

**A Case report of *Shalya Uddharana* (Extraction of Foreign Body)****A S Ajmeer**

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**Abstract:**

The eight surgical procedures are to cure tissue injury and inflammatory conditions. Foreign bodies should be removed using direct visualization rather than blind probing whenever possible. This often requires extending an incision from the entry. The area can then be explored by carefully spreading the soft tissue with a hemostat. If the foreign body cannot be visualized, the physician may be able to feel it with the hemostat. The foreign body can then be grasped and removed with an alligator or splinter forceps, or the soft tissue dissected over the end to visualize and remove. In this case an effort has been made to draw a special attention on ancient surgical concepts of *Sushruta Samhita* practicing today with few refinements. This case study is to acknowledge global readers about foremost documentation by *Sushruta* regarding *Shalya Uddharana* in emergency. A 69-year-old married woman consulted the outpatient department (OPD) of Bandaranayake Memorial Ayurved Research Institute (BMARI) hospital and referred to Department of Shalya-tantra, with a chief complaint of severe pain in wrist of right hand due to penetration of sharp splinter since three weeks duration. Patient recovered from pain completely removed foreign body and disappear hyper echoic area Ultra sonographically.

**Key words:** Ayurveda, Eight Surgical Procedures, Foreign body, *Shalya Uddharana*,

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**Introduction:**

*Acharya Sushruta* has mentioned eight types of surgical procedures to fulfil the aim of Ayurveda of *Dhatusamyata* through *Shalyatantra* entity. <sup>[1]</sup> The eight surgical procedures are to cure tissue injury and inflammatory conditions. They are *Chedana* (Excision, amputation, resection), *Bhedana* (incision, counter incision), *Lekhana* (scrapping, scooping), *Vedhana* (Puncturing, penetration), *Eshana* (Probing), *Aharana* (extraction and removal), *Visravana* (Evacuation, Emptying, drainage) and *Seevana* (Suturing, Ligation).

Splinters are commonly from wood, thorns, or spines from plants but also may be plastic or glass. Wood and vegetative material must be removed. Because they are associated with increased inflammation and risk of infection. Larger or buried splinters can result in difficulty removing the entire foreign body or localizing it for removal.

In emergency cases the doctor should not adhere to the routing methods of treatment, instead should take remedial measures quickly of his own house is on fire mentioned in *Aghroupaharaneeya Adyaya*. <sup>[2]</sup>

This case study is to acknowledge global readers about foremost documentation by *Sushruta* regarding *Shalya Uddharana* in emergency.

**Case Report:**

A 69-year-old married woman consulted the Out Patient Department (OPD) of Bandaranayake Memorial Ayurved Research Institute (BMARI) hospital and

referred to Department of *Shalya-tantra* with a chief complaint of severe pain in wrist of right hand due to penetration of sharp splinter in the last three weeks duration. Her previous visits to Allopathic clinics had given no relief and pain at the wrist had kept on increasing daily which she had decided to get treated with Ayurveda.

Her bowel and bladder habits were normal and no any surgical history. On general examination, she was found to be average built and on local examination, severe tenderness and swelling was detected around the right wrist area (Fig- 1). Radiological ultrasound (using Hitachi (Aloka) Arietta S70 Ultrasonography platform) revealed bright white object (hyperechoic areas with high frequency linear probe) (Fig- 2-3).

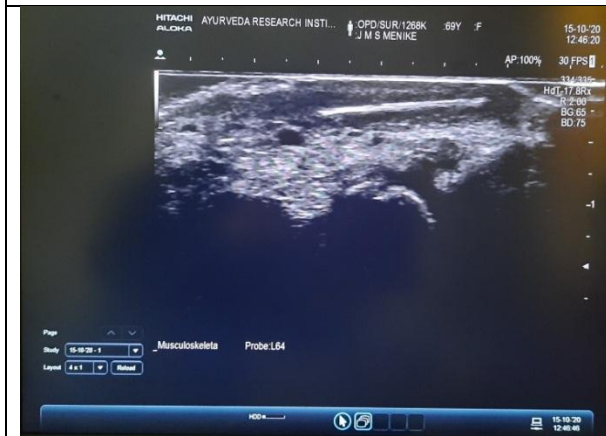
**Procedure of Foreign body removal:**

The patient was informed verbally and the written consent from the patient and her guardian (husband) was taken prior to procedures. Under Ultrasound guidance marked skin site, parallel to the underlying foreign body. Applied local Anesthetic Oil <sup>[3]</sup> (Modified *Neelyadi Oil*-used in Sri Lankan traditional practice) along the marked path. Inserted a sterile needle directed toward a retained foreign body. Advanced the needle until foreign body is contacted. Dissect down to the needle tip and adjacent foreign body. Grasp object and pulled it out completely. After removal of object applied *Neelyadi Oil* and dressed it well (Fig-4-5).

**Clinical images:**



**Fig-1: Right wrist with mild swelling**



**Fig-3: USG findings**



**Fig-4: USG findings –length of FB**



**Fig- 4: Inserting needle**



**Fig- 5: Removed foreign body**

**Result and Discussion:**

Patient recovered from pain completely after removal of foreign body and disappear hyper echoic area Ultra sonographically. Penetrating wounds can damage nerves or blood vessels. Evaluating patient sensation and circulation is essential. Superficial foreign bodies can sometimes be palpated or visualized. Deeper foreign bodies may require additional methods to localize. Palpation with a gloved finger should be avoided because of the risk of puncturing the glove and finger and being exposed to blood-borne diseases. Ultrasonography is widely available and helpful in finding wooden or radiolucent foreign bodies. [4]

Foreign bodies should be removed using direct visualization rather than blind probing whenever possible. This often requires extending an incision from the entry. The area can then be explored by carefully spreading the soft tissue with a hemostat. If the foreign body cannot be visualized, the physician may be able to feel it with the hemostat. The foreign body can then be grasped and removed with an alligator or splinter forceps, or the soft tissue dissected over the end to visualize and remove.

Sushruta and his commentator Dalhan mentioned a better exposition of aseptic surgery that surgical instruments should be used after *Agnitaptena* (heated in fire) otherwise risk of suppuration may happen. [5] Sushruta make attention about ideal quality of incision, correct technique of incision, correct shape of incision at particular site, direction of incision, extension of incision, method of suturing, complication of improper incision

etc. Sushruta advises the careful haemostasis during any kind of surgical procedure. After incision in surgical procedure or removal of foreign body make sure *Nirlohitam vranam kritwa* (make blood leakage free) by appropriate measures. [6]

**Conclusion:**

In this case an effort has been made to draw a special attention on ancient surgical concepts of Sushruta Samhita practicing today with few refinements.

**Consent of patient:**

The written consent has been taken from patient before the procedure as well as to publish the case report without exploring identity of the patient.

**Acknowledgement:**

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