

REVIEW ARTICLE

ADVANCEMENTS IN MINIMAL INVASIVE SURGERY IN SHALYATANTRA

Tejaswini Jagannath Haryan^{1*} Jagannath Keshav Haryan² Prince Kumar Singh³

¹Associate Professor, PG Department of Shalyatantra, ²Professor, Department of Rasashastra, ³Postgraduate Scholar, Department of Shalya Tantra, Vaidya Yagya Dutt Sharma Ayurveda medical college, Khurja-203131, Uttar Pradesh, India

*Corresponding author: email address: drtejaswiniharyan@gmail.com

ABSTRACT

Shalyatantra, a branch of Ayurveda, documents surgical techniques in texts like the Sushruta Samhita. This article explores advancements in minimal invasive surgery (MIS) in Shalyatantra, integrating traditional Ayurvedic methods with modern practices.

This review focuses on traditional techniques relevant to MIS, such as Ksharasutra therapy and Agnikarma, and their integration with modern technology, including endoscopic and laparoscopic procedures. Sushruta's contributions emphasize precision and minimal trauma. Techniques like Ksharasutra therapy and Agnikarma have been adapted for modern MIS, showing high success rates and minimal complications. Integrating Ayurvedic wisdom with modern MIS techniques enhances patient care. Techniques like Ksharasutra therapy and Agnikarma offer effective, minimally invasive solutions. Continued research and collaboration are essential for optimizing these approaches.

Keywords: Ayurveda, Shalyatantra, minimal invasive surgery, Ksharasutra therapy, Agnikarma, Sushruta Samhita, modern technology integration

Submitted date - 11.04.2025

Revised Date – 29.04.2025

Accepted Date – 05.06.2025

INTRODUCTION

Shalyatantra, is an important branch of Ayurveda, encompasses a wide array of surgical procedures and techniques, meticulously documented in ancient text such as the Sushruta Samhita. This ancient wisdom, revered for its precision and efficacy, laid the groundwork for various surgical practices that emphasize minimal trauma and quick recovery. With the advent of modern technology, there has been a resurgence of interest in these age-old practices, particularly in the field of minimal invasive surgery (MIS). This review article delves into the advancements in minimal invasive surgery within the realm of Shalyatantra, highlighting the seamless integration of traditional Ayurvedic techniques with contemporary surgical practices.

HISTORICAL BACKGROUND

Shalyatantra boasts a rich history of surgical innovation. Sushruta, often hailed as the "Father of Surgery," meticulously described numerous surgical procedures, instruments, and techniques in the Sushruta Samhita. His work emphasized precision, minimal trauma, and quick recovery, principles that closely align with the modern concept of minimal

invasive surgery. Sushruta's pioneering contributions included detailed descriptions of rhinoplasty (Nasa Sandhana),¹ cataract surgery,² and techniques for managing fractures³ and wounds. These foundational principles have stood the test of time, finding relevance in today's surgical landscape.

Key Contributions of Sushruta Samhita

- Surgical Instruments:** The Sushruta Samhita describes over 121 (Yantra and Shastra)⁴ surgical instruments, each designed for specific procedures. These instruments, made from materials such as iron and steel, were meticulously crafted to ensure precision and minimize tissue damage.
- Techniques and Procedures:** Sushruta's text includes detailed accounts of various surgical procedures from simple incisions and excisions⁵ to complex reconstructive surgeries. His emphasis on aseptic techniques and careful dissection mirrored the modern principles of surgery.
- Post-operative Care:** The ancient texts emphasized the importance of post-operative care, including diet, wound management, and rehabilitation. These guidelines ensured optimal recovery and minimized complications.

TRADITIONAL TECHNIQUES RELEVANT TO MIS Ksharasutra Therapy

One of the most notable contributions of Shalyatantra to MIS is Ksharasutra therapy.⁶ This technique involves the use of a medicated thread to treat anorectal disorders such as fistula-in-ano and hemorrhoids. The thread, coated with herbal alkaline substances, gradually cuts through the tissue while promoting healing and minimizing infection. Ksharasutra therapy is minimally invasive, with low recurrence rates and minimal post-operative complications.

Mechanism and Application

Ksharasutra therapy operates on the principle of chemical cauterization. The medicated thread is prepared by repeatedly coating it with a paste made from alkaline herbs and then drying it. This process imbues the thread with potent therapeutic properties. During the procedure, the thread is carefully inserted into the fistulous tract or around the hemorrhoid. Over time, the alkaline substances cause gradual necrosis of the tissue, allowing for drainage and healing.

Agnikarma⁷(Thermal Cautery)

Agnikarma, or thermal cautery, is another technique described in ancient texts. It involves the use of heat to treat various conditions, including musculoskeletal disorders and chronic pain. Modern adaptations of Agnikarma involve the use of laser and radiofrequency devices, providing a minimally invasive option for pain management and tissue repair.

Mechanism and Application

Agnikarma utilizes heat to induce therapeutic effects. Traditionally, metal rods or instruments heated to high temperatures were applied to the affected area. This technique stimulates blood flow, promotes healing, and alleviates pain. In contemporary practice, lasers and radiofrequency devices offer a controlled and precise means of applying heat, enhancing the safety and efficacy of the procedure.

Integration of Modern Technology

The principles of Shalyatantra have been effectively integrated with modern technology to enhance the outcomes of minimal invasive surgery. Several contemporary advancements can be traced back to the foundational concepts of Ayurvedic surgery.

Anushastra (Micro surgical instruments)

Described in Sushruta Samhita for minimal invasive approach to the surgery⁸ Tvakasara, sphatika, kacha, kuruvinda, Jalauka, agni, kshara, nakha, leaves of goji, leaves of sephalika, leaves of saka, karira, bala and anguli

Endoscopic Procedures

Endoscopy, a cornerstone of modern MIS, aligns with the Ayurvedic principle of minimizing trauma. The use of endoscopic techniques for diagnostic and therapeutic purposes in gastrointestinal, urological, and gynecological surgeries reflects the precision and minimally invasive approach advocated in Shalyatantra.

Endoscopes (Nadi Yantra)

Described in Sushruta Samhita are under mentioned⁹ Various types of Nadi Yantras are used to remove foreign bodies and to examine and treat disease spots of external orifices. Their diameter and length vary according to the dimensions of the passage. Endoscopes belong to the category of tubular instruments. They are used for piles, anal fistula, anal stenosis etc. Rectal speculum for anal fistula (Arsho Yantra), rectal speculum for anal fistula (bhagandara Yantra) and vaginal speculum/scope (Yoni vranekshanam) are examples of endoscopes designed for screening endoscopes for external openings of the body. They are described in detail separately. They are used to examine and treat diseased spots in external openings such as the ear, nose, mouth, vagina and rectum.

Mechanism and Application

Endoscopy involves the use of a flexible tube with a camera and light source (endoscope) to visualize

internal organs and structures. This technique allows for diagnostic procedures such as biopsies and therapeutic interventions like polyp removal. The minimally invasive nature of endoscopy reduces patient discomfort, shortens recovery times, and minimizes complications.

Laparoscopic Surgery

Laparoscopic surgery, which involves small incisions and the use of a camera and specialized instruments, mirrors the Ayurvedic emphasis on reducing surgical trauma. Procedures such as cholecystectomy, appendectomy, and hernia repair are now routinely performed laparoscopically, offering reduced recovery times and fewer complications.

Mechanism and Application

Laparoscopy employs a laparoscope (a slender tube with a camera) and surgical instruments inserted through small incisions. The camera transmits images to a monitor, guiding the surgeon during the procedure. This approach minimizes tissue damage, reduces post-operative pain, and accelerates recovery compared to traditional open surgery.

Case Studies and Clinical Outcomes

Several studies have demonstrated the efficacy of integrating Ayurvedic principles with modern MIS techniques. For instance, a study on the use of Ksharasutra in fistula-in-ano treatment reported high success rates with minimal recurrence. Similarly, the application of Agnikarma in chronic pain management has shown promising results, with patients experiencing significant pain relief and improved quality of life.

Ksharasutra Therapy in Fistula-in-Ano

A clinical study involving 100 patients with fistula-in-ano treated with Ksharasutra therapy reported an impressive success rate of 95%. The procedure was associated with minimal pain, low recurrence rates, and quick recovery, highlighting its efficacy and safety as a minimally invasive treatment option.

Agnikarma for Chronic Pain Management

A study on the application of Agnikarma in patients with chronic musculoskeletal pain demonstrated significant pain reduction and improved functional outcomes. The use of modern thermal devices enhanced the precision and control of the procedure, resulting in favourable clinical outcomes.

Challenges and Future Directions

While the integration of Shalyatantra with modern MIS has shown great promise, there are challenges that need to be addressed. Standardization of techniques, training of practitioners, and rigorous clinical trials are essential to validate the efficacy and safety of these procedures. Furthermore, there is a need for increased collaboration between Ayurvedic practitioners and modern surgeons to enable the exchange of knowledge and expertise.

Standardization and Training

The standardization of techniques is crucial to ensure consistency and safety in practice. Developing standardized protocols for procedures like Ksharasutra therapy and Agnikarma will facilitate their wider adoption and acceptance. Additionally, comprehensive training programs for practitioners, combining traditional Ayurvedic knowledge with modern surgical skills, are essential to bridge the gap between ancient and contemporary practices.

Rigorous Clinical Trials

Conducting rigorous clinical trials is imperative to establish the scientific validity of Ayurvedic techniques in modern surgical practice. These trials should adhere to standardized methodologies, including randomized controlled trials, to generate robust evidence on the efficacy and safety of these procedures. Collaborations between Ayurvedic institutions and modern medical research centres can facilitate such studies and promote evidence-based practice.

Interdisciplinary Collaboration

Increased collaboration between Ayurvedic practitioners and modern surgeons is vital to harness the full potential of Shalyatantra in minimal invasive surgery. Interdisciplinary workshops, conferences, and collaborative research projects can foster the exchange of knowledge and expertise, leading to innovative approaches and improved patient outcomes.

CONCLUSION

The advancements in minimal invasive surgery in Shalyatantra represent a fusion of ancient wisdom and modern innovation. Techniques such as Ksharasutra therapy and Agnikarma have found renewed relevance in contemporary surgical practice, offering minimally invasive solutions with impressive outcomes. As research and collaboration continue to evolve, the integration of Shalyatantra principles with modern MIS techniques holds great potential for enhancing patient care and surgical outcomes.

By embracing the rich heritage of Shalyatantra and leveraging modern technological advancements, the field of minimal invasive surgery can continue to advance, providing patients with effective, safe, and minimally traumatic treatment options. This convergence of ancient and modern practices underscores the enduring relevance of Ayurvedic principles in the ever-evolving landscape of medicine and surgery.

REFERENCES

1. Shastri AD. Sutrasthana 16/27-28. In: Sushrut Samhita. Vol. I. Varanasi: Chaukhambha Sanskrit Sansthan; 2012. p. 89.
2. Shastri AD. Chikitsasthana 3/14, 53. In: Sushrut Samhita. Vol. I. Varanasi: Chaukhambha Sanskrit Sansthan; 2012. pp. 28, 32
3. Shastri AD. Uttartantra 17/58, 59, 60. In: Sushrut Samhita. Vol. II. Varanasi: Chaukhambha Sanskrit Sansthan; 2012. p. 82.
4. Shastri AD. Sutrasthana. Chaps. 7-8. In: Sushrut Samhita. Vol. I. Varanasi: Chaukhambha Sanskrit Sansthan; 2012. pp. 32, 37.
5. Shastri AD. Sutrasthana 5/3-4. In: Sushrut Samhita. Vol. I. Varanasi: Chaukhambha Sanskrit Sansthan; 2012. p. 22.

6. Shastri AD. Sutrasthana. Chap. 11. In: Sushrut Samhita. Vol. I. Varanasi: Chaukhambha Sanskrit Sansthan; 2012. p. 45.
7. Shastri AD. Sutrasthana. Chap. 12. In: Sushrut Samhita. Vol. I. Varanasi: Chaukhambha Sanskrit Sansthan; 2012. p. 51.
8. Shastri AD. Sutrasthana 8/15. In: Sushrut Samhita. Vol. I. Varanasi: Chaukhambha Sanskrit Sansthan; 2012. p. 39.
9. Shastri AD. Sutrasthana 7/13. In: Sushrut Samhita. Vol. I. Varanasi: Chaukhambha Sanskrit Sansthan; 2012. p. 34.

Financial Support: Self-financed. **Conflict of Interest:** None

How to cite: Tejaswini Jagannath Haryan, Jagannath Keshav Haryan, Prince Kumar Singh, Shilpa Kohli, Ishudi Tyagi, Advancements In Minimal Invasive Surgery In Shalyatantra, TAIJA – Tatwachintanam - International Journal of Ayurveda. Apr-Jun, 2025 Volume 1 Issue 1 p. 8-11.