

Novel Technique of Therapeutic Bloodletting used by a Folk Healer of South Andaman: A Short Communication

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Abstract

In Ayurveda, *Agni Karma* (thermal micro-cautery), *Kshara Karma* (caustic therapy), and *Raktamokshana* (bloodletting) are mentioned as para-surgical procedures. Among them, *Raktamokshana* (bloodletting) is an important procedure used to mitigate various ailments associated with vitiated blood (*Rakta-dushti*). Tools like a hollow horn (*Shringa*), dried hollow pumpkin fruit (*Alabu*), Cupping glass (*Ghati Yantra*) and *Jalauka* (leech) have been reported for this procedure since ancient times. But, in the present era, *Ayurvedic* physicians mostly rely on leech therapy and venesection (*Sira-vedha*). Here, we are going to narrate a bloodletting procedure practiced by the folk healer of South Andaman using tools like glass Vial and *Bamboo*.

Key words: Bloodletting, Vial, *Vansha*, folk healer.

Introduction

In Ayurveda, bloodletting (*Raktamokshana*) has been mentioned under five bio-purificatory methods called as *Panchakarma* (Vaibhav et al., 2016). This ancient para-surgical procedure basically used in the diseases originated due to the vitiation of blood (*Rakta-dushti*). When the blood gets vitiated by an imbalance of *Tridosha* (three regulatory functional factors of the body), bloodletting has been advocated in prescribed quantity by using tools like a horn (*Shringa*), leech (*Jalauka*) and hollow dried pumpkin (*Alabu*) respectively (Sushruta). Nowadays, though leech application is the commonest modality used for bloodletting followed by the venesection (*Sira-vedha*) with needles, syringe and scalp veins are also frequently practiced by *Ayurvedic* physicians. On the other hand, some tools that emerged from traditional practices of an individual always remain unexplored and limited to that specific indigenous community only. Even though, they are utilized to the restoration of health, diagnosis, and the treatment of physical and mental illness (WHO 2017). However, worldwide many organizations of different sectors are now working on the validation and documentation of such kinds of traditional healthcare practices.

Thus, it is a report on distinct tools utilized for the bloodletting by a folk healer whose forefather's belonged to Pegu district of Western Myanmar and were brought to Andaman by the Britisher's for forest timber operations during the year 1924-25 (Sharif et al., 2005). After Independence, they have been settled in nine villages of Mayabunder Block of Andaman and Nicobar Territory. We conducted a systemic interview of the folk healer with his prior consent. The requisite information was obtained by the observation of the actual bloodletting procedure. Undoubtedly, the procedure practiced by him shown remarkable resemblance with the classical *Ayurvedic* method of bloodletting but, the tools used in this procedure need special attention.

Material and Method

The team visited the Webi village of Mayabunder to conduct Health survey and provide health coverage to the populace organized by the AYUSH Wing, Directorate of Health Services, A and N Administration in 2015; and conducted a group interview and discussion with a well-known folk healer of this region.

Observations

The folk healer demonstrated the procedure of bloodletting on a 45-year male, suffering from swelling over the dorsum of the right foot and he had a history of an insect bite at the previous night (Fig.1). Initially, he did hot fomentation (like *pariseka* in Ayurveda) at the affected part by keeping the affected leg over the decoction pot for 15-20 minutes. And at the same time, he also put a glass vial (bottle) in the decoction pot for its disinfection (Fig.2). Then he took a single superficial linear incision (4-5 mm length) with a new blade (Topaz shaving double-sided blade) at the above site. Immediately after the incision he put the mouth of hot vial over it and covered it with a cloth soaked in cold water. It created a firm grip of vial on the skin and blood oozed out and collected inside the vial. Similarly, he also took another incision with the sharpened bamboo, and this time hallow Bamboo (*Vansha*) was used for the bloodletting procedure (Fig.3). At the end, he applied the pulp of *Aloe vera* (*Kumari*) over the incision site followed by hot fomentation.

Discussion

The blood (*Raktadhatu*) and other bodily fluids are believed as 'humors' in *Ayurveda* and their state of equilibrium is essential for healthy individual. However, bloodletting is a para-surgical procedure conducted for withdrawal of blood in the unhealthy person to achieve the cure; and in a healthy person to prevent illness. It was the most common medical practice performed by physicians from antiquity till the late 19th Century (Bodley 2011). In this procedure use of leeches (*Jalokacharan*) is quite common and its clinical efficacy has been reported in the eczema (Raval and Thak 2012) and arthritis (Rai

et al., 2011) and also considered as unique therapy in other numerous diseases. Although, use of tools like horn (*Shringa*), hallow pumpkin (*Alabu*), and cupping glass (*Ghatyantra*), etc. has been mentioned in ancient classics but in present area *Ayurveda* physicians mostly rely upon the leech, and venous bloodletting. In most of the traditional procedure conducted by using a hallow object a negative pressure is created (by putting ignited wick anointed with oil inside the tool) which internally leads to vasodilatation and bleeding. This same principle of creating a vacuum and generating a negative pressure with fire cupping (Mukhopadhyay and Biswas 2015) is being utilized in various bloodletting procedures by different tribes (Anonymous 2018) across the globe. The particular procedure reported here is also based on the same principle, where the vacuum and negative pressure is generated by applying a cold cloth over hot Vial/Bamboo.

Conclusion

This report provides insight for the further research for utilization of said tools in a therapeutic bloodletting procedure. Also, systematic documentation of many other unexplored surgical and para-surgical procedures prevalent among folk healers is essential for their timely preservation, validation, and revitalization.

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Fig. 1. Site of the swelling

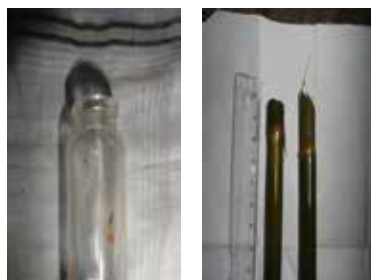


Fig. 2. Tools used for bloodletting



Fig. 3. Bloodletting

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