RAKTA STAMBHANOPAYAS IN SHALYA VYADHIS

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ABSTRACT

Rakta is an important constituent as it is considered as jeevana. It has the potential for pranadharana and major role in development of various organs. Hence it should be protected by all means. Atyadhika raktasrava may become fatal, hence rakta stambhana upayas should be adopted. In Ayurveda chaturvıda rakta stambhana upayas is explained. Certain shalya vyadhis like agantujavran, raktaja arshas, raktasrava is seen. A review of literature in this regard has been taken up in this article.

KEYWORDS: Rakta stambhana upayas, shalya vyadhis.

INTRODUCTION

The word rakta means body constituent which is red in colour. It is considered as jeevans.¹ The word stambhana means to prevent mobility or block.² Rakta stambhana means to stop excess flow of fluid (rakta). Rudira is mula for deha, sharira is supported and maintained by rakta, so it should be protected by all efforts as rakta is jeeva.³ Rakta stambhana upayas has been detailed by acharya Sushrutha as.⁴

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In atı pravrutha rakta initially person should be treated with.⁵
- Sheetopachara
- Haritakyadi or panchavalkaladi kashaya.
- Pachana with bhasma

Rakta stambhana upayas has been detailed by acharya Sushrutha as.⁴

Dahana should be done by using shalaka if none of the above treatment work out. According to the condition proper method should be adopted for stambhana.

Treatment of rakta atipravrute⁶

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Raktasthambhanopya in Shalya Vyadhis

1. Agantuja vrana
   a. Bhinna vrana

In bhinna vrana there will be rakta pravruti from guda marga, mutra marga, and nasa marga. In bhinna koshta when there is atirakta srava, asrikena is indicated to prevent upadravas.

In bhinna vrana if there is rakta pravruti from guda marga then

Vidarigandhidiganaakashaya with draksha, grutha, madhu should be administered as a asthapana basti. Same above drugs along with grutha and ksheera boiled with these drugs is used as anuvasana basti. Priyangu, rodra, anjana, gairika, utpala, gairika, etc. dravyas all in equal parts made kalka mixed with grutha and sheeta jala administered as a niruha basti. After giving ksheera bhojana, anuvasana basti given with yasti madhu sadita grutha. If bleeding stops, and the person has gained bala then vanama should be given.

If rakta pravruti from mutra marga then Uttara basti is given with priyangu, rodhra, anjana, utpala, gairika, rakta chandana, etc. dravyas.

**rakta pravruti from nasa marga then raktapitta chikitsa should be adopted**

In udara beda when medo variti has come out kshara prepared from khashaya dravyas along with mrit should be filled in the variti and tied with thread. It is to cut above the ligated part with agni tapta shalaka and smeared with madhu. Bandhana should be done for vrana.

b. Chinna vrana

Seevana karma and gaada bandha should be done. Agni karma with ushna tailas also indicated. Taila prepared from chandana, padmaka, lodhra, utpala, priyangu, madhuka, haridra along ksheera can be used for ropana.

2. Sira marma vidha lakshana

When sira is injured there will be bleeding from the wound, the blood will resemble to indra gopa.

Treatment: Agni karma using sneha can be done and atisrava nirodha karmas should be adopted.

3. After siravyadhya karma if there is atirakta sravana then

charna of rodhra, madhu, priyangu, patanga, gairika, Sarja rasa, rasanjana, shalmalipushpa, shanka, shakti, masha, yava, godhuma should be sprinkled on the wound and pressed into the wound with the tip of fingers or powder of bark sala, arjuna arimeda meshashrungi, dhava & dhanvana; ash of kshauma, or powder of samudraphena & laksha may be sprinkled; Then bandana may be tied tightly using bandana dravya mentioned in su su.18th chapter The patient should be covered with moist cloth kept in a cold room treated with application of cold poultices & pouring liquids both in cold condition Or the area may be burnt either with the kshara or agni as described. Rakta pana of ena harina, aurabha, sasha, mahisha, varaha; ksheera bhojana is given.

4. After jalaukavcharana if atiraktsravana then

Pariseka with sheeta jala or khashaya dravyas. Pradeha with, madhura, snigdha sheeta dravyas. Dalhana mentions in atiyoga of jalaukavcharana seka with sheeta jala and bandhana with vastra is done to stop the bleeding.

5 In guda gata rakta arshas if there is atiraktsaravana then

Rakta pittavat chikitsa should be given.

**Haemorrhage**

Haemorrhage is a copious or heavy discharge of blood from the blood vessels. According to the source of haemorrhage it is classified into external and internal. Haemorrhage may be arterial, venous or capillary and based on time of time of appearance it is classified into primary, reactionary and secondary haemorrhage. As blood is a vital fluid. It must be protected by all measures. The volume of loss of blood depends on the type site and extent of injury. The methods to control haemorrhage in external injury are by pressure and packing, elevation, ligation of small vessel, suturing. Internally depending on the cause should be treated. Blood transfusion, laparotomy, suturing etc. Topical applications for local ooze like oxycel bone wax for oozing from bone. Local haemostatic agents like gelatin sponge helistat, floseal etc. In venous haemorrhage elevation, ligation of vein, suturing, pressure bandaging. Torniquet often used in OT for control of haemorrhage in limbs.

**DISCUSSION**

Rakta is important constituent for jeevana (sustainance of life). Loss of adhika rakta caused due to various conditions should be controlled as quickly as possible. So in our classics there is mentioning of rakta stambhana upayas. The four upayas are sandana, skandana pachana and dahan. Treatment of rakta atipravrutti also includes bhaya, abhyantara, and ahara. Bhaya chikitsa like gaadha bandha, kshara and agni karma etc have been indicated. Importance is also given for ahara where sheeta pradhana ahara and ksheera bhojana have been mentioned. In different types of agantuva vrana as there is rakta srava. Rakta stambhana karma have been explained. In adhobaha raktaipravrutti anuvasana and niruha basti can be given. In mutrashaya raktaipravrutti uttara basti is used for sthambana In nasa marga raktaipravrutti rakupitta chikista is adopted. In shasti upakramas different shonita shapana vidhi have been mentioned, where as kshara, agni and seevana karma mentioned as different means for controlling haemorrhage. Controll of bleeding in different haemorrhagic conditions should be done based on...
structure involved (arterial / venous / capillary) and stages of haemorrhage (primary/ reactionary/secondary haemorrhages)Emergency management of bleeding by tying a tourniquet, as a temporary measure for control of haemorrhage. Surgical procedures to control internal bleeding like sclerotherapy, electro coagulation, laser coagulation, haem clip application, can be applied in various haemorrhagic conditions. Bleeding in abdominal viscera can be managed by suturing in simple laceration, and ligating the bleeding vessels. In case of massive injuries removal of injured organ is the best way., (eg: splenectomy).

CONCLUSION

Raktastambhanopaya mentioned by our acharyas like sheetopachara, gaadabandhana, agnikarma, are similar to the hemostatic measures used now a days. our acharyas had a keen observation regarding the complications of raktati srava and the methods of raktastambhana mentioned in the samhitas are equally important when compared to the hemostatic measures used now. With advancement of medicine new inventions has been made in the form of topical hemostatic substances which are comparatively cheap and easy to use. During certain situations it will be difficult to decide whether the bleeding is arterial or venous. The distinction is no important The most important thing is to remember that all bleeding must be controlled as soon as possible.

REFERENCES