

International Journal of Research in Pharmaceutical Sciences

Published by JK Welfare & Pharmascope Foundation

Journal Home Page: www.ijrps.com

Review on traditional diagnosis and management of snakebite in *Ayurveda*

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Article History:

Received on: 11 Oct 2020 Revised on: 08 Nov 2020 Accepted on: 11 Nov 2020

Keywords:

Snakebite, Vishachikitsa, Darveekara sarpa, Visha Vaidya, Toxicology

ABSTRACT



Toxicology started right from the prehistoric era when man lived in caves of forests. Reptiles originated nearly 240 million years ago, but man was born only nearly about 4 million years back. A man had to survive; he had to fifth against many odds. Snake venom is one of these odds, and treatment of poisonous would have started with the first affliction by poison on man. It is believed that in India, about 2 million people are bitten by snakes annually of which 15.000 to 30000 cases prove fatal. The problem became more after urbanization and deforestation. In the early decades of the 19^{th} century, it has been recorded by the scholars that the mortality rate in snakebite victims was higher chiefly in rural India by the unavailability of emergency medicines and poor transportation facilities. Still, recently this has been changed significantly by providing ASV (anti snake venom) as a primary treatment through hospitals of tertiary levels. Traditional poisoning healing system was also parallel to this in rural areas of south India, especially in the state of Kerala, belief in the Traditional poisoning healing system were the main motives for it. Here an attempt has been made to explore the Traditional Visha chikitsa Sampradaya of Kerala, which is quite different from classical Granthas of Ayurveda (textbook) such as *Bruhatrayees* along with mainly used formulations in *Visha* chikitsa.

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ISSN: 0975-7538

DOI: https://doi.org/10.26452/ijrps.v11i4.3923

Production and Hosted by

IJRPS | www.ijrps.com

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INTRODUCTION

Ayurveda, one of the ancient sciences of life, is practiced for attaining complete health. It is not merely a kind of antiquated medicine. It is a science-

based upon the observation of living beings and their actual responses and reactions to their environment. The use of poison has been recorded in ancient *Ayurvedic* classic since long ago, and preparation made out of those poisonous drugs has shown miraculous effects in various diseases. *Agadatantra* is the branch that invariably demands practical training more than any other branches of *Ayurveda* that it has to deal with fatal cases and emergency management. *Agada yogas* (antitoxic formulations) are those formulations which counteract the prejudicious actions of *Visha* over the human body.

The traditional medical system of India or *Ayurveda* has eight clinical branches (*ashtanga*). Therapeutics of poisonings (*viṣhacikitsa*) or toxicology (*Agadatantra*) is one of the eight clinical branches. This branch has been developed mostly

in Kerala by native practitioners of poison-healing (*Viṣhavaidyas*) to meet the needs of patients of poisoning by venomous animals and plants. In other words, the native practitioners of poison-healing in Kerala have evolved this particular branch with their original knowledge and skills in the framework of *Ayurveda*. The practitioners of this branch have dealt with almost all kinds of common poisonings. The native practitioners in Kerala have put their expert knowledge down in writings mainly in the Malayalam language. There seems to have been some schools of a traditional poison-healing system in Kerala, and these schools have trained many practitioners who came from different social origins.

The traditional method of treatment for poisonings in Kerala is classified broadly into two categories, namely, Vishavaidya and Visavidya. The former Visavaidya is medical practice using only medicinal plants and mineral drugs following the theory of Ayurveda. The latter, Visavidya, includes chanting of mantras and ritual practices in the process of treatment for poisonings and is mainly based on the *tantric* concept. There was likely no apparent distinction between Vishavaidya (medical treatment for poisoning) and Vishavidya (medical treatment associated with mantra for poisoning) in olden days. But gradually the distinction seems to have become more prominent. The seven literary works in Sanskrit or *Prakrit* language have traditionally been regarded as the authorized texts of the traditional poison-healing system. These seven works are commonly referred to as Ashtangahrudayam, Vishanarayaneeyam, Uddisam, Utpala, Haramekhala, Kaalavanchanam and Lakshanamrutham. Most of the books are in manuscript form and scripted in manipravala/ Malayalam language, which made it easy to understand the concept of Vishachikitsa to scholars around the globe. Presently some of the books like Vishvaidyajyotsnika, Prayogasamucchayam and Kriyakoumudi are available in translated versions.

MATERIALS AND METHODS

Review of *Sarpavishachikitsa* (management of snakebite) from *Vishavaidyajyotsnika*, *Kriyakoumudi* and *Pryogasamuchayam*, was described in this article to enlighten the importance of traditional *Visha chikitsasampradaya* (poison treatment techniques) to the well-wishers and Ayurvedic scholars.

Ayurvedic diagnosing of Sarpavisha (Snakebite)

Snake venoms are predominantly a mixture of proteins, some of which are enzymes and polypeptides. The more important enzymes in snake venom

are proteinases, transaminase, L-aminoacid oxidase, cholinesterase, phospholipase A, B, C, D (Pillay, 2016) etc. and those venoms generally Neurotoxic, hemotoxic, and myotoxic. *The ayurvedic* approach towards the assessment of *Visha* is based on the *doshic* predominance of the body. *Visha* is considered as *agantuja*, and this will vitiate the *Raktadhatu* primarily, then *Tridosha's* and *Ojas* which resides in the *Hrudaya* (Vagbhata, 2010a). Venomous bites can be distinguished by observing the bite marks. Usually, one or two fang marks with little bleeding, numbness, oedema, rice in temperature, slight itching, heaviness etc. are seen. The space between the fang marks gives an approximate idea on the size of the head of the snake.

If the site of the bite is seen with several teeth marks with blood and above said symptoms are absent in a patient, then it is believed to be Nirvisha (Vagbhata, 2010b) (non-poisonous). A venomous bite from snakes causes the following symptoms generally such as pain which is ascending in nature, itching, oedema at the site of the bite, oozing of blood, burning sensation which is ascending in nature, sudden development of massive oedema (especially in Russell's viper bite), pricking pain at the site of the bite, gastric disturbances like ache, nausea, salivation, vomiting, etc. (krait bite), numbness (cobra bite). In cobra bite, the bitten part will be turned into blackish or bluish, associated with pricking pain and this manifestation is merely by the vitiation of Vatadosha in the body (Sushruta, 2014).

Viper venom (Mandalivisha) is pitta pradhana in nature, which vitiates Raktadhatu and produces symptoms like a burning sensation, oozing blood, highly edematic, rise in temperature, and yellowish discolouration of skin etc (Vagbhata, 2010c). Krait venom (Rajilavisha) attributes with Kapha, and the symptoms will be paleness at the bite site, cold in touch, numbness, difficulty in respiration (Vagbhata, 2010d), etc. Sarpavisha (Snake venom) spreads very fast owing to its qualities which are intrinsic and thus diagnosis must be very accurate to ensure the least chances of bad prognosis. When Visha enters the body, it moves from one dhatu to another within a short period, which is termed as Visha vega (Vagbhata, 2010e). In each Visha vega's shows certain lakshanas based on dosha, which is vitiated by Visha. So physician can identify by looking into those lakshana's and administer anti poisonous drugs from time to time. Some of the eminent toxicologists of Kerala are widely using Vishahari leha (Ancheril et al., 1999a) as one of the diagnosing tools to detect the type of snake which has bitten the victim.

Management of cobra bite

In cobra bite, by looking into signs and symptoms, a physician has to administer the following medicines.

- Mahakalyanakagritam (a medicated Ghee) mixed with an unequal quantity of honey and one Vilwadi gutika is given as primary treatment.
- Arkapatrasweda (sudation with Calotropis leaves): 5 to 10 leaves of Arka (Calotropis gigantia) are taken and made into a bundle, these bundles of leaves are cut into two sections and the part where the latex oozing is dipped into ghee which is previously added with rock salt and melted in a hot pan. After the physician tests, the temperature of the bundle, Swedana (sudation) has to be performed at the periphery of the bite mark towards the centre. This procedure will help reduce the pain at the bite site as well as to minimise the development of oedema.
- Shigrupunarnavadilepa (External application of herbal paste): Shopha (oedema) is treated by application of Shigrupunarnavadilepa mixed in rice washed water.
- The bite is smeared with a paste of *Arkapatra* (Calotropis leaves), *Eswarimoola* (*Aristolochia indica*) and *Hingu* (*Ferula foetida*) reduces the poisonous effect in the body.
- Seka (pouring of medicated liquid): Root of Karaskara (Strychnos nuxvomica), barks of Vata (Ficus bengalensis), ashwatha (Ficus religiosa), Udumbara (ficus recemosa), Plaksha (Ficus microcarpa) is used as Parisheka (pouring of liquid) at the bite site.
- *Virechana* (Purgation): If constipation is present, then purgation is induced with *Trivrut* (*Operculina turpethum*)*leha* or *Mishrakasneha* depending upon the condition of the patient.
- Nasya (Nasal drops): Paralysis of neck muscles, diplopia, slurring of speech is treated with nasal drops consisting of juice Bringaraja (Eclipta alba) mixed with finely powdered Vilwadi gutikas. This medication relieves nasal discharge and subsequent pulmonary oedema. Juice of dronapushpi and Tulasi (Osimum sanctum) added with a fine powder of Maricha (Pipper nigrum), and Saindhava (Rock salt) also recommended in this condition.
- Jeevarakshagutika: Jeevarakshagutika is mixed with cow's milk is given for drinking. If the

- patient vomits, immediately a second dose is given, and if vomiting persists, the third dose is given. If the third dose is also vomited then, the case of poisoning is difficult to manage.
- *Anjana*: Diplopia is treated with the application of *Anjana* (collyrium) prepared from powdered *Vilwadi gutikas*.
- Mritasnajeevanigutika: When the symptoms of cobra bite appear very fast, three tablets of Mritasanjeevani is mixed with 100 ml of tender coconut water and 10 ml should be given every 30 minutes.
- *Oothuchikitsa*: Three persons are made to chew dry ginger, root of *Dushsparsa (Tragia involucrate)*, black pepper and *Eswaramooli (Aristolochia indica)*, and physician should instruct them to blow air from their mouth to the ears and vertex of the patient 150 times. This relives heaviness of head, somnolence and diplopia. There is usually a marked improvement in the verbal and physical responses, drowsiness and drooping of the eyes (Ancheril *et al.*, 1999b).

Management of viper snake bite

- A decoction of *Patoldi Gana* 75 ml with one *Vilwadi gutika* is given as primary medication.
- A warmed mixture of clarified butter and rock salt is applied locally to reduce the burning sensation. Juice of *malatee* (*Jasminum grandiflorum*) mixed with honey is given to stop hemoptysis. Juice of neem leaves (*Azadirachta indica*) with honey is beneficial in case of hematemesis. When hematuria is seen, a physician has to give *Tarunabhaskaragutika* (powdered) mixed with tender coconut water in divided doses for every 30 minutes depending upon the severity of symptoms.
- Tindrinee (Tamarindus indicus), Punarnava (Boerhaavia diffusa), Uttamaaranee (Pergularia daemia), Guduchi (Tinospora cordifolia), bringaraja (Eclipta alba), Arka (Calotropis gigantea), Nimba (Azadiracta indica), Shigru (Moringa olieifera), following leaves are tied into a bundle and cooked in rice washed water when slightly warm shall be pressed on the edematous region.
- The fruit of *Dathoora* (*Datura metal*) should be punctured, and seeds are removed from it. This gap is filled with rock salt, and the fruit is to be cooked with rice washed water. Later the fruit is ground into a paste with some rice washed water and applied on oedema.

- Dhanyaka (Corriandum sativum), Vilwamoola (Aegle marmelos), Jeeraka (Cuminum syminum) are taken in equal quantity, fried in a pan until it turns into brownish red color and added with coconut water. This mixture is given to the patient to prevent vomiting. Vilwadimodaka is also beneficial in case of vomiting due to viper bite.
- *Paranthyaditailam* is one of the best medicine used in conditions of *Mandalisarpajanyavrana* (Non-healing ulcer due to viper bite) (Ancheril *et al.*, 1999c).

Management of Krait bite

- A decoction of *Patoladi gana* mixed with *Vilwadi gutika* is given primarily.
- Shunti (Zingiber officianale), Maricha (Piper nigrum) and Pippali (Piper longum) are boiled in water and given to the patient for drinking.
- Internal administration following drugs like *Vatsanabha* (*Aconitum Ferox*), *Kushta* (Saussurea lappa) *Grihadooma, Katuaka* (*Picrorhiza kurrora*), *Harenuka* (*Piper cubeba*), *Chakramarda* (*Cassia tora*) *Gorochana*, as decoction will reduce the symptoms of Krait bite.
- *Nasya* (Nasal drops) is administered with drugs such as *Gorochana* and *Sanidhava lavana and Daaruharidra* (Berberris aristata) (Ancheril *et al.*, 1999d).

RESULTS AND DISCUSSION

In Darveekara (cobra) Visha, Vatadosha is vitiated and leads to the manifestation of symptoms like Thoda pricking pain or Shoola (localized pain). paralysis of muscle in the neck, shoulder, jaw, eyelids etc. usually respiratory failure followed by coma leads to death. Unlike other snake bites, cobra venom shows the fast manifestation of symptoms. so the physician has to use very potent remedies to save a life. Vatahara and Vishaharadravyas are mainly used to subside the Vatadosha and Visha simultaneously. *Oothuchikitsa* is implemented here to retrieve the verbal and physical responses of the patient. Usually within 100 - 150 blows of air to both nostrils and vertex helps to get a significant result. Mandalivisha (viper venom) vitiates Pithadosha, thus demonstrates the various respective lakshanas in the body. Use of *Shigrupunaranavadilepa*, Daturakalka like yogas's will be more beneficial in case of Mandalidamsajanya shpaha (viper bite caused oedema). Most of the cases of Viperine

bite, complications like non-healing ulcers will be existing for much more extended period due to Pithadosha in it, Paranthyaditaila yoga can be tried on these conditions for *Shodhana* (purification of the wound) of Vrana as well as Ropana (healing). In Rajila (krait) Visha, even though symptoms develop very slowly, delayed response to the medications results in difficult management in severe envenomated cases. Respiratory difficulty, induction of sleep, intoxication, delayed verbal response, oedema, and paleness of the body may be seen as significant lakshnas in Rajilavisha (Krajt bite). Here Kaphadosha is vitiated by Visha and manifestations are produced accordingly, Vaidya has to administer more Kapahahara and Vishaharadravyas to the patient from time to time. Trikatu (the combination of Piper nigrum, Pipper longum, Zingiber officinale), Nasya (nasal drops) with Teekshanadravvas, *Teekshanaanjana (collyrium)* has to be given to bring back the consciousness of the patient.

CONCLUSION

Avurvedic diagnosis of snakebite is different from the other systems of medicine, and it is mainly focused on the state of dosha which is vitiated by the Visha, so it's a difficult task for a Vishavaidya to fix the amount of envenomation that has taken place in the patient's body. As per traditional Visha chikitsa sampradaya, the biological classification of Sarpa (Snakes) is of secondary importance for the practitioners. They diagnose the Sarpa visha mostly through the perception of the vitiation of tridosas in the patient's body, and practitioners can recognize easily the nature of poison which is disturbing the Prakriti of each patient. A better understanding of anti-poisonous formulations from an eminent vishavaidya will contribute a new dimension for further research in the field of traditional Ayurvedic snakebite management.

Funding Support

The authors declare that they have no funding support for this study.

Conflict of Interest

The authors declare that they have no conflict of interest for this study.

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