Gunas* rectifies the situation. The *Upanishads* praise extensive learning⁵. The *BhagavadGita* urges the discerning individual to arrive at a decisive conclusion through wisdom, drawing upon vast knowledge⁶. In *Ayurveda*, the *Tridosha* theory demands correlative knowledge: *Vata* from the subtle element of air, *Pitta* from fire^{7,8,9}. *Nagarjuna* criticizes correlative absolutism, highlighting the illusory nature of certainty without multiple sources of knowledge.

CLASSICAL COMPARATIVE STUDIES:

According to *Shukra Niti*, a consistent terminology is used for practitioners¹⁰.

In *Ashtanga Hridaya*, *Vagbhata* synthesizes the teachings of *Acharya Sushruta* and *Charaka* based on the principle of “*Bahushruta Eva Vijaniyata*” and further strengthens it¹¹.

Manusmriti prioritizes the combination of *Shruti* and *Smriti*¹².

Arthashastra praises those with extensive knowledge¹³.

JainTattvartha is described specifically for *Jain* ascetics¹⁴.

APPLICATION IN AYURVEDIC PRACTICE:

In the Physician's curriculum, *Sushruta* mandated the dissection of *Shava-Sharira* (cadavers), linking it to *Dravya Guna* (pharmacology)¹⁵. *Shalya-Tantra* connects *Shalakya* using optics through *Jyotisha* (astrology). In cases of *Sannipataja* (*Tridoshic*) *Jwara* (fever), *Kayachikitsa* (herbal medicine), *Bhuta Vidya* (*Mantras*), and *Rasayana* (ethics) are required. Extensive knowledge is helpful in emergencies, such as

using *Prativisha* (antidotes) from *Agada Tantra* for surgical procedures involving *Shotha* (swelling). *Prashikshana* (Training) involves a 7-year study in a *Gurukul*, including *Vedangas* for *Shuddhata* (purity) and *Kalpa* for *Nirupana* (the exposition) of subject matter.

MODERN AYURVEDIC EDUCATIONAL RELEVANCE:

The NCISM has mandated the study of the texts of the *Brihatrayi* (the three major *Ayurvedic* classics) i.e. *Charak Samhita*, *Sushruta Samhita* and *Vagbhata* in the current *Ayurveda* curriculum, citing this *Shloka* (verse)¹⁶. The MBBS curriculum is also moving towards standardization based on this concept. The *Ayurveda* branch of AIIMS is working to prove the uniformity of *Doshas* (biological humours) using MRI. Furthermore, bioinformatics fundamentally combines computer science and biology. Although biology and computer science are two distinct fields of study, advancements in education and the integration of these two disciplines can yield significant results¹⁷. Sushruta counters the prioritization of external factors, which leads to the expansion of information and the advancement of knowledge.

ETHICAL STANDARDS:

Non-violence governs surgical procedures.
Religious scriptures provide guidance on informed consent.
Loyalty to the guru prevents misuse.

EDUCATIONAL STANDARDS:

Socratic classroom methods emulate active listening.
Problem-based learning (PBL) reflects experiential learning.

CRITIQUE:

The risk of overload suggests the need for judicious listening rather than rote memorization of *Shlokas* (verses).

CASE STUDIES AND EMPIRICAL EVIDENCE:

India: CCRAS trials validate integrated protocols, such as physiotherapy combined with *Panchakarma*.
Global: WHO NADA standards cite the holistic ethos of *Ayurveda*.
Pandemic: The COVID-19 pandemic management incorporated *Rasayana* (rejuvenation) and *Vyadhikshamatava* (immunomodulation) alongside ventilators.

CRITICISMS AND COUNTERARGUMENTS:

Critics claim that its antiquity limits its effectiveness. Yet, randomized controlled trials (e.g., *Haridra* (turmeric) RCTs) confirm its efficacy. Proponents of specialization (e.g., in cardiac surgery) overlook the depth of Sushruta's surgical knowledge.
Feminist interpretations argue that the text is male-centric, but the universality of the verses transcends this perspective.

FUTURE DIRECTIONS:

AI-driven *Ayurveda*: Algorithms parsing multi-*Shastras* realize *Bahushruta* digitally.
In a significant milestone for global healthcare innovation, the World Health Organisation (WHO) has released a technical brief titled "Mapping the Application of Artificial Intelligence in Traditional Medicine", acknowledging India's pioneering efforts in integrating Artificial Intelligence (AI) with traditional medicine systems, particularly *AYUSH* systems¹⁸.
Policy: Mandate cross-disciplinary Ph.Ds.
For example, studies combine different fields of knowledge to solve complex problems, like climate change or healthcare improvements. Through cross-disciplinary integration, the students get strength to draw connections between subjects, fostering critical thinking and creativity. This approach can lead to improved engagement as students see the relevance of their studies in real-world contexts. Cross-disciplinary projects can help prepare students for future careers by developing skills in teamwork and adaptability¹⁹.
Globalization: Translate for UN SDGs health goals.

At its heart are the 17 Sustainable Development Goals (SDGs), which are an urgent call for action by all countries - developed and developing - in a global partnership. They accept that ending poverty and other deprivations must go together with policies that improve health and education, reduce diversity, and spur economic growth all while deal with climatic change and working to secure our oceans and forests²⁰.

CONCLUSION:

The *Sushruta's ShlokaEkam Shastramadhiyano Na Vidyachchhastranishchyam!Tasmadbahushrutah Shastram Vijaniyachchikitsakah!!* Endures as epistemology'sclarioni.e., certainty blooms in diversity. *Chikitsakas as Bahushrutas*, weave *Shastras*into life's tapestry, healing body-mind. In fractured modernity, it prepares renaissance scholars.Only a person who has studied all related *Shastras*, can truly understand the actual meaning and purpose. On the contrary, one who has studied only one Sastra, cannot fully understand the actual meaning and purpose.By the study of a single *Shastra*, a man can never catch the true import of the *Shastras*.Therefore, a physician should study as many allied branches of *Sastra* as possible.

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