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RAKTASTAMBHANA UPAYA'S IN AYURVEDIC LITERATURE: A CRITICAL REVIEW

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ABSTRACT

Raktastambhana is an important therapeutic concept in Ayurveda for the management of excessive bleeding and preservation of Rakta. The present review aims to compile and understand the different Raktastambhana measures described by the major Ayurvedic Acharyas, mainly Sushruta, Charaka and Vagbhata. Sushruta has described a systematic approach involving Sandhana, Skandana, Pachana and Dahana, along with local applications, pressure, Bandhana, cooling measures and specific procedures for traumatic and procedural bleeding. Charaka mainly emphasizes internal medicines, cooling measures, Tarpana, dietary management, Shamana and Shodhana according to the patient's condition. Vagbhata further explains the importance of Shodhana and Shamana, with treatment selected according to the route of bleeding, Dosha involvement and strength of the patient. Site-specific measures and blood-restoring therapies are also described. Overall, the classical literature shows that Raktastambhana is not limited to simply stopping blood loss but also aims to control the underlying Dosha, prevent complications and restore depleted Rakta and strength. This review highlights the comprehensive and individualized approach of Ayurveda towards the management of excessive bleeding.

KEYWORDS: Raktastambhana, Raktapitta, Sushruta, Charaka, Vagbhata, Shodhana, Shamana, Ayurveda.

INTRODUCTION

In Ayurveda, among all the dhatus, Rakta is considered as an essential life-supporting Dhatu. Acharya Susruta has explained blood as the very basis of the body and sustains life itself; therefore, it must be protected with utmost care and every possible effort.[1] This highlights the immense importance given to Rakta**,** emphasising its vital role in maintaining life and health.

Excessive loss of Rakta results in shiro-abhitapa, andyam, adhimantha, timira, dhatu kshaya, akshepaka, daha, pakshaghata, ekangavikara, hikka, shwasa, kasa, pandu and even death.[2] In the present scenario, death due to blood loss in RTA was recorded as 11% to 36%.[3]

Therefore, the preservation and arrest of excessive bleeding, termed Raktastambana, occupies an important place in Ayurvedic treatments.

The term Rakta Stambhana is derived from the Sanskrit words Rakta, meaning blood, and Stambana, meaning to stop or arrest. It refers to the measures adopted to control/stop the excessive bleeding arising from any type of disease or trauma. Ayurveda has described both external and internal methods of achieving haemostasis, which include surgical techniques, cauterisation, herbal applications, dietary interventions and disease-specific management protocols. This concept of Raktastambana exhibits a notable resemblance to modern haemostatic principles, where bleeding is controlled through vascular constriction, coagulation processes, clot formation and sealing of damaged blood vessels.

Historical Evolution of Raktastambhana

1. Acharya Sushruta

Among all the acharyas, Sushruta explains the most elaborate description of Raktastambhana upayas.

They are:[4]

SI No.	Procedure	Modality	Dravya used
1.	Sandhana karma	By Kashaya	Panchavalkaladi varga
2.	Skandana karma	By hima	Sheeta dravyas
3.	Pachana karma	By bhasma	Prepared by burning kshouma vastra
4.	Dahana karma	By shalaka	Causes sirasankocha

In case of atipravrutti of rakta → initially person should be treated with sheetopachara → Haritakyadi/ Panchavalkaladi Kashaya → Bhasma Pachana → Dahana using shalaka if none of the above treatments works.[5]

Management of Ati-Pravrutta Rakta[6]

Therapeutic Aspect	Description	Purpose
Haemostatic Powders (Raktasthapana Dravyas)	Pattanga, Rakta Chandana, Sarjarasa, Sukti, Sala, Arjuna, Arimeda, Karkaṭasrnga, Dhanvana, etc., applied as fine powder over the wound.	Arrest bleeding and promote clot formation
Local Compression	Powdered drugs sprinkled over the wound and compressed with the fingertip	Mechanical haemostasis
Burnt Cloth Application	Powder of burnt linen (Ksauma) or flax cloth (Atasivastra) applied locally.	Assists in blood stasis
Bandaging (Bandhana)	Use of linen, cotton, and other suitable wound dressings	Protects wound and maintains haemostasis
Local Procedures	Acchadana (covering), Pradeha (paste application), Pariseka (irrigation)	Supports local haemostasis and wound healing
Siravyadha	Re-puncturing the same vein below the previous site when indicated	Interrupts blood flow and reduces excessive bleeding
Blood Restoration (Raktapyayana)	Administration of nourishing measures after blood loss	Replenishes depleted blood volume
Diet for Pitta-dominant Bleeding	Milk-based diet (Kshira)	Pacifies Pitta and supports haemostasis
Diet for Kapha-dominant Bleeding	Mudga Yusa (green gram soup)	Maintains digestion and nourishment
Diet for Vata-dominant Bleeding	Maṃsa Rasa (meat soup)	Restores strength and nourishes tissues
Management of Complications	Treatment of associated symptoms such as burning sensation, headache, etc., according to their specific pathology	Prevents secondary complications
Post-Hemorrhagic Care	Warm, nourishing foods with mild sour substances such as Daḍima (pomegranate) and Amalaki	Restores Agni, replenishes Rakta, and prevents Dhatu-ksaya.

Raktastambhana Measures Described in Various Conditions[7]

Condition and site of bleeding	Raktastambhana Measures
Agantuja Vraṇa – Bhinna Vraṇa- Guda Marga Rakta Pravrtti	Vidarigandhadi-gaṇa Kasaya with Draksa, Ghrita and Madhu as Asthapana Basti; same drugs processed with Ghrita and Kshira as Anuvasana Basti; Niruha Basti prepared from Priyangu, Rodhra, Anjana, Gairika and Utpala kalka mixed with Ghrita and Sita Jala; after Kshira Bhojana, Yaṣṭimadhu-siddha Ghrita Anuvasana Basti. Once bleeding ceases and strength is restored, Vamana Karma is

	advised.
Agantuja Vraṇa – Bhinna Vraṇa- Mutra Marga Rakta Pravrtti	Uttara Basti with Priyangu, Rodhra, Anjana, Utpala, Gairika and Rakta Candana.
Agantuja Vraṇa – Bhinna Vraṇa- Nasa Marga Rakta Pravrtti	Raktapitta Cikitsa should be adopted.
Agantuja Vraṇa – Bhinna Kosṭha with Ati-rakta-srava	Asruk Pana (Rakta Pana) to prevent Upadravas.
Agantuja Vraṇa – Udara Bheda	Ksara prepared from Kasaya Dravyas mixed with Mrttika filled into the Medo-varti and ligated with thread; excision above the ligated part using Agni-tapta Salaka; application of Madhu followed by Bandhana.
Agantuja Vraṇa – Chinna Vraṇa	Sivana Karma, Gaḍha Bandhana, and Agni Karma with Usṇa Taila.
Chinna Vraṇa (Ropaṇa phase)	Taila prepared with Candana, Padmaka, Lodhra, Utpala, Priyangu, Madhuka, Haridra and Kshira for Ropaṇa.
Sira-Marma Viddha	Sneha-based Agni Karma and Ati-srava Nirodha Karma.
After Siravyadha Karma	Churṇa of Rodhra, Madhu, Priyangu, Patanga, Gairika, Sarjarasa, Rasanjana, Salmalipuspa, Sankha, Sukti, Masa, Yava and Godhuma sprinkled and pressed over the wound; alternatively powder of Sala, Arjuna, Arimeda, Mesasrngi, Dhava and Dhanvana bark, Ksauma Bhasma, or Samudraphena and Laksa Curṇa may be used. Tight Bandhana, covering with moist cloth, keeping the patient in a cold room, Sita Pradeha, Sita Pariseka, and if required Ksara Karma or Agni Karma. Rakta Pana of Ena, Hariṇa, Aurabhra, Sasa, Mahisa and Varaha, along with Kshira Bhojana.
After Jalaukavacaraṇa	Pariseka with Sita Jala or Kasaya Dravyas; Pradeha with Madhura, Snigdha and Sita Dravyas. Dalhaṇa advises Sita Jala Seka and Vastra Bandhana to arrest bleeding.
Guda-gata Raktaja Arsas	Raktapittavat Cikitsa should be administered.

2. Acharya Charaka

Although Charaka Samhita does not describe the classical four methods of haemostasis (Sandhana, Skandana, Pachana, and Dahana) as later elaborated by Sushruta, it provides a comprehensive medical approach to the control of bleeding. Charaka's concept of Raktastambhana primarily relies on pharmacological, dietary, and conservative therapeutic measures rather than surgical interventions.

In the Yajna Purusheeya Adhyaya of Charaka Samhita (Sutra Sthana 25), several drugs are described for their haemostatic properties based on their therapeutic actions. Aja Ksheera is classified as *Rakta Sangrahikara* and *Raktapitta Prashamana*, indicating its ability to arrest bleeding and alleviate haemorrhagic disorders. Ananta is attributed with both *Sangrahi* and

Raktapitta Prashamana properties. Utpala, Kumuda, and Padma, which are different varieties of water lilies and lotus, possess cooling properties, and their stamens are considered effective in controlling bleeding through local as well as systemic action. Gandha Priyangu is described as *Shonita Sthapana*, while the stem bark of Kutaja is regarded as an effective *Rakta Stambhana* drug. Similarly, Kashmarya Phala helps arrest bleeding due to its *Kashaya* (astringent) property, which promotes haemostasis and stabilises the affected tissues.[8]

Raktastambhana and Raktapitta Cikitsa according to Charaka[9]

Therapeutic Aspect	Charaka's Approach
Initial management	In a strong patient with excessive Santarpaṇa-related Raktapitta, immediate Stambhana is avoided, as premature obstruction of vitiated Rakta may lead to complications.
Langhana / Tarpana	Langhana is preferred initially in Urdhvaga Raktapitta, whereas Tarpana is advised in Adhoga Raktapitta, considering the Doṣa predominance and clinical condition.
Cooling drinks	Sita preparations and water processed with Hrivera, Candana, USira, Musta and Parpaṭaka are recommended to relieve thirst and support Pitta–Rakta pacification.
Tarpana preparations	Tarpana may be prepared with Kharjura, Mṛdvika, Madhuka and Paruṣaka, or with Laja Curṇa, Ghṛta and Madhu. Daḍima and Amalaki may be added when mild sourness is appropriate.
Dietary support	Light and cooling foods such as Sali, Ṣaṣṭika, Mudga, Masura and Priyaṅgu are recommended. Vegetables such as Paṭola, Nimba and Kiratatiktaka may also be used.
Yavagu	Cooling Yavagu prepared with combinations such as Padma, Utpala, Priyaṅgu; Candana, Usira, Lodhra; or Kiratatiktaka, Usira and Musta is described for Raktapitta.
Doṣa-specific diet	Yuṣa and Saka are preferred when Kapha predominates, while Maṃsa Rasa is indicated when Vata predominates.
Sodhana	In strong patients with adequate tissue strength, Santarpaṇa origin and marked Doṣa aggravation, Virecana is indicated for Urdhvaga Raktapitta and Vamana for Adhoga Raktapitta, when the patient is suitable for Sodhana.
Specific haemostatic formulations	Charaka describes blood-stopping preparations such as Vasa Ghṛta and other medicated Ghṛtas containing PalaSa, Vatsaka, Samañga, Utpala and Lodhra.
Site-specific bleeding	For bleeding through the Mutra Marga, milk preparations with Satavari and Gokṣuraka are described; for bleeding through the Guda Marga, milk processed with Mocarasa, Vaṭa, or Hrivera–Nilotpala–Nagara is advised. In severe bleeding, medicated Ghṛta is also recommended.
General principle	Management is individualised according to the route of bleeding, Doṣa predominance, strength, digestive capacity, stage of disease and associated complications, rather than applying Stambhana uniformly.

The most important concept from Charaka is that Stambhana should not always be the first intervention. In a strong patient with Santarpaṇa-related, actively aggravated Raktapitta, premature suppression of bleeding may cause complications; therefore, the physician should first assess Bala, Doṣa, Marga and disease stage before deciding on Stambhana.

Charaka also provides a progression from Langhana/Tarpana → appropriate diet and cooling measures → Sodhana when indicated → specific haemostatic formulations, showing that Raktastambhana is part of a broader, condition-dependent treatment strategy.

3. Achara Vagbhata

According to Vagbhata in Ashtanga Hridaya, Chikitsa Sthana, Raktapitta Chikitsa Adhyaya, Raktastapana is approached through cooling, Pitta-pacifying and Rakta-stabilising measures. Vasa (Vrisha) is given special importance for controlling bleeding, along with drugs such as Priyangu, Lodhra, Chandana, Utpala and Padmaka. In cases of excessive blood loss, suitable nourishing measures are advised to restore Rakta and strength. The treatment is selected according to the site and severity of bleeding, Dosha predominance and the patient's overall condition.

In the management of Raktapitta, Shodhana and Shamana are the two principal therapeutic approaches. Vagbhata advises eliminating the aggravated Dosha through the route opposite to that through which the disease is manifesting[10]. However, when multiple Doshas and more than one route are involved, Shamana therapy is considered more appropriate for achieving control.[11]

Approach to Urdhvaga Raktapitta and Adhoga Raktapitta

Vagbhata advises Virechana (therapeutic purgation) as the main approach for Urdhvaga Raktapitta, as the vitiated Doshas are expelled through the opposite route. Since Kapha is often associated with this condition, Virechana also helps clear the associated Kapha. After proper purification, sweet-tasting medicines are beneficial, while Tikta and Kashaya drugs are even more useful because of their natural Kapha-pacifying and Pitta-alleviating properties.[12] Adhoga Raktapitta is relatively difficult to manage and recommends Vamana to expel the aggravated Doshas through the opposite route. However, Vamana is not considered the best treatment for Pitta itself and is mainly useful when Vata is associated. After the associated Doshas are controlled, Kashaya drugs are beneficial, while Madhura drugs are preferred for pacifying Pitta.[13] Vagbhata also states that the treatment principles of Rakta

Atisara and Rakta Arsha can be adopted in Guda-gata Raktapitta.[14] Basti therapy is particularly beneficial in managing bleeding through the Guda Marga and may provide better therapeutic results.[15]

Additional Raktastambhana Measures[16]

Raktastambhana procedure/approach	Drugs or materials mentioned	Explanation
Vasa Kalpa	Vasa, Phalini, Mrit, Rodhra, Anjana, Madhuka	Vasa juice combined with these drugs is indicated for Raktapitta. Vasa is specifically considered the best medicine for Raktapitta.
Atarusaka Prayoga	Atarusaka juice, sugar and honey	Fresh juice may be taken alone or with sugar and honey; its decoction is also advised to control bleeding.
Raktapitta Kashaya	Patola, Malati, Nimba, Chandana, Padmaka; Rodhra, Vrisha, Tanduliya, Krishna, Mrit, Madayantika; Shatavari, Gopakanya, Kakoli, Madhuyashtika	Three different decoctions are described, generally administered with honey and sugar, for controlling bleeding.
Palasha Kashaya	Palasha bark, sugar	A cooled decoction of Palasha bark mixed with sugar is recommended in Raktapitta.
Special haemostatic measure in excessive bleeding	Jangala animal blood; goat liver with Pitta	In severe or profuse bleeding, consumption of blood of animals from Jangala regions or goat liver along with Pitta is described.
For clotted bleeding	Pigeon excreta, honey	When the discharged blood is clotted, pigeon excreta mixed with honey is advised for licking.
Cooling Kashaya/drink	Chandana, Ushira, Jalada, Laja, Mudga, Kana, Yava, Bala	These drugs are prepared and consumed as a cooled preparation to pacify Pitta and reduce bleeding.
Chandana-based cooling drink	Chandana, Ambhoja, Sevya, Mrit, heated potsherd, sugar, honey	The cooled supernatant liquid prepared from these substances is advised in profuse bleeding.
Ikshu-based preparation	Sugarcane pieces, water, honey, lotus flower	Crushed sugarcane is soaked overnight in water and consumed with honey and lotus flower as a cooling haemostatic preparation.
Milk therapy	Goat's milk, cow's milk, Laghu Panchamula, Jivaka,	Different milk preparations are used when other measures fail,

	Rishabhaka, Draksha, Bala, Gokshura, Gokantaka, Abhiru, four Parnis	particularly when digestive power is adequate.
Vasa Ghrita	Vasa, its flowers, ghee, honey	Ghee is prepared using Vasa decoction and its flowers as paste; it is taken with honey and is indicated for Raktapitta.
Palasha Ghrita / Trayamana Ghrita	Palasha stalk juice and flowers; Trayamana	Medicated ghee prepared from these drugs is recommended for controlling bleeding.
Local throat application	Utpala stalk, Ambhoja Kesara, Shyama, Madhuka, honey and ghee	In bleeding from the throat, these drugs are used individually or with honey and ghee, especially when blood is slimy, Kapha-associated or clotted.
Basti	Previously mentioned Kashaya preparations	Basti is specifically advised for bleeding from the rectum (Guda).
Nasya	Previously mentioned Kashaya drugs processed with milk or sugarcane juice; milk; cold water; Dadima flower, Amra asthi, Shadvala.	In nasal bleeding, Nasya is advised when the blood is unvitiated. Cooling liquids and specific plant juices are also recommended.
Sheeta external therapy	Drugs belonging to the Sheeta Varga	Cold-potency drugs are used externally through Pradeha, Abhyanga, Snana, etc., to control Pitta and bleeding.
Other supportive treatment	Medicines described for Pittajwara and Kshatakshina	Vagbhata states that internal and external treatments described for Pittajwara and Kshatakshina can also be used in Raktapitta.

Comparative Analysis

Acharya	**Predominant emphasis**	**Key measures**	**Treatment selection**
Sushruta	Local and procedural haemostasis	Sandhana, Skandana, Pachana, Dahana; pressure; powders; Bandhana; cooling	Based on site, severity and type of bleeding
Charaka	Internal and conservative management	Medicines, diet, cooling, Tarpana, Shamana, selected Shodhana	Based on Bala, Dosha, Marga and disease stage
Vagbhata	Integrated Shodhana-Shamana approach	Vasa preparations, cooling drugs, Ghrita, Basti and selected Shodhana	Based on route, Dosha, severity and patient suitability

DISCUSSION

Raktastambhana is described in Ayurveda as an important part of the management of excessive bleeding, reflecting the central importance given to Rakta for maintenance of life. The classical texts present a broad and systematic approach to haemostasis rather than depending on a single method. Sushruta gives the most detailed description of local haemostatic measures and explains four major approaches, namely Sandhana, Skandana, Pachana and Dahana. These include the use of Kashaya, cold measures, Bhasma and cauterisation, with treatment being selected according to the severity and nature of bleeding. In severe bleeding, the approach progresses from simple cooling measures and medicinal applications to cauterisation when required.

Sushruta also provides detailed condition-specific methods of controlling bleeding. Powdered haemostatic drugs, local pressure, bandaging, cold applications, Pradeha, Pariseka and Agni or Kshara Karma are described for different types of wounds and procedural bleeding. Specific management is also given for bleeding following Siravyadha and Jalaukavacharana, while bleeding from different body passages is managed according to the site involved. This shows that Sushruta considered the source, severity and nature of bleeding while selecting the appropriate haemostatic measure.

Charaka follows a more medicinal and internal approach to Raktastambhana. His descriptions include drugs with Sangrahi, Rakta-sthapana and Raktapitta-prashamana actions, along with cooling drinks, Tarpana, suitable diet and specific haemostatic formulations. An important feature of Charaka's approach is that Stambhana is not considered appropriate in every patient at the beginning. The patient's Bala, Dosha, Marga and stage of disease are considered before deciding on treatment. Langhana, Tarpana, Shamana and Shodhana are therefore selected according to the clinical condition.

Vagbhata further develops this individualised approach. He gives importance to Vasa or Vrisha and other cooling and Pitta-pacifying drugs such as Priyangu, Lodhra, Chandana, Utpala and Padmaka. He describes both Shodhana and Shamana as important options and recommends selecting the route of Shodhana opposite to the route of disease manifestation. In Urdhvaga Raktapitta, Virechana is emphasized, whereas Adhoga Raktapitta is approached with Vamana in suitable patients. When multiple Doshas and pathways are involved, Shamana becomes more appropriate. Site-specific treatment, including Basti in Guda-gata Raktapitta, further demonstrates the importance of individualized management.

When the teachings of the three Acharyas are considered together, a clear pattern can be seen. Ayurveda does not treat bleeding only by stopping the visible flow of blood. The treatment also aims to control the involved Dosha, address the route and cause of bleeding, maintain Agni and restore the strength and depleted Rakta of the patient. Local measures are more prominent in Sushruta, while Charaka and Vagbhata give greater emphasis to internal medicines, dietary measures, Shamana and Shodhana. Thus, Raktastambhana can be understood as a comprehensive and condition-based therapeutic principle that combines immediate control of bleeding with correction of the underlying imbalance and restoration of the patient.

CONCLUSION

Raktastambhana is a well-developed therapeutic concept in Ayurvedic literature, with detailed measures described by Sushruta, Charaka and Vagbhata. Sushruta mainly emphasizes direct and local methods such as Kashaya, cold application, Bhasma, pressure, bandaging and Dahana, whereas Charaka and Vagbhata give greater importance to internal medicines, diet, Shamana and Shodhana.

The common principle among the Acharyas is that treatment should be individualized according to the cause, site, severity of bleeding, Dosha involvement, strength and overall condition of the patient. Therefore, Ayurvedic Raktastambhana is not limited to simply arresting blood flow; it also aims to prevent complications, replenish lost Rakta and restore the patient's strength. The descriptions of medicinal, dietary, local and procedural measures show the comprehensive approach of Ayurveda towards the management of excessive bleeding.

Overall, the classical literature presents Raktastambhana as a systematic and flexible therapeutic approach in which immediate haemostasis and restoration of the patient's health are considered together.

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