

An Observational Study on the Therapeutic Application of Raktamokshana by Ayurvedic Practitioners in Pune City

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Abstract:

Background- Raktamokshana, a classical Ayurvedic therapeutic bloodletting procedure, is a vital part of Panchakarma used to treat various disorders caused by vitiated blood (Raktadushti). While its methods and benefits are well-documented in classical texts like Sushruta Samhita and Ashtanga Sangraha, there is limited documentation of its contemporary clinical application.

This observational study aimed to explore current practices of Raktamokshana among 50 Ayurvedic practitioners in Pune, India. Data were collected through a validated, questionnaire-based interview. Findings revealed that Jalaukavacharana (67.6%) and Siravedh (60.8%) are the most frequently used techniques, whereas traditional methods such as Shringa and Alabu are rarely practiced. The quantity of blood removed was customized according to the patient's condition, with practitioners adhering to classical Purvakarma (pre-procedure) and Paschatkarma (post-procedure) protocols, including specific dietary and medicinal regimens. Raktamokshana was predominantly employed for skin diseases (Kushtha), inflammatory conditions, and gynecological disorders. While practitioners demonstrated effective management of procedural complications (Vyapada) using Ayurvedic guidelines, the study observed limited integration of modern monitoring, such as vital sign checks and blood investigations. These findings highlight the ongoing reliance on traditional methods while emphasizing the need to incorporate modern safety measures and scientific validation to enhance the effectiveness and safety of Raktamokshana in current clinical practice.

Keywords: Raktamokshana, Ayurveda, Panchakarma, Bloodletting, Pune, Observational Study, Therapeutic Application

INTRODUCTION

Ayurveda, the ancient Indian system of medicine, offers a holistic approach to health and disease management. Among its core therapeutic modalities, Panchakarma, a set of five purificatory procedures, stands out for its profound cleansing and rejuvenating effects. One of the key components of Panchakarma is Raktamokshana, a therapeutic bloodletting technique designed to remove vitiated or impure blood from the body. Classical Ayurvedic texts, such as Sushruta Samhita and Ashtanga Sangraha, dedicate significant chapters to this therapy, highlighting its importance in treating a wide array of diseases, particularly those of blood origin (Raktapradoshaja Vyadhis).

Despite its classical significance, the modern application of Raktamokshana, including its practical procedures, indications, and outcomes, is not fully documented in a contemporary context. This study was undertaken to bridge this knowledge gap by observing and documenting the practices of 50 Ayurvedic practitioners in Pune, a city known for its strong presence of traditional Ayurvedic medicine. The objective was to understand how classical principles of Raktamokshana are applied in today's clinical

practice, including the types of procedures used, patient selection, pre- and post-procedural care, and perceived therapeutic outcomes.

METHODOLOGY

This was an observational, cross-sectional study conducted in Pune, India, involving 50 Ayurvedic practitioners selected uniformly from their clinics and Bharati Ayurved Hospital. The study utilized a questionnaire-based interview method to gather data on the practitioners' experiences and practices related to Raktamokshana. A newly developed questionnaire was validated by a panel of ten Ayurvedic experts to ensure its relevance and accuracy. The inclusion criteria for practitioners were not explicitly mentioned but were implied to be registered Ayurvedic doctors practicing Raktamokshana. Exclusion criteria were not detailed. The data collected was analyzed and interpreted to provide a comprehensive overview of the current practices.

OBSERVATIONS AND RESULTS

The study yielded a wealth of data on the practical aspects of Raktamokshana.

1. Distribution of Raktamokshana Types and Usage

The survey revealed a clear preference for certain types of Raktamokshana procedures over others. Jalaukavacharana (leech therapy) was the most used method, employed by 67.6% of practitioners. This was closely followed by Siravedh (venesection) at 60.8% and Pracchana (incisions) at 24%. Interestingly, the classical methods of Shrunga (horn) and Alabu (gourd) were rarely used, with usage rates of 0% and 0.4% respectively. A small percentage of practitioners (5.2%) also reported using cupping therapy, a modern adaptation.

2. Quantity of Blood Extracted

The amount of blood removed during the procedure varied significantly based on the technique. For Jalaukavacharana, practitioners used between 1 to 17 leeches at a time, resulting in a blood volume ranging from 10ml to 170ml. In Siravedh, the volume was considerably higher, between 30ml to 250ml, depending on the extent of the disease (Vyadhibala). For Pracchana, the quantity was small, typically around 5-10ml, and for cupping, it was about 10ml. This highlights that the quantity is not fixed but is determined by individual factors like Rugnabala (patient's strength), Vyadhibala (disease severity), and Vyadhiawastha (stage of the disease).

3. Pre- and Post-Procedural Care (Purvakarma and Paschatkarma)

The study found that practitioners place significant emphasis on both preparatory (Purvakarma) and post-procedural (Paschatkarma) measures.

Purvakarma:

- Snehapana (internal oleation) and Snehana (external oleation) followed by Swedana (sudation) were specifically and universally advised before Siravedha to help mobilize doshas and facilitate blood flow. This practice was not as common for other types of Raktamokshana.
- The dose of medicated ghee for Snehapana varied from 30ml to 90ml or 50ml daily for 3-5 days, depending on the patient's digestive capacity (Agnibala).
- A range of medicated Ghritas, such as Mahatiktaka Ghrita and Panchatikta Ghrita, were commonly used.
- Dietary recommendations included Ushna (warm), Laghu (light), and Drava (liquid) foods for a few days before the procedure, with special emphasis on Utkleshaka or Madhura Ahara on the day of the procedure to promote vitiation of blood.

Paschatkarma:

- After the procedure, the focus shifts to wound care and restoration. In Jalauka therapy, Avachurnana (application of herbal powders like Triphala) and dressing were common.
- For Siravedha, a simple dressing was applied, while for Pracchana, Ghritayukta Pichu (gauze soaked in medicated ghee) was used.
- The diet after the procedure, referred to as Tarpana Ahara, included nourishing and light foods like pomegranate juice and puffed rice water to replenish lost strength.
- Post-Raktamokshana, foods that are Ushna (hot) and Tikshna (sharp) were strictly avoided.

4. Blood Pressure and Blood Parameters

The study revealed a notable trend regarding the monitoring of vital signs. A high percentage of practitioners (84%) reported checking blood pressure before the procedure. However, the monitoring dropped significantly to 16% during and after the procedure, indicating a gap in continuous monitoring. Similarly, a very low number of practitioners consistently checked blood parameters like bleeding time, clotting time, and prothrombin time, which are crucial from a modern medical perspective for ensuring patient safety.

5. Therapeutic Indications and Outcomes

Practitioners reported using Raktamokshana for a broad spectrum of diseases, classified under different branches of Ayurveda.

- Kayachikitsa (General Medicine): The therapy was most frequently used for Kushtha (skin disorders, 88%), Visarpa (erysipelas, 84%), and Mukhadushika (acne, 70%).
- Shalakyatantra (ENT & Ophthalmology): It was indicated for Netraroga (eye diseases, 52%), Mukharoga (oral diseases, 44%), and Shiroroga (head diseases, 46%).
- Shalyatantra (Surgery): Raktamokshana was widely used for Vrana (wounds, 72%) and Vidradhi (abscesses, 40%).
- Striroga (Gynecology) and Balroga (Pediatrics): Practitioners also used it for various female reproductive and pediatric conditions, including endometriosis, PCOS, and dysmenorrhea, and certain pediatric issues.
- Visha-Chikitsa (Toxicology): Its application in this field was found to be very limited, with minimal use for conditions like insect bites.

The study also documented a range of modern diseases where Raktamokshana provided symptomatic relief, including psoriasis, eczema, migraines, varicose veins, and sciatica.

6. Complications (Vyapada) and Management

The study observed various complications, known as Vyapada, and how they were managed. The most common complications reported were Murchha (fainting), Bhrama (vertigo), and Daurbalya (weakness), often associated with inadequate (Ayoga) or excessive (Atiyoga) bloodletting.

- Ayoga: When insufficient blood is removed, practitioners reported repeating the procedure after a few days of Snehapana or prescribing Shamana Chikitsa (palliative treatment) to pacify residual doshas.
- Atiyoga: Excessive blood loss was managed with Raktaprasadana Chikitsa (blood-rejuvenating therapy) using formulations like Shatavari Kalpa and Drakshadi Panaka, along with a nourishing diet (Pathya Ahara).
- Local Complications: Local issues like delayed bleeding and swelling were also noted and managed with appropriate remedies.

DISCUSSION

This observational study provides crucial insights into the clinical practices of Raktamokshana in a contemporary setting. The findings largely align with classical Ayurvedic principles while also reflecting modern adaptations and challenges. The predominance of Jalaukavacharana and Siravedh indicates their perceived efficacy and practicality, while the near-absence of Shrunga and Alabu suggests that these methods may be less viable or practical in modern practice.

The wide range of diseases treated with Raktamokshana, from skin conditions to gynecological issues, underscores its versatility as a therapeutic tool for conditions rooted in Raktadushti (vitiating blood). The study also validates the importance of Purvakarma and Paschatkarma, highlighting that the therapeutic outcome is not solely dependent on the procedure itself but also on meticulous pre- and post-procedural care.

A significant observation is the low frequency of modern diagnostic tests like bleeding time and clotting time, and blood pressure monitoring during the procedure. While Ayurvedic practitioners rely on clinical judgment based on Dosha, Dhātu, and Mala assessment, incorporating these modern parameters could enhance the safety and scientific credibility of the procedure.

The documentation of Vyapada and their management is also a valuable finding, demonstrating that practitioners are prepared to handle potential complications, often by returning to classical principles of Ayoga and Atiyoga management. The post-procedural use of various Ghritas and herbal formulations

reflects a sophisticated approach to patient recovery, ensuring not just symptomatic relief but also deep-seated tissue repair and rejuvenation.

CONCLUSION

This observational study successfully documented the practical application of Raktamokshana by Ayurvedic practitioners in Pune. The findings confirm that Raktamokshana is a widely used and versatile therapeutic modality, primarily employing Jalaukavacharana and Siravedh. Its application extends across various branches of medicine, treating a wide array of chronic and inflammatory conditions. The study highlights the meticulous attention paid to Purvakarma and Paschatkarma, which are critical for the procedure's safety and efficacy. While the practice remains deeply rooted in classical principles, there is a potential for integration with modern diagnostic tools to enhance safety and provide a more evidence-based approach. The data gathered serves as a valuable resource for future research and contributes to a better understanding of how this ancient therapy is thriving in modern clinical practice.

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