Recent advances in *Raktamokshana* w.s.r. to modification in *Shastra* used for *Raktamokshana*

Available online at www.hjhs.co.in

REVIEW ARTICLE

Anuruddh Gupta*,a, Meenakshi Vermab, Amita Chaturvedic

- *, a Assistant Professor, Department of Shalya Tantra, Naiminath Ayurvedic medical College hospital & Research center Agra U.P., India.
 - ^b Assistant Professor, Department of Kayachikitsa, R.K. Ayurvedic College and Hospital, Azamgarh, U.P., India.
- ^c Principal / Suprintendent Sardar Patel Institute of Ayurvedic Medical Sciences and Research Centre, Lucknow, India.

DOI 10.22270/hjhs.v5i3.76

ABSTRACT

Raktaja roga. It is considered as the important and prime process of blood detoxification. It is derived from two words ie; 'Rakt' which means blood & 'Mokshana' which means leave. So the meaning of Raktamokshana is to let the blood out. The blood is expelled out from the body to reduce the toxic substances and this process helps in Raktaja vikara. The process of Raktamokshana can be traced back to the Vedic period only and not beyond that. Sushruta, father of Indian surgery, has given all the information regarding bloodletting in detail in his treatise, "Sushruta Samhita". Sira Vedhan, Sringa Avacharana, Alabu Aavacharana, Jalauka Avacharana, Pracchanna Karma, Ghati Yantra Avacharana and Suchi Avacharana are approaches utilized for blood detoxification. Bloodletting as a method of treatment is indicated in gouty arthritis, filariasis, herpes, tumors, various skin disorders, genital infections, abscess, inflammatory condition, cellulitis, painful ulcers, chronic ulcers resulting from snake bite, etc.

Keywords: Ayurveda, *Raktamokshana*, *Raktaja Vikara*, Bloodletting

1. Introduction

Bloodletting is an effective and safe remedy for Shonitashraya Vyadhi and also indicated for healthy persons to maintain their healthy status. Sushruta Samhita emphasized details practical guidelines for bloodletting which alone itself considered as Ardha chikitsa. (1) Various methods are employed for bloodletting such as; Shringa, Jalouka, Alabu, Prachhana and Siravyadha. (2,3) Jalaukavacharana and Siravyadha are more in practice due to their simplicity & ease of access. In rural area, this method of bloodletting is still practiced in case of snake bite. (4) Today is the era of integrative health care hence everywhere there is an integrative approach is used to treat the many ailments. Now a day's modification in the classical method of Raktamokshana was needed in order to gain its lost glory. (5,6)

Tools used for bloodletting (7-9)

Without using Shastra (Minimal Invasive):

- Shring or Horn: By sucking action
- *Alabu* or Gourd or cupping by vacuum action
- Jalaukavacharana or Leech therapy

With Shastra (Invasive):

- *Pracchana* (Scraping)
- Siravedha or venepuncture

Specific Indications of *Raktamokshana* (7,8)

- Kushtha
- Visarpa
- Kampa
- Asrigdara
- Gudapaka
- Medhrapaka
- Mukhapak

- Gulma
- Svarakshaya

Contraindications of Raktamokshana

- Sarvangashopha
- Ksheena
- Amlabhojana nimitta
- Pandu
- Udara
- Garbhini

Advantages of Raktamokshana

- Easy availability
- Easy to apply
- Lack of complications
- Painless procedure

Effect of Saliva of Leech on Human Body

- Blood clot is removed
- Local circulation is improved
- Venous return is increased
- Speed up the reparative process

Siravyadhana

It is technique of bloodletting by prick in the peripheral veins it increases superficial venous pressure and puncturing. The technique involves utilization of tubular structure with sharp pointed prick attached syringe for suction purpose.

Procedure of Siravyadhana

- Patient is allows to sit in comfortable position on examination table.
- Application of tourniquet proximal to site of *Siravyadhana*.
- Vein is made prominent by flicking the vein by index finger.
- Engorged vein is made fix by skin traction, sterile 18 gauge needle is slowly introduced in to lumen of vein at an angle 15 degree from skin surface with bevel end facing the upwards and allow the blood to flow into a kidney tray.
- Monitor the vitals of patient with pulse oxy meter and flow of blood.
- Wait till blood flow stops.
- When bleeding stops, removal of needle followed by sterile cotton pad application and compression bandaging is done.
- Foot end elevation is advised.
- Rest for 10-15 min is given and vitals are monitored.
- Drava and Ghrita Pradhana ahara is advised.

Cupping therapy

Cupping therapy is an ancient form of alternative medicine in which a therapist puts special cups on skin for a few minutes to create suction (**Figure 1**). This therapy offers benefits in pain and inflammation.









Figure 1. Application of cupping therapy

in skin or scarifying as mentioned in **Figure 2**. *Prachchana* is performed as a treatment modality to irrigate the vitiated blood and is usually adopted as a *Sthanika chikitsa*. Superficial incisions from above to downwards

direction (*Anulom Gati*) in vertical fashion are given on the affected part after *Snehan* and *Swedana*. It is indicated when there is any thick lesion on the skin, after snake bite & tumors etc.





Figure 2. Procedure of Prachchana

Modification in *Shringayantra* for *Raktamokshana* Purpose

Sushruta explained method of Shringavacharana by manual method i.e. blood should be sucked by mouth of physician. After scratching the site bloodletting should be done by means of the cow horn to which a piece of thin urinary bladder (of an animal) tied as a cover by a thread, till blood is sucked out by manual mouth suction.

This procedure involves many drawbacks which are as follows:

- Sucking of blood by mouth is not suitable nowadays due to awareness of various infections like HIV, Hepatitis B, Venereal disorders etc. this is the main cause by which physician agonizing from Shringavacharana method in their surgical practice.
- Suction of blood by mouth is a dexterous procedure, regarding establishment and maintenance of human mouth aspiration pressure during *Shringavacharana*.
- Human mouth aspiration pressure is varies from person to person so the successes & outcome of procedure gets alter accordingly.
- The *Shringa* of cow is a biological element; it leads to putrefy as come

contact with blood, so chances of infections increase accordingly. The sterilization of particular *Shringa* is doubtful.

As mentioned above it is clear that traditional ways should be alter accordingly to overcome various problems associated with ancient technique without change in principle of Ayurveda. Considering this present article suggested following modification in *Shringayantra*

Modifications to classics (without changing in principles)

- Mouth aspiration should be replaced with mechanical aspiration
- Aspiration force measurable device (meter gauge) should be attached.
- Constant aspiration force needs to be maintained.

Discussion

To counter the obstacles of classic technique some modifications were suggested including uses of instruments. Two instruments were suggested in this study (**Figure 3**); one is modified *Shringa* instrument and the other one is optic fiber instrument.





Figure 3. Instrument for modified Shringavacharana technique

Conclusion

Raktamokshana is gaining popularity in Ayurvedic surgical practice and there was a need to popularize Shringa method bloodletting, in this regard the two instruments were proposed. These two special instrument works on basic principle of bloodletting. The alter instrumentation of Shringayantra is an acceptable form without changing the basic principle of classical Shringavacharana method. The modified Shringa instrument and optic fiber instrument help to suck the blood by means of negative pressure where the latter has more advantages than modified Shringa. These instruments are best acceptable form for all Avurvedic physicians, which can be practiced at OPD level also. The instruments are used in clinical research Vicharchika on encouraging results. Both instruments have easy access, patients and physicians friendly qualities and can be considered as standardize form for bloodletting by Shringa method.

Acknowledgements

I would like to express my gratitude to Himalayan Journal of Health Sciences who gave me the opportunity to publish the article.

Financial Disclosure statement: The author received no specific funding for this work.

Conflict of Interest

The authors declare that there is no conflict of interest regarding the publication of this article.

References

- Parikharasiklala J., editor. Madhava, Madhava Nidana with madhukosha, Adhyaya. Vol. 49. Ahmadabad; 2003.
- 2. Acharya vidhyadhara sukla Roga nidana evam vikriti vigyana. 1st edition. chukmbha publication.
- 3. Kaviraj ambikadutta shastri Susruta Samhita Sutra Sthana. 1st edition Shonitavarnaniya Adhyaya. 14:24.
- 4. Vagbhata. Astanga Sangraha. Text with English Translation. 1st Ed. Varanasi: Chaukambha Visvabharati. 2006; 474-9.
- Sushruta, Sushruta Samhita, Text with English Translation & Notes, Sutra Sthana. 1st Ed. Varanasi: Chaukambha Visvabharati. 2004; 134-42.
- 6. Vagbhata. Astanga Sangraha. Text with English Translation. 1st Ed. Varanasi: Chaukambha Visyabharati. 2006: 474-9.
- 7. Kaviraj ambikadutta shastri. edition 2nd. Varanasi: chaukhmbha sanskrita samsthan. Susruta Samhita Sutra Sthana Jalaukavacharniya Adhyaya. 2008; 13:4.
- 8. Sushruta. Sushruta Samhita. Text with English Translation & Notes, Sutra Sthana. 1st Ed. Varanasi: Chaukambha Visvabharati. 2004; 134-42.
- 9. Porshinsky BS, Saha S, Grossman MD, Beery II PR, Stawicki SP. Clinical uses of the medicinal leech: A practical review. J Postgrad Med. 2011; 57:65-71.