

REVIEW OF *PRANASTA SHALYA* W.S.R TO RETAINED FOREIGN BODY AS PER *SUSHRUTA SAMHITA*

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ABSTRACT

Detection and excavation of retained foreign body is still a challenge for modern surgery. In ancient period removal of retained foreign body could have been more challenging in lack of modern diagnostic tools but accurate and precise clinical features mentioned by *Aacharya Sushruta* helped surgeon of past and even today to overcome this difficulty. In a separate chapter of Sutra sthana *Aacharya* has described *lakshana* and *chikitsa* of retained foreign body by the name of *Pranashta Shalya*.

KEYWORDS: *Pranashta Shalya*, *lakshana* and *chikitsa*.

INTRODUCTION

As per modern medicine Foreign bodies are a mass of material that is not normal to the place where it is found and diagnosed with clinical features like pain, foreign body sensation, suppuration and ulceration. Retained foreign bodies causes surgical complication resulting from foreign material inside the body.

Types of foreign body according to body response are Inert as a coin that only cause pressure on local tissue and Irritating or reactive as button battery that generate OH anion and can produce fatal injuries. According to Origin-these are Inanimate as pebbles, beads, buttons, rubber, paper, chalk piece and animate as maggots and Leech. According to material these are Biological as fish spines, bone, teeth, wood etc and. non-biological as glass, metal, Aluminium, Fishhook, pencil, graphite, plastic.

While *Shalya* as per *Acharya Sushruta* is something that produce some kind of obstruction, distress or pain in body. The term “*Shalya*”^[1] described by *Acharya Sushruta* is very broad and include a basic foreign body to embolus. he even include stress of mind (*mana*) in *Shalya*. Types of *Shalya*^[2] - *Sharirika Shalya-Roma* (hairs), *Dantaa*(Tooth), *Smrashu*(hairs of beard), *Rasadi Dhatu*, *Anna*(food), *mala*(Faecal matter), *Vitiated Vata* etc *doshas* and *Aagantuja Shalya* i.e. rest all foreign body

Causes of Retention of Foreign Body^[3]- *Vegachaya*(as bullet in gun shot injury), *Pratighata* (as embolus),

Gati of Shalya^[4] (Migration of Foreign body)

According to *Acharya Sushruta*- Five in numbers

- a. *Urdhva*- expulsion of foreign body through bronchus or movement of cestodes in brain.
- b. *Adhaa*-Trans-abdominal along peristalsis
- c. *Tiryaka*-Embolus
- d. *Riju*- Cutaneous fistulization
- e. *Arvachina* (*viparyay*)

Features of having Retained Foreign body^[5]

1. General features

Syavapidika-presence of chronic granulation tissue

Sopha-swelling/inflammation

Vednavan- painful

Muhurmuhu sonitasrava- intermittent bleeding due to presence of unhealthy and over granulation.

Budbudvadunnatam- presence of bubble(air)- trapped air along with foreign body at the time of penetration or due to infection with gas forming bacterias.

Mridumaamsa-fragile and soft granulation tissue

2. Specific Features

^[6]

Retained foreign body beneath skin (*Twakgata pranashta shalya*) - *Vivarna*(discoloration) of the skin due to vasodilatation in early inflammatory process. Presence of *Shopha* that is *Aayat* (broad) and *Kaathinya* (hard) i.e. swelling/inflammation is due to collection of interstitial fluid, a normal feature of inflammation.

Retained foreign body in muscle (Maamsa gata) - *Sophabhivridhi* (increased inflammation),

Shalyamarga anupsamroha- nonhealing of path of entry of foreign body.

Peedana asahisunata-tenderness

Chosha- pain

Paka – Suppuration

Retained Foreign Body in Sira- *Sira-aadhman*-local dilatation(due to obstruction in flow),
Sira-sula- local pain, *Sirashopha* (Thrombophlebitis) is present.

Retained Foreign Body in Dhamani- *Saphenam Raktameeryanna anilah sasabdonirgachati*- due to decay of organic fb there is increase in production of surfactant that decrease surface tension of blood so discharge of foamy blood. *Angamarda* due to obstruction in path of blood i.e. ischemic pain. *Pipasa* (Thirst) and *Hrilaasa* (Nausea) also present.

Retained Foreign Body in Asthi- *Vividha vedana* –pain of different types, due to severity of pain patient is unable to specify type of pain, *Sopha*- Swelling or inflammation.

Retained Foreign Body in (Asthi vivar)Medullary Canal- *Asthipurnata*- fullness in medullary canal due to presence of foreign body. *Asthitoda*- pricking type of pain in bones, *Sanghattana*-Restlessness/ discomfort.

Retained Foreign Body in Sandhi- symptom like RFB in *Aasthi and Achesta* (loss of movement)

Retained Foreign Body in Kosta – *Aatopa* (gurgling sound), *Aanaaha*(Distension/ bloating)- if RFB in GIT. *Mootra-purisha-aahara darshana cha vrinamukhata*- Bladder fistula, cutaneous-intestinal fistula, gastric fistula respectively.

Marmagata Retained Foreign Body-*Marmavidha saman chesta* by examining various *marma* via its *viddha lakshana*.

Retained Foreign Body in Srotasa –“*swakarmagunahaani*” means loss of its own functions.
As Airway-respiratory distress/ coughing
As Git-Signs of intestinal obstruction

Auditory canal- pain, decrease hearing on affected side, sense of fullness

Nasal canal-Difficult breathing through affected nostril, feeling of fullness, irritability.

General features of any part of body having retained foreign body^[7]

Toda-pricking sensation

Suptata-numbness

Guruta-Heaviness

Ghattetae Bahusho yatra Sruyate-any type of discharge while rubbing

Tudhyate-Painful

General features of any part of body devoid of foreign body^[8]

Alpaabadham -mild or no pain

Ashunam-no swelling/inflammation

Nir-upadravam, prassana -no complication

Mridu-paryantam-soft margin/edges of wound

Ann-unnatam-non-elevated.

INFERENCE-Each of these *Lakshan* described in *Sushruta Samhita* is appropriate finding that surgeon findin modern time during removal of retained foreign body although not exclusively mention else where except Anicient *Sushruta Samhita*. Diagnostic features of retained foreign body in terms of specific part of body described by Acharya Susruta is par excellence in absence of any modern diagnostic tool. This is one of the many topics that shows keen observation skills of *Aacharya*.

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