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The paradigm of atyayika chikitsa: rediscovering the emergency medicine protocols in ayurvedic classics.

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ABSTRACT: A medical emergency is a condition in which a person's life or health is at immediate risk and requires prompt intervention to prevent serious harm or death. Historically, Ayurveda functioned as a comprehensive system of medicine that addressed both acute and chronic diseases. In contemporary practice, however, it is often limited to the management of chronic, lifestyle-related, or degenerative disorders, and frequently used as an adjunct to modern treatment. This has led to a widespread misconception that Ayurveda lacks the capacity to manage emergencies and that only allopathic medicine is suitable for life-threatening conditions. Classical Ayurvedic literature presents a different perspective. Ancient Acharyas systematically classified diseases according to prognosis, severity, and progression, such as *Sadhya* (curable), *Asadhya* (incurable), *Mridu* (mild), *Daruna* (severe), *Chirakari* (chronic), and *Ashukari* (acute or rapidly progressing). Therapeutic approaches were also categorized, including *Sadhya Chikitsa* and *Atyayika Chikitsa*, the latter referring specifically to urgent or emergency management. Texts like the Charaka Samhita, Sushruta Samhita, and works on Agad Tantra describe the management of trauma, haemorrhage, poisoning, sudden collapse, and other critical conditions. These accounts demonstrate that emergency care was an integral part of Ayurvedic practice. The principles emphasize rapid identification of the cause, stabilization of aggravated doshas, timely intervention, and, where necessary, surgical or detoxification procedures. Revisiting these classical concepts may help broaden the understanding of Ayurveda's scope and encourage meaningful integration with modern emergency care systems.

Key words: *Ayurveda, Atyayika Chikitsa, Sadhya, Asadhya, Mridu, Daruna, Chirakari, Ashukari.*

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Introduction:

Emergencies are sudden, life-threatening situations that require immediate medical intervention to prevent serious harm or death. In Ayurveda, such critical conditions are described under the term *Atyaya* (danger), and their management is known as *Atyayika Chikitsa*. The foremost objective in these situations is *Pranaraksha*—the preservation of life. Although Ayurveda is commonly perceived today as a system mainly focused on preventive and chronic care, classical texts clearly reveal that acute and emergency conditions were recognized, classified, and systematically managed by ancient Acharyas.

A widespread misconception suggests that Ayurveda lacks the capacity for emergency management and that only modern allopathic medicine can address life-threatening crises. However, a close reading of classical literature demonstrates otherwise. Concepts such as *Vikara-Vighata-Bhavaabhava* explain how the intensity of *Nidana* (etiological factors), the aggravation of *Doshas*, and the susceptibility of *Dushyas* (body tissues) interact to produce sudden and severe disease manifestations. When these elements combine forcefully, acute and rapidly progressive conditions arise, corresponding to what we understand today as emergencies.

The texts also describe *Upadrava* (complications) as potentially more dangerous than the primary disease. Acharya Charaka emphasizes that complications emerging in an already weakened body demand prompt treatment, as delay may endanger life. Terms such as *Ashukari* (rapid in onset), *Daruna* (severe), *Twarita* (requiring swift action), and classifications like *Sadhya* and *Asadhya* reflect a clear awareness of disease severity and urgency.

Acharya Sushruta provides detailed guidance on surgical and traumatic emergencies, including *Sadyo Vrana* (fresh wounds), *Asthibhagna* (fractures),

Ashmari (urinary calculi), *Moodgarbha* (obstructed labor), and hemorrhage control. Similarly, acute stages of conditions such as *Tamak Shwas*, *Raktapitta*, and *Raktaj Atisara* are managed with specific therapeutic measures aimed at rapid stabilization.

These examples demonstrate that emergency care was an integral component of Ayurvedic practice. Re-examining these classical principles within a modern framework may help correct prevailing misconceptions and encourage a more integrative understanding of emergency medicine.

Literature Review

Classical Ayurvedic texts provide extensive references to emergency care:

- *Charaka Samhita* describes acute conditions such as fainting (*Moorcha*), epilepsy (*Apasmara*), haemorrhage (*Raktapitta*), and poisoning (*Visha*) (Sharma, 2001).
- *Sushruta Samhita* provides detailed accounts of trauma care, surgical emergencies, and haemorrhage control (Bhishagratna, 2006).
- *Agad Tantra* specializes in toxicological emergencies, including snake bites, insect stings, and food poisoning (Dash, 1980).

These sources demonstrate that Ayurveda was not limited to treatment only but also to emergency crisis.

Methodology

This paper employs a textual analysis of classical ayurvedic literature, supported by secondary sources in medical history and contemporary ayurvedic practice. comparative analysis is used to highlight parallels between ancient emergency protocols and modern medical interventions.

Categories of Atyayik Emergencies

- Emergency management occupies an important place in Ayurveda, and classical texts clearly document the recognition and treatment of a wide range of acute and life-threatening conditions. Conditions such as *Sadyourana* (fresh ulcers and

wounds), *Bhagna* (fractures), *Antravidradhi* (internal abscess), *Agni Dagdha* (burns), and *Sarpa-visha Damshana* (snakebite) are repeatedly mentioned in Ayurvedic literature, indicating that trauma, surgical, and toxicological emergencies were well understood by ancient physicians.

- Apart from traumatic conditions, Ayurveda also describes several acute medical states that correspond to modern emergencies. Severe stages of *Sannipata Jwara* are classified according to their dominant clinical presentation, such as *Tandrika* (typhoid-like state), *Prelapaka* (febrile delirium), *Akshapaka* (febrile convulsions), *Karnika* (infective parotitis or mumps), and *Teevra Sannipata* (hyperpyrexia). Respiratory emergencies such as *Tamaka Shwasa*, *Pratamaka Shwasa*, and *Pratamaka Kasa* resemble acute bronchial asthma and asthmatic bronchitis, often presenting with breathlessness and fever.
- Gastrointestinal emergencies are also detailed, including *Teevra Atisara* (severe diarrhea), *Pakva Atisara* (bleeding per rectum as seen in dysentery or ulcerative colitis), *Chhidrodara* (intestinal perforation), *Rakta Chhardi* (hematemesis), and *Mootraghata* (urinary retention). Neurological and systemic emergencies such as *Moorcha* (fainting), *Apasmara* (seizures), *Sanyasa* (coma), *Anidra* (severe insomnia), and intense *Shoola* (acute pain) are also considered urgent conditions requiring prompt intervention.
- Cardiovascular emergencies are described under *Hrid Upaghata* and *Hrid Bheda*, which clinically resemble myocardial infarction, angina, heart failure, and conduction disturbances. Ophthalmic

emergencies like *Abhishyanda* (acute conjunctivitis) and *Adhimantha* (glaucoma) are highlighted due to their potential to cause rapid vision loss. Obstetric emergencies including *Garbhapata*, *Garbhashrava*, *Moodha Garbha* (obstructed labor), and disorders of pregnancy further demonstrate the comprehensive scope of Ayurvedic emergency care.

- Based on clinical presentation, these conditions fall under categories of *Atyayika* emergencies such as traumatic and surgical emergencies, medical emergencies, and toxicological emergencies including poisoning (*Visha-peeta*), snakebite, scorpion bite, food poisoning, and alcohol intoxication (*Madatyaya*). Altogether, these descriptions confirm that emergency medicine was an integral and systematically developed component of Ayurveda.

Principles of Emergency Management in Ayurveda

- In acute and life-threatening conditions, immediate intervention is undertaken to protect *Prana*. Quick-acting medicines, supportive measures. Ayurveda describes several routes of drug administration that are specifically useful in emergency situations and in conditions where rapid action is required. These routes are designed to bypass the digestive process, ensure faster absorption, and deliver the drug directly to the target tissues or systemic circulation.
- One such important route is *Nasya*. Administration of medicines through the nasal route allows rapid absorption across the extensive mucosal surface of the respiratory tract. Because the drug bypasses the gastrointestinal tract and first-pass hepatic metabolism, bioavailability is significantly enhanced, often approaching near-complete absorption. This makes *Nasya* especially valuable in acute

neurological, respiratory, and consciousness-related emergencies where swift action is essential.

- The sublingual route is another effective method employed in urgent conditions. The area beneath the tongue is richly supplied with blood vessels, enabling the medicine to enter the systemic circulation directly. Absorption through this route is extremely rapid, as it avoids the first-pass metabolism of the liver. Ayurvedic dosage forms such as *Pottali Kalpa* yogas are commonly administered sublingually. This method is particularly advantageous in patients who are unconscious or unable to swallow.
- *Lepa*, or topical application, involves applying medicated pastes directly over the skin. Drugs applied through this route enter the subcutaneous tissues and produce local as well as systemic effects. Absorption occurs gradually and uniformly, making it suitable for sustained drug delivery. In cases of poisoning, Acharya Charaka specifically mentions the use of *Vishaghna Lepa* to counteract toxic effects.
- *Basti* (rectal administration) holds a prime position in Ayurvedic

therapeutics, especially in emergency management. The rectal mucosa is richly supplied with blood and lymphatic vessels, allowing efficient absorption of administered substances. Moreover, the lower gastrointestinal tract is closely associated with the enteric and parasympathetic nervous systems, facilitating systemic effects even though the drug remains in the body for a short duration. Since *Vata Dosha* is considered the primary factor in most emergencies, and *Basti* is the most effective therapy for regulating *Vata*, it is widely used in acute conditions.

- Another important principle is administering medicines along with *Anupana*. An *Anupana* acts as a vehicle that enhances drug absorption, directs the medicine to specific tissues, and accelerates therapeutic action. Honey is a commonly used *Anupana* due to its *Yogavahi* property, functioning both as a carrier and a catalyst.
- Together, these routes highlight the practical and advanced understanding of rapid drug delivery in Ayurveda, particularly in emergency care.

Comparative Analysis: Ayurveda vs. Modern Emergency Medicine Drugs and Therapeutic Measures Used in Emergency Conditions in Ayurveda

Emergency Type	Ayurvedic Approach (Atyayik Chikitsa)	Modern Medical Approach
Poisoning / Toxicology	<i>Vamana</i> (induced emesis), <i>Virechana</i> (purgation), herbal antidotes (<i>Agad Tantra</i>)	Gastric lavage, activated charcoal, intravenous fluids, antidotes
Hemorrhage (<i>Raktapitta</i>)	Cooling therapies, use of herbs like <i>Madhuka</i> and <i>Draksha</i> , blood-staunching measures	Blood transfusion, hemostatic agents, surgical intervention
Snake Bite (<i>Sarpa Visha</i>)	Incision, suction, herbal antidotes, protective rituals	Antivenom administration, wound care, supportive therapy
Shock / Fainting (<i>Moorcha</i>)	Reviving with aromatic herbs, sprinkling cold water, restoring consciousness	CPR, oxygen therapy, IV fluids, advanced life support

Fractures / Trauma (<i>Bhagna</i>)	Splinting, bandaging (<i>Bandhana</i>), cauterization (<i>Agni karma</i>), suturing (<i>Sutrakarma</i>)	Orthopedic fixation, sutures, surgical repair, analgesics
Seizures (<i>Apasmara</i>)	Use of calming herbs (<i>Brahmi</i> , <i>Shankhpushpi</i>), lifestyle regulation	Antiepileptic drugs, emergency seizure management protocols

- Ayurveda describes a wide spectrum of emergency conditions and provides detailed therapeutic measures for their management. Classical texts clearly indicate that acute and life-threatening situations were recognized and treated with urgency using medicines, procedures, and supportive measures collectively termed *Atyayika Chikitsa*.

Management of Respiratory Emergencies

- In conditions like *Tamaka Shwasa* (bronchial asthma), formulations such as *Kantakari Avaleha*, *Talisadi Churna*, *Sitopaladi Churna*, *Vasarishta*, *Padmapatradi Yoga*, and *Shwasakuthara Rasa* are indicated to relieve bronchospasm, clear channels, and restore normal respiration.

Management of Cardiac Emergencies

- Ayurvedic texts mention several measures for acute cardiac conditions resembling angina and ischemic heart disease. Drugs like *Hingu Churna* with *Lavana* and *Matulunga Rasa*, *Laghu Panchamula Kwatha* with *Sharkara*, and *Bilvadi Panchamula Siddha Yavagu* are prescribed. A paste prepared from *Pushkara Mula*, *Bijapuraka Mula*, *Mahaushadha*, *Sati*, and *Haritaki* mixed with *Kshara Ambu*, ghee, and salt is advised for *Vatika Hridroga* and chest pain.

Management of Acute Fevers

- In severe febrile conditions, medicines such as *Pravala Pishti*, *Godanti Bhasma*, *Giloy Satva*, *Tulsi*

Churna, *Tribhuvanakirti Rasa*, *Shadanga Paniya*, *Amritashtaka Kwatha*, and *Ananda Bhairava Rasa* are used to pacify aggravated *Pitta*, reduce toxins, and regulate body temperature.

Surgical and Traumatic Emergencies

- Acharya Sushruta provides detailed descriptions of surgical emergencies including wounds, fractures, perforations, and internal injuries. Procedures like *Nasa Sandhana* and *Karna Sandhana* resemble modern reconstructive surgeries. In *Chhidrodara* (intestinal perforation), the innovative use of ants as suturing material is described. Management of fractures (*Asthibhagna*) and joint dislocations (*Sandhi Bhagna*) is also elaborated.

Management of Poisoning

- Acharya Charaka describes 24 lines of treatment (*Upakramas*) for poisoning, including tourniquet application, incision, squeezing, suction, cauterization, emesis, purgation, bloodletting, nasal therapy, fumigation, antidotes, consciousness revival, and resuscitation. Specific formulations known as *Agadas* are used depending on the type of poison. Preparations like *Mahasugandhi Agada*, *Mrutasanjivini Agada*, *Gandhahasti Agada*, *Panchashirisha Agada*, *Bilvadi Agada*, *Nishadi Agada*, and *Ksharagada* are described for snakebite, scorpion bite, rat bite, plant and artificial poisonings. The concept of *Prativisha* (counter-poison) is also emphasized.

Management of Burns

- Burns (*Agni Dagdha*) are classified into four degrees, and treatment varies accordingly. Measures include application of medicated ghee, cooling therapies, herbal pastes, removal of necrotic tissue, and wound-covering with medicinal leaves. Special *Ghrita* preparations are recommended for wound healing.

Management of Hemorrhage

- Four methods of arresting bleeding (*Raktasrava Nirodha Karma*) are described: *Skandana* (coagulation), *Sandhana* (wound approximation), *Pachana* (chemical cauterization), and *Dahana* (thermal cauterization), reflecting a graded approach to hemostasis.

Other Emergency Conditions

- *Dhumopahata* (smoke inhalation) is managed with emesis, gargling, nasal therapy, and appropriate diet.
- *Moorchha* (unconsciousness) is treated with cold sprinkling and medicines like *Hemagarbha Pottali Rasa*, *Trailokyachintamani Rasa*, *Suvarna Sutasekhara Rasa*, and *Siddha Makaradhwaja*.
- In *Jalamagna Moorchhita* (drowning), physical measures to expel water followed by specific yogas are advised.
- *Kanthapidana* (strangulation) requires urgent nasal therapy, oil massage, fomentation, and nourishing *Vata-hara* diet.

Discussion:

In *Ashtanga Hridaya*, *Acharya Vagbhata* clearly states that Ayurveda possesses the ability to rescue an individual from the very grasp of death through the timely application of appropriate therapeutic measures. This assertion reflects the precision and depth with which emergency medical procedures were understood and practiced in ancient times. A careful study of classical texts shows that Ayurvedic Acharyas were not limited to a single

domain of healing; rather, they were highly skilled in medical, surgical, toxicological, and gynaecological disciplines, enabling them to manage a wide range of critical situations. *Acharya Charaka's* descriptions of the acute stages of *Tamak Shwasa* and *Pratamak Shwasa*, along with the judicious use of *Swedana* therapy in conditions like *Raktapitta*, demonstrate a clear understanding of rapidly progressing and life-threatening disorders. Similarly, the use of specific formulations and treatment strategies in acute conditions such as *Raktaja Atisara* highlights the adaptability and clinical effectiveness of Ayurvedic therapeutics in emergency settings. *Acharya Sushruta's* detailed accounts of invasive surgical procedures, trauma care, and the management of critical conditions further strengthen the evidence that Ayurveda offered comprehensive emergency services. His emphasis on both curative and preventive strategies illustrates the holistic nature of Ayurveda, which aims not only to address immediate threats to life but also to restore and maintain overall health and well-being. The belief that Ayurveda lacks emergency management capabilities is a widespread misconception that warrants critical re-evaluation. Although Ayurveda is a traditional and holistic system deeply rooted in ancient practices, it does not imply an inability to respond effectively to emergencies. On the contrary, Ayurveda represents an all-inclusive healthcare system that emphasizes rapid diagnosis, timely intervention, and appropriate therapeutic selection in acute conditions. Ayurvedic pharmacology offers a wide range of herbal, mineral, and compound formulations suitable for emergency use, many of which have demonstrated clinical efficacy. Moreover, several Ayurvedic emergency principles show close parallels with modern medical practices. Procedures such as *Vamana* and *Virechana* resemble gastric lavage and purgation used in modern toxicology, *Sushruta's* surgical techniques laid foundational concepts for trauma care, and the antidote therapies

described in *Agad Tantra* align with contemporary pharmacological approaches. Despite these strengths, challenges remain in the standardization and scientific validation of Ayurvedic emergency protocols. Integration with modern medical systems, particularly in resource-limited and rural settings, has the potential to enhance emergency healthcare delivery and broaden access to timely life-saving interventions.

Conclusion:

Ayurvedic texts contain a vast repository of clinical knowledge and practical insight that reflects a deep and systematic understanding of medical emergencies and their management. Far from being limited or inadequate in acute care, Ayurveda emerges as a complete and time-tested medical tradition capable of responding swiftly and effectively to life-threatening conditions. The detailed descriptions of emergency states, their classifications, and corresponding therapeutic measures in classical texts clearly indicate that ancient physicians were well equipped to handle sudden health crises with precision, care, and clinical judgment. Although Ayurvedic emergency management does not mirror the structure of Western emergency medicine, it possesses its own well-defined principles and resources for addressing acute conditions. The emphasis on rapid assessment, immediate intervention, stabilization of vital functions, and prevention of further deterioration aligns with the core objectives of modern emergency care. Through concepts such as *Atyayika Chikitsa*, Ayurveda extends its scope beyond chronic disease management into the realm of acute and critical care. This traditional holistic system also emphasizes preparedness and resilience, making it relevant in the context of emergency planning and community health. In areas where access to advanced medical infrastructure is limited, Ayurvedic principles and interventions may offer valuable support in managing emergencies and preventing complications

until advanced care becomes available. In the rapidly evolving global healthcare landscape, it is essential to adopt an inclusive and integrative approach. Recognizing and evaluating all effective systems of medicine can strengthen our collective ability to respond to medical crises while ensuring favorable patient outcomes. By combining classical Ayurvedic wisdom with modern scientific advancements, a more holistic and patient-centered model of emergency care can be developed.

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