



# Diagnosis And Removal Of Antah Pranashta Shalya - A Case Study

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## ABSTRACT

Acharya sushruta defined Shalya tantra as the science that deals with the removal of different kinds of shalya (foreign body). In that for Pranashta shalya Diagnosis and its removal, acharya had given separate chapters. During the times when there were no radiological investigatory techniques, Acharya sushruta, The Surgeon of Ancient India had wonderfully traced out those foreign bodies lost in the body with the simple lakshanas. While explaining the disease Bhagandara and its types Acharyas had enumerated Agantuja or Unmargi Bhagandara as one of the type which is caused due to ingestion of nonveg diet along with bone piece in it. The ingested bone piece acts as Shalya and gets lodged in the Guda pradesha causing the disease Bhagandara. In the present case report, a 49-year-old male visited to OPD of shalyatantra with a chief complaint of Pain and Burning sensation during and after defecation at perianal region since 3 days. And having history of ingestion of fish bone 3 days back. On digital examination foreign body felt to index finger which is fixed horizontally in the lower anal canal. By a simple Technique foreign body was extracted from the anal canal.

KEY WORDS; Pranashta shalya, foreign bodies, Bhagandara, Guda Pradesha

## INTRODUCTION

Among the eight branches of Ayurveda, Prime importance is given to Shalyatantra<sup>1</sup>. Which is exclusively deals with shalya nirharana i.e removal/extraction/treatment/management of anything disturbing Physical and Mental status of the body. Pranashta Shalya<sup>2</sup> is a sanskrit word meant for foreign particles embedded in human body which is not seen externally but body gives some specific

signals of its identification or some special activities are needed to discover a foreign body in human body. If it is left unnoticed it may lead to various conditions.

Acharya Sushruta had given detailed description of Pranashtha shalya in sutrasthana 26<sup>th</sup> chapter, and its nirharana upayas<sup>3</sup> in 27<sup>th</sup> chapter. In that he explains about Definition of Shalya and Pranashtha Shalya, its Bheda, Gati, Ashraya, Samanya ana Vishesha Lakshanas, Shalya Sthana Jnanopaya, Anthah shalya Avastha, Visheshena asakta shalyas<sup>4</sup>, and different methods of Nirharana in detail.

Bhagandara<sup>5</sup> is one of the commonest diseases occurring in anorectal region. Which causes splitting, or discontinuity in the region of Bhaga, Vasti and Guda. Unmargi is a type of Agantuja bhagandara<sup>6</sup> which is caused by the ingestion of nonveg diet along with bone piece. The ingested bone piece acts as a foreign body and gets lodged in Guda pradesha causing Bhagandara. So early diagnosis of such hidden foreign bodies and its removal is necessary.

## CASE REPORT

A male patient of age 49yrs approached to Shalya Tantra OPD, Taranath Government Ayurvedic Medical Collage and Hospital Ballari on 1<sup>st</sup> january 2025. He reported with a chief complaint of Pain associated with burning sensation during and after defication since 3 days. This was creating hinderence in passing the stools, and during walking and sitting.

### Anubandhi vedana

Patient also complaints of Sour belchings since 2 days.

### Vedana vruttanta

Patient was apparently normal 3 days back. He suddenly developed pain and burning sensation at perianal region during and after defication. He also developed sour belchings. He took some home remedies but there was no variation in the complaints. The personal history revealed that patient was non vegetarian and engulfed fish bone 3days back. With these complaints he Consulted Shalyatantra OPD of Taranath Government Ayurvedic Medical Collage and Hospital Ballari.

There was no significant family history, Past medical history and Past surgical history in relation to present condition.

### Local examination

On local inspection there is no any fissure, pile mass, fistula, swelling, induration.

On digital examination Foreign body felt to index finger which is fixed horizontally in the lower anal canal.

## Systemic Examination

Vitals of the patient were within normal limits. Systemic examination did not reveal any abnormal findings.

## Diagnosis

Pranashta Shalya

## Pranashta Shalya Nirharana

## Purvakarma

Informed and written consent taken.

Part preparation done.

Vitals checked.

## Pradhana karma

Under all aseptic Precautions patient shifted to ot. Given lithotomy position and perianal region was exposed. The part was painted and draped. On examining the anal canal by digital examination a foreign body was felt localized horizontally, then foreign body was held carefully by thumb and index finger, then it was manipulated from its site and pulled out in the same direction carefully without injuring the surrounding tissues. The extracted foreign body was about 2cm in length 2mm in diameter. Patient withstood the pocedure well and sifted to post operative ward.



## Paschat karma

Patient was shifted to post operative ward and was kept under observation for 4hrs.

1. Tab. Triphala guggulu 1-0-1 A/F

2. Tab. Anuloma DS 0-0-1 A/F

## Outcome

Immediately after removing the foreign body patient felt decrease in pain at the perianal region,

On next day he passed stools with no difficulty and burning sensation was also disappeared.

## DISCUSSION

Shalyatantra mainly deals with removal of Sharirika and Manasika shalya. Pranashta shalya is a foreign body which is embedded and not visible to the naked eye. These shalya can move inside the body gets ashraya in different places and lead to discomfort. Hence it must be removed at the earliest. In the present case, the foreign body(bone piece) was the causative factor, it was consumed along with food unknowingly, moved to different levels and settled in guda pradesha causing pain and burning sensation at perianal region. After the removal of foreign body above complaints get subsided. In modern surgery its 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 lakshanas along with chikitsa, which helps the surgeon even today to overcome this difficulty.

## CONCLUSION

In olden days when there was no x-ray, satisfactory anaesthetics, nor sophisticated equipments, the surgeons of those days did not shrink from their duty and whatever facility available they did their job in the best possible manner. They had adopted different methods of detection, and removal of foreign bodies with great ingenuity and executed the procedures with great skill, without giving much room to complications and great damage to the body. Thus the activities of ancient Indian Surgeons are Praiseworthy, They have made modern Indian Surgeons feel proud of their Surgical heritage.

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