

EDITORIAL

TRAJECTORY OF AYURVEDIC SHALYA (SURGICAL), SHALAKYA (ENT, EYE, DENTAL), STRI AND PRASUTI (GYNAECOLOGICAL) PRACTICES FROM ANTIQUITY TO DATE

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The historical evolution of Śalya Tantra (Ayurvedic surgery), Śālākya Tantra (Ophthalmology, ENT, Dental, and Head-Neck care), and Prasūti Tantra & Strī Roga (Gynaecology and Obstetrics) represents one of the most remarkable empirical traditions in medical history. While contemporary discourse frequently frames integrative surgical practice as a modern regulatory innovation, historical and archaeological records demonstrate that surgical interventions were foundational to Ayurveda from antiquity.

Antiquity and Tangible History of Ayurvedic Surgery, Prasūti Tantra & Strī Roga:

The historical bedrock of Ayurvedic surgery is traditionally anchored in the Suśruta Samhita, authored by Suśruta around 600 BC in Varanasi. Suśruta documented over 100 blunt instruments (yantra), 20 sharp instruments (śastra), specialised incisions, suturing techniques, fracture reductions, and cataract extraction procedures. However, historical analyses often overlook the robust surgical principles embedded within the Caraka Samhita, which outlines critical surgical management principles, wound care, abscess drainage, and trauma protocols, proving that surgical understanding permeated the entire classical corpus rather than remaining sequestered in specialised texts alone.

Corroborating these literary texts with material and archaeological evidence addresses a long-standing historical lacuna. Significant anthropological and archaeological findings confirm the physical practice of ancient Indian surgery:

- **Prehistoric Trepanation:** Anthropological evidence includes cranial trepanation observed in a Bronze Age Harappan skull (4300 years ago), alongside Neolithic findings from Burzahom in the Kashmir Valley.
- **Taxila Museum Artefacts:** Excavations at ancient urban sites such as Bhīr Mound and Sirkap have yielded tangible surgical and pharmaceutical implements dating from the 3rd century BCE to the 1st century CE. These include mandalāgrāśastra (disc-bladed scrapers/incisors), eśani (probes), sūci (eyed needles), samdamśayantra (forceps), and tālayantra (spatulas), demonstrating advanced indigenous metallurgical and surgical craftsmanship entirely distinct from Greco-Roman models.
- **Medieval Epigraphical Records:** Surgical practice persisted well into the medieval period under royal and spiritual patronage. A prominent historical example is the 10th-11th Century CE stone inscription from Saidapur (Nalgonda district, Telangana), which records the professional activities of Aggalayya, a renowned Jain physician-surgeon patronised by the Chalukya King Jayasimha II (1015-1042 CE)). Aggalayya constructed a Jain temple named Vaidyaratnākara after his professional title, illustrating that religious vows of ahimsā did not preclude specialised surgical practice.

The Modern Regulatory Turn: NCISM Postgraduate Regulations

Following centuries of colonial disruption and a transition toward folk and artisan-led custodianship (such as traditional bone-setters and indigenous practitioners), the institutional revival of Ayurvedic surgery began in the mid-20th century, largely catalysed by the Banaras Hindu University (BHU) under pioneers like Prof. K.N. Udupa and Prof. P.J. Deshpande. This revival successfully reintroduced innovations such as Kshara Sutra (seton therapy) for anal fistulae, which is now internationally recognised.

A watershed moment in the formalisation of this clinical competence occurred with the NCISM Gazette of India notification dated 19th December 2020, which established explicit postgraduate regulatory frameworks

for Śalya Tantra and Śālākya Tantra. This regulatory mandate outlined specific competencies for postgraduate trainees to independently perform designated surgical procedures. Similarly, updated curricula for Prasūti Tantra & Strī Roga by the Ministry of AYUSH have standardized maternal and gynecological interventions within academic institutions, bridging the gap between classical theory and clinical execution.

Financial Streamlining and Insurance Integration: The 2026 Benchmark Rates

A critical barrier to the mainstream integration of Ayurvedic surgical practices has historically been the lack of standardised health insurance coverage. Addressing this, the Government of India, Ministry of AYUSH, issued comprehensive guidelines on 13th April 2026 titled “*Revision of Benchmark Rates for Insurance Coverage of Ayush Treatments and Settlement of Claims of Various Therapies/Interventions (2026)*”.

This document establishes structured, evidence-based pricing models that align AYUSH surgical and therapeutic interventions with conventional medical financial systems:

- **Tier-Based Differentiation:** The revised benchmark rates apply baseline costs for non-NABH hospitals in Tier-III (Z) cities, with structured enhancements for Tier-II (Y, + 10%), Tier-I (X, +20 %), and NABH-accredited facilities (+15% over non-NABH baseline).
- **Ward-Based Modifiers:** Surgical package rates for Śalya, Śālākya, and Prasūti Tantra & Strī Roga apply to general wards, with standardised increments of +5% for semi-private wards and +10% for private wards.
- **Definitive Procedural Pricing:** The 2026 schedules encompass explicit package rates for advanced Ayurvedic surgical interventions, and ancillary expenses such as room rent, dressings, and anaesthesia are mandated to align with conventional medical benchmarks, while permitting allopathic supportive medications and anaesthesia strictly under applicable State laws.

The Benchmark document covers the following procedures which are exclusive to Shalya, Shalakya, Prasuti Tantra and Stri Roga.

Category	Number of procedures included
Para surgical	24
Surgical treatments (General Surgery)	110
Shalakya (ENT, Eye and Dental Procedures)	77
Prasuti and Striroga	43

Evolution of Prasūti Tantra & Strī Roga: From Antiquity to Contemporary Clinical Practice

The specialized domains of Prasūti Tantra (Obstetrics) and Strī Roga (Gynaecology) possess a deep historical lineage originating in foundational texts such as the Kaśyapa Samhita—the premier classical treatise dedicated extensively to pediatrics, mother, and child care—alongside advanced obstetrical descriptions in the Suśruta Samhita regarding Moodha Garbha (obstructed labor) and instrumental extraction. Historically integrating Garbhini Paricharya (comprehensive antenatal care), Sutika Paricharya (postpartum care), and Sthanika Chikitsa (local therapeutic interventions including Yoni Pichu, Varti, Prakshalana, and Uttara Basti), these disciplines have evolved into rigorous, evidence-based clinical specialties.

Historical Inscriptional Evidences for of Prasūti Tantra & Strī Roga:

Epigraphical and sculptural records from South Asia provide clear evidence for the formal institutionalization of Prasūti Tantra (Obstetrics), Strī Roga (Gynaecology), and maternal healthcare within royal and temple-based public health infrastructures. Rather than remaining confined to private domestic spaces or oral traditions, care for women was systematically integrated into state welfare, endowed hospitals, and public iconography.

A landmark epigraphical testament is the Malkapuram (Nandi Pillar) Inscription of 1261 CE (Eluru, Andhra Pradesh), issued during the reign of the Kakatiya dynasty under King Ganapati Deva and Queen Rudrama Devi. This record documents the founding of an Prasūtyārōgyaśālā (Maternity Hospital) alongside a General Hospital (Ārōgyaśālā), established under the supervision of Visvesvara Sivacharya. The inscription explicitly notes a perpetual royal endowment of 2 Puṭṭi (~40 acres) of tax-free land dedicated specifically to the maintenance and clinical operations of the maternity facility, along with separate land allocations for the salaries of attending physicians and female medical staff.

This epigraphic proof of dedicated maternal health infrastructure is complemented by tangible architectural reliefs, most prominently the 12th-century CE Chola Stone Relief at the Airavatesvara Temple in Darasuram (Thanjavur, Tamil Nadu). This sculpture depicts an active birthing scene where a laboring woman is supported in an upright, ergonomic posture by female midwives (paricarikalu) on either side, while an attending medical worker holds a vessel containing herbal decoctions (kashayam) to manage contractions and labor complications.

Furthermore, institutional records such as the Tirumukkudal Inscription of 1063–1070 CE (Kanchipuram, Tamil Nadu) document the operational framework of the Vīracōla ātūrācālai hospital, detailing the appointment of salaried female nurses (araiyar / paricarikalu) and female attendants alongside surgeons and physicians, establishing a structured, gender-inclusive clinical environment. Royal women themselves acted as key administrators and financial patrons of healthcare; notably, Chola Princess Kundavai Pirāṭṭiyār personally funded and supervised the Sundarachola Vinnakar Āthulasālai hospital and instituted surgical and medical land grants (Śalyakriyā bhoga and Vaidya Bhogam) for community care.

Today, academic training and structured postgraduate curricula governed by the NCISM seamlessly blend classical physiological paradigms (such as Artava Vaha Srotas evaluation and Ritucharya) with modern diagnostic modalities including ultrasonography, colposcopy, and laparoscopic screening. Furthermore, public health integration has been significantly augmented through National Ayush Mission (NAM) initiatives such as the SUPRAJA (Ayush Maternal & Neonatal Intervention) program and Ayushman Arogya Mandir (Ayush) health and wellness centers. Clinical and translational research spearheaded by premier institutions—such as the All India Institute of Ayurveda (AIIA), the National Institute of Ayurveda (NIA), and the Central Council for Research in Ayurvedic Sciences (CCRAS)—continually validates Ayurvedic protocols for managing Polycystic Ovary Syndrome (PCOS), Abnormal Uterine Bleeding (Asrigdara), and female infertility (Vandhyatva), cementing Prasūti & Strī Roga as a vital pillar of modern integrative maternal healthcare.

Global Standardisation: The NAMASTE Portal and WHO Terminologies

To ensure global scientific interoperability, the Ministry of AYUSH and the World Health Organisation (WHO) have spearheaded monumental standardisation initiatives. The launch of the NAMASTE Portal (National AYUSH Morbidity and Standardised Terminologies Electronic Portal) in 2017 and the publication of WHO International Standard Terminologies on Ayurveda (2022), provides double-coding capabilities linking classical Ayurvedic diagnostic and intervention codes with ICD-11. Further, the Ministry of Ayush has initiated development of National Intervention codes for Ayurveda in alignment with WHO-International Classification of Health Interventions (ICHI).

Standard Ayurveda Terms Covered in NAMASTE Portal (<https://namaste.ayush.gov.in>) (2017) and International Terminologies of Ayurveda (ITA), published by World Health Organisation (WHO) (2022)

Topic	Number of Terms in NAMASTE Portal	Number of Terms in WHO-ITA
Fundamental terms (Mulabhuta Shabda) (SAT-A)	318	285
Anatomical and Physiology related terms (Sharira Covering) (SAT-B)	513	206
Diagnosis Related Terms (ITA-4.1.1 (SAT-C))	175	167
Signs and Symptoms (SAT-D)	9400	-
Diagnostic conditions (NAMC); SAT-F Substances/Dravya	2972 (2886 disorders+86 Patterns)	1272
Preparation of medicines SAT-G(ITA-7.1.1)	565	82
Preparation of Food and Beverages SAT-H(ITA-8.1.1)	197	187
ITA-1.4.2 (SAT-I) Treatment (Chikitsa)	116	114
Routine(s) for health maintenance ITA-10.1.3 (SAT-J)	663	634
	124	25

By establishing standardised morbidity codes, health intervention codes, and benchmark documents for

Śalya, Śālākya, Prasūti Tantra & Strī Roga, and foundational domains (Sharira and Kriya), these efforts eliminate terminological ambiguity, support robust electronic health records (EHR), facilitate seamless ABHA ID integration, and fortify the empirical foundation of Ayurveda in the global health architecture.

CONCLUSION

The trajectory of Ayurvedic Surgical, ENT, dental, and Gynaecological practices from the empirical brilliance of antiquity to the standardized, insurance-backed framework of 2026 reflects a discipline undergoing pragmatic evolution. By grounding clinical training in rigorous NCISM curricula, adopting transparent financial valuation via the Ministry of Ayush benchmark rates, and embracing global informatics standards through the NAMASTE portal, Ayurveda is successfully reclaiming its rightful position as an evidence-based, fully integrated surgical science.

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