



A Conceptual and Applied Aspect of *Ashtavidha Shastra Karma* in *Shalya Tantra*

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ABSTRACT:

Acharya Sushruta explained the three phases of surgical procedure i.e. *Trividh karma* which are *Poorva karma* (preoperative measures), *Pradhan karma* (operative procedures) and *Paschat karma* (postoperative measures). The *Ashtavidhi shastra karma* comes under *Pradhan karma* which is main operative procedures. *Ashtavidha Shastra karmas* are the procedures or the steps which are always the soul of any surgery. With a broad vision, *Ashtavidha Shastra karmas* can be taken as the base of modern surgery and that may be the reason why Acharya Sushruta is still remembered by not only the Ayurvedic but also the modern surgeons. Though, modern surgery is getting improved and updated day by day, still these *Shalya Karmas* have not lost their shine, because these are the roots of all the surgeries and roots are always more important and essential than the branches.

Key words: *Pradhan karma, Ashtavidha Shastra karmas, Chhedan, Bhedan, Vedhan, Lekhan, Eshan, Aharan, Vistravan, Seevan Karma.*

INTRODUCTION

Acharya Sushruta has provided a systematized approach in practical surgical knowledge in Sushruta Samhita. His approaches including surgical Principles in abdominal surgery, amputation of limbs, treating fractures and dislocations, treating ano-rectal disorders, classification of wounds and their management, control of bleeding, taking aseptic precautions, *yantra, shastra, ashtavidhi shastra karma*, suturing, bandaging are few examples which are still valid as it was in his time. ¹

Acharya Sushruta explained the three phases of surgical procedure i.e. *Trividh karma* which are *Poorva karma* (preoperative measures), *Pradhan karma* (operative procedures) and *Paschat karma* (postoperative measures).²

The *ashtavidhi shastra karma* comes under *Pradhan karma* which is main operative procedures. *Ashtavidha Shastra karmas* are the procedures or the steps which are always the soul of any surgery. With a broad vision, *Ashtavidha Shastra karmas* can be taken as the base of modern surgery and that may be the reason why Acharya Sushruta is still remembered by not only the Ayurvedic but also the modern surgeons. Though, modern surgery is getting improved and updated day by day, still these *Shalya Karmas* have not lost their shine, because these are the roots of all the surgeries and roots are always more important and essential than the branches.



AIM AND OBJECTIVE

To elaborate, evaluate, discuss the *Ashtavidha shastra karma* described in Sushruta Samhita and its co-relation with modern surgical techniques.

MATERIAL AND METHODS

The data have been collected from the ancient ayurvedic literatures, modern text book of surgery, authentic research journals and various websites related to the topic.

Ashtavidha Shastra Karmas (Operative Procedures)

On the day and time having auspicious stellar constellation, *agni*, *brahmana* and physician should be worshiped first, then offer oblation, perform sacrificial rites and chant hymns of benediction; the patient is then given light food and made to sit east facing; after restraining him, the surgeon sitting opposite to him, insert the knife in the direction of hairs avoiding vital spots¹.

Acharya Sushruta has described eight types of *shashtra karma Chhedan, Bhedan, Vedhan, Lekhan, Eshan, Aharan, Vistravan* and *Seevan Karma*.

1. Chedan Karma (Excision, Amputation)

Chedan means abnormal or diseased part should be excised from the normal body part.

Indications- In Shruta Samhita the diseases to be treated by excision *Bagandara* (fistula in ano), *Kaphaja Granthi* (cysts), *Tilakalaka*, *VranaVartma* (ulcer margins), *Arshas* (piles), *Charmakeela* (warts), *Asthi Mamsagatha Shalya* (foreign body situated in bone and muscle), *Jatamani*, *Mamsa Sanghata* (fleshy growth), *Snayu Mamsa Sira Kotha* (necrosed ligament, muscle and vessel), *Valmika*, *Sataponaka*, *Adhrusa* etc².

An excision should be made into a *vrana* which refuses to suppurate and which is of a hard and indurated character attended with sloughing of the local nerves and ligaments (*Snayu*)³.

Shastra's and Anushastra's used for Chedan –

Shastra's- Instruments used are *Mandalagra*, *Karpatra*, *Vridhipatra*, *Nakhasastra*, *Mudrika*, *Utpala Patra* and *Ardhadhara*⁴.

Anushastra's - *Twaksar*, *Sphatika*, *Kaca*(glass pieces), *Kuruvind*, *Nakha*.

Types of Chedan⁵:

TiryakChedan -At eyebrows, cheeks, temporal region of head, forehead, eyelids, lips, gums, axillae, abdomen and groins *Tiryak Chedan* (Horizontal incision) is taken and

then excision is done.

Chandramandalavat-In hands and foot *Chandramandalavat* (circular) is taken and excised.

Ardhamandalavat -In anus and penis *Ardhamandalavat* incision (semilunar) is taken and excised.

Chedana karma in different diseases-

1. **Kaphaja Granthi Chedana-** If *Granthi* is not present on *Marma* and which is not going to become *Pakwa* should be excised in *Apakwa* stage and *Agnikarma* is done⁶.

2. **Jatamani Mashak and Tilkalaka Chedana-** This should be excised and *Agnikarma* or *Kshara Karma* is done⁷.

3. **Valmika-** It should be excised and *Agnikarma* or *Kshara Karma* is done⁸.

4. **Galshundika-** Galshundika has to firmly handled with a *Samdamsa yantra* and with *Mandalagra shastra* the lower 1/3rd part should cut by leaving the upper 2/3rd excessive cutting causes bleeding complications and improper cutting cause's complications like salivation, insomnia and aggravation of disease⁹.

2. Bhedana Karma (Incision)

It means incision taken for opening a cavity or taping of cavity to drain out pus, rakta, removing calculus etc.

Indications: - Sushrut has indicated *bhedan karma* in the following diseases- all *vidradhis* except *sannipatik*, *vataj granthi*, *pittaj granthi*, *kphaj granthi*, three types of *visarpa*, *vridhiroga*, *vidarika*, *pramehapidika*, *vranshoph*, *stan vidradhi*, *avamanthak*, *kumbhika*, *anusayi*, *nadivrana*, *vrindaroga*, *pushkarika*, *alaji*, *kshudraroga*, *talupupputa*, *dantapupputa*, *tundikeri*, *gilayu*, *ashmari* and *medajroga* etc¹⁰.

In wounds which having pus inside but not having an opening, even having sinuses inside or pus pocket are ideal to *bhedana* or splitting and draining the accumulated pus¹¹.

Shastra's and Anushastra's used for Bhedana

Shastra's - *Vridhipatra*, *Nakhasastra*, *Mudrika*, *Utpalapatra* and *Ardhadhara*.

Anushastra's- *Twaksar*, *Sphatika*, *Kaca*(glass pieces), *Kuruvind*, *Nakha*..

Method of holding Shastra for Bhedana

Vridhipatra and all instrument used for *bhedan karma* should be held in between the *Vrinta* (handle) and *Phala* (blade).

Bhedan karma (Incision) indicated in different diseases

Bhedan karma (Incision) indicated in stan roga- According to Sushruta in case of *stan vidradhi* *bhedan* should be done after suppuration of the *vidradhi* avoiding the *dugdharini nadi* (Lactiferous ducts) and both *krishna chuchuka* (Areola and Nipples)¹².

Bhedan karma (Incision) indicated in udararoga-In *badhagudodara* (Intestinal obstruction) and *parisrabyudara* (Intestinal perforation) incision should be made below *nabhi* (umbilicus) on left side four *angula* (fingers) away from the hair line on the abdominal wall. Intestine measuring four *angula* should be taken out to remove the obstructive factor like stone, hair or faecal matter. Paste of *ghirt* and *madhu* should be used on that specific site before suturing the abdomen.

Dalhana while commenting on it has suggested a four *angula* length of *tiryak bhedan* should be used same distance below nabhi. The *tiryak bhedan* has been selected because of the same alignment of the hair in this region¹³.

Bhedan karma (Incision) indicated in Ashmari roga-About the *bhedan karma* (Incision) indicated in *ashmari roga*, Acharya Sushruta says that the incision measures equal to the length of calculus should be given, leaving a space measuring that of yava or grain of barley from the *sevani* (Raphe) on the left side. Some authorities have recommended incision on the right side for convenience.

In women *garbhashaya* (uterus) is situated very closely to the *vasti* (bladder). Thus incision should be very superficial otherwise it may leads to extravasation of urine through the wound. Injury to *mutraprasheka* also leads to extravasation of urine in male subjects. Two wounds at different points of *vasti* caused by *ashmari* and a single wound caused by any reason other than *ashmari* are very difficult to treat¹⁴.

Bhedan karma (Incision) indicated in vridhhi roga-According to Acharya Sushruta in case of *medaja vridhhi*, *bhedan* should be given with *vridhipatra shastra* without disturbing the anatomy of *phala* (Testicles) and *sevani* (Raphe). Then *sthashika* or *gophana* (Stump or Sling) bandage should be applied after removal of *meda*¹⁵.

Bhedan karma (Incision) indicated in bhagandara-Acharya Sushruta mentioned *Langalaka*, *ardhalangalaka*, *sarvatobhadra* and *gotirthaka* types of *bhedan* have been indicated in *shataponaka bhagandara* (Fistula-in ano) with multiple openings.

In *parisravi bhagandara* the track should be explored and excised with *kharjurapatrakam* (Leaf of date-palm), *chandrardham* (Semilunar or semicircular) *chandrachakram* (Circular), *suchimukham* (Pin pointed) or *avangmukham* (Inverted needle point) *bhedan karma*¹⁶.

Bhedan karma (Incision) indicated in apachi roga-According to Acharya Sushruta in case of *apachi* incision should be made at the point marked twelve *angula* proximal to the *gulpha* (Ankle Joint) with meticulous care not to injure the *indravasti marma*. *Agni karma*

(cauterization) should be done after removing the fatty reticulum which simulates spawn of fish and has been described as *matsyandanibha*¹⁷.

Complication of faulty bhedan karma (Incision) :

Bhedan should be given in the exact pattern as suggested in the text; otherwise it may lead to damage of veins and ligaments, severe pain, delayed wound healing and appearance of *mamsakandi* (polypus like growth)¹⁸.

3) Lekhana Karma (Scraping)

Lekhana means to remove or to scrap. *Lekhana Karma* involves scrapping out debris or unwanted tissues from the affected part. *Lekhana Karma* should be done in *Anuloma Gati* (direction of hair follicles). If it is done in *Pratiloma Gati* (opposite direction of hair follicles) it will cause severe pain and bleeding.

Indications: - *Lekhan Karma* is indicated in four types of *Rohini*, *Kilasa*, *Upjihivika*, *Dantvaidarbha*, *MedajaGranthi*, *Vartmagranthi*, *Adhijihvika*, *Arshas*, *Mandala (Kusta)*, *Mamsakanda* and *Mamsonnati*¹⁹.

Lekhana or scrapping useful for implicating from edges to the level of the floor of the wounds which are hard, having thick and round edges which burst often with hard and elevated muscles, means floor is full of slough. *Vrana* with thick and rounded edges should be excessively scarified, while the one which has been repeatedly burst open should be entirely scraped off. A *vrana* with a hard and elevated bed should be scraped evenly and longitudinally along the length of its cavity²⁰.

Lekhan dravya- In the absence of main instruments, the *lekhan* should be performed with a piece of *Kshauma* (cloth made of the fibres of an *Atasi* plant), a linen (*Plota*) or a cotton pad (*Pichu*), or with such alkaline substances as nitrate of potash, *Samudra-phena*, rock-salt, or rough leaves of trees²¹ (e. g *Udumbara* etc.).

Shastra's and Anushastra's used for Lekhana

Shastra's – *Mandalagra*, *Karapatra*

Anushastra's- *Kshara*, *Gojihva*, *Sephalika*,

Method of holding Shastra for Lekhana- *Vridhipatra* and *Mandalagra* should be held by the hand slightly raised up. For *Lekhana Karma Shastras* should be held at the junction of *Vrunta* (edge) and *Vruntaphala* (handle) with the hand slightly raised and *Lekhana* should be done multiple times.

4) Vyadhana (Paracentesis Or Puncturing)

Vyadhana means puncturing and removal of fluid.

Indications: - Sushrut has indicated *vyadhan karma* in *Sira Vyadha*, *Mutra Vridhhi* (Hydrocele), *Dakodara*

(Ascites)²².

In diseases amenable to acts of puncturing (*Vyadhana*), the knife should be inserted into the seat of the disease to a proper depth and extent, to be determined by its situation in the body, and the *doshas* (pus, etc.) should be let out, as stated before²³.

Shastra's and Anushastra's used for Vyadhana

Shastra's - *Kutharika, Vrihimukha, Aara, Vetasapatra* and *Suci*.

Method of Vyadhana

Kutharika should be held in the left hand, the stroke is given on it by the middle finger of the other hand (right hand) released after holding it with thumb.

1) **Vyadhana in Dakodara-** *Vatahara Taila Abhyanga* should be done followed by *Ushnodaka Swedana*. Attendants should hold him. *Vyadhana* should be done by using *Vrihimukha Shastra* at 4 *Angula* from the midline of abdomen (*Romarajji*) on the left side and below the umbilicus. *Vyadhana* should be done to the depth of *Angustha Pramana* and the *Dvimukha Nadi* is inserted and the vitiated fluid is drained out. After removal of *Nadi*, *Taila* and *Lavana* has to be applied. *Bhandana* is done.

2) **Vyadhana in Mutravridhi** - *Swedana* should be given followed by wrapping of *Vastra patta*. *Vyadhana* should be done lateral and below to the *Sevani*. *Dvimukha Nadi* is inserted to the opening and the urine is drained. After the complete drainage of *mutra* the *Nadi* is removed and *Sthagika Bandhana* is done.

3) **Vyadhanain Slepada-** *Vyadhana* is done in the big toe.

5) Eshana Karma (Probing)

Indications: - *Nadi Vrana* (Sinuses), *Sasalya Vrana* and *Unmargi Vrana* (ulcers with any extraneous or foreign body lodged in their inside), and those which follow abnormal (lateral or oblique) directions²⁴.

Shastra's and Anushastra's used for Eshana

Shastra's – *Eshani*

Anushastra's– *Anguli, Baala, Kareera*

Method of holding probe: - *Eshani* should be held at its base.

Eshana in Nadivrana and Bhagandara- *Eshani* is passed through the *Nadi Vrana/Bhagandara* then the *Suci* having *Kshara Sutra* is passed till the end of the sinus/fistulous tract. The needle is then lifted up, the end of the *Kshara Sutra* is pulled out and tight knot is tied.

6) Aharana Karma (Extraction)

Indications:- Extraction of *sharkara* (i.e tarter of teeth, *paadsharkara* and *mutrasharkara*), *Dantamala*, *Karnamala*, *Ashmari*, *Salya*, *Mudha Garbha* and faeces accumulated in rectum²⁵.

Shastra's and Anushastra's used for Aharana

Shastra's - *Badisaand Dantasanku*

Anushastra's– *Nakha, Anguli*.

Asmari Aharana

Procedure

The patient should lie in lithotomy position with head lying on the left of the assistant and legs flexed at knees and thighs supported by hands and then tied with bandage. After placing the patient oil massage should be performed from above and pressing the back of the other hand.

The calculi should be allowed to come down as much as possible. Later index and middle finger of left hand should be introduced into the rectum and bladder is massaged from the above downwards till the stone come near perineum and stone removed by incising the bladder and extracting it with *SarpaMukha Shalaka Yantra*. It is important to see that the stone is removed as a whole, and removed all particles and other stones at one sitting. In ladies it is important to avoid vesico vaginal fistula or wound. The patient should be given warm rice, kanji medicated with *Gokshura, Kushmanda, Pashanabheda* together with *Ghee* for 3 days.

7) Visravana Karma (Bloodletting Or Draining Of Pus)

Indications: - Five types of *Vidradhi, EkadeshajaSopha* (localized inflammatory swelling), *Slepada, VisajustaSonitha*, all kinds of *Arbuda*, all kinds of *Visarpa, VatajaPittajaKaphajaGranthi, VatajaPittajaKaphajaUpadamsa, Stanaroga, Vidarika, saushira, galashaluka, kantaka*, tooth caries, pyorrhea, spongy gums, *upakusha, dantapupputa*, disorders of lips caused by *pitta, rakta* and *kapha* etc. *Ksudrarogas*²⁶.

Shastra's and Anushastra's used for Visravana

Shastra's - *Suci, Kushapatra, Atimukha, Sararimukha, Antarmukha* and *Trikurcaka*.

Anushastra's– *Jalouka, Nakha*

Method of holding Shastra – Should be held at its tip.

A. Visravana in Vidarika: In *Apakwa Vidarika* either *Jalouka* or *Prachanna* is done.

B. Visravana in Upadamsha: *Jalouka* or *Sira Vyadha* to be done, *Sira Vyadha* is done at *Medhra Madhya*. In *Alpa Dosh Jalouka* can be done, in deep seated *Doshas Sira Vyadha* is advisable.

8) Seevana Karma (Suturing)

It means suturing with the help of different types of needles and threads. *Sevana Karma* i.e. suturing is one of the prime surgical procedures and has got great importance as the success of surgery depends on careful apposition of tissues and wound healing.

Indications: - Diseases which are due to vitiation of

Medas, cut wounds, *Sulekhitha Vrana*, *Sadyovrana* and diseases localized on *Chala Sandhi*²⁷.

In the case of an uncomplicated *Sadyovrana* it is clearly mentioned that the wound should be sutured at the same day.

Contraindications for Seevana: -

Acharya Sushruta clearly mentioned that the wounds affected by *Agni*, *Kshara*, *Visha*, wounds which emits *Marutha* (gas), wounds which have blood or foreign body inside should not be sutured. In these cases, the wound should be cleaned and the dust, hairs, nails and bone pieces be removed. If they are not removed from the wound they cause severe suppuration of wound along with different types of pain²⁸.

Seevana Vidhi: -

Wound edges should be slightly raised up, and it is approximated, and then sutured. *Acharya Sushruta* explain that if during suturing If bite are taken at very near of edge the margin maybe tear and results in wound dehiscence and if the suture are taken very far from the margin there may be tension suture which cases very much pain at the operative site. So the needle should be passed neither very far nor very near from the margins of wound.

Materials used in suturing:

Acharya Sushruta had worked with many natural different types of suture materials both vegetative and animal origin which are either absorbable or non-absorbable, like thin cotton thread, fibres of the Ashmantaka tree or hemp plants, or of the Atasi, Murva or Guduchi, Silk threads, hairs of horse and *Snayu* (tendons/ligaments).

Shastra's and Anushastra's used for Seevana–Suchi

Types of suchi- three types²⁹

a) Round needle – Length- two *Angula*, this kind of *Suchi* is used at places where there is less *Mamsa* and at *Sandhis*.

b) Triangular needle – Length – three *Angula*, this kind of *Suchi* is used at places which are broad.

c) Curved needle – used at places like scrotum and abdomen.

Needles of these three shapes should be so constructed as to be fitted with sharp points capable of being handled with the greatest ease, having a girth equal that of the stem of a Malati flower.

Types of Seevana

Four methods of suturing techniques are described in *Sushruta Samhita* and other ancient *Ayurvedic* texts as *Sevana Karma*³⁰.

1. **Vellitaka** - Continuous type. This is achieved by suturing continuously along the length of the wound rapping the wound edges inside it.

2. **Gophanika**- Interlocking or blanket type suturing. The wounds which are shaped as footprints of crow, they are sutured with *Gophanika* type of suturing.

3. **Tunnasevani**- Zigzag type or subcuticular. It is done as like as the torn up garments are sutured.

4. **Rijugranthi**–Straight and interrupted type. This type of suturing thread is inserted from two edges of wound and knot is tied. This is interrupted type of suturing.

Seevana in parisraviudara

Shalya should be removed and the *Srava* is drained, the cut ends of the antra are brought closer and got bitten by big black ants. When it gets stuck to the wound its body should be cut off leaving its head there only.

DISCUSSION

The *Ashta vidha shastra karma* are being implemented in various forms in Modern Surgery even today. *Sushruta* has given clear instruction on surgical procedures but the references are scattered.

The term *Chedana* in Ayurvedic classical texts and the term 'excision' used in modern surgical textbooks are having same meaning i.e. *Chedan* means abnormal or diseased part should be excised from the normal body part. In all available references the term *bhedan* has been used in parallelence to incisions but there are other references where the typical incisions also have been indicated under the heading *chedan karma* like, *Tiryak*, *Chandramandal* and *Ardhamandalavat chedan*. According to *Sushrut* the incision line should be preferred in the line of hair which heals quickly. *Lekhana Karma* should be done in *Anuloma Gati* (direction of hair follicles). If it is done in *Pratiloma Gati* (opposite direction of hair follicles) it will cause severe pain and bleeding.

Sushruta indicates *vyadhan karma* in diseases like *mutravridhi* and *dakoder* which can be considered as tapping in hydrocele and ascites. *Acharya Sushrut* gave the appropriate definition for probe that it is a slender surgical instrument for the exploring the depth or direction of a wound, sinus etc. he not only told about the incisions but also that how a particular instrument should be held in hand during the surgical procedure, which we are practicing even today's.

Talking about the incisions he said that incision should be taken from above to downwards, avoiding damage to *marmas*, *sira*, *snayu*, *asthi*, *sandhi* and *dhammi*, it shows that these are important structure and should be avoided being damaged during surgery to avoid the permanent loss of the function of any part of body.

The 8 types of surgical procedures like *Chedana*, *Bhedana*, *Lekhana*, *Aharana*, *Vyadhana*, *Sravana*, *Esana* and *Seevana* are the basic of any surgical technique and it is remained unchanged till now. All surgical procedures are bound by these 8 varieties. There may be conflict on numbers of surgical procedures by some authors but the procedures are unchanged. These surgical procedures are still in use in these days.

CONCLUSION

It is important that *Ashtavidha Shastra karmas* are not the eight surgical procedures, rather these are the eight basic principles of all the surgical procedures which can be used for any surgery. These *Karmas* contain a short but full description of all the surgeries. Each and every surgical procedure comprises either one or more of them.

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