

IMPORTANCE OF POORVAKARMA IN RAKTAMOKSHANA W.S.R TO SIRAVYADHA AND JALAUKAVACHARANA – A CRITICAL ANALYSIS

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ABSTRACT

Pancha-karma - the unique approach of *Ayurveda*, involves five main purificatory procedures. Each of the main procedure comprises of *Poorva- Pradhana* and *Pashchat-karma* (preparatory-main-post therapeutic procedure). Critical analysis of *Raktamokshana* *Poorva karma* becomes important to understand its therapeutic effect better. It is very essential to do the *Poorva-karma* for both local as well as generalised ailments due to vitiation of blood. The relation between the volume, pressure and viscosity of the blood with blood flow need to be kept in mind before conducting *Raktamokshana*.

KEYWORDS: *Raktamokshana, Poorva-karma, Siravyadha, Jalaukavacharana*

INTRODUCTION

Raktamokshana is classified into two types-*Sashastra* (with sharp surgical instruments) and *Ashastra* (para-surgical measures). *Sashastra* is again subdivided into two as *Prachchana* (bloodletting by small multiple incisions) and *Siravyadha* (venesection). *Ashastra* is subdivided into four as *Jalauk avacharana* (application of leeches), *Shringav acharana* (application of animal horn), *Alabu avacharana* (application of gourd) and *Ghatiantra avacharana* (a kind of cupping method). Among these methods, *Siravyadha* and *Jalauk avacharana* are routinely practised which are safe and effective as well. However, giving adequate importance to their *Poorva-karma* will certainly help to succeed more.

Poorva-karma is the preparatory procedure which is done prior to the actual procedure

of *Pancha-karma*. They prepare the body & make the vitiated morbid factor fit to be eliminated.

Need of *Poorvakarma*:

1) For the proper mobilization of morbid factors from *shakha* to *koshta*, which is achieved with the help of *Snehana* (Oleation) and *Swedana* (Fomentation).

2) To protect the body from the negative onslaught of *Vatadosha* (Morbid factor) after the procedure.

Above said are the two main reasons for doing *Poorva-karma* in *Pancha-karma*. But, while coming to *Raktamokshana*, a question will arise regarding the importance of *Poorva-karma* in it as it is indicated in both local and generalised ailments due to vitiation of blood. In latter it helps to bring the *doshas* from *shakha* to *koshta*, whereas in former it helps to do vasodilatation and

uninterrupted blood flow. Hence *Poorvakarma* has to be done for *Raktamokshana* also.

BACKGROUND

1) Importance of *yavagu paana* (intake of medicated gruel):

Qualities of *Rakta* (blood) includes *madhura* (sweet), *ishat-lavana* (slightly saline), *asheetoshna* (Neither hot nor cold), *asamhata* (liquid)¹. As per *Samanya-Visheshha Siddhanta*, to increase volume and pressure of the blood, *tilayavagu* (sesame gruel)- the diet with similar qualities has to be given.

2) Blood flow \propto volume

Blood flow \propto pressure

Blood flow $\propto 1/\text{viscosity}$

This confirms that, increased volume and pressure of blood along with decreased viscosity serves the purpose of proper bloodletting therapy. However, the measures to be taken care before performing *Raktamokshana* which are mentioned in Ayurvedic treatise also goes in favour with this only. Selection of the preparatory measures as per the condition has got great significance.

3) When *Raktamokshana* is done properly, blood flows in a stream and after 1 *muhoortha kala* it automatically stops.² For this flow of blood, it should be with less viscosity.

4) Purpose of *yavagu paana* 2-3 days prior to *Raktamokshana* is to increase the volume of blood (*Raktautklesha*) whereas *Yavagu paana* which is one *muhoortha kala* prior to *Raktamokshana* helps to prevent the complications like *moorcha*, *bhrama* (unconsciousness, giddiness).

Shaataka yantrana (tourniquet tying) before *Siravyadha* (venepuncture):

Tourniquet must be tied four *angula* above the site of venepuncture.³

Snehana prior to *Raktamokshana*:

- To combat the effect of *Vridhdhavata dosha* after the performance of *Raktamokshana*.
- *Snehana* improves the tone of blood vessels which governs the rate of flow of blood.

Swedana prior to *Raktamokshana*:

- Reduces the viscosity of blood.
- Vasodilatation will occur.

Measures prior to *Jalauk avacharana* (Leech therapy):

- *Sthanika rookshana* (Drying the affected area) by rubbing the part with cow dung, mud or with gauze so that *Jalauka* get stick properly.
- Selection of non-poisonous *Jalauka* and keeping it in *rajani* (Turmeric) and *sarshapa kalkodaka* (mustard water). By this, *Jalauka* become activated and get rid of exhaustion.⁴

DISCUSSION

Activation, proper fixing up of leech to the patient's skin surface is very important in *Jalauk avacharana*. Hence, sucking of blood will occur smoothly. After the detachment of leech whatever post-bleeding occurs, that plays a major role in subsiding the disease. This will be achieved with the help of keeping the leech in turmeric or mustard water and proper drying up of the affected part.

To perform the *Siravyadha*, either the morbid factors must be situated very deeper or there must be vitiation of blood all over the body. In the former, *Raktautkleshana* is

necessary and volume and pressure of the blood need to be increased. Hence, *tila yavagu paana* must be done 3 days prior to *Raktamokshana*. But, *Sthanika* (Local) *abhyanga* and *Swedana* is sufficient here which serves the purpose of local vasodilatation. When there is vitiation of

blood all over the body, no need of doing *Rakta utkleshana* again. Hence, *yavagu paana* two hours before the *Raktamokshana* is sufficient. But, *Sarvadaihika* (whole body) *abhyanga* and *Swedana* is mandatory here as there is involvement of whole *Raktavahasrotas*.

Table.1: Differentiating *Sthanika* and *Sarvadaihika* Poorvakarma for *Sashastra* and *Ashastra Raktamokshana*

Local <i>Poorva-karma</i>	Whole body <i>Poorva-karma</i>
<i>Siravyadha</i> in <i>avagaadhatama dosha</i> ⁵ – Ex: <i>Gridhrasi</i> (Sciatica)	<i>Siravyadha</i> in <i>raktavahasrotodushti</i> ⁵ – Ex: <i>Kushta</i> (Skin diseases)
<i>Prachhana</i> , <i>Jalauka</i> , <i>Alaabu</i> , <i>Shringa</i> , <i>Ghatyantra</i>	

In *Siravyadha*, as the doctor need to puncture the vein, the prominence of vein is important. Here, the ligation does the metabolic control. The products of local metabolism have a direct influence on the vessels in their vicinity and produce appropriate alterations in the calibre of vessels. Ligation of a main vessel causes an accumulation of metabolites in the tissues distal to the ligation resulting in dilatation of collateral vessels. So, this tying is just for the visibility of vessel with prominence and once the flow starts, should remove it immediately.

CONCLUSION

Poorva-karma has got a significant role before doing *Raktamokshana*. The procedural effect of *Raktamokshana* mainly depends on its *Poorva-karma*. When there is requirement of blood purification, whole body *Poorva-karma* is needed or else local *Poorva-karma* is sufficient. But without *Poorva-karma*, mere doing the bloodletting will not give good result.

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