

Management of *Pranashta Shalya* with a special reference to its direction (i.e. *Shalyagati*) -A case study.

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Abstract -

In this article we will exclusively deal with *Shalya Nirharan* i.e. removal / extraction/ treatment/ management of anything disturbing physical and mental status of body.

Pranashta Shalya - Foreign body.

This foreign body gets embedded in human body by a various ways, such as any trauma causing insertion of sharp object e.g. Thorn, twig or any metal screw, etc. If they have been removed completely then body will start healing that traumatic wound completely. If that wound is not completely healed then body gives some specific signals of its (*Pranashta Shalya*) identification and we as a surgeon should emphasize it otherwise that unhealed wound will land up into a gangrenous part.

In Modern surgery it's still a challenge for detection and excavation of retained foreign body. Due to lack of modern diagnostic tools in ancient period removal of retained foreign body could have been more challenging. Acharya Sushruta has described accurate and

precise *lakshana* along with *Chikitsa* of retained foreign body by the name of *Pranashta Shalya* in a separate chapter of *Sutrasthana* which helps surgeon of past and even today to overcome this difficulty.

In this article more attention is given on "*ShalyaGati*". As it says that without doing any diagnostic procedure such as X-ray, USG, CT-scan, etc. we can still get to know the direction and location of *Pranashta Shalya*.

Key words: - Nirharan, *Pranashta Shalya*, *Lakshana*, *Chikitsa*, *Adhyaya*, *Ashtang Ayurveda*, *Shalyatantra*, *Sutrasthana*,

Introduction:-

In Today's era we see that the basic principles of Ayurveda have not changed. What has been researched now was already mentioned by our Acharya in Ancient time.

About 2000 years ago, when there was no X-ray. MRI, CT scan or USG a time when radiology was completely unknown to the world, *Acharya Sushruta* - The Father of Surgery had traced out

the foreign substances lost in the body.^[1] Even today some of these methods have scientific relevance and can be adopted in our daily OPD's. Sometimes we confront with simple cases from a broken glass fragment impacted in the foot or a bubblegum after bursting enters respiratory tract to the most complicated cases of air and fat embolism causing cardio-respiratory embarrassment. According to Ayurveda, even a renal calculi or plaque in the artery can be considered as foreign body.

As we have mentioned earlier that we will pay more attention towards *ShalyaGati*, which is as follows:-^[1]

Direction of *Shalya (Gati)*

Urdhva (Upward)

Adhah (Downward)

Arvachina (Backward)

Tiryak (Sideward)

Riju (Straight).

Case Report:-

We will now give you an example in form of case presentation that how this one sub point (*ShalyaGati*) gave us a direction of treatment without doing any diagnostic tests which are becoming costly day by day.

Case-

In the present case report, a 64-year-old male patient, a farmer by occupation visited. *Shalyatantra* OPD in the morning of 9th December 2024. He reported with the chief complaint of pus discharge due to thorn prick near Rt side of upper lip with tremendous pain at the prick site since last 7-8 days.

Anubandhi Upachar-

- Patient had undergone stiches at cut area at the thorn prick site at local hospital in Tasgaon, 2 months ago.

A) H/o Present illness :-

Patient was apparently normal before 2 months. He reported to have sudden giddiness while working on the farm. This lead to pricking of a thorn near his at Rt. upper lip. And, the patient had undergone stiches at local hospital for the same. Nevertheless, the patient having pus discharge with excruciating pain at the prick site. Since last 7-8 days so he consulted *Shalyatantra* OPD at VPAMC Sangli, Maharashtra.

B) H/o Past illness:-

There was no significant family history and personal history of DM/HTN/ COVID – 19. Also there was not any past surgical history in relation to the present condition.

C) Local Examination

Right upper side of lip had-

a) Tenderness

b) Pain

c) Pus discharge

d) Unhealthy granulation

D) O/E:

a) G.C.- Stable

b) B.P.- 130/80 mm Hg

c) P.R. - 81/ min.

E) Investigations:-

As mentioned earlier that we have not done any Sonography (USG) or any X-ray to find out the location and direction in which the thorn penetrates. With help of *ShalyaGati* we get to know the direction in which the thorn entered in body.

As Patient complained of pain (sucking type) and pus discharge from wound we get to know that this thorn has entered up to muscle layer deep. As Acharya Sushruta has already mentioned this in *PranashtaShalya* Adhyay that if sucking type of pain (*Chosha*) and suppuration

(Paka) is present then the foreign body has been penetrated up to muscle layer. i.e. According to Sushruta Samhita Adhyaya- 26

1] *Mamsagata Shalya* [2]

मांसगते शोफाभिति वृद्धि :

शल्य मार्गानुपसंरोह पीडनासहिष्णुता चोषपाकौ च ।- सु.सु. २६/९
i.e. Swelling, tenderness, pus formation, excruciating pain, constricting pain.

2] *Mamsapeshigata Shalya*[2]

पेश्यन्तरस्थे ऽप्येतदेव चोष शोफवर्ज । सु.सु. २६/९

i.e. tenderness, pus formation, pain

Diagnosis-

On local examination, tenderness, pus discharge, pain and unhealthy granulation was observed at right upper side of lip.

Accordingly, from *Su. Sam. Sutrasthan Adhaya 26/9* from *Mamsa-peshigata Shalya* has all these features (except swelling and constriction when compared to *Mamsagata*)

Thus it was concluded as a clear case of *Mamsa-peshigata Shalya*, according to the *Pranashta Shalya* location and *lakshanas*.

Treatment-

Then with the help of above knowledge we performed the following surgery.

Surgery - Removal of foreign body under L.A. in M.O.T.

In *Su. Sam. Sutrasthana 27/6* – Acharya Sushruta had explained two modes of extraction for all kinds of foreign bodies whether big or minute, that are *Pratiloma* and *Anuloma*.

The foreign bodies which does not cross one's body through and through then it is- "Aarvachin" *Shalya*, which should be extracted by *Pratiloma marga* i.e. opposite to the direction of insertion of the foreign body, whereas it

is vice-versa for *Prachin Shalya* extracted by *Anuloma marga*.

Sr. no.	<i>Pranashta Shalya</i>	Extraction
1.	Aarvachin <i>Shalya</i>	<i>Pratiloma marga</i>
2.	Parachin <i>Shalya</i>	<i>Anuloma marga</i>

Hence considering the above mentioned case it is evident that the thorn (a foreign body) entered the Rt side of upper lip, which didn't pierced through and through into the face. (i.e. *Aarvachin Shalya*), and should be extracted by *Pratiloma marga*.

Conclusion:-

Pranashta Shalya has been a difficult entity since ancient time. In ancient era, without having much instruments, equipment's, investigatory methods and *anaesthesia*, surgeons put their best effort to extract the *Shalya* (foreign body) without much complications and damage to the body.

Now a days, we are having advanced techniques to detect foreign body. But Acharya Sushruta had mentioned in ancient time that without doing USG, X-ray, etc. still we can remove the *Pranashta Shalya* with help of *ShalyaGati* and the signs and symptoms told by the patient. But whatever may be the method used, the main aim is to remove *Pranashta Shalya*.

By using Ayurveda's surgical principles and techniques (*Aaptavachana*) and advanced techniques we can diagnose and remove/extract a foreign body more appropriately.

Its need of time to have Integrated approach.

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Images of Foreign Bodies Removal

