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## A Review Of *Pranashta Shalya* And Its Surgical Insights

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### Abstract

*Pranashta Shalya*, or concealed foreign body, is a uniquely detailed concept in Ayurvedic surgery that reflects the depth of clinical observation in ancient times. Described extensively in the *Sushruta Samhita*, it refers to foreign bodies that are no longer externally visible but remain lodged within deeper tissues or organs, continuing to cause localized or systemic disturbances. Sushruta classified these based on their nature, location, and mobility, and provided systematic guidelines for their identification and removal through the concept of *Nirharana Upaya*—a series of fifteen therapeutic and surgical methods. This review highlights the diagnostic precision of classical *Ayurvedic* texts, which emphasized symptom provocation, site-specific signs, and even psychosomatic implications under the concept of *Manas Shalya*. The surgical approach included both conservative and invasive strategies that remain conceptually aligned with modern trauma and surgical protocols. Today, with the support of diagnostic tools like X-rays, ultrasound, and MRI, the principles of *Pranashta Shalya* continue to offer valuable guidance in identifying and managing retained or migrated foreign bodies.

The relevance of this ancient framework lies in its holistic view of patient care—integrating physical, functional, and psychological domains. In contemporary surgical practice, especially in resource-limited settings, Ayurvedic insights into concealed foreign bodies reinforce the importance of clinical acumen, patient-centred reasoning, and minimally invasive interventions. *Pranashta Shalya* thus stands as a testament to Ayurveda's timeless contribution to surgical science.

**Keywords** - *Pranashta Shalya*, Foreign Body, *Sushruta Samhita*, *Shalya Nirharan*.

## Introduction :

*Shalyatantra*, the surgical limb of *Ayurveda*, exhibits a remarkably advanced understanding of trauma, foreign-body management and wound care. Within this corpus, *Pranashta Shalya* literally “lost or concealed foreign body” occupies special attention because the offending object lies hidden in deep tissues yet continues to provoke disease<sup>[1]</sup> The generic term “*Shalya*” is derived from the root *Śal-Śval-Asu-Gamana*, signifying any exogenous or endogenous matter that rapidly invades and disturbs somatic or psychic equilibrium.<sup>[2]</sup> When such a foreign body (*Agantuja Shalya*) penetrates beyond visual reach it is termed *Pranashta Shalya*, a condition that receives dedicated coverage in *Sushruta Samhita—Pranashta Shalya Vijñāniya* and *Shalyopanayaniya* chapters (Su.Su. 26–27). *Acharya Sushruta’s* battlefield milieu, replete with arrow injuries (*Sharabhighāta*), prompted meticulous descriptions of localization tests, extraction paths (*Anuloma* vs *Prātiloma*), and fifteen distinct *Nirharana Upāya* (removal strategies) still conceptually relevant today<sup>[3]</sup> Modern clinicians continue to encounter retained splinters, surgical remnants and migrating projectiles; if undetected they may culminate in abscess, necrosis, fistula formation, foreign-body granuloma or sepsis<sup>[4]</sup>. *Sushruta’s* emphasis on provocative functional tests—jumping, climbing or deep breathing to elicit pinpoint pain—mirrors contemporary reliance on dynamic examination and imaging-guided exploration<sup>[5]</sup>. Equally striking is *Ayurveda’s* extension of the concept to the mind: emotions such as grief or fear are catalogued as *Manas Shalya*, implying that concealed psychological traumas can obstruct healing just as

surely as physical debris. Today, integrating these classical insights with radiography, ultrasound, CT or MRI enhances diagnostic precision while honouring the primacy of clinical acumen. Revisiting *Pranashta Shalya* therefore not only illuminates historical surgical sophistication but also reinforces timeless principles—observe keenly, localize accurately, remove completely, and restore structural as well as psychosomatic balance.<sup>[6]</sup> Thus, this article attempts to revisit the ancient yet clinically relevant knowledge of *Pranashta Shalya*, exploring its definitions, classifications, diagnostic parameters, and removal methods, while aligning them with present-day surgical practice.

## 2. Literature review :

This review is based on a textual exploration of classical *Ayurvedic* sources, critical analysis of relevant commentaries, and interpretative correlation with contemporary surgical understanding. The approach is both literary and conceptual, aiming to draw clinical relevance from ancient methods described for *Pranashta Shalya* (concealed foreign body).

### 2.1 Classical Source Review:

Primary references were drawn from:

*Sushruta Samhita*, particularly Su. Su. 26 – *Pranashta Shalya Vijnaneeya Adhyaya* and Su. Su. 27 – *Shalyopanayaneeya Adhyaya*, which explicitly focus on the pathophysiology, localization, and extraction of foreign bodies hidden within deeper tissues. Accompanying classical commentaries such as *Dalhanacharya’s Nibandha Sangraha*, which clarify the terms like Shar, Gati, and Sthiti of

the *Shalya* and outline its surgical consequences.

These sources provide an exhaustive list of clinical signs (Lakshanas), directions of movement (*Gati*), and types of foreign bodies, from superficial to medullary and even organ-invading entities.

## 2.2 Contemporary Ayurvedic Literature:

### Recent scholarly contributions were reviewed to understand:

Reinterpretation of classical *Shalya* types in the context of trauma care, musculoskeletal injuries, and medico-legal contexts. Comparative evaluation of *Ayurvedic* diagnostic methods with modern techniques (e.g., using radiology or endoscopy to identify concealed foreign bodies). Studies elaborating *Nirharana Upayas* as a therapeutic protocol encompassing both conservative and operative strategies were also considered.

## 2.3 Clinical Cross-reference :

Modern trauma surgery frequently deals with cases of retained foreign bodies—glass, splinters, shrapnel, bone fragments—making it appropriate to juxtapose *Ayurvedic* principles with contemporary management protocols.

Therefore, this review emphasizes:

The diagnostic parallels between classical signs such as *Vedana*, *Vaivarnya*, *Shotha* and radiological findings. The conceptual continuity from *Ayurvedic* procedures like *Peedan*, *Bhedan*, *Ayaskant Upayoga* to modern minimally invasive extraction methods (e.g., magnet-assisted removal, guided biopsy forceps). Psychosomatic perspectives as addressed by *Manas Shalya*, linking traditional observations with contemporary mental health frameworks.

## 3. Discussion:

### 3.1 Definition and Classification:

According to *Sushruta Samhita*, a *Pranashta Shalya* refers to a foreign body that is no longer visible externally and is concealed within the deeper tissues or organs of the body (Su.Su. 26/3). These may enter the body through trauma, battle injuries (e.g., arrows), surgical mishaps, or penetrating wounds. Based on nature and origin, they are categorized as:

- *Agantuja Shalya* (Exogenous) – e.g., thorns, metal, bamboo, bone, stone.
- *Nija Shalya* (Endogenous) – e.g., nails, teeth, bone fragments, hair, *Dosha-Mala* aggregates.

Types based on fixity:

- *Avabaddha* (Fixed / impacted): Lodged within tissues and immobile.
- *Anavabaddha* (Loose / mobile): Can migrate or be expelled spontaneously.

### 3.2 Direction of Migration – *Shalya Gati*

*Sushruta* has meticulously described the potential directions of foreign body movement:

- *Urdhva Gati* – upward,
- *Adho Gati* – downward,
- *Tiryak Gati* – transverse,
- *Vakra* or *Arvachin Gati* – reverse,
- *Ruju Gati* – straight or through-and-through.

These descriptions correlate with modern concepts of ballistic trauma, where the trajectory of a projectile or retained object affects the site of impaction, internal injury patterns and complications.

### 3.3 Clinical Manifestations – *Lakshana*

#### A. *Samanya Lakshana* (General Features):

- Localized discoloration (*Shyavata*),
- Swelling and nodular *induration* (*Shotha*),
- Persistent sero-bloody discharge from entry site,
- Dead and softened flesh (*Mriduta* of *Maamsa*),
- Cord-like tract tenderness and *budbuda*-like pustules.

#### B. *Vishesh Lakshana* (Site-specific Features):

The nature of signs indicates which tissue or organ houses the FB:

- *Twakgata Shalya* – skin discoloration and pain.
- *Mamsagata Shalya* – tenderness and suppuration.
- *Sira/Snayu Gata Shalya* – varicosity, pain, contractures.
- *Asthigata/Asthi-vivar Gata Shalya* – deep pain, mental restlessness (like in intramedullary nails).
- *Koshtagata Shalya* – abdominal distension, passage of stool or urine from abnormal sites (e.g., in vesico-vaginal or recto-vesical fistulas).
- *Marma Gata Shalya* – signs of vital organ injury, possibly fatal.

These clinical signs act as diagnostic indicators, much like modern red flags in concealed trauma or surgical complications.

### 3.4 Diagnostic Methodologies :

#### A. Classical Provocative Tests:

- Pain elicited during climbing, jumping, horse-riding, exercise, yawning, sneezing, defecation, or urination indicates the presence and site of FB.
- Observation of protective limb postures and guarding behavior are highlighted as signs of internal impaction.

#### B. Modern Correlation:

- Radiological tools like X-ray, Ultrasound, CT scan, MRI, and Endoscopy are used today to detect concealed or migrating FBs.
- These tools align with *Ayurvedic* principles of localization through dynamic functional testing and anatomical reasoning.

### 3.5 *Nirharana Upaya* – Techniques of Removal

In *Su.Su. 27/4*, *Sushruta* enumerates 15 techniques to remove concealed foreign bodies (particularly *Anavabaddha Shalya*), ranging from natural to surgical which demonstrate a graduated protocol—from conservative expulsion to interventional removal, closely resembling modern surgical pathways (e.g., conservative management → guided exploration → surgical extraction):

Category	Classical Term	Technique
1. Spontaneous Expulsion	<i>Swabhava</i>	Coughing, sneezing, urination, defecation
2. Induced Suppuration	<i>Pachan</i>	For FBs lodged in muscle, induce pus formation
3–5. Surgical	<i>Bhedan, Daran, Peedan</i>	Incision, splitting, manual squeezing



Category	Classical Term	Technique
6. Mechanical	<i>Pramarjan</i>	Wiping, irrigation (esp. for ocular FBs)
7–9. Expulsion	<i>Nirdhmapan, Vaman, Virechan</i>	Expelling via respiratory or GI tract
10–15. Specialized	<i>Prakshalana, Pratimarsa, Ayaskanta, Harsha</i>	Irrigation, sneezing drugs, magnet, and even psychological counseling for Manas Shalya

### 3.6 Post-operative Management :

After removal, the focus shifts to:

- Achieving hemostasis,
- Use of Ghrita or honey-based applications,
- Swedana (fomentation) and if needed, Agni-karma (cauterization).

These methods emphasize local wound hygiene, immune modulation, and tissue healing, corresponding with modern aseptic wound care and physiologic dressing protocols.

### 3.7 Complications of Retained Foreign Bodies

Unremoved *Pranashta Shalya* may result in:

- Persistent pain, infection, or abscess,
- Vitiation of doshas leading to chronic non-healing wounds,
- Deformity, toxemia, or death in severe cases,
- Internal dissolution or integration with tissue (as with bamboo, bone, or metallic fragments).

This underscores the urgency of early detection and complete removal, a principle universally accepted in both Ayurvedic and allopathic surgical sciences.

### 4. Conclusion :

*Pranshta Shalya* exemplifies Ayurveda's ability to blend keen clinical observation with step-wise, rational intervention. By recognizing that a hidden foreign body can jeopardise both physical tissues and mental harmony, the tradition underscores a truly holistic surgical outlook. Even today, its graded strategies—from natural expulsion to precise extraction—mirror best-practice pathways in modern trauma care. Revisiting these classical insights reminds us that effective surgery is as much about thoughtful diagnosis and patient-centred judgement as it is about technical skill.

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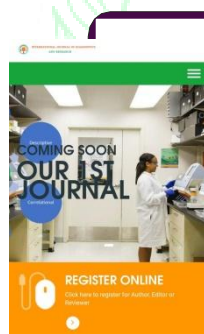
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