

6.2. Nirukti, Yoga, Ayogya, Prakara with modern correlations of Eshana, Aaharan and Visravan

Unit 6.2 — Eṣaṇā, Āharaṇa, Visrāvaṇa: Nirukti, Yoga-Ayogya, Prakāra, and Modern Correlations (with mandatory ślokas)

Focused subset of **Aṣṭāvidha Śāstrakarma**. Every core point is anchored to **Suśruta Saṃhitā**.

1) Context & Nirukti (Etymological Sense)

1.1 Aṣṭāvidha anchor (chapter opening)

अथातोऽऽष्टविधशस्त्रकर्मायमध्यायं व्याख्यास्यामः । यथोवाच भगवान् धन्वन्तरिः ॥१॥ — *Suśruta Saṃhitā, Sūtrasthāna 25/1*

Sense: Suśruta delineates **eight** sharp-operative actions; here we detail **Eṣaṇā (probing)**, **Āharaṇa (extraction)**, **Visrāvaṇa (evacuation/drainage)**.

1.2 Action-words attested in Yantra-karmāṇi

“यन्त्रकर्माणि तु— ... चूषणैषणदारणजूर्करणप्रक्षालनप्रधमनप्रमार्जनानि चतुर्विंशतिः ॥” — *Su. Su. 7/17*

(Here **चूषण**—probing; **जूर्करण**—suction/irrigation that support **visrāvaṇa**; **चूषण** appears earlier in the same verse.)

The same verse also contains **आहरण** (extraction) in the earlier segment: “...विकर्षणाहरणाञ्छन...” — *Su. Su. 7/17*.

1.3 Nirukti (root-sense)

- **Eṣaṇā (एषणा)**: from √इष्/एष्—“to seek, to explore” ⇒ **probing/exploration** of a tract/cavity/foreign-body path.
Textual attestation: एषण named in *Su. Su. 7/17* (above) and as one of the **Aṣṭāvidha** actions (25th chapter anchor).
- **Āharaṇa (आहरण)**: from √हृ—“to draw/bring out” with prefix आ- ⇒ **extraction/removal** of foreign body or diseased part.
Textual attestation: आहरण in *Su. Su. 7/17*; and **Samdamśa** verse prescribes extraction (below).
- **Visrāvaṇa (विस्रावण/स्रावण)**: from √स्रु—“to flow/ooze” ⇒ **evacuation/drainage** of collected morbid fluids/pus.
Textual attestation: Enumerated among the **Aṣṭāvidha Śāstrakarma** (chapter 25), and functionally supported by **cūṣaṇa (suction)** and **prakṣāḷana (irrigation)** in *Su. Su. 7/17*.

2) Yoga (Indications) — with śloka support

2.1 Eṣaṇā (Probing) — when to use

- **Sinus/tract delineation** and to decide dependent drainage sites; **counter-incisions** where the tract runs.
श्लोक (counter-incision principle):
“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*
Sense: When one wound does not cleanse adequately, create additional wounds **wherever the tract runs**—this implies **probing (eṣaṇā)** to first know the **gati (path)*.
- **Foreign body tract exploration** (before extraction).

श्लोक (purpose of Yantra):

“तत्र, मनःशरीराबाधकराणि शल्यानि ; तेषामाहरणोपायो यन्त्राणि ॥” — Su. Su. 7/4

Yantra serve shalyāharaṇa; safe extraction presupposes **eṣaṇā** (path-finding).

2.2 Āharaṇa (Extraction) — when to use

- **Foreign bodies** lodged in skin/muscle/vessels/tendons.

श्लोक (Saṃdaṃśa for extraction):

“सनिग्रहोऽनिग्रहश्च सन्दंशौ षोडशाङ्गुलौ भवतः, तौ त्वङ्-मांस-शिरा-स्नायु-गत-शल्योद्धरणार्थम् उपदिश्येते ॥” — Su. Su. 7/8

Two **Saṃdaṃśa** (with/without catch), ~16 **āṅgula** long, are prescribed for **shalyodharana**—extraction from skin, muscle, vessels, tendons.

- **Removal** of necrotic slough/loose sequestra as part of wound toilet, after **eṣaṇā** defines safe planes.

श्लोक (foreign material clearance before closure):

“पांशुरोमनखादीनि चलमस्थि भवेच्च यत्...

तस्मादेतान् विशोधयेत् ॥” — Su. Su. 25/18-19

2.3 Viśrāvaṇa (Evacuation/Drainage) — when to use

- **Suppurative swellings/abscess cavities** once **pakva** (ripe) to allow **free drainage**; create additional openings if needed.

श्लोक (timing & stroke for opening):

“...मर्मसिरास्नायुसन्ध्यस्थिधमन्यः परिहरन्,

अनुलोमं शस्त्रं निदध्याद् आपूप्यदर्शनात्, सकृदेवापहरेच्छस्त्रम्...” — Su. Su. 5/7

Avoid **marma/sirā/snāyu**... Insert blade **anuloma** till **pus is seen**, then withdraw—i.e., drain when **ripe**.

- **Indications overlapping “Bhedya-roga”** (conditions needing opening/evacuation): **vidradhi (abscess)**, **nāḍī** disorders, certain **stana-roga**, **prameha-piḍakā**, etc.

श्लोक (Bhedya conditions):

“भेद्या विद्रवधयोऽन्यत्र सर्वजान् ग्रन्थयस्त्रयः ॥१२॥ ... कुम्भीकाऽनुशयी नाड्यो... प्रायशः क्षुद्ररोगाश्च... ॥१७॥” — Su. Su. 25/5-7

Opening leads to **viśrāvaṇa**; where tracts exist, **probe** and create **dependent openings** (5/11-12).

3) Ayogya (Contraindications / Cautions) — with śloka support

3.1 Eṣaṇā — Ayogya/Caution

- **Do not force** through resistance; avoid **marma/sirā/snāyu** injury.

श्लोक (avoid vital structures):

“...मर्मसिरास्नायुसन्ध्यस्थिधमन्यः परिहरन्...” — Su. Su. 5/7

- **Faulty Yantra causes harm** (slip/false passage).

श्लोक (Yantra-doṣa to beware):

“अतिस्थूलम्... अग्राहि, विषमग्राहि... वक्रं, शिथिलम्... इति द्वादश यन्त्रदोषाः ॥” — Su. Su. 7/19

3.2 Āharaṇa — Ayogya/Caution

- **Unskilled cutting/extraction near marma** is life-threatening.

श्लोक :

“तदेव युक्तं त्वति मर्मसन्धिन् हिंस्यात् सिराः स्नायुमथास्थि चैव ।

मूर्धप्रयुक्तं पुरुषं क्षणेन प्राणैर्वियुञ्ज्यात् ॥” — Su. Su. 25/33

3.3 Viśrāvaṇa — Ayogya/Caution

- **Do not open unripe swellings**; wait till **āpuya-darśana (pus view)**.

श्लोक (timing):

“...अनुलोमं शस्त्रं निदध्याद् आपूप्यदर्शनात्...” — Su. Su. 5/7

- **Samnipātaja vidradhi** is **not** for routine opening.

श्लोक :

“भेद्या विद्रवयोऽन्यत्र सर्वजान्...” — Su. Su. 25/5

“All abscesses **except** those caused by **all three doṣas (sarvaja/saṃnipātaja)** are to be opened.”

4) Prakāra (Types/Patterns) & Technique — with śloka support

4.1 Eṣaṇā — Prakāra

- Use appropriate **Śalākā** (probes), sized to tract; **28** types counted under **Śalākā-yantra**.

श्लोक (classification & counts):

“... शलाकायन्त्राणि... चेति ॥” — Su. Su. 7/5

“... अष्टाविंशतिः शलाकाः ... ॥” — Su. Su. 7/6

- Plan incisions** based on **tract path** to prevent residual pockets.

श्लोक (counter-incisions by tract): Su. Su. 5/11-12 (quoted above).

4.2 Āharaṇa — Prakāra

- Samdamśa** (with/without catch), ~**16 aṅgula**, aligned with the object's axis.

श्लोक : Su. Su. 7/8 (quoted above).

- Ideal operative wound** (after extraction) must be: **āyata, viśāla, sama, suvibhakta, nirāśraya**.

श्लोक :

“आयतः... सुविभक्तो निराश्रयः । प्राप्तकालकृतश्चापि व्रणः कर्मणि शस्यते ॥” — Su. Su. 5/8-9

4.3 Viśrāvaṇa — Prakāra

- Openings** respect site-specific **incision patterns** for good drainage & healing.

श्लोक (incision shapes/sites):

“... तिर्यक्छेद उक्तः ॥१३॥ (भू-गण्ड-शङ्ख-ललाट-क्षिपुट-ओष्ठ-दन्त-वेषक-कक्ष-कुक्षि-वङ्क्षणेषु)

चन्द्रमण्डलवच्छेदान् पाणिपादेषु... ॥१४॥

अर्धचन्द्रकृतीश्चापि गुदे मेद्रे... ॥१५॥” — Su. Su. 5/13-15

- Ensure **free flow**: if not adequate, make **dependent counter-openings** along the tract.

श्लोक : Su. Su. 5/11-12 (above).

5) Modern Correlations (OT practice) — mapped to śloka-backed principles

| Classical action | What you do (today) | Key modern tools | Śloka anchors |
|--------------------------|---|--|--|
| Eṣaṇā (probe) | Delineate sinus/tract; plan counter-incisions | Probes/directors; US-guided metal probe if needed | Su. Su. 5/11-12; 7/5-6 (Śalākā count) |
| Āharaṇa (extract) | Remove foreign body/slough along axis; avoid crush | Toothed/attraumatic forceps; hemostat; micro-forceps | Su. Su. 7/8 (Samdamśa); 7/4 |
| Viśrāvaṇa (drain) | I&D of ripe abscess; dependent drainage; irrigation/suction | No. 11 blade; artery forceps; suction (Yankauer/Frazier); drains/catheters | Su. Su. 5/7, 5/11-15; 7/17 (cūṣaṇa, prakṣāṇa) |

Pearl: In abscess: **Eṣaṇā → Viśrāvaṇa (open & drain) → Prakṣāṇa/Cūṣaṇa → Nirāśraya wound** (no pockets) → dressings. Quote 5/8-9 for ideal wound.



6) Illustrative Mini-Protocols (with śloka tie-ins)

6.1 Sinus tract with persistent discharge

- **Eṣaṇā**: probe to define **gati** → *Su. Su. 5/11-12*.
- **Counter-incision** at dependent end → *Su. Su. 5/11-12*.
- **Irrigation (Prakṣāḷana) & suction (Cūṣaṇa)** → *Su. Su. 7/17*.
- **Aim for nirāśraya wound** → *Su. Su. 5/8-9*.

6.2 Thorn fragment in sole

- **Eṣaṇā** to locate axis → *Su. Su. 7/17*.
- **Āharaṇa** with forceps (Saṃdaṃśa principle) → *Su. Su. 7/8*.
- **Prakṣāḷana & Bandhana** (wash & dress) → *Su. Su. 7/17*.

6.3 Fluctuant axillary abscess

- Confirm **pakva** → “आपूयदर्शनात्...” *Su. Su. 5/7*.
- **Viśrāvaṇa** with appropriate **tiryak** incision (cosmetic lines) → *Su. Su. 5/13-15*.
- If **inadequate flow**, create **dependent opening** → *Su. Su. 5/11-12*.
- **Irrigate/suction** → *Su. Su. 7/17*; ensure **nirāśraya** → *Su. Su. 5/8-9*.

7) Complications (Vyāpada) & Prevention — with śloka support

- **Marma/sirā/snāyu injury** → severe pain, syncope, “mutton-wash” bleeding.
श्लोकः
“भ्रमः प्रलापः पतनं प्रमोहो विचेष्टनं... तीव्रा रुजो... मांसोदकाभं रुधिरं...” — *Su. Su. 25/34-35*
- **Prevention**: correct **Prakāra** (incision shape/site), **anuloma single stroke**, avoid vital structures, and use **sound Yantra** (no **yantra-doṣa**).
श्लोकः *Su. Su. 5/7; 5/13-15; 7/19*.

8) Rapid Recap (quote-ready)

- **Nirukti**: **Eṣaṇā** = explore (probe); **Āharaṇa** = extract; **Viśrāvaṇa** = drain.
- **Anchors**: *Su. Su. 25/1* (Aṣṭāvīdha chapter); *Su. Su. 7/17* (names/actions); *Su. Su. 7/8* (extraction by Saṃdaṃśa).
- **Yogya**: **Eṣaṇā** for tracts (5/11-12); **Āharaṇa** for shalya (7/8; 7/4); **Viśrāvaṇa** for ripe abscess (5/7; 25/5-7).
- **Ayogya**: avoid marma (5/7; 25/33); no opening before **āpūya-darśana** (5/7); **saṃnipātaja vidradhi** not for routine opening (25/5).
- **Prakāra**: **Śalākā (28)**, **Saṃdaṃśa (2, 16 aṅgula)**, site-wise incision shapes (7/5-6; 7/8; 5/13-15).
- **Modern**: probes/directors; forceps/hemostats; scalpel #11, suction, drains.

Assessment

A) MCQs (Single-best answer)

1. **Primary śloka** guiding **dependent counter-incisions** after probing a sinus is:
a) *Su. Su. 5/7* b) **Su. Su. 5/11-12** c) *Su. Su. 7/8* d) *Su. Su. 25/33*
2. **Saṃdaṃśa** are explicitly indicated for **shalyoddharaṇa** in:
a) *Su. Su. 7/4* b) **Su. Su. 7/8** c) *Su. Su. 25/5* d) *Su. Su. 5/13*
3. “आपूयदर्शनात्...” instructs the surgeon to:



- a) Close primarily
 - b) **Open only when pus is seen (ripe)**
 - c) Probe after closure
 - d) Use diathermy
4. **Which condition is not routinely opened (bhedyā/visrāvaṇa)?**
- a) Pus-pointing vidradhi
 - b) Nāḍī with dependent pocket
 - c) **Samnipātaja vidradhi**
 - d) Prameha-piḍakā
5. **Eṣaṇā** belongs to which canonical list?
- a) Śāstra-doṣa
 - b) **Yantra-karmāṇi** (and Aṣṭāvidha actions)
 - c) Upayantra-gaṇa
 - d) Bandhana-dravyāṇi

Key: 1-b, 2-b, 3-b, 4-c, 5-b.

B) SAQs (3-5 lines each)

1. Define **Eṣaṇā, Āharaṇa, Visrāvaṇa** with one śloka reference each and give one clinical example.
2. Write the **principles and patterns of incision** for drainage with śloka and modern rationale.
3. Enumerate **Yantra-doṣa** relevant to probing/extraction and their clinical consequences with prevention.
4. Outline a **mini-protocol** for thorn extraction citing ślokas at each step.
5. Why must an operative wound be **nirāśraya**? Quote and explain.

C) LAQs

1. Discuss **Eṣaṇā-Āharaṇa-Visrāvaṇa** under **Nirukti, Yogya, Ayogya, Prakāra**, and **modern correlations**, anchoring each subsection with appropriate **Suśruta** ślokas (5/7; 5/11-15; 7/4; 7/5-8; 7/17; 25/5-7; 25/33; 5/8-9).
2. **“From śloka to OT”**: Construct the complete management of a **fluctuant abscess**—probing, incision pattern, dependent openings, irrigation/suction, ensuring **nirāśraya** wound, and post-procedure care—with verses to justify each choice.

Final scoring tip

On any case vignette, **say the action word (Eṣaṇā/Āharaṇa/Visrāvaṇa)**, **quote one apt śloka**, then **state the modern step** (probe → drain → irrigate/suction → no pockets). This tight, verse-anchored format consistently earns full credit.