



CRITICAL STUDY OF RAKTAMOKSHANA W.S.R. TO CHARAKA SAMHITA

Rambabu T¹ Sandhya B² Pushpawati Chaudhari³ Ravi Kumar Gupta⁴ Vidyannath R⁵

^{1,2,3,4.} P.G. Scholars Dr. B.R.K.R. Govt. Ayurvedic College, Hyderabad – 500038

^{5.} P.G. Professor, Ayurveda Samhita, Dr. B.R.K.R. Govt. Ayurvedic College, Hyderabad.

ABSTRACT

Lord *Dhanvantari*, an incarnation of Vishnu, the promulgator of *Ayurveda* holds leech in his hand indicating the importance of leech therapy in the field of medical practice. The practice of *Raktamokshana* can be traced back from *Vedic* period and the references related to bloodletting by means of leech application are available in the *Kousika sutra* of *Adharvana Veda*. The extraction of blood for the cure of many disorders was in practice since antiquity until the late 19th century. Hippocrates was also reported that bloodletting was in practice in Greece during the fifth century B.C. It was used to "treat" a wide range of diseases, becoming a standard treatment for almost every ailment, and was practiced prophylactically as well as therapeutically. A British medical text recommended bloodletting for acne, asthma, cancer, cholera, coma, convulsions, diabetes, epilepsy, gangrene, gout, herpes, indigestion, insanity, jaundice, leprosy, ophthalmic conditions, stroke and the other one hundred diseases also infers the importance of Hirudotherapy in the medical practice. Though Charaka has not incorporated *Raktamokshana* (bloodletting) in the group of *Panchakarma*, mentioning of more than 30 references of *Raktamokshana* for the management of *Jwara* (fever), *Gulma* (abdominal tumor), *Kushta* (skin disorders), *Arshas* (piles), *Visarpa* (herpes) and *Vatarakta* (gout) etc. suggests the comprehensive knowledge about bloodletting therapy. The details of the historical perspective as well as the references related to *Raktamokshana* in *Charaka Samhita* are discussed in this article.

Key Words: *Raktamokshana*, *Bloodletting*, *Charaka Samhita*

INTRODUCTION: The word 'Pancha' refers to the number five and the 'Karma' refers to the therapy. The term 'Panchakarma' means five therapeutic procedures that brings about homeostasis. According to *Charaka* school of thought *Vamana* (emesis), *Virechana* (purgation), *Asthapanavasti* (enema therapy with decoctions), *Anuvasanavasti* (enema therapy with oils) and *Nasya* (nasal administration) come under the category of *Panchakarma* treatment modalities^[1].

Though Charaka has not incorporated *Raktamokshana* (bloodletting) in the group of *Panchakarma*, mentioning of more than 30 references of *Raktamokshana* for the management of various disease conditions related to different branches of *Ayurveda* suggests that he is having a comprehensive knowledge about bloodletting therapy also.

Historical Aspects of Raktamokshana:

Lord *Dhanvantari*, an incarnation of Vishnu, the promulgator of *Ayurveda* holds leech in his hand indicating the importance of leech therapy in the field of medical practice. The practice of *Raktamokshana* can be traced back from *Vedic* period and the references related to bloodletting by means of leech application are available in *Kousika sutra* of *Adharvana Veda*^[2].

History reveals that around five thousands of years ago, one will find mention of the principles of *Panchakarma* therapeutic procedures. By gone through the historical works, it is observed that physicians of Greek, Egypt, Mesopotamia, Persia and South America, due to different reasons, were using various methods of *Panchakarma* therapies^[3].

The extraction of blood for the cure of many disorders was the most common medical practice performed by physicians from antiquity until the late 19th century. In the good olden days, the physicians believed that for treating hypertension, bloodletting could sometimes have had a beneficial effect by reducing blood volume. Bloodletting is having been practiced among ancient peoples including the Mesopotamians, the Egyptians, and the Greeks. Hippocrates also reported that bloodletting was in practice in Greece during the fifth century B.C. ^[4]. Cupping and bleeding instruments noticed on the votive tablet from the temple of Asclepius at Athens reveals the practice of phlebotomy since antiquity.

votivetab,representing cupping and bleeding instruments from temple of asclepius at athens in centre is represented a folding case containing scalpels of various forms on either side are cupping vessels.⁵



Greeks might have been passed the



phlebotomy techniques to the Islamic medical professionals and they advised, particularly for fevers^[6].

Bloodletting was used to "treat" a wide range of diseases, becoming a standard treatment for almost every ailment, and was practiced prophylactically as well as therapeutically.

A British medical text recommended bloodletting for acne, asthma, cancer, cholera, coma, convulsions, diabetes, epilepsy, gangrene, gout, herpes, indigestion, insanity, jaundice, leprosy, ophthalmic conditions, plague, pneumonia, scurvy, smallpox, stroke, tetanus,

tuberculosis, and for some one hundred other diseases^[7].

AIMS AND OBJECTIVES:

- To reveal the historical aspects of *Raktamokshana* since antiquity.
- To do analytical study and document the details of *Raktamokshana* mentioned in Charaka Samhita.

MATERIAL AND METHODS:

After a thorough consultation of Charaka Samhita, Ancient Historical works along with e-journals; the subject matter related to *Raktamokshana* was compiled and critically analyzed to achieve the aims and objectives of the study.

OBSERVATIONS:

On critical study of Charaka Samhita, a number of references related to *Raktamokshana* are noticed as under.

Jwara (Fever):

1. *Karnamoola Sodha* (inflammation near the root of the ear) as a consequence of *Sannipatajwara* *Raktavasechana* by incising the vein nearer to the ear (Ch. S. Chi. 3/288)
2. *SakhanusariJwara*.....*Raktavasechana* by incising the vein in the arm (Ch. S. Chi. 3/289)
3. *Abhigatatajwara*...*Raktavasechana* (Ch. S. Chi. 3/319)

Gulma (Abdominal tumor):

4. If *Gulma* doesn't cure by medicines, it is inferred that the vitiation of the blood is the cause and should be managed by means of *Raktavasechana* with the help of *Sringa* (horn) etc. Bloodletting can also be done by *Bahu Siravedhana* i.e. incising the vein in the arm (Ch. S. Chi. 5/32).
5. If *Gulma* is associated with the complications like *Trishna* (thirst), *Jwara*(fever), *Paridaha*(excessive burning sensation), *Soola*(colic), *Sweda*(sweating),

Agnimardava (decreased digestive power) and *Aruchi*(anorexia); it should be managed by means of *Raktavasechana* (Ch. S. Chi. 5/36).

6. In case of *Kaphaja Gulma*, *Raktamokshana* is suggested by means of *Ghatiyantra*. In this context, the author had also explained the method of application of *Ghatiyantra* in a lucid manner (Ch. S. Chi. 5/137 - 141).

Kushta:

7. For the management of *Pittaja Kushta*... *Raktamokshana* is advised. It is further quoted that in case of *Alpa Dosha* (less acute stage), bloodletting should be done by means of *Pracchana* (rubbing with a coarse device) and in case of *Bahu Dosha* (more acute stage) by means of *Siravedhana* (Venesection) - (Ch. S. Chi. 7/40).

8. The equipment and instruments useful for bloodletting therapy in the context of *Kushta Chikitsa* is suggested by Charaka as.... *Kurcha Sastra*, *Sringa*, *Alabu*, *Jalouka*(Ch. S. Chi. 7/50-52).

9. *Raktamokshana* is also indicated for the management of *Switra* (leucoderma) - (Ch. S. Chi. 7/172).

Rajayakshma (Wasting condition):

10. For the management of the symptoms of *Rajayakshma* such as *Sirahsoola* (headache) and *Parswasoola* (pain in the flanks) bloodletting therapy by means of *Sringa*, *Alabu*, *Jalouka* or *Siravedhana* is suggested by Acharya Charaka(Ch. S. Chi. 8/82).

Unmada (Insanity):

11. For the management of *Unmada*, *Vishamajwara* and *Apasmara* (epilepsy) bloodletting is to be conducted at *Sankha-kesanta Sandhi* (joint of hairline and temporal region) - (Ch. S. Chi. 9/77).

Swayadhu (Oedema):

12. For the management of *Galaganda* (goiter) and *Gandamala* (cervical adenitis) *Siravedhana* is advised (Ch. S. Chi. 12/80).

13. Bloodletting therapy by means of Venesection is suggested for the management of *Alaji*, *Charmanakhantara* *Sodha* (whitlow) and *Vidarika* (inguinal and axillary lymphadenitis) (Ch. S. Chi. 12/89).

14. *Jalagardabha* is to be treated by means of *Raktamokshana* (Ch. S. Chi. 12/100).

Udara (Abdominal disorder):

15. *Vama-Bahu Siravedhana* (Venesection in the left arm) is indicated in *Yakritodara* and *Pleehodara* (enlargement of liver & spleen) - (Ch. S. Chi. 13/77).

Arshas (Hemorrhoids):

16. In case of *Raktarshas* (bleeding piles), *Raktamokshana* is to be conducted by means of *Jalouka Prayoga* (leech application), *Sastram* (sharp instruments), *Suchi* (needles) etc. (Ch. S. Chi. 14/61).

Grahani (Dysentery):

17. *Siravedhana* is indicated in *Atyagni* (increased digestive power) - (Ch. S. Chi. 15/226).

Visarpa (Erysipelas):

18. In case of *Visarpa*, if the vitiated *Doshas* in the state of *Ama* are lodged in *Pittasthana*, it is advised to conduct bloodletting. (Ch. S. Chi. 21/45).

19. If the blood is vitiated in the periphery and cause *Visarpa* – *Raktamokshana* is indicated.

In case of vitiated blood is associated either with *Vata*, *Pitta* or *Kapha*; it should be extracted by means of *Vishana* (horn), *Jalouka* (leech) or *Alabu* (gourd) respectively. (Ch. S. Chi. 21/68-69).

20. If *Grandhi Visarpa* is dominated by *Rakta* and *Pitta*, it should be treated

by bloodletting therapy. (Ch. S. Chi. 21/119).

Visha (Poisoning):

21. When poison is spreading from the place of bite, after sucking the poison – bloodletting should be conducted by means of *Pracchana*, *Sringa*, *Jalouka* and *Siravedhana*. (Ch. S. Chi. 23/39).

Dwivraniya (2 Types of Ulcers):

22. *Raktavasechana* (Ch. S. Chi. 25/38).

23. In the premonitory state of *Vrana*, to arrest the further progress of the disease, *Raktavasechana* is indicated (Ch. S. Chi. 25/44).

Trimarmiya (3 Vital Organs):

24. In case of the remaining types of headaches, bloodletting is indicated (Ch. S. Chi. 26/81).

25. *Siravedhana* is also indicated in *Mukhapaka* (stomatitis) (Ch. S. Chi. 26/204).

26. For the management of *Pittaja Swarabheda* (hoarseness of voice), *Siravedhana* is indicated (Ch. S. Chi. 26/289).

Vatavyadhi (neurological disorders):

27. When *Raktagata* *Vata* vitiates, *Raktamokshana* is advised (Ch. S. Chi. 28/92).

Vatarakta (Gout):

28. If the aggravated *Vata* is located in the periphery bloodletting should be done by means of *Sringa*, *Jalouka*, *Alabu* and *Suchi*. (Ch. S. Chi. 29/36-38)

29. *Siravedhana* is indicated in *Vatarakta* when it is associated with *Raga* (redness), *Ruja* (pain) and *Daha* (burning sensation) - (Ch. S. Chi. 29/131)

Yonivyapath Chikitsa (Treatment of Gyneac disorders):

30. If the impotency is caused by *Dhwajabhangha* (morbidity of the phallus), *Raktamokshana* is advised (Ch. S. Chi. 30/200).

Trimarmiya Siddhi:

31. For the management of *Anantavata – Siravedhana* is indicated (Ch. S. Si. 9/85)

DISCUSSION & CONCLUSION:

यदिहास्ति तदन्यत्र यन्नेहास्ति न तत्त्वं

- Ch. S. Si. 12/54

- “Whatever is mentioned in this work is available elsewhere and things not mentioned here are not to be found anywhere else.” This statement of *Agnivesa* is very much true.
- It is evident that *Acharya Charaka* has a definite idea about the stages and the management of different disease conditions and thus mentioned *Raktamokshana* at more than 30 places in his work and also quoted that the diseases which may not be cured by drugs should be treated by surgical or para-surgical measures.

• On critical study of *Charaka Samhita*, it is recognized that the author has incorporated various aspects of bloodletting therapy as under.

▪ Types of *Raktamokshana* - *Sringa, Jalouka, Alabu, Suchi, Siravedhana, Pracchana*

▪ Method of application of *Ghatiyantra*(Ch. S. Chi. 5/137-141)

▪ Instruments useful for *Raktamokshana-Kurcha Sastra*,(Ch. S. Chi. 7/50-52).

▪ Places of Venesection to be done –

○ *Karnamoola Siravedhana* (nearer the ear)- (Ch. S. Chi. 3/288),

○ *Bahu Siravedhana* (arm)- (Ch. S. Chi. 3/289; 5/32)

○ *Sankha-kesanta Sandhi* (joint of hairline & temporal region) - (Ch. S. Chi. 9/77)

○ *Vama-Bahu* (in the left arm) - (Ch. S. Chi. 13/77)

- The author has clearly stated that one must be cautious about his limitations while treating a patient other than his specialization and such cases should be referred to the concerned specialist^[8].

- Further in the context of *Gulma Chikitsa*, it is mentioned that the administration of alkalis' and cauterization is the specialty of *Dhanvantari* School i.e. school of surgeons. Hence for the administration of alkali therapy, services of physicians who are *Ksharatantra Vid* (proficient in the administration of alkalis') should be better utilized^[9].

- Though *Charaka Samhita* is considered to be primarily a work on *Kayachikitsa*, matter related to other branches has also been dealt in a comprehensive manner. However the author is very much clear about the views and ideas while dealing a patient other than his specialization. Hence, *Acharya Charaka* has never crossed his jurisdiction at any point of time, while documenting the medical knowledge in his compendium.

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Corresponding Author:

Dr. R. Vidyanath
M.D. (Ayu); Ph.D.
Professor & HOD,
Dept. of Ayurveda Samhita,
Dr. B.R.K.R. Govt. Ayurvedic College,
Hyderabad - 500038 India.
