

6.1. Nirukti, Yogya, Ayogya, Prakara with modern correlations of Chhedan, Bhedan and Lekhan

Unit 6.1 — Chhedana, Bhedana and Lekhana: Nirukti, Yogya-Ayogya, Prakāra, and Modern Correlations

This chapter makes you exam-ready for the **Aṣṭāvidha Śastrakarma** subset—**Chhedana (excision)**, **Bhedana (incision)** and **Lekhana (scraping)**—from *Suśruta Saṃhitā*. Read actively; after each core idea there's a quick check for you.

1) Context: Aṣṭāvidha Śastrakarma (Eight surgical acts)

अथातोऽष्टविधशस्त्रकर्म्मयमध्यायं व्याख्यास्यामः । यथोवाच भगवान् धन्वन्तरिः ॥ *Su. Su. 25/1*

Sense: Suśruta now expounds the eight sharp-instrument procedures; our focus here is on three—Chhedana, Bhedana, Lekhana.

2) Nirukti (Etymological sense) & Core Idea

- **Chhedana** (छेदन) — from root **chid**—“to cut off” → **excision**: removing a part/lesion.
- **Bhedana** (भेदन) — from root **bhid**—“to split/open” → **incision**: opening to expose/evacuate contents.
- **Lekhana** (लेखन) — from root **likh/lekha**—“to scrape/etch” → **scraping/debridement**: thinning or removing raised/obstructive tissue.

Quick check (answer in one line): If a swelling must be **opened to let pus out**, which karma's nirukti matches best?

3) Yogya (Indications) — what to treat with each karma

A) Chhedana (Excision) — Yogya (Chedyā-roga)

छेद्या भगन्दरा ग्रन्थः इलैष्मिकस्तिलकालकः ।
व्रणवत्पार्बुदान्यशश्चर्मकीलोऽस्थिमांसगम् ॥३ ॥
शल्यं जतुमणिमांससंधातो गलशुण्डिका ।
स्नायुमांससिराकोथो वल्मीकं शतपोनकः ॥४ ॥
अधृषश्चोपदंशाश्च मांसकन्द्यधिमांसकः ॥ *Su. Su. 25/3-4*

Explanation: Chhedana is indicated in lesions best **removed in toto**—e.g., **Bhagandara (fistula-in-ano)**, **Granthi, Tilakalaka (moles)**, **Charmakila (warts)**, **Arbuda (tumors)**, **Arśa (haemorrhoids)**; foreign bodies lodged in bone/muscle; uvular hypertrophy (Galaśuṇḍikā); putrefied ligaments/muscles/veins; **Valmīka**-type lesions; penile ulcers (**Upadamīśa**); **Māṃsakandī/Adhimāṃsa** (fibromas/overgrowths), etc.

B) Bhedana (Incision) — Yogya (Bhedyā-roga)

भेद्या विद्रध्योऽन्यत्र सर्वजान ग्रन्थयस्त्रयः ॥५ ॥
आदितो ये विसर्पाश्च वृद्धयः सविदारिका ।

प्रमेहपिडकाः शोफः स्तनरोगोऽवमन्थकः ॥६ ॥
कुम्भीकाऽनुशयी नाड्यो दृन्दो पुष्करिकाऽलजी ।
प्रायशः क्षुद्ररोगाश्च पुप्पूटौ तालुदन्तजौ ॥७ ॥
तुण्डकेरी गिलायुश्च पूर्वं ये च प्रणाकिणः ।
बस्तिस्तथा इप्पमरीहेतोर्मेदोजा ये च केचन ॥८ ॥ *Su. Su. 25/5-8*

Explanation: Bhedana for **suppurative** or **closed cavity** states to be opened—**Vidradhi (abscess, except saṃnipātaja), Visarpa (earlier types), Vṛddhi (hernias/hydrocele variants), Prameha-piḍakā (carbuncles), Sopha (inflammation), Stana-roga, Tundi-keri (tonsillar), Nādi (sinus), etc.** and selected urological/ENT oral conditions.

Note embedded contraindication from the Śloka itself: “anyatra sarvajān” — **abscess produced by all three doṣas together** is **not** bhedya → **Ayogya** for Bhedana.

C) Lekhana (Scraping) — Yogya (Lekhya-roga)

लेख्याश्चतस्तो रोहिण्यः किलासमुपजिह्विका ।
मेदोजो दन्तवैदर्भो ग्रन्थिवर्त्माधिजिह्विका ॥९ ॥
अर्शासि मण्डलं मांसकन्दी मांसोन्नतिस्तथा ॥ *Su. Su. 25/9*

Explanation: Indicated where **raised/obstructive tissue** must be **thinned/planed** — **Rohinī (4 types), Kilāsa, Upajihvikā/Adhijihvikā (tongue/tonsillar), Medoja granthi/vartma (fatty cysts, eyelid), Danta-vaidarbha (gingival overgrowth), Arśa, Maṇḍala (skin plaques), Māṃsakandī/Māṃs-unnati.**

Quick check: Would a broad, superficial **skin plaque** with thickening be better **lekhana** or **chedana**?

4) Ayogya (Contraindications / When to avoid or postpone)

Suśruta embeds **procedure-specific and general** cautions:

Bhedana—Ayogya clues

- **Sannipātaja vidradhi is not bhedya** (“anyatra sarvajān”): *Su. Su. 25/5.*
- **Do not incise unripe swellings;** incision is with **single stroke in the direction of hair, till pus is seen.** **Śloka (technique + timing):**
...प्रत्यङ्गुलो वैदृशो... मर्मसिरास्नायुसन्ध्यस्थिधमन्यः परिहरन्,
अनुलोमं शस्त्रं निदध्याद् आपूर्यदर्शनात्, सुकुदेवापहरेच्छस्त्रम्...॥ *Su. Su. 5/7* **Sense:** Avoid marma/sirā/snāyu/sandhi/asthi; insert **anulomam** until **pus appears**, then withdraw—implying **no bhedana in apakva stage.**

Chhedana—Ayogya clues (general surgical caution)

- **Never harm marma & allied structures;** misuse of śastra by an unskilled surgeon is life-threatening. **Śloka:**
तदेव युक्तं त्वति मर्मसन्धिनं हिंस्यात् सिराः स्नायुमथास्थि चैव ।
मूर्खप्रयुक्तं पुरुषं क्षणेन प्राणैर्वियुज्यात् ॥ *Su. Su. 25/33*

General surgical Ayogya/ Precautions around suturing & wound toilet (relevant to Chhedana/Bhedana sequences)

- Before any closure, **remove sand/hair/nail/bone chips** etc., else suppuration/pain increase. **Śloka:**
पांशुरोमनस्तादीनि चलमस्थि भवेच्च यत् ।
अहतानि यतोऽमूनि पाचयेयुभृशं व्रणम् ॥

रूजश्च विविधा: कुर्यास्तस्मादेतान् विशेषयेत् ॥ *Su. Su. 25/18-19*

- **Operate fasting** in specific conditions (timing rule useful for Bhedana contexts): **Śloka (fasting contexts):** मूढगर्भोदरार्शोऽश्वरोगेष्वभुक्तवतः कर्म कुर्वते ॥ *Su. Su. 5/16*

Quick check: A fluctuant abscess with **no pus pointing** yet—will you **incise now** or **wait for pakva-avasthā?** Which śloka supports your choice?

5) Prakāra (Types / Patterns) & Technique Essentials

A) Incision shapes and placement (applies to Chhedana/Bhedana wherever cuts are made)

तत्र भूगण्डशङ्खललाटाक्षिप्तौष्टदन्तवेष्टककक्षाकुक्षिवङ्क्षणेषु तिर्यक्ष्येद उक्तः ॥१३॥

(चन्द्रमण्डलवच्छेदान् पाणिपादेषु कारयेत् ।

अर्धचन्द्रकृतींश्चापि गुदे मेदे च बुद्धिमान् ॥१४॥

अन्यथा तु सिरास्तायुच्छेदनमति मात्रं वेदना, चिराद्वाणसंरोहो मांसकन्दीप्रादुर्भावश्चेति ॥१५॥ *Su. Su. 5/13-15*

Exam-use takeaways:

- **Tiryak (oblique/along skin lines)** — **brows, cheek, temple, forehead, lids, lips, gums, axilla, abdomen, groin** → respects **RSTL/Langer's** in modern terms.
- **Chandra-maṇḍala (circular)** — **palms & soles.**
- **Ardha-chandra (semilunar)** — **anal region & penis.**
- Wrong choice cuts **sirā/snāyu**, causes **severe pain, delayed healing, granulation overgrowth (māṃsakandī).**

B) Stroke & number of incisions

Ślokas (stroke and multiple/counter incisions):

...अनुलोमं शस्त्रं निदध्याद... सकृदेवापहरेच्छस्त्रम्... ॥ *Su. Su. 5/7*

एकेन वा व्रणेनाशुध्यमाने... अपरान् व्रणान् कुर्यात् ॥११॥

यतो यतो गतिं विद्यादुत्सङ्गो यत्र यत्र च ।

तत्र तत्र व्रणं कुर्याद्यथा दोषो न तिष्ठति ॥१२॥ *Su. Su. 5/11-12*

- **Single steady stroke**, hair-direction, **till pus appears.**
- If drainage inadequate, make **dependent counter/multiple incisions** along sinus tracts.

C) Ideal surgical wound qualities (guide to proper Chhedana/Bhedana execution)

Ślokas:

तत्र आयतो विशालः समः सुविभक्तो निराश्रय इति व्रणगुणाः ॥८॥

आयतश्च विशालश्च सुविभक्तो निराश्रयः ।

प्राप्तकालकृतश्चापि व्रणः कर्मणि शस्यते ॥९॥ *Su. Su. 5/8-9*

- **Ayata (adequate length), Viśāla (adequate breadth), Sama (even), Suvibhakta (clear edges), Nirāśraya (no pockets), done at proper time.**

D) Lekhana—operative sense

While Suśruta does not separately list “shapes” for scraping, the **operative sequence** follows the same **marma-parihāra** and **wound toilet** principles above; **Lekhana** is the **planing/debulking** step to reduce thickened/keloidal/overgrown tissues (see *Su. Su. 25/9*).

Quick check: Which incision **shape** would you prefer for the **eyebrow** region, and why?

6) Prayoga (How to perform — pearls you must cite)

- **Marma-sirā-snāyu-sandhi-asthi parihāra** (avoid vital structures). *Su. Su. 5/7*
- **Directional cut (anuloma), single stroke**, withdraw once; extend only if **drainage inadequate**. *Su. Su. 5/7, 5/11-12*
- **Wound toilet** and **foreign-material clearance** to prevent suppuration. *Su. Su. 25/18-19*

7) Relevant Modern Instruments & Correlations

Karma	Classical action (sense)	Modern goal	Core modern instruments
Chhedana	Excision/removal	Excision of lesion with margins	Scalpel (No. 10/15), diathermy (for hemostasis), tissue forceps , scissors
Bhedana	Opening/cutting	Incision & drainage (I&D) , access to cavity	Scalpel (No. 11 for stab; No. 15 for small skin), artery forceps , sinus forceps , suction , drains
Lekhana	Scraping/planing	Debridement , curettage , trimming hypertrophy	Skin/volar curettes , dermatome/skin knife , sharp debriders , ring curette , rasp

Instrument-holding insight (Vāgbhaṭa correlation): For **Chedana-Bhedana-Lekhana** the blade is held **between handle and edge with thumb, index and middle finger** (grip akin to pen-hold) — (*Aṣṭāṅga Hṛdaya, Sūtrasthāna 26*; used here as supportive classical ergonomics).

Clinical mapping you can write in exams:

- **Chhedana** ↔ **Excision biopsy**, hemorrhoidectomy, excision of warts/skin tags, uvulopalatoplasty segments.
- **Bhedana** ↔ **I&D** of abscess, unroofing sinus tracts, counter-incision for dependent drainage.
- **Lekhana** ↔ **Surgical debridement**, dermal curettage of plaques, trimming granulation/keloid shaving (when indicated).

8) Common Vyāpads (complications) to quote

Ślokas (injury to vital structures):

भ्रमः प्रलापः पतनं प्रमोहे विचेष्टनं... तीव्रा रुजो... मांसोदकाभं रुधिरं... *Su. Su. 25/34-35*

— *Giddiness, delirium, syncope, severe pain, “mutton-wash” blood*—when marma/sirā/snāyu/asthi/sandhi are injured.

9) Rapid Review (write these in your own words)

- **Nirukti:** Chhedana = cut **off**; Bhedana = cut **open**; Lekhana = **scrape**.
- **Yogya:** Cite **Su. Su. 25/3-4 (Chheda)**, **25/5-8 (Bheda)**, **25/9 (Lekha)**.
- **Ayogya:** No bhedana in **samnipātaja vidradhi**; no incision **before** pakva; avoid **marma** injuries.
- **Prakāra:** **Tiryak / Chandra-maṇḍala / Ardha-chandra** incisions with site specificity — *Su. Su. 5/13-15*.
- **Technique marks:** **Single stroke**, hair-direction, **counter-incision** if needed — *Su. Su. 5/7, 5/11-12*.
- **Modern mapping:** Chhedana ↔ **excision**; Bhedana ↔ **I&D**; Lekhana ↔ **debridement/curettage**.

10) Self-Practice (one at a time)

- Spot the karma:** A fluctuant axillary abscess with pointing—what karma and what śloka backs your choice?
- Incision planning:** For a lower lip mucocele, which **shape** is ideal per *Su. Su. 5/13-15* and why?

(Reply with just **1** answer at a time; I'll check and nudge you.)

Exam-style Assessment

A) Long Answers (10 marks each)

- Define and discuss Chhedana with Yогya-Ayогya and Prakāra.** Quote and explain *Su. Su. 25/3-4; 5/13-15; 25/33*.
- Bhedana:** Nirukti, indications, timing, stroke, and counter-incisions with śloka support. (*Su. Su. 25/5-8; 5/7; 5/11-12*).
- Lekhana:** Nirukti, indications, operative principles, and modern equivalents. (*Su. Su. 25/9; 25/18-19*).

B) Short Notes (5 marks each)

- Ideal surgical wound qualities** — *Su. Su. 5/8-9*.
- Incision shapes & sites** — *Su. Su. 5/13-15*.
- Why Sannipātaja vidradhi is not Bhedya** — explain “anyatra sarvajān” — *Su. Su. 25/5*.
- Foreign-material clearance before closure** — *Su. Su. 25/18-19*.
- Complications of marma injury** — *Su. Su. 25/34-35*.

C) MCQs (1 mark each; answer key below)

- “Anyatra sarvajān” in *Su. Su. 25/5* excludes which **abscess** from Bhedana?
A. Vātaja B. Pittaja C. Kaphaja D. **Samnipātaja**
- Ardha-chandra** incision is advised for:
A. Palms B. **Anal region** C. Eyebrow D. Cheek
- Lekhana** is indicated in:
A. Acute perianal abscess B. **Māṃsakandī** C. Varicocele D. Inguinal hernia
- Ideal wound must be **Nirāśraya**—meaning:
A. With slough B. **Without cavities/pockets** C. Without pain D. Avascular
- Counter-incision principle is captured in which śloka?
A. *Su. Su. 25/34* B. **Su. Su. 5/11-12** C. *Su. Su. 5/9* D. *Su. Su. 25/3*

Answer key: 1-D, 2-B, 3-B, 4-B, 5-B.

Viva prompts (use with śloka)

- Define **Chhedana/Bhedana/Lekhana** in one line each and cite **one śloka** of indications for each.
- Explain **why** incision over eyebrow should be **tiryak** (*Su. Su. 5/13*) in modern terms (skin lines/cosmesis).
- State **two complications** of injuring **marma** during incision (*Su. Su. 25/34-35*).

Final tip

In answers, **name the karma, quote the right śloka (numbered)**, then **translate to modern action** (excision/I&D/debridement) with **instrument choice** and **site-wise shape**—that scoring triad rarely fails.



Your turn (one question): Pick **one** lesion—**Kilāsa**, **Bhagandara**, or **Prameha-piḍakā**—and tell me (a) which karma you'll choose and (b) **one** supporting śloka number.

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