

SURGICAL ETHICS IN AYURVEDA: A REVIEW OF ETHICAL PRINCIPLES FROM THE SUSHRUTA SAMHITA AND THEIR MODERN RELEVANCE

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ABSTRACT

Surgical ethics, though often considered a modern construct, has deep roots in classical Indian medical literature, particularly the Sushruta Samhita. This review explores the ethical framework governing surgical practice in ancient Ayurveda and its resonance with contemporary bioethical principles. Unlike modern texts that compartmentalize ethics, Ayurvedic treatises embed moral conduct seamlessly into the philosophy and methodology of clinical care. Through critical analysis of classical references, this article identifies foundational ethical themes, such as the surgeon's moral and technical qualifications, informed consent, accountability, mentorship, and the boundaries of practice. Each theme is juxtaposed with modern standards like the Declaration of Geneva, National Health Policy 2020, and current surgical training protocols. By drawing parallels between ancient wisdom and current ethical imperatives, the review underscores Ayurveda's timeless emphasis on patient welfare, professional integrity, and holistic responsibility. This exploration not only enriches the understanding of surgical ethics but also invites integration of traditional values into the evolving landscape of modern medical education.

KEYWORDS: Surgical ethics, Ayurveda, Sushruta Samhita, Medical ethics, Informed consent, Ethical surgery, Ancient Indian medicine, Taskar Vaidya, Guru-shishya tradition, Bioethics, Medical professionalism, Classical surgery, National Health Policy, Ethical training.

INTRODUCTION

Ayurveda, often referred to as the “science of life,” not only emphasizes therapeutic interventions but also highlights the moral responsibilities of healthcare providers. The classical Ayurvedic texts such as the *Charaka Samhita* and *Sushruta Samhita* reflect a deeply embedded ethical consciousness, even though they lack a distinct section titled “ethics.” Instead, moral principles are interwoven throughout the texts, forming a philosophical and practical backbone for clinical practice.

Charaka, the principal author of *Charaka Samhita*, outlined four essential ethical principles for physicians that is Maitri (friendship toward the patient), Karuna (compassion for the suffering), Pratipatti (clinical enthusiasm and engagement according to one's capabilities), and Upeksha (detachment after the patient's recovery).^[1] These values echo the essence of patient-centered care and reflect early medical professionalism.

Sushruta, often recognized as the “Father of Indian Surgery,” emphasized similar ethical norms with specific relevance to surgical practice. In the *Sushruta Samhita*, the physician's duties are stated with clarity and gravity. Sushruta asserts that while a patient may lose faith in relatives during illness, he or she places complete trust in the physician demonstrating the sacred nature of the doctor-patient relationship.^[2] The physician, thus, becomes not only a healer but a custodian of life and dignity.

Though the ancient texts do not present ethics in a compartmentalized format, the ethical spirit is omnipresent comparable to extracting sweetness from sweetened milk, as aptly described by scholars.^[3] It requires a discerning reader to distill these guiding principles embedded in surgical training, practice, and conduct.

In modern surgical education, ethics is recognized as an essential component of medical training, often taught through structured modules in medical curricula across the globe. The term “surgical ethics” today refers to the application of ethical reasoning and values in situations specific to surgery, such as consent, confidentiality, dealing with complications, end-of-life care, and surgical innovation.^[4]

With the advent of the National Health Policy 2020, India has reaffirmed the importance of *skill, integrity, and ethics* as central pillars in medical education and healthcare delivery. These values are not only deeply aligned with classical Ayurvedic teachings but are also

supported by global declarations like the World Medical Association's Declaration of Geneva^[5] and modern bioethics frameworks.^[6]

Thus, revisiting ancient ethical principles from the *Sushruta Samhita* in light of contemporary challenges allows for the development of a culturally rich and morally model of surgical practice that balances tradition and evidence-based professionalism.

Surgical Ethics: A Classical Framework with Modern Parallels

The *Sushruta Samhita* offers a remarkably detailed and structured vision of surgical ethics. Although it does not segregate ethics into a dedicated chapter, the ethical spirit permeates its teachings.^[7] The text outlines key domains of surgical ethics which continue to be relevant in modern medical practice. These include:

1. Qualities of the Surgeon
2. Principles of Informed Consent
3. General Ethical Conduct
4. Professional and Academic Ethics
5. Pre-, Intra-, and Post-operative Ethics
6. Experimental Surgery Ethics
7. Emergency Surgery Ethics
8. Principles Governing Scope of Practice and Referrals

Qualities of the Surgeon

According to *Sushruta*, the ideal surgeon must exhibit specific mental, physical, and moral attributes that ensure not only surgical precision but also ethical decision-making. These include^[8]:

1. Shaurya: Bravery or boldness to act decisively.
2. Ashukriya: Speed and efficiency in action.
3. Shastra Taikshanya: Mastery in maintaining and handling surgical instruments.
4. Asveda: Emotional stability, indicated by the absence of nervous sweating.
5. Avepathu; Steady hands, critical for fine surgical work.
6. Asammoha; Clarity of thought and absence of confusion during high-pressure situations.

These attributes resonate closely with modern expectations of a competent surgeon, which include technical skill, emotional intelligence, and crisis management.

In contemporary surgical education, similar traits are reinforced through competency-based training, simulation exercises, and ethical evaluation in clinical rotations.^[9] Emotional resilience, communication, and decision-making under stress are now part of standardized medical training worldwide.

Identification of Unqualified Practitioners (Taskar-Vaidya)

Sushruta warned explicitly against untrained individuals practicing surgery. He labeled such individuals as “Taskar Vaidya”, meaning impostor physicians. This term applies to those who perform surgery without having studied both theory and practical application under a qualified guru (teacher). He strongly advocated that before undertaking any surgical procedure, a practitioner must honestly assess their competence and readiness.^[10]

This ethical stance finds a direct modern parallel in the concept of scope of practice and medical licensure. Today, unauthorized surgical practice is not only unethical but also illegal in most jurisdictions, and results in serious legal consequences. Accreditation bodies require surgeons to undergo rigorous training, continuous assessment, and certification before being allowed to operate independently.^[11]

Principles of Informed Consent

The concept of informed consent, a fundamental pillar of modern medical ethics, finds its roots in the ancient Indian medical tradition. Though not expressed in the legal language used today, the Sushruta Samhita reflects a clear understanding of the need for patient awareness and approval prior to surgical intervention.

Classical Ayurvedic Perspective

In the Ashmari Chikitsa Prakarana (management of urinary calculi), Acharya Sushruta explicitly advises the surgeon to seek the prior approval of the patient’s guardian, relatives, or even the state authority (king) before proceeding with potentially hazardous procedures.^[13] Similarly, in the context of Moodha Garbha Chikitsa the surgical management of obstructed labor or dead fetus prior permission from a guardian is emphasized.^[14]

The importance of consent is further reinforced by Dalhana, the authoritative commentator on Sushruta Samhita, who notes that if a surgeon undertakes surgery without obtaining consent, he could be held accountable to the extent of capital punishment.^[15] This strongly indicates

that the right to accept or refuse treatment rested with the patient or their legal proxy, a remarkably progressive view for its time.

These examples illustrate that patient autonomy, now codified in bioethical law, was ethically respected even in classical Ayurveda.

Modern Ethical Interpretation

In modern surgical ethics, informed consent is a legal and ethical requirement. It mandates that a patient must receive full disclosure about their diagnosis, the nature and purpose of proposed treatments, risks involved, benefits, alternatives, and the consequences of refusal—before voluntarily agreeing to any procedure.^[16]

Today, informed consent protects patient autonomy and reflects respect for individual decision-making. It is not merely a formality but a process that promotes trust and transparency between patient and provider. The World Medical Association's Declaration of Lisbon on Patient Rights affirms that patients must be fully informed and must give free consent prior to any medical intervention.^[17]

What is striking is that the ethical intent in both systems ancient and modern is the same: the right of the patient to control decisions about their body.

Furthermore, in high-risk and emergency scenarios where the patient is incapacitated, modern legal systems may rely on substituted judgment (family consent), again echoing the classical Ayurvedic reliance on the guardian's permission in life-threatening contexts.

Emphasis on Integrated Knowledge

According to Sutrasthana of the Sushruta Samhita, a surgical student must acquire complete mastery over both textual (theoretical) knowledge and hands-on experience before performing surgery. A surgeon lacking in either domain is deemed unfit to practice. This dual emphasis ensured that surgical skills were grounded in comprehensive clinical reasoning and ethical responsibility.

Sushruta states that a student, after achieving both forms of knowledge, must then seek formal permission from the king or governing body before engaging in independent practice. This concept reflects an early understanding of medical licensure and regulation, now institutionalized by national and international medical councils.

Ethics in Education and Mentorship

One of the most refined ethical contributions of the Sushruta Samhita is its focus on the teacher-student relationship, discussed in detail in the chapter Shishyopaniya Adhyaya. It emphasizes the mutual respect, responsibility, and conduct required in the sacred bond between guru (teacher) and shishya (student). The teacher must be learned, disciplined, and compassionate, while the student must be obedient, eager to learn, and morally sound.

The ethical admission process to surgical training also reflects rigor: only students of sound body and mind, disciplined behavior, and moral character were eligible. This is mirrored in today's structured admission processes, which assess not only academic merit but also personal and ethical qualities in aspiring medical professionals.

Modern Perspective

In contemporary medicine, the necessity for integrated learning is formalized in curriculum design. Medical councils and licensing boards mandate the completion of accredited coursework, clinical rotations, and objective structured clinical examinations (OSCEs) before granting licensure. Moreover, programs now emphasize professionalism, communication skills, and ethical behavior—principles already articulated in ancient Indian surgical education.

The importance of ethical mentorship continues today. Supervising surgeons play a critical role in instilling not just clinical competence but also values such as empathy, responsibility, and accountability. Programs like the ACGME (Accreditation Council for Graduate Medical Education) and NMC (National Medical Commission, India) promote structured mentorship and continuous feedback, much like the guru-shishya tradition of Ayurveda.

Furthermore, Sushruta's recognition that a surgeon must study all allied branches of medicine anticipates the modern ideal of interdisciplinary knowledge. A holistic approach knowing anatomy, pharmacology, pathology, and physiology is now a norm for safe and ethical medical practice.

Experimental Surgery Ethics in the Sushruta Samhita

The Sushruta Samhita exhibits a forward-thinking and ethically grounded approach to surgical education, particularly evident in its emphasis on experimental training before live procedures. This is extensively described in the Yogya Sutriya Adhyaya of Sutrasthana,

where Sushruta details the methodologies and ethical considerations involved in surgical simulation.^[18]

According to Sushruta, a surgeon must not perform any live operation without first attaining proficiency through repeated, controlled experimentation. He asserts that a skilled surgeon who logically practices experimental surgery and attains practical familiarity is less likely to fail in actual surgical procedures. This reflects a fundamental ethical commitment to patient safety—ensuring that the learning curve occurs not on the patient, but in a simulated environment.

Sushruta prescribes a wide variety of materials and models for practicing different surgical techniques. For instance, Chedana (excision) was to be practiced on soft fruits and vegetables such as pushpa phala (lotus stems), alabu (gourd), and trapusha (cucumber), where students could learn about excess or insufficient cutting. Bhedana (splitting) was to be performed on animal bladders and leather sacs, while Lekhana (scraping) was to be learned on hairy leather sheets. Similarly, Vedhana (puncturing) involved use of veins from dead animals, Eshana (probing) was taught using worm-eaten wooden blocks or dry bamboo, and Aharana (extraction) through soft fruits like jackfruit (panasa), bilva, and bimbi.

Furthermore, Visravana (fluid drainage) was practiced on planks smeared with beeswax, and Sivana (suturing) was done using thick and thin pieces of cloth or leather. Techniques of Bandha (bandaging) were demonstrated on manikins made of cloth, mud, or straw. The application of Agni (thermal cautery) and Kshara (alkali cautery) was reserved for soft muscle tissues or non-living organic models, avoiding harm to actual patients during training. This ethical framework strongly aligns with the principles of modern surgical education, where simulation-based training is mandated across medical schools globally. Today, aspiring surgeons train extensively on cadavers, mannequins, animal models, and now, increasingly on virtual reality platforms, before being allowed to perform procedures on human patients. Such simulation ensures skill development without compromising patient safety, reflecting the same values articulated by Sushruta nearly two millennia ago.^[19]

Moreover, the emphasis on logical reasoning, manual dexterity, and procedural accuracy prior to entering clinical practice parallels current standards set by accreditation bodies like the National Medical Commission (NMC, India) and American College of Surgeons, which emphasize competency-based assessment in surgical residency programs.

In essence, Sushruta's guidelines on experimental surgery are not only pioneering but remain profoundly relevant. They emphasize that surgical competency must be earned through disciplined, ethical, and practical training, safeguarding the patient while nurturing the physician.

Ethics in Emergency Surgery

The Sushruta Samhita articulates a practical and ethically nuanced approach to emergency surgical care. In situations where immediate intervention is necessary to preserve life or prevent significant harm, Sushruta advises that a physician may justifiably deviate from standard procedures. He analogizes the urgency of action in such scenarios to saving a house on fire where delay or rigid adherence to formal steps could result in catastrophic loss. This metaphor underscores the ethical principle of beneficence, where the surgeon's duty to act in the patient's best interest may override procedural norms in life-threatening conditions.

This flexible ethical stance aligns closely with modern medical ethics. Contemporary frameworks recognize that during emergencies, strict adherence to standard protocols may not always be feasible or even ethical. In such cases, clinicians are expected to use sound clinical judgment and take decisive actions to prevent irreversible damage, even if that means bypassing certain formalities like elaborate documentation or full informed consent especially when the patient is unconscious or unable to communicate. This is often referred to as acting under the principle of "implied consent", assuming that a reasonable patient would consent to life-saving measures.

Additionally, Sushruta reflects empathy toward the physical pain and trauma caused by surgical instruments, especially in emergencies. He recommends the application of lukewarm ghee (ghrita) infused with Yashtimadhu (*Glycyrrhiza glabra*) a soothing, anti-inflammatory herb—to relieve postoperative pain and inflammation. This early use of topical pain management and wound healing agents reflects a humane and patient-centered approach, which remains a core ethical responsibility in modern surgical and emergency medicine.

Modern practices also emphasize pain management as a human right, especially in acute and surgical settings. Analgesia, wound dressing, and psychological support are part of comprehensive emergency care guided by ethical principles such as non-maleficence and compassionate care.

In essence, Sushruta's teachings on emergency surgery reflect a clear understanding that ethical flexibility is not a compromise, but a necessity in safeguarding life. The surgeon is ethically bound to act with urgency, clarity, and compassion, ensuring that lifesaving care is not delayed by excessive formality. These ancient insights continue to inform modern surgical triage protocols, trauma care ethics, and emergency medical response systems worldwide.

DISCUSSION

The Sushruta Samhita illustrates that the foundations of high-level surgical ethics were deeply embedded in ancient Indian medical practice. Acharya Sushruta's teachings clearly emphasize principles such as patient safety, ethical conduct, skill development, and professional humility, which remain central to modern surgical practice. The teaching and training methodology described by Sushruta particularly the combination of theoretical instruction and hands-on practical training using experimental models is comparable to contemporary competency-based surgical education.

Sushruta's ethical vision places patient welfare at the heart of surgical practice. His insistence on preparedness before surgery, appropriate consent, and accurate diagnosis highlights a deep concern for patient autonomy and safety ethical values that are now codified in medical law and international standards. The structured approach to surgical care—divided into pre-operative, operative, and post-operative phases—demonstrates an early understanding of clinical protocol and accountability, reflecting the modern emphasis on systems-based, team-led care.

One of the most remarkable aspects of Sushruta's teachings is the encouragement of experimental learning through models, which serves as a precursor to the simulation-based training now widely adopted in medical schools worldwide. Practicing procedures on organic substitutes before attempting them on living patients not only enhanced technical skill but also safeguarded patient wellbeing, reinforcing the ethical principle of non-maleficence.

Equally important is the Ayurvedic perspective on the physician-patient relationship, which prioritizes trust, compassion, and respect. Sushruta acknowledged that while a patient might lose faith in relatives during illness, trust in the physician often remains unshaken a profound statement about the ethical duty and moral authority of the medical professional. This

therapeutic bond, supported by integrity and empathy, mirrors modern concepts such as patient-centered care and shared decision-making.

Furthermore, the Ayurvedic system's ethical stance on scope of practice and referrals underscores the importance of knowing one's limits and collaborating with other specialists when necessary. This aligns perfectly with modern standards, where failure to refer appropriately is seen as a breach of both ethics and professionalism.

Overall, the ethical teachings in the Sushruta Samhita are not only historically significant but remain highly applicable in today's medical context. They provide a moral compass for the modern surgeon, reminding us that technical expertise must be complemented by ethical sensitivity at every stage of medical care from diagnosis to rehabilitation. Reintegrating such classical ethical wisdom into modern surgical training may help bridge the gap between skill and conscience, thereby strengthening the moral integrity of healthcare systems.

CONCLUSION

The principles of ethical surgical practice, as documented in the Sushruta Samhita, demonstrate that concerns for patient safety, clinical competence, and moral responsibility were deeply rooted in ancient Indian medicine. Acharya Sushruta's contributions reflect a comprehensive ethical framework, one that emphasized consent, training, specialization, and compassion long before these concepts were formally established in modern bioethics.

Even in contemporary surgical practice, the core values espoused by Sushruta remain strikingly relevant. His teachings on simulation-based training, pre- and post-operative care, emergency flexibility, and referral ethics continue to resonate with current medical standards across the globe. This alignment illustrates that ancient Indian surgical ethics were not only advanced for their time but also remarkably enduring in relevance.

India's classical medical literature, particularly in the field of surgery, represents a rich cultural and intellectual heritage. Recognizing and integrating these contributions into present-day medical education can enrich the ethical and cultural consciousness of modern practitioners. It is both a professional and national responsibility to preserve and promote this legacy by encouraging the study and ethical practice of Ayurvedic surgery, especially among future generations of Ayurvedic Vaidyas.

By revisiting these classical frameworks with respect and critical engagement, we not only honor India's historical contributions to global medicine but also strengthen the ethical foundation of modern surgical practice.

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