

RAKTAMOKSHAN [BLOODLETTING] IN ACUTE APPENDICITIS AND APPENDICULAR LUMP

¹Wasnik Sumedh Vyankatesh, ²Bhujbal Annasaheb Ashok, ³Dhalape Rupali Suhas,
⁴Naik Tanuja Marot rao

¹Professor & Head, Department of shalyatantra,PMT's Ayurved College, Shevgaon,Dist. Ahmednagar 414502 Maharashtra State, India

²Associate professor,Department of shalyatantra,PMT's Ayurved College, Shevgaon,Dist. Ahmednagar 414502 Maharashtra State, India

³Assistant Professor,Department of shalyatantra,PMT's Ayurved College, Shevgaon,Dist. Ahmednagar 414502,Maharashtra State, India

⁴P.G. Scholar,Department of Dravyaguna,PMT's Ayurved College, Shevgaon,Dist. Ahmednagar 414502,Maharashtra State, India

ABSTRACT :

Raktamokshan [bloodletting] has been an important para surgical therapy since ancient era. *Acharya Sushrut*, the father of surgery has given extreme importance to *Rakta Dhatu* and its specialised treatment i.e. *Raktamoshan* which is mainly indicated in inflammatory medico-surgical conditions. It is also considered to be half treatment in ayurvedic surgical science. Over the years, it is being successfully practised in both acute and chronic cases. In certain surgical diseases, it gives instant dramatic results.

Key words: *raktamokshan, siravedh, appendicitis, appendectomy,*

INTRODUCTION: Appendicitis is inflammation of the appendix. Appendicitis commonly presents with complaints of pain in right iliac fossa, nausea, vomiting and decreased appetite. However, one third to a half of persons do not have these typical signs and symptoms. Acute appendicitis is typically managed by surgery. However, in uncomplicated cases antibiotics are effective and safe. While antibiotics are effective for treating uncomplicated appendicitis, 20% of people had a recurrence within a year and required eventual appendectomy. Acute appendicitis is typically managed by surgery. However, in uncomplicated cases antibiotics are effective and safe in people with inflammatory bowel disease such as Crohn's disease or ulcerative colitis who present with appendicitis, surgical intervention is contraindicated, as the normal healing response following surgery

is impaired by the underlying disease process, and the patients form non healing fistulas, sinus tracts and enteric leakage. In such scenarios, the underlying disease process must be treated medically as opposed to surgically.

In surgically contra indicated patients, apart from routine treatment, an alternative, safe and effective therapy is needed. *Raktamoshan* [*siravedh*] can be considered and applied to overcome the said problem.

Raktamoshan [bloodletting] a very effective parasurgical treatment is being practised since ancient time in every system of medicine. In Ayurveda, *Raktamokshan/Siravedh* is believed to be half treatment, as per as inflammatory medico-surgical diseases are concerned¹. This is how the therapy is given importance by *Acharya Sushrut*, the great ancient Indian surgeon. *Raktamokshan*

reduces all inflammatory symptoms & signs effectively hence it should be practised in both acute and chronic stages as advocated by various Acharyas [legendary teachers] of Ayurveda².

Appendicitis is a medical emergency that requires prompt surgery to remove the appendix. Left untreated, an inflamed appendix will eventually burst, or perforate, spilling infectious materials into the abdominal cavity. This can lead to peritonitis, a serious inflammation of the abdominal cavity's lining (the peritoneum) that can be fatal unless it is treated quickly with strong antibiotics^{5,6}.

There are certain indications and contra indications for surgical interference. If the patient comes within 48 hours in acute attack, he should be operated immediately. If he is brought after 48 hours, then as a part of defence mechanism to prevent spread of infection, greater omentum [police man of abdomen], coils of intestines come in right iliac fossa to surround inflamed appendix to form appendicular lump. In this condition, technically operative procedure is difficult, as there are chances to get trauma to surrounding structures. Hence operation is postponed till appendicular lump gets resolved or till six weeks. Mean while the patient is admitted in hospital and kept on OCHSNER SHERREN Regime [nil by mouth, Ryle's tube aspiration, intra venous fluids, injectable antibiotics, anti inflammatory, antacids, anti emetic drugs, bed rest]³

If appendicitis is associated with inflammatory bowel diseases, immune compromised patients, malignancies in abdomen and generalised metabolic conditions, then it is customary to treat associated/underlined disease first before posting for surgery. So in this situation,

again patient is put on OCHSNER SHERREN Regime. In both situations, patient does not get satisfactory symptomatic relief, many times the condition gets worse⁴.

Its need of time to have better safe and effective therapy to reduce or minimise inflammatory symptoms & signs of acute appendicitis where surgical procedure is postponed or contra indicated. With literary quotations and practical experiences, we tried bloodletting [*siravedh*] in such patients which showed very satisfactory and encouraging results.

CASE REPORT:

A 36 years adult male patient brought to us with Right sided lower abdominal pain, nausea & vomiting, anorexia, moderate fever since 3 days. Initially; he was treated with local family physician, but could get relief, so he was referred to us for further surgical management.

He was admitted in male surgical ward. His blood reports were normal except low haemoglobin, leucocytosis. Urine analysis showed few RBCs, Pus cells. USG Impression was a poor visualised 9 mm blind ended single tubular structure of 5mm diameter surrounded by omentum and few intestinals coils.

General examination revealed moderate general condition, cooperative, thin build, under nourished, pale, conscious, oriented, anxious, febrile, toxic, tachycardia, tachyapnoea, blood pressure normal.

Systemic examination is apparently normal.

Local examination revealed tenderness at Mac Burney's point, rebound tenderness present, Psoas & Baldwin sign positive, a palpable mass in right iliac foss [appendicular lump] felt.

On the basis of history, clinical findings and investigations, we decided to keep the patient on OCHSNER SHERREN Regime, but he was not getting satisfactory relief in spite of above treatment. then we performed *raktamoshan* [bloodletting] by *siravedh* [puncturing the blood vessel to evacuate impure blood] by selecting the well visualised big superficial vein of dorsum of right foot near ankle joint. The vessel was punctured by scalp vein number 20. Near about 60 ml bloodletting was done. Surprisingly, he felt better, Pain and fever came down, feeling quite comfortable, toxicity reduced. The therapy was continued initially for three days and after every two day for three days. This gave very effective and encouraging results. After 8 weeks, he was posted for elective appendectomy.

DISCUSSION:

Raktamokshan [bloodletting] has been an important parasurgical as well as alternative therapy for various medico-surgical disorders being practised in almost every culture and era in the world. In surgical practice, we usually come across with a situation where operative procedure is contraindicated owing to certain reasons, in such cases, we have to have a safe, easily available, result oriented alternative therapy. *Raktamoshan/siravedha* can be a better answer and option.

CONCLUSION: In this case, owing to contraindicated surgical procedure, we started OCHSNER SHERREN Regime, but the patient was not getting satisfactory results, so we did Raktamoshan and surprisingly got very encouraging results.

Subsequently, we followed the same management in many patients and got fruitful results.

REFERENCES

1. Kaviraj atridev gupta and Vaidy yadunandan upadhyaya ,Astanga hridaya - 12th Edition, publisher choukhamba Sanskrit sanstan,Varanasi 1997.
2. Kaviraj Ambikadatta shastri, Sushrut Samhita part 1st, sharirasthan 8/23, 11th edition, publisher choukhamba Sanskrit sanstan,Varanasi 1997, page no- 67.
3. Kaviraj Ambikadatta shastri, Sushrut Samhita part 1st chikitsasthan 1/27, 11th edition, publisher choukhamba Sanskrit sanstan,Varanasi 1997, page no- 6.
4. Bailey & Love's short practise of surgery, 24th edition publisher-international students, page no 1216
5. K. Rajgopal Shenoy & Anita Nileshwar, Manipal manual of surgery third edition, publisher - CBS Publishers & Distributors pvt Ltd page no 672
6. www.wikipedia.com
7. www.medinews.com

Corresponding Author:

DR.Wasnik Sumedh Vyankatesh, Professor & Head,Department of shalyatantra,PMT's Ayurved College, Shevgaon,Dist. Ahmednagar 414502 Maharashtra State, India
Email:drsumedh.wasnik14@gmail.com

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