# 6.5. Demonstration of Chhedan (Excision), Bhedan (Incision), Lekhan (Scraping) on patient/ simulator

Unit 6.5 — Demonstration of Chedana (Excision), Bhedana (Incision), and Lekhana (Scraping) on Patient/Simulator

You will **see-do-explain** three śastrakarmas in a safe, reproducible way. Each skill is anchored to **Suśruta Saṃhitā** ślokas (Devanāgarī with chapter/verse), mapped to modern instruments, and packaged as step-by-step checklists suitable for patient or simulation lab.

# What you will be able to do after this session

- Identify the right indication and timing for Chedana, Bhedana, Lekhana with verse support.
- **Perform** each procedure on a simulator/patient using sterile technique, correct incision geometry, and tissue-respecting handling.
- Avoid classic vyāpada (complications) by applying Suśruta's cautions on marma, timing, and wound preparation.
- **Close/dress** appropriately and order post-procedure care.

# **DEMONSTRATION 1 — Chedana (Excision)**

#### Indications (state with verse)

Quote **Su. Su. 25/3-4** to justify excision for **granthi, tilakalaka, charmakīla, arbuda, arśa**, selected fistula-in-ano components (**bhagandara**), **māmsa-kandī/adhimāmsa**, etc.

#### Step-by-step (say-do)

- 1. Confirm lesion & plane; mark margins; choose tiryak lines if on face/axilla/groin (Su. Su. 5/13).
- 2. Infiltrate LA; wait adequate onset.
- 3. Skin entry with #15 (face) / #10 (trunk); maintain atraumatic retraction.
- 4. **Excision**: elliptical for skin tags/warts; stay in safe plane; **hemostasis** by pressure/ligature; avoid marma/sirā/snāyu (*Su. Sv. 5/7; 25/33*).
- 5. **Specimen handling** (if biopsy): orientation stitch, label.
- Wound toilet: irrigate (prakṣālana), mop (pramārjana), remove debris per 25/18-19.
- 7. Assess vraņa-guņa: edges even (sama), clear (suvibhakta), pocket-free (nirāśraya) (5/8-9).
- 8. **Sīvana**: simple interrupted or subcuticular per site tension; evert edges; avoid strangulation (prevents māṃsakandī, 5/15).
- 9. **Dressing**; post-op instructions.

#### Common pitfalls to avoid

- Excess or inadequate excision → "hīna-atirikta" vyāpada (25/30).
- Wrong incision geometry on face/groin/palm/anal → pain, delay, proud flesh (5/15).
- Ignoring nerves/vessels → marma injury warning (25/33).

#### Other excision demonstrations for reference -

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# **DEMONSTRATION 2 — Bhedana (Incision)**

#### Indications (state with verse)

Use **Su. Su. 25/5-8**: **vidradhi (abscess) except sarvaja**, selected **vṛddhi** (e.g., hydrocele—often puncture/vedhana or open bhedana depending on case), **nāḍī** conditions, **prameha-piḍakā**, oral/ENT pustular states, selected bladder/stone contexts.

#### Timing & entry rule (quote)

- "... परिहरन् ... आपूयदर्शनात्, सकृदेवापहरेच्छस्त्रम् ..." Su. Su. 5/7
- → Avoid marma; open **only** when **ripe** (pus evident); **one decisive entry**, then withdraw.

#### Step-by-step (say-do)

- 1. Clinical confirmation of pakva (fluctuation, pointing) ± ultrasound if available.
- 2. Mark incision respecting site geometry:
  - **Tiryak** (face/axilla/groin/abdomen, etc.) *Su. Su. 5/13*.
  - Circular (palm/sole) 5/14.
  - ∘ **Semilunar** (anal/penile) *5/15*.
- 3. **Infiltrate LA** around the cavity; avoid injecting into pus pocket.
- 4. Entry: #11 stab or small linear cut at most dependent point; allow visrāvaṇa.
- 5. Break loculi with forceps/finger sweep; Eṣaṇā (probing) as needed to find tracts; if egress poor, create dependent counter-incision along tract's gati:
  - "एकेन वा व्रणेनाशुध्यमाने ... अपरान् व्रणान् कुर्यात् ... यतो यतो गतिं ... तत्र तत्र ..." Su. Su. 5/11-12
- 6. **Irrigation & suction** (yantra-karmāṇi: **prakṣālana, cūṣaṇa** *Su. Su. 7/17*).
- 7. **Aim for nirāśraya** cavity (**no pockets**; *5/8-9*); place drain if indicated.
- 8. **Dressing** with padding/pressure (pīḍana, bandhana 7/17).
- 9. Antibiotics/analgesia as per protocol; follow-up for drain removal and delayed closure if needed.

#### Pitfalls to avoid

- Opening unripe abscess (violates 5/7).
- **Forgetting dependent outlet** (retained pocket—contradicts *5/11-12*).
- Wrong incision line at sensitive sites → pain, delayed healing, māṃsakandī (5/15).

# **DEMONSTRATION 3 — Lekhana (Scraping/Surgical Shaving)**

#### Indications (state with verse)

Quote Su. Su. 25/9: rohiṇī (4 types), kilāsa, upajihvikā/adhijihvikā, medoja granthi/vartma, danta-vaidarbha, arśa, maṇḍala, māṃsa-kandī/māṃs-unnati—conditions where raised/obstructive tissue must be thinned/planed rather than excised.

### Step-by-step (say-do)

- 1. **Select lesion** (e.g., superficial plaques, exuberant granulation, small keloidal rim where scraping is preferred).
- 2. Mark safe margins; avoid marma/sirā (5/7).
- 3. **Anaesthesia** (local infiltration/topical where appropriate).
- 4. **Scraping** with curette/dermatome/skin knife: light, even strokes to level the prominence; protect surrounding skin with skin hooks/retractors.
- 5. **Hemostasis**: pressure; consider **skandana** (cold) or approved topical hemostats (modern parallel to **pācana** ladder *Su. Su. 14/39-42*).
- 6. Irrigate & mop (prakṣālana, pramārjana 7/17); ensure smooth, even edges (toward sama, suvibhakta—5/8-9).
- 7. **Dressing** (non-adherent) and aftercare; counsel on recurrence/adjunct therapy.

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#### **Pitfalls**

- Over-scraping into healthy tissue (atirikta, 25/30).
- Uneven surface causing poor healing (contrary to sama/suvibhakta, 5/8-9).

# Canonical anchors you must quote in viva

#### Aşţāvidha-śastrakarma (chapter opening):

अथातोऽऽष्टविधशस्त्रकर्मीयमध्यायं व्याख्यास्यामः। यथोवाच भगवान् धन्वन्तरिः ॥१॥ — Su. Su. 25/1

#### Chedya (to be excised):

छेद्या भगन्दरा प्रन्थिः श्लैष्मिकस्तिलकालकः। व्रणवर्त्मार्बुदान्यर्श्वश्चर्मकीलोऽस्थिमांसगम् ॥३॥ शल्यं जतुमणिमांससंघातो गलशुण्डिका। स्नायुमांससिराकोथो वल्मीकं शतपोनकः॥४॥

अध्रुषश्चोपदंशाश्च मांसकन्द्यधिमांसकः ॥ — Su. Su. 25/3-4

#### Bhedya (to be opened/incised):

भेद्या विद्रधयो ऽन्यत्र सर्वजान् ग्रन्थयस्त्रयः ॥ ॥ आदितो ये विसर्पाश्च वृद्धयः सविदारिकाः । प्रमेहिपिडकाः शोफः स्तनरोगोऽवमन्थकः ॥६ ॥ कुम्भीकाऽनुश्रयी नाडचो वृन्दौ पुष्करिकाऽलजी । प्रायशः क्षुद्ररोगाश्च पुप्पुटौ तालुदन्तजौ ॥७ ॥ तुण्डिकेरी गिलायुश्च पूर्वं ये च प्रणाकिणः ।

बस्तिस्तथा ऽश्मरीहेतोर्मेदोजा ये च केचन ॥८॥ — Su. Su. 25/5-8

#### Lekhya (to be scraped):

लेख्याश्चतस्त्रो रोहिण्यः किलासमुपजिह्विका । मेदोजो दन्तवैदर्भो ग्रन्थिवृंत्मोधिजिह्विका ॥९ ॥

अर्शांसि मण्डलं मांसकन्दी मांसोन्नतिस्तथा ॥ — Su. Su. 25/9

#### Timing, safety, stroke (for opening):

... मर्मिसरास्नायुसन्ध्यस्थिधमन्यः परिहरन्,

अनुलोमं शस्त्रं निदध्याद् आपूयदर्शनात्, सकृदेवापहरेच्छस्त्रम् ... — Su. Su. 5/7

#### Incision geometry by site:

... तिर्यक्छेद उक्त: ॥१३ ॥ (brow-cheek-temple-forehead-eyelid-lip-gum-axilla-abdomen-groin) चन्द्रमण्डलवच्छेदान् पाणिपादेषु कारयेत् ॥१४ ॥ अर्थचन्द्रकृतींश्चापि गुदे मेद्रे च बुद्धिमान् ॥१५ ॥ अन्यथा तु सिरास्नायुच्छेदनमति मात्रं वेदना, चिराद्वणसंरोहो मांसकन्दीप्रादुर्भावश्चेति ॥१४ ॥ — Su. Su. 5/13-15

#### Ideal operative wound (vraṇa-guṇa):

तत्र आयतो विशालः समः सुविभक्तो निराश्रय... ॥८-९ ॥ — Su. Su. 5/8-9

#### Foreign-matter clearance before closure:

पांशुरोमनसादीनि चलमस्थि भवेच्च यत् ... ... तस्मादेतान् विशोधयेत् ॥ — Su. Su. 25/18-19

#### General operative errors (avoid):

हीनातिरिक्तं तिर्यक् च गात्रच्छेदनमात्मनः।

एताश्चतस्त्रोऽष्टविधे कर्मणि व्यापदः स्मृताः ॥ — Su. Su. 25/30

#### Unskilled injury near marma (warning):

... मूर्खप्रयुक्तं पुरुषं क्षणेन प्राणैर्वियुञ्ज्यात् ॥ — Su. Su. 25/33

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Yantra-karmāṇi that assist you (suction, irrigation, pressure, dressing):

... पीडन... मार्गविशोधन... चूषण... प्रक्षालन... प्रमार्जनानि चतुर्विशतिः ॥ — Su. Su. 7/17

# Universal setup for all three demonstrations (patient or simulator)

- 1. Consent & verification: identity, site, procedure, allergies; explain benefits/risks; written consent.
- OT/skills lab readiness: sterile tray, correct blades (#10, #11, #15), forceps (toothed/atraumatic), scissors, needle holder, sutures (nylon/prolene for skin; Vicryl/Monocryl for SC), curettes/dermatome (for Lekhana), suction & irrigation set, hemostatic agents, drains, dressings.
- 3. **Asepsis:** hand wash, gown, gloves, drape.
- 4. Anaesthesia: local infiltration (lignocaine with or without adrenaline as appropriate), or field block; analgesia plan.
- 5. Marking: plan incision by site-specific geometry (Su. Su. 5/13-15).
- 6. **Timeout:** team brief; instruments count.

# Simulation stations (how to practise before touching patients)

- **Chedana pad**: silicone/foam skin with embedded "lesion"; practise elliptical excision along **tiryak** lines; suture with **simple interrupted** and **subcuticular**.
- **Bhedana tower**: fluid-filled multiloculated model (balloon-in-balloon or gel); identify **dependent point**, perform **#11 stab**, break loculi, **counter-opening** per tract (**5/11-12**), irrigate, place drain.
- Lekhana tile: layered wax/gel plaque; level with curette to a uniform plane, achieving sama, suvibhakta edges (5/8-9).

# **Instrument map (classical sense → modern tray)**

Step	Classical cue	Modern instruments
Entry cut <b>Śastra</b> selection & site geometry (5/13-15) <b>Scalpel #10/#15</b> (skin), <b>#11</b> (stab)		
Excision	Chedana doctrine (25/3-4)	Toothed/Atraumatic forceps, Metzenbaum, bipolar/ligatures
Drainage	Visrāvaņa with yantra-karmāṇi (7/17)	Suction tip, irrigation syringe, hemostat, corrugated/closed drain
Scraping	Lekhana indications (25/9)	Ring curette, skin knife/dermatome
Closure	<b>Sīvana</b> prerequisites (5/8-9; 25/18-19)	Needle holder, Nylon/Prolene (skin), Vicryl/Monocryl (SC)
Dressing	Pīḍana, Bandhana (7/17)	Non-adherent pad, gauze, crepe/bandage

# Post-procedure orders (write these verbatim when asked)

- **Analgesia:** paracetamol ± NSAID (if suitable); escalate if needed.
- Antibiotic (I&D cases): per local policy.
- **Dressing care:** keep dry for 24–48 h; elevate if limb; red flags: fever, spreading redness, discharge, uncontrolled pain
- Suture removal: face 5-7 d; scalp 7-10 d; trunk/limb 10-14 d (modify by tension/vascularity).
- Follow-up: review for drain removal (I&D), histopathology (excision), recurrence (scraping).

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# Frequent errors & how to avoid (quote-ready)

- Wrong timing (opening unripe abscess) → violates "आपूयदर्शनात्" (5/7).
- Wrong line/shape → sirā/snāyu injury, pain, delayed healing, māṃsakandī (5/15).
- Hīna/Atirikta (too little/too much) → vyāpada (25/30).
- **No cleansing** before closure → suppuration (25/18-19).
- **Marma injury** by careless dissection → grave risk (25/33).

## Rapid recap (30 seconds you can say at viva)

"Chedana for lesions listed in Su. Su. 25/3-4, along site-specific lines (5/13-15), then śodhana and Sīvana when vraṇaguna met (5/8-9; 25/18-19).

Bhedana for bhedya lesions (25/5-8) only when pakva (5/7), with dependent counter-opening if required (5/11-12), prakṣālana-cūṣaṇa (7/17), and nirāśraya cavity (5/8-9).

Lekhana thins raised tissue per 25/9, with gentle scraping, hemostasis, and smooth edges."

#### **Assessment**

#### A. MCQs (single best answer)

- Which verse justifies a semilunar incision in the anal region?
  a) Su. Su. 5/13
  b) Su. Su. 5/14
  c) Su. Su. 5/15
  d) Su. Su. 25/30
- 2. Opening an abscess **before** it ripens violates:
  - a) **Su. Su. 5/7** b) Su. Su. 5/11-12 c) Su. Su. 5/8-9 d) Su. Su. 25/3
- 3. Which is not lekhya as per Suśruta?
  - a) Maṇḍala plaque b) **Bhagandara** c) Māṃsakandī d) Kilāsa
- 4. Counter-incision principle is in:
  - a) **Su. Su. 5/11-12** b) Su. Su. 5/15 c) Su. Su. 7/17 d) Su. Su. 25/33
- Foreign-matter clearance before closure is mandated by:
  a) Su. Su. 5/7
  b) Su. Su. 25/18-19
  c) Su. Su. 25/30
  d) Su. Su. 7/17

Answers: 1-c, 2-a, 3-b, 4-a, 5-b.

#### B. Short-answer questions (4-6 lines each)

- 1. Enumerate chedya lesions with one example each and outline a safe excision plan with site geometry verses.
- 2. Write the **bhedya** list and explain **timing** and **dependent opening** with verses.
- 3. Explain vraṇa-guṇa and how you achieve them before Sīvana.
- 4. List yantra-karmāṇi you use during I&D and link each to a step you perform.
- 5. Define māṃsakandī risk and the verse that warns you about wrong geometry.

#### C. OSCE checklists (examiner-friendly)

#### Station 1 — Elliptical excision (Chedana) on skin pad (8 marks)

- Marks skin lines (tiryak, 5/13) ✓
- LA infiltration ✓
- Elliptical cut with correct depth, gentle traction <
- Hemostasis (pressure/ligature) ✓
- Prakṣālana-pramārjana 🗸
- Sīvana with edge eversion; spacing consistent ✓
- Specimen labelled ✓

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• Dressing & post-op advice ✓

#### Station 2 — Incision & drainage (Bhedana) of multiloculated abscess model (8 marks)

- Confirms "pakva" timing (5/7) ✓
- Chooses dependent site; **#11 stab** ✓
- Breaks loculi; **counter-incision** if needed (5/11-12) ✓
- Irrigates, places drain; aims nirāśraya (5/8-9) ✓
- Pressure dressing; follow-up plan ✓

#### Station 3 — Lekhana of plaque model (8 marks)

- Selects appropriate lesion (from 25/9) ✓
- Controlled scraping to even plane ✓
- Hemostasis; cleanse; protective dressing ✓
- States verse on vrana-guna and cosmesis ✓

#### Final scoring tip

In any station, name the karma, quote one exact verse, and state the concrete action you perform (blade/shape/timing/closure). This three-step pattern shows you can think like Suśruta and work like a modern surgeon.

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