



## RAKTA STAMBHANOPAYAS IN SHALYA VYADHIS

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### ABSTRACT

*Rakta* is 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 *chaturvida raktastambhana upayas* is explained. Certain *shalya vyadhis* like *agantujavrana*, *raktaja arshas*, *raktasrava* is seen. A review of literature in this regard has been taken up in this article.

**KEYWORDS:** *Raktastambhana upayas*, *shalya vyadhis*.

### INTRODUCTION

The word *rakta* means body constituent which is red in colour. It is considered as *jeevana*,<sup>[1]</sup> The word *stambhana* means to prevent mobility or block.<sup>[2]</sup> *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*.<sup>[3]</sup>

*Rakta stambhana upayas* has been detailed by acharya sushruta as.<sup>[4]</sup>

Sl.no	Procedure	Modality	Dravyas used
1	<i>Sandhana karma</i>	<i>By Kashaya</i>	<i>Panchavalkaladi varga</i>
2	<i>Skandana karma</i>	<i>By hima</i>	<i>Sheeta dravyas</i>
3	<i>Pachana karma</i>	<i>By bhasma</i>	Prepared by burning <i>kshouma vastra</i>
4	<i>Dahana karma</i>	<i>By shalaka</i>	Causes <i>sirasankocha</i>

In *ati pravruta rakta* initially person should be treated with.<sup>[5]</sup>

- *Sheetopachara*
- *Haritakyadi* or *panchavalkaladi kashaya*.
- *Pachana* with *bhasma*

- *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 atipravrutti*<sup>[6]</sup>

Sl no.	Bahya Chikitsa	Abhyantara Chikitsa	Bhojana
1.	<i>Vrana mukha avachoorana</i>	<i>Kakolyadi kwatha</i>	<i>Yusha</i>
2.	<i>Angulya grena avapeedana</i>	<i>Rudhira pana (ena, urabhra shasha, mahisha, varaha)</i>	<i>Mamsa rasa</i>
3.	<i>Gada bandha</i>		<i>Ksheera bhojana</i>
4.	<i>Aachadana</i>		
5.	<i>Lepa</i>		
6.	<i>Pariseka</i>		
7.	<i>Kshara and agni karma</i>		
8.	<i>Atipravruttha siravyadha</i>		

## Raktasthambhanopya in Shalya Vyadhis

### 1. Agantuja vrana

#### a. Bhinna vrana

In *bhinna vrana* there will be *rakta pravrutti* from *guda marga*, *mutra marga*, and *nasa marga*.<sup>[7]</sup> In *bhinna koshta* when there is *atirakta srava*, *asrik pana* is indicated to prevent *upadravas*.

In *bhinna vrana* if there is *rakta pravrutti* from *guda marga* then

*Vidarigandhadigana kashaya* 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 *vamana* should be given.<sup>[8]</sup>

If *rakta pravrutti* from *mutra marga* then *Uttara basti* is given with *priyangu*, *rodhra*, *anjana*, *utpala*, *gairika*, *rakta chandana*, etc dravyas.<sup>[9]</sup>

#### **rakta pravrutti from nasa marga then raktapitta chikitsa should be adopted**<sup>[10]</sup>

In *udara beda* when *medo varti* has come out *kshara* prepared from *kashaya dravyas* along with *mrit* should be filled in the *varti* 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*.<sup>[11]</sup>

#### b. Chinna vrana

*Seevana karma* and *gaada bandha* should be done.<sup>[12]</sup> *Agni karma* with *ushna tailas* also indicated.<sup>[13]</sup> *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*.<sup>[14]</sup>

Treatment: *Agni karma* using *sneha* can be done and *atisrava nirodha karmas* should be adopted.<sup>[15]</sup>

**3. After siravyadha karma if there is atiraktasrava then** *churna* of *rodhra*, *madhu*, *priyangu*, *patanga*, *gairika*, *Sarja rasa*, *rasanjana*, *shalmalipushpa*, *shanka*, *shukti*, *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*, *aurabra*, *sasha*, *mahisha*, *varaha*; *ksheera bhojana* is given.<sup>[16]</sup>

#### **4. After jalaukavacharana if atiraktasrava then**

*Pariseka* with *sheeta jala* or *kashaya dravyas*. *Pradeha* with, *madhura*, *snigdha sheeta dravyas*. *Dalhana* mentions in *atiyoga of jalaukavacharana seka* with *sheeta jala* and *bandhana* with *vastra* is done to stop the bleeding.<sup>[17]</sup>

#### **5 In guda gata raktaja arshas if there is atiraktasrava then.**<sup>[18]</sup>

*Rakta pittavat chikitsa* should be given.

#### **Haemorrhage**

Haemorrhage is a copious or heavy discharge of blood from the blood vessels.<sup>[19]</sup> 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 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. Tourniquet often used in OT for control of haemorrhage in limbs.<sup>[20]</sup>

#### **DISCUSSION**

*Rakta* is important constituent for *jeevana* (sustenance of life). Loss of *adhika rakta* caused due to various condition 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 *dahana*. Treatment of *rakta atipravrutti* also includes *bhaya*, *abhyantara*, and *ahara*. *Bahya 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 *agantuja vrana* as there is *rakta srava*. *Rakta stambhana karma* have been explained. In *adhobaga raktatipravrutti anuvasana* and *niruha basti* can be given. In *mutrashaya raktatipravrutti uttara basti* is used for *stambhana*. In *nasa marga raktatipravrutti raktapitta chikitsa* is adopted. In *shasti upakramas* different *shonita sthapana vidhi* have been mentioned, where as *kshara*, *agni* and *seevana karma* mentioned as different means for controlling haemorrhage. Control 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: spleenectomy).

## CONCLUSION

*Raktastambanopaya* 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.

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