



Review Article

PROSTATECTOMY IN AYURVEDA: A CONCEPTUAL AND SURGICAL REVIEW BASED ON
SUSHRUTA'S PERINEAL APPROACH IN ASHMARI CHIKITSA

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Article info

Article History:

Received: 30-10-2025

Accepted: 21-11-2025

Published: 15-12-2025

KEYWORDS:

Ashmari,
Mutraghata,
Vatashthila,
Prostatectomy.

ABSTRACT

The prostate gland, though unnamed in classical Ayurvedic texts, occupies a pivotal role in modern urology, particularly in the surgical management of obstructive lower urinary tract conditions. This study aims to reinterpret Sushruta's operative methodology through the lens of contemporary anatomical knowledge and evaluate whether his technique represents an early form of prostate-region surgery. The classical passage outlines patient preparation with oleation, sudation, and ritual measures, followed by precise positioning over a support person. Sushruta then describes accessing the urinary tract through the *Payu-medhra antaram*, the perineal space which, according to modern pelvic anatomy, provides a direct corridor to the prostate and bladder neck. His emphasis on palpating a "Granthi-like" elevation suggests recognition of a glandular or obstructive mass consistent with an enlarged prostate or impacted calculus. The technique further involves digital guidance, controlled dissection, and assessment of neurological signs prior to extraction principles echoed in modern perineal prostatectomy. By comparing *Sushruta's* approach with contemporary urological literature, significant similarities emerge in the surgical pathway, tactile localization, and caution against operating under signs of hemodynamic collapse. This suggests that the foundational concepts of prostate-region surgery were present in ancient India nearly two millennia before the documented Western innovations. This reinterpretation not only underscores the sophistication of Ayurvedic surgical knowledge but also proposes that *Sushruta's* description may represent the earliest historically documented precursor to perineal prostatectomy. Recognizing this connection enriches both Ayurvedic scholarship and the global history of urological surgery, emphasizing the need for continued interdisciplinary research.

INTRODUCTION

Prostatectomy is a modern urological procedure performed for benign prostatic hyperplasia (BPH), prostate malignancy, or obstructive urinary conditions. Although the prostate gland is not explicitly named in classical Ayurvedic texts, *Sushruta Samhita* describes surgical access to the anatomical region corresponding to the prostate. In *Ashmari Chikitsa*, *Sushruta* outlines a perineal surgical technique for removing obstructive urinary stones lodged near the bladder neck^[1].

The operative corridor, anatomical relationships, patient positioning, and palpatory landmarks described by *Sushruta* closely match the modern perineal approach used in prostate surgeries. This study aims to analyze *Sushruta's* procedure to show that Ayurveda contains the earliest documented description of prostate-region surgery, functionally similar to partial prostatectomy.

METHODS

This conceptual and textual analysis is based on:

Primary Ayurvedic sources

- *Sushruta Samhita- Cikitsasthana (Ashmari Chikitsa)*.^[3]
- *Sushruta Samhita- Nidana sthana* for pelvic anatomy.^[4]
- *Charaka Samhita* and *Aṣṭanga Hridaya* for *Mutraghata* and pelvic disorders.

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<https://doi.org/10.47070/ijapr.v13i11.3924>

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Modern anatomical and surgical texts

Focusing on

- Prostate anatomy
- Perineal prostatectomy
- Pelvic and perineal surgical planes

Comparative hermeneutic method

To correlate *Sushruta's* surgical language with modern anatomical terminology.

No clinical experimentation was performed.

RESULTS

1. *Sushruta's Shloka* on Perineal Access to the Bladder-Neck Region^[3]

The following passage from *Sushruta Samhita, Ashmari Chikitsa* describes the operative technique:

“अथ रोगान्वितमुपस्निग्धम्... यथा ग्रन्थिरिवोन्नतं शल्यं भवति॥

स चेद्गृहीतशल्ये तु... निर्हर्तुं प्रयतेत वै।”

2. Interpretation of the *Shloka* in Relation to the Prostate Region³

(A) Patient Positioning

Sushruta places the patient:

उत्तानम् उन्नतकटीकम् संकुचितजानु

Exactly equivalent to the modern lithotomy position, used in perineal prostatectomy.

(B) Operative Corridor^[3,9,11]

Sushruta instructs:

“पायुमेद्गन्तरं आनीय”

Dissecting between anus and scrotum, the same median perineal raphe incision line used in modern perineal access.

(C) Reaching the Bladder Neck and Prostatic Region^[3]

The surgeon inserts the index and middle fingers into the anal canal, following “अनुसेवनी” (perineal raphe), and advances toward *Basti-mukha*, which anatomically correlates with:

- Bladder neck
- Prostatic urethra
- Inferior aspect of prostate

(D) Identification of a Glandular Mass^[3,6]

Sushruta states:

“ग्रन्थिरिवोन्नतं शल्यं भवति”

The obstructive structure felt is “like a glandular swelling” - an excellent description of:

- Enlarged prostate
- Median lobe obstruction
- Prostatic calculi

(E) Contraindications Based on Patient Reactions^[3]

Signs such as fainting, eye deviation, limp head, etc., match vasovagal collapse, a known complication during deep perineal manipulation^[6].

3. Correlation with Modern Prostatectomy

Comparison with modern perineal prostatectomy (Young's technique)^[8] shows:

- Same patient position
- Same incision line
- Same surgical corridor between anus and scrotum
- Same anatomical target (bladder neck / prostatic urethra)
- Same tactile identification of obstructive mass

Thus, *Sushruta's* surgery qualifies as proto-prostatectomy.

DISCUSSION

1. Anatomical Knowledge of the Prostate in Ayurveda

Although Ayurveda does not name the “prostate” as a distinct gland, *Sushruta* clearly demonstrates:

- Awareness of a glandular structure between bladder and rectum (matching prostate anatomy)
- Symptoms identical to modern BPH: Hesitancy, dribbling, retention, suprapubic pain.
- An operative technique that requires incising or traversing the prostate region.

This shows that ancient Indian surgeons possessed both anatomical and surgical understanding of the organ now called the prostate.

2. *Sushruta's* Perineal Lithotomy as an Early Prostate Surgery^[3]

Sushruta's method can be interpreted as:

- Perineal approach to the prostate
- Manipulation of prostatic urethra
- Possible incision into prostatic tissue to remove impacted stone.
- Functional decompression similar to prostatectomy.

Therefore, it is historically accurate to state that Ayurveda describes the earliest perineal prostate surgery.

3. Ayurvedic Concepts Supporting Prostate Pathology^[1,2,5]

Conditions like:

- *Vātāsthīla*
- *Āsthīla*
- *Mutraghāta*

Show remarkable resemblance to:

- Prostatic enlargement
- Prostatic obstruction
- Urinary retention due to prostate hypertrophy

These conceptual similarities strengthen the argument.

4. Integrative Surgical Relevance

Ayurveda offers valuable perioperative principles:

- Pre-operative *Snehana*, *Swedana*, *Vata*-pacification.
- Intra-operative positioning identical to modern practice.
- Post-operative *Rasayana* and urinary tonics like *Gokshura*, *Punarnava*.
- *Basti* therapy after healing to restore *Apana Vata*.

These correlate well with modern enhanced recovery protocols.

CONCLUSION

The perineal surgical technique described in *Sushruta Samhita*, *Ashmari Chikitsa* provides strong textual and anatomical evidence that ancient Ayurveda possessed a procedure analogous to modern perineal prostatectomy. The operative approach, anatomical route, position, and palpatory findings all correspond directly to surgery performed on the prostate region.

Thus, Ayurveda can rightfully be regarded as the earliest documented system to describe prostate-region surgery, centuries before the prostate was formally named in Western medicine. This establishes a significant historical link between classical Ayurvedic surgical science and modern urology.

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Cite this article as:

Pramit Kumar Meher, Vinod Kumar, Shyam Sundar Gupta. Prostatectomy in Ayurveda: A Conceptual and Surgical Review Based on Sushruta's Perineal Approach in Ashmari Chikitsa. *International Journal of Ayurveda and Pharma Research*. 2025;13(11):75-77.

<https://doi.org/10.47070/ijapr.v13i11.3924>

Source of support: Nil, Conflict of interest: None Declared

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