



A RATIONAL EVALUATION OF THE PRESENT CONTROVERSY BETWEEN SURGICAL PRACTICE AND AYURVEDA

Namrata Tripathi

M.S.(Surgery)(Ayu.), PGIA Jodhpur(Raj.)

Corresponding Author: diksha16tripathi@gmail.com

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ABSTRACT

The recent Central Council of Indian Medicine statement mandating that postgraduate students in the two branches of Ayurveda (Shalya Tantra and Shalakya Tantra) receive training in various modern surgical techniques as part of their curricula has sparked a national discussion. Professionals in ayurveda are seen defending the decision while those in the biomedical sciences are raising objections to it. In this post, we make an effort to approach this topic with objectivity and realism. We review the historical turning points that made it possible for modern surgical techniques to be incorporated into the Ayurveda curriculum. The education quality at many Ayurveda universities is quite low due to a low patient turn-out, which is a severe worry even though there are many skilled Ayurveda surgeons who currently perform surgery in India. We contend, however, that imposing deliberate limitations on Shalya-Shalakya students and denying them access to treat patients as well is unjustified in light of these divergent educational standards. We cite the history of the evolution of Kshara-Sutra therapy to justify our argument. Further, we delve into the issue of prospective and retrospective applicability of the said notification and suggest a few options that the Ministry of AYUSH may consider to resolve this issue. We conclude by saying that well-trained Ayurveda surgeons must be allowed to practice surgery, but at the same time, a blanket license to all Shalya-Shalakya postgraduate degree holders to practice surgery without ensuring their actual clinical training would be unreasonable. Recently a gazette notification was issued by the CCIM (Central Council of Indian Medicine) making it essential for *Shalya Tantra* (the branch that deals with Ayurveda surgery) and *Shalakya Tantra* (the branch that deals with Ayurveda ophthalmology, Eye, ENT, and Dentistry) postgraduate students to be competent enough to

independently perform a number of modern surgical procedures listed in the notification. Since then, varied debates have surfaced both in favor of and against this move. In this communication, we put forth certain relevant facts and provide a few suggestions that the Ministry of AYUSH might consider implementing.

Keywords: *Shalya tantra, Reality, Debate, Kshar sutra*

INTRODUCTION

Detailed explanations of surgical instruments, various incision types, various suturing and bandaging techniques, fracture reductions, foreign body extraction techniques, and surgical management of obstructed labour are found in Sushruta Samhita, which was originally written by Sushruta (600 BCE). Later, between 400 and 500 CE, Nagarjuna deleted portions of Sushruta's original text, which Chandrata then revised (10th century CE). Sushruta performed surgeries in Banaras (Varanasi), which just so happened to be his home city. He has provided a detailed description of the extracapsular surgical procedure for cataract removal employing a razor-sharp device. One of the first surgical methods for treating cataracts is this one. Even under colonial authority, Vaidyas used Sushruta's reconstruction surgery method. As early as 1794, a letter to the editor in the Gentleman's Magazine featured a case report of a Vaidya utilizing a forehead flap to reconstruct the nose. This made the western world aware of this technique and gives an illustrative list of ophthalmological conditions documented in Sushruta Samhita where different types of surgical interventions are recommended.

Ayurvedic doctors' most recent surgical practice history

The practice of Ayurveda medicine continued unabatedly, but surgery came to an end for a variety of causes, such as the introduction of Buddhism and social prejudice against surgery. The renaissance of Ayurvedic surgery (Shalya Tantra/ Shalakya Tantra) began about 20 years before the CCIM was founded in 1971, despite earlier efforts to include surgery in Ayurveda education. In this phase of rebirth, Banaras Hindu University (BHU) has made a very significant contribution. Ayurveda and western medicine are both taught at BHU under the same roof, the Institute of Medical Sciences. Leaders from the earlier Ayurveda

College, which conferred AMS (Ayurvedacharya with Medicine and Surgery) degrees in BHU, were instrumental in shaping this kind of unique institute. Although they primarily practiced in the field of Ayurveda, two of these pioneers, Prof. KN Udapa and Prof. PJ Deshpande, received their surgical training from the Vienna Academy of Medicine in Austria and the University of Michigan in the USA, respectively. The ideals upheld by these institutions are demonstrated by the way in which they were welcomed and the excellent surgical training they received. Many Ayurveda Vaidyas were forced to acquire contemporary surgery in this setting, both from these professors and from the professors of western surgery in the 1950s and 1960s. A large number of these skilled Vaidyas were spread throughout India and began teaching surgery in various Ayurveda institutes. As a result, most reputable Ayurvedic surgeons are connected to BHU either directly or indirectly. Another group of Ayurveda Vaidyas, particularly from Pune in Maharashtra, learned western surgical techniques. As a result, it is important to realize that the Ayurveda industry employs a large number of experienced surgeons. However, based on their experience, these surgeons' abilities might only be applicable to a restricted range of operations, the most prevalent of which are ano-rectal operations. Similar to how there are expert ENT and ophthalmologists in the Ayurvedic field who can surgically operate on various instances. As a result, one of the key elements that determine what they practice is the restriction imposed by the amount of clinical exposure they acquired during their training. It should be emphasised that this description is not the only one that applies to successful Shalya/Shalakya practitioners. Most Shalakya doctors don't even undertake any procedures in southern Indian states like Kerala and Karnataka. Even very straightforward treatments like

septoplasty or cataract surgery are not carried out by them. Instead, they concentrate primarily on those clinical problems that aren't needed for surgery. The instances that Shalya practitioners choose to treat fall into several categories, thus many of them choose to practice Kaya Chikitsa (clinical medicine) rather than shalya tantra(surgery).

They frequently limit themselves to treating chronic wounds, removing warts, draining abscesses, and performing other similar minor surgical procedures.

Should all Shalya Tantra surgeons and Shakya Tantra eye and ENT doctors cease practicing what they do?

Kshara Sutra (seton therapy), which was created in BHU using Sushruta Samhita as a guide, was developed to treat ano-rectal fistula. Ayurveda teachers from BHU published high-quality observational research with a sizable number of cases in highly regarded journals in the 1960s and 1970s. This treatment is now widely accepted by contemporary surgeons and is covered in traditional western surgical textbooks. These Vaidyas' access to patients was the sole thing that made this accomplishment feasible. Shalya Tantra experts with access to patients have also created the application of Kshara, another treatment that is becoming more and more popular in the management of Haemorrhoids. Leech application, or hirudin therapy, is another common surgical procedure that has its roots in the Sushruta Samhita. Therefore, no mistake can compare to telling Vaidyas to cease what they are doing and to stop treating patients.

Where is the real issue?

The majority of students view Ayurveda programmes as a way to practice western medicine and surgery behind closed doors. They enrolled in these institutions since they were rejected from MBBS programmes. Students frequently enroll at BAMS after preparing for pre-medical admission exams for three to four years and then failing them. Numerous subpar colleges have been able to open up shops due to systemic flaws. About 250 of the 400+ colleges that are now operating were founded in the past 20 years. There are frequently neither patients nor teachers at colleges! These facilities are successful because the CCIM inspection

committees are shown falsified patient data and ghosted teachers. Students rarely encounter a diversity of instances in most Ayurveda colleges. The majority of the cases they encounter are related to chronic illnesses including joint problems, skin conditions, stroke, etc. As a result, the instruction these students receive in any branch is not consistent and varies greatly between institutions.

Who should be given the License and how?

It is mandatory for Shalya/Shalakya post graduates to have thorough training in the surgical procedures listed in the current CCIM announcement. In essence, this is a regulation that makes surgical training mandatory rather than a license to practice surgery. However, if these abilities were taught in the curriculum, students would undoubtedly use them after receiving their degrees.

The following inquiries come to mind right away:

- a) Does this notification allow all holders of Shalya-Shalakya degrees to practice surgery?
- b) Does this apply in the past or the future?

Since this issue relates to a change in the curriculum, it should naturally be applicable going forward rather than looking back. The problem is granting a general license to all Shalya-Shalakya postgraduate degree holders to perform a variety of surgeries without first evaluating their expertise. In such significant problems of public importance, discretion is vitally necessary to prevent chaos. The current notification lists several eye, ENT, and dental procedures as part of the Shalakya Tantra programme, which is completely unrealistic. The authorization to perform surgery may only be granted after examining their clinical work history in order to do honors to the many talented surgeons who are already employed in the field. Creating a methodical approach to assess work performance shouldn't be challenging. Similarly to this, potential authorization to practice surgery can only be granted on a case-by-case basis after carefully examining both the candidate and a teaching institution. The widespread lobbying and other systemic flaws make it challenging to complete this mission. As a result, a few institutions may be found where Ayurveda colleges coexist with medical colleges and where allopathic surgeons can

simultaneously instruct Ayurveda students. This would guarantee both the necessary rigor and the availability of patients to train these students. To improve clarity, a new nomenclature for these degrees can be explored.

The next needed step?

Since approximately 50% of the Sushruta Samhita is devoted to surgery, it is impossible to prevent postgraduate degree holders in surgical specialties from receiving training in surgery and putting that training into practice. It is impractical to forbid them from utilizing cutting-edge information and tools, equipment, and surgical techniques. However, it should also be made sure that other fields like *Agni Karma*, *Kshara Karma*, leech therapy, etc. are not overlooked in the curriculum changes in order to preserve the holistic nature of Ayurveda. The natural next steps must be improved continuing medical education with hands-on training following master's degrees, a well-researched, fact-based, and implementable curriculum framework, and better research in less-explored areas.

DISCUSSION

By adopting words from allopathy, the Indian Medical Association (IMA) condemns it as a method of allowing the blending of medical systems.

The topic of contention is whether Ayurvedic physicians should be permitted to undertake 58 specific surgical procedures under the names "Shalya" (general surgery) and "Shalakya" (oro-dentistry, dealing with the eye, ear, nose, throat, head, and neck).

The AYUSH Ministry has emphasised that, in accordance with their training curricula, the "Shalya" and "Shalakya" postgraduates were already learning these techniques in their (surgical) departments in Ayurvedic mThe rigorous three-year postgraduate Ayurvedic surgical training programme is hardly a quickie. In the interest of patient safety, a thorough formal investigation is needed to determine whether procedures performed in Ayurveda medical colleges and hospitals have the same standards and outcomes as those performed in allopathic institutions/Medical colleges.

CONCLUSION

Ayurveda practitioners who have completed their postgraduate studies are now able to get formal training for a range of general surgery, ENT, ophthalmology, and dental treatments from the Central Council of Indian Medicine, a statutory entity established under the AYUSH Ministry. The AYUSH Ministry has emphasised that, in accordance with their training curricula, the "Shalya" and "Shalakya" postgraduates were already learning these techniques in their (surgical) departments in Ayurvedic medical colleges.

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