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SUSHRUTA'S HOLISTIC FRAMEWORK FOR SURGICAL ETHICS W.S.R *YOGYA*

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ABSTRACT

The *Sushruta Samhita* presents one of the earliest comprehensive frameworks of surgical ethics and hands-on training in *Ayurveda*. It emphasizes the surgeon's moral conduct, technical competence, **training**, compassion, patient welfare, informed consent, and accountability. Ethical principles are embedded in Ayurvedic concepts such as *Chatushpada*[1], *Vaidya Guna*, *Sadvritta*, and *Yogya*, closely aligning with modern bioethical principles of autonomy, beneficence, non-maleficence, and justice. According to WHO, the global mortality rate post surgery accounts to about 7.7%. this can be prevented and reduced by initiating the proper hands on training for the surgeons. The concept of *Yogya Sutriya* represents an early form of simulation-based surgical training, where students practiced procedures like *Astavidha Shastra Karma*[2] on plant materials, animal tissues, and leather models. This paper highlights the relevance of ancient Ayurvedic surgical ethics and experiential training methods, demonstrating their continued applicability in contemporary simulation on surgical education and practice.

KEYWORDS: *Yogya Sutriya, Astavidha Shastra karma,* Simulation.

INTRODUCTION

Bioethics is a broad-based discipline that addresses ethical issues arising in biology, biotechnology, medicine, and other health-related life sciences. The application of ethical principles to surgical practice is known as surgical ethics, which provides practical frameworks to enhance patient care, promote innovation, and guide responsible research in the field of surgery.[3]

The four core principles of modern bioethics—**autonomy, beneficence, non-maleficence, and justice**—have striking parallels in Acharya Sushruta's surgical ethics, especially as embodied in the concept of ***Yogya Sutriya***. Autonomy is emphasized by the surgeon's duty to inform the patient about the nature of the disease, the planned procedure, potential risks, and expected outcomes, ensuring that the patient or their guardian participates in the decision-making process. Beneficence is upheld through rigorous hands-on training on models like plant stalks, animal tissues, and leather, enabling the trainee to refine surgical skills so that interventions are beneficial and effective. This training approach ensures that the surgeon acts in the best interest of the patient by developing competence before engaging in real surgical practice. Surgical ethics in this tradition emphasizes compassionate care and the surgeon's duty to treat patients with kindness and concern, resonating with the ethical emphasis on promoting welfare.[4]

The principle of non-maleficence is integral to *Yogya Sutriya*, with Sushruta insisting that procedures should not be attempted on patients until sufficient practice and mastery are achieved, thereby minimizing preventable

harm and error. This ancient insistence on mastery before clinical application parallels modern surgical standards that prioritize patient safety above all. Justice, as understood in Sushruta's framework, implies impartial and fair treatment of all patients, regardless of social or economic status, and performing surgery only when indicated and appropriate. Through its ethical precepts and systematic training methods, *Yogya Sutriya* illustrates how classical *Ayurvedic* surgical education internalized principles that align closely with contemporary bioethical standards, demonstrating the enduring relevance of Sushruta's surgical ethics in modern practice.[5]

Acharya susrutha introduced the training of a surgeon to achieve dextirity in performing basic surgical and para surgical procedures on experimental models this training procedure was named as *Yogya* and *adhyaya* named as *Yogyasutriya*.[6] To obtain success in surgical procedures, practice of similar procedures before hand on similar subjects is called *yoga* and performance of such practice is called *Yogya*.[7]

Need for the Study

This study aims to dwelve into the *Yogya Sutriya* concept and evaluate its potential relevance and application in the modern surgical framework.

Review of Literature

Sushruta Samhita with Dalhana commentary, Sutrasthan, Yogyasutriya Adhyaya (9th Chapter).

METHODOLOGY

Need for the experimental study

The student should be made to practice, even though he has mastered the interpretations of all the scriptures. He should get training on *snehadi* and *chedanadi* procedures. If not, even the thoroughly mastered student faces difficulty in clinical practice due to lack of practical skills.[8]

Acharya sushrutha has mentioned 8 surgical procedures, they are described as following.

1) *Chedana*[9] (Excision)

AIM: To know the application of force to excise different devitalized tissues with different surfaces and resistances.

Clasical models: Bottle gourd, *Pushpa phala* (Pumpkin), Cucumber, *Kalindaka* (Water Melon)

Simulators in present day: Rubber or silicone sheets or tubes, latex skin pad.

INSTRUMENTS[10]: *Mandalagra, Karapatra, Vrdhipatra* & *Nakhashastra*.

2) *Bhedana*[11] (Incision)

AIM: To know about the tension of the wall which is to be incised and consistency of the fluid inside.

Classical models: Water filled leather bag and bladder of the animals filled with materials of various consistencies.

Simulators in present day: Rubber or silicone sheets or tubes, latex skin pad, on fruits such as orange, grapes, banana.

INSTRUMENTS: *Vrddhipatra, Nakha Sastra, Mudrika, Utpalapatraka and Ardhadhara*.

3) *Lekhana*[12] (Scraping)

AIM: To scrape the area with delicate balance of knife avoiding injury to the underlying structures. Removal of undesired/ dead tissues.

Classical models: Skin with hair or fine leather with scanty wool.

Simulators in present day: Burnt eschar on vegetables, bittergourd, ridgegourd, hair on a dead animal, a piece of furr cloth.

INSTRUMENTS: *Mandalagra & Karapatra.*

4) *Vyadhana*[13] (Puncturing)

AIM: To penetrate into vessel, gaining dexterity to enter the vessels with precision and accuracy.

Classical models: vessels of dead animal, lotus stem.

Simulators in present day: IM & IV injection simulator, Spinal injection simulator.

INSTRUMENTS : *Vrihimukha Shastra & Kutharika Shastra*.

5) *Eshana*[14] (Probing)

AIM: To trace the path with least resistance.

Classical models: On hollow pieces of dry wood, bamboo stem and dried *alabu*.

Simulators in present day: Virtual reality simulators, Hybrid simulators for endoscopy, laparoscopy etc.

INSTRUMENTS: *Eshani.*

6) *Aharana*[15] (Extraction)

AIM: To appreciate the optimum grip and force to remove the foreign body causing least damage to surrounding structures.

Classical models: *Panasa*(jack fruit), *bimbi*, pulp of *bilva* fruit, teeth of dead animals.

Simulators in present day: Dental tooth extraction on model/ mannequins.

INSTRUMENTS: *Badisha & Dantamukhi.*

7) *Visravana*[16] (Draining)

AIM: To make superficial incision to drain the collection.

Classical models: Surface of *shalmali* coated with bee wax.

Simulators in present day: Paracentesis simulator.

INSTRUMENTS: *Suchi, Kushayantra, Shararimukha, Antarmukha, Trikurchika.*

8) *Seevana*[17] (Suturing)

AIM: Approximation of edges(not too near nor too far), same tension across the wound, with knot security. Suturing of layers of various thickness using different types of sutures.

Classical models: Thick cloth or leather, *mrudu charma(*leather), fruit peels of orange, banana peel.

Simulators in present day: Silicone suture pads, Artificial skin.
INSTRUMENTS: *Suchi.*

***Bandhana*[18] (Bandaging)**
AIM: 14 types of bandaging at different locations of the body. Shithila, sama, gaadha type of bandaging. Use of different types of bandaging materials.
Classical models: Trying bandages round the specific limbs and parts of model made with cloth or mud.
Simulators in present day: Practice of bandaging on the parts of mannikin.

***Agnikarma*[19] *& kshara karma*[20]**
AIM: Application of *pratisaraneeya kshara* and different types of *agnikarma*. To appreciate *kshara dagdha*[21] *and agni dagdha lakshanas.*[22]
Classical models: *Mrudu mamsa and khandara*.
Simulators in present day: latex pad, silicone pad.

Peedana
AIM: Proper insertion of *bastinetra* into the opening of anus. Maintain same pressure throughout the process of *basti pranidhana*.
Classical models:, *Alabu*.
Simulators in present day: enema administration simulator, Pitcher containing water with lateral opening.

Simulation[23]
It is an imitative representation of a process/situation/system that could exist in the real world.

Simulator
A simulator is a device or a model used for training individuals by imitating situations they will encounter in real life in surgical practice.

Surgical simulation[24]
It is a branch of simulation technology related to education and training in medical fields. It is a specialization of medical simulation in which healthcare trainees and professionals learn modern surgical interventions by utilizing surgery simulator technologies.

Types of simulators[25]
1) **Organic simulators:** Human cadavers, Dead animals, Fruits and Vegetables.
2) **Inorganic simulators:** synthetic models such as silicon suture pad, manikins, virtual simulators, laparoscopic simulators, robotic surgical simulators.

RESULT
The surgeon, who does experimental surgery on such articles, shouldn't loose his presence of mind while doing the actual operations. Therefore, he who wants to be an expert in the use of surgical procedures should practice the same experimentally on similar objects**.**

DISCUSSION
The World Health Organization (WHO) highlights significant global disparities in surgical mortality, noting that roughly 4.2 million people die within 30 days of surgery annually, accounting for 7.7% of all global deaths. While rates vary greatly by country and procedure (e.g., 0.5-5% crude rate after major surgery), the WHO promotes its "Safe Surgery Saves Lives" initiative to standardize care and reduce preventable deaths, as surgery is a major cause of mortality. In order to minimize this rate it is essential for a surgeon to achieve skills by proper hands on training. According to Acharya Sushruta, a surgical scholar must possess comprehensive knowledge of various surgical techniques along with practical training on objects that structurally resemble human tissue. This emphasis on hands-on practice reflects the ethical foundation of **Yogya Sutriya**, which ensures that surgeons acquire skill, precision, and confidence before operating on patients, thereby safeguarding patient welfare. Sushruta meticulously details every stage of surgery—preoperative, operative, and postoperative—underscoring that ethical surgical practice was central to ancient Indian medicine and remains equally relevant in modern surgery. Concepts such as *Chedhana Yogya* illustrate this approach, encouraging trainees to practice excisions on pumpkins or cucumbers, while bandaging and suturing can be honed on dummies or synthetic models equivalent to soft human skin (*Mrdu Charma*). Today, similar ethical and educational goals are achieved through virtual reality simulators and minimally invasive surgical training, which enhance hand-eye coordination and reduce intraoperative errors. Both ancient and contemporary methods share the same objective: to cultivate skilled, morally responsible surgeons while minimizing risk and ensuring patient safety.

CONCLUSION
Ethical surgical practice has been a cornerstone of patient safety since ancient India and continues to be a fundamental concern in modern surgery. Acharya Sushruta, who exemplified the highest standards of surgical skill and professional ethics, stands as a testament to the advanced medical knowledge of Indian civilization. The concept of ***Yogya Sutriya***, as outlined by Sushruta, serves as a timeless framework for cultivating competent, confident, and ethically responsible surgeons. Integrating these principles into contemporary surgical training can enhance technical proficiency, reinforce ethical integrity, and improve patient outcomes. Preserving and promoting this rich cultural and medical heritage is essential to inspire a new generation of surgeons who are both skilled and morally upright, bridging the wisdom of *Ayurveda* with modern surgical practice.

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