

DOI:

Review Article**FSSC**
The Gift of Healing**THE PRACTICAL SIGNIFICANCE OF YOGYAASUTRIYAM
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Not Applicable

How to cite this article:Sarode S, Bhosale M, Bang P., The Practical
Significance Of Yogyaasutriyam
Adhyayam In Sushruta
Samhita.2024;1(1):7-9**ABSTRACT:**

Because of their capacity to learn new things, adopt them into their lives, and occasionally change them to better suit their requirements, humans are superior to other creatures. To become proficient in a skill, one must first learn the art. This is still true in surgery. Surgery means "hand work" in its very name. This explains why hand dexterity is crucial for carrying out any surgical treatment. To master the skill, one must undergo extensive training. Ayurvedic surgeons of old understood the value of developing one's skills in the operating room (Shalya Tantra). Contemporary surgery subscribes to the same notion of training. For this reason, massive experimental models and simulators have been created. The focus of this essay is on the modern and traditional ideas of surgical skill training, emphasizing the need to combine Ayurvedic training methods with modern ones.

KEYWORDS: Surgery, Surgical skill, Sushruta, Training and Yogyasutra

INTRODUCTION:

Ayurveda, a real and eternal medical system, has been preserved for thousands of years in the medical system because of its timeless principles and practical use in the modern era. From this point on, two medical schools emerged that taught Ayurveda from two distinct angles. First was the Atreya Sampradaya, which was advanced by Punarvasu Atreya. He received his training in science from Bharadwaja, who himself acquired his Ayurvedic knowledge from Indra. Then he imparted this knowledge to his six followers. The Dhanwantari sampradaya came in second, who received his training in Ayurveda. Afterwards, Sushruta wrote a book known as the Sushruta Samhita, which focused mostly on Shalya tantra and helped to popularize the Dhanwantari sampradaya. Sushruta formerly popularized surgery, but for a number of reasons, it eventually lost popularity such as adherence to Buddhist and Jain teachings, a decline in royal support, a discontinuity in the application of Shalya Tantra principles, and a reluctance to share surgical techniques^[1]. For a variety of reasons, it might not be possible to live by the same principles that Sushruta mentions in the present. For the benefit of the patient as well as the physician or surgeon, the same suggestions can still be followed with a few contemporary modifications.

AIM AND OBJECTIVES:

1. To talk about surgical training methods as they are described in the current system.
2. Linking the two surgical training methodologies.
3. To discuss the beneficial modifications made to Sushruta's surgical training regimen.

Data Source

In the ninth chapter of Sushruta Samhita Sutrasthana, Yogyaasutriyam adhyayam, Sushruta elucidates the significance of surgical instruction for pupils. Prior to discussing how a medical student moves from the classroom to the professional practice setting, where they engage with patients on a first-hand basis, Vishikhana Pravesham outlines the surgical training procedures. This chapter format is primarily motivated by the idea that a medical student must first understand surgical practice and procedures on inanimate objects and, if a substantial intervention is not required, on living creatures, in order to become a successful surgeon^[2].

Practical knowledge Importance

It has been deemed to be of utmost value, second only to textual knowledge. According to Sushruta, a person who lacks practical understanding and is unable to Applying theoretical knowledge in real-world situations is like being a coward in combat.

Improvement of Yogyaasutriyam ideas is necessary for those studying Ayurveda

Before they joined the field of practice, Sushruta, who understood the value of practical training, gave surgical students—that is, students of Dhanwantari Sampradaya—practical surgical training using whatever resources were available to them. The "Committee on Surgical Training," which was founded in 1999 by surgeons from the Philippine

College of Surgeons, developed a number of modules that were designed with internships and recently graduated students in mind. These modules were shown to be highly effective in teaching students about surgical procedures^[3].

Current developments in surgical education

The conventional form of apprenticeship in medical education has been less prevalent in recent years. The majority of surgical although skills were once learned with actual patients, they are today applied in a "vitro" or virtual environment. The amount of hours surgical trainees in the US can work is limited by restrictions approved by the American College of Surgeons in 2003, necessitating that novice surgeons gain proficiency more quickly^[4].

Through repeated practice in a safe environment, simulation whether via computer programs, physical models, or both—offers the opportunity to build and analyze abilities. Despite this, a lack of excitement, financial limitations, and enough testing to guarantee construct validity and reliability have all contributed to the slow uptake of simulation in medical education. Simulation education has gained attention thanks to the patient safety movement, and its face validity is substantial. A number of recent ethics literature studies have condemned the use of unconscious patients for tests or minor operations, which emphasizes the significance of simulation-based training once again^[5]. The airline sector, with its enviable safety record and dedication to lifelong learning, has created a situation that is nearly equal to the surgical simulation scenario, raising worries among professionals and the general public. While practical patient-based learning is still a crucial component of advanced surgical training, it is now unavoidable to gain technical expertise in an environment where patient safety is guaranteed.

Benefits of Simulation^[6]

1. It is possible to build the training program with learner's requirements—not the patient—in mind.
2. Because the environment is safe and regulated, students are permitted to make mistakes and grow from them in a way that would not be acceptable in a real-world clinical setting.
3. By mapping learners' trajectories in detail through their built-in tracking mechanisms, simulators can provide objective proof of performance. Both formative and summative assessments use assessment forms.
4. The ability of the most sophisticated simulators to deliver instantaneous digital feedback facilitates learning cooperation.

Application of Stimulators and Simulation in Ayurvedic Medicine and Other Surgical Training Modules

Using scientific advances does not imply that we are going against the fundamentals of our field. Innovation and technology support each other when it comes to advancing any science. Similar to Ayurveda, we can use a variety of technological advancements such as minimally interactive mannequins or model-based simulations, which are reasonably priced models for teaching or learning fundamental procedural skills, ranging from basic bandaging to all eight surgical techniques. Furthermore, procedure-specific models that are extremely accurate can be made to teach or learn methods like Raktamokshana and Shringa. All

of these things are only feasible via persistent efforts to advance Ayurveda through the use of contemporary technology and through multidisciplinary teamwork with professionals in the fields of engineering, information technology, bioscience, biostatistics, and modern medicine^[7].

DISCUSSION:

It is imperative that students studying Ayurveda be taught the practical applications of Yogyasutriyam in domains such as Panchakarma, Shalya tantra, Shalakya tantra, and Prasooti tantra in the current setting. Applying the Yogyasutriyam Principles to contemporary scientific breakthroughs has a great deal of potential and necessity for enhancing the psychomotor and manual abilities of surgical residents. This ought to make us reconsider how we may adapt and use contemporary technologies into these teaching techniques to improve the field of Ayurvedic surgical practice. Although Sushruta provided exact procedures for surgical training, some of them would not be feasible in the modern day since the things listed are hard to come by or require adjustments in order to accommodate advanced surgical training. Animal and robotic simulators are among the increasing number of modern simulation models used in surgical training programs. With the inclusion of patient-specific anatomy and upcoming advancements in 3D printing, simulators will become increasingly important in medical education. A study on Sushruta's historical windows provides a detailed account of how the art of ancient plastic surgery developed.

CONCLUSION:

The time of change is here, and there are lots of chances to enhance the Ayurvedic surgical training system even more. All branches of medicine and surgical practice are based on the Indian medical system, which is described in the Sushruta Samhita. Even in the modern scientific community, all distinguished experts around the world still acknowledge this fact. With the support of this extensive knowledge, it is our duty to strive toward improving Ayurvedic surgical practice in terms of both teaching and practicing in accordance with modern demands.

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