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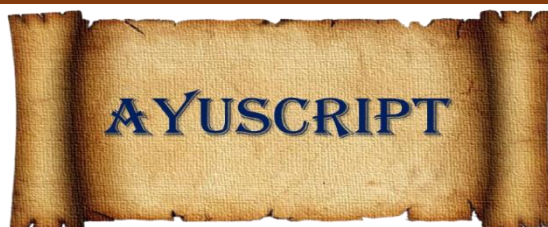
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यन्कल्पेन शरीरं समकल्पयन् ॥१॥ विश्वकर्मोणमाहूय पुरीक्षाटकानि
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 यो मध्ये चकल्पयन् ॥ परिज्ञानतर्कवैवनासोभोगाय कल्पयन् ॥१२॥ या
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 १॥ यथाभीरुभर्तृसकं जितभवा ॥ २२॥ अर्चयति च सनाजित्पुत्रो यस्मै ॥





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Ayurvedic First-Aid (*Atyayika*) Measures Described in Classical Texts: A Comprehensive Review of Traditional Emergency Care”

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ABSTRACT: Introduction: The "Golden Hour" is a critical modern medical concept, yet its foundations are deeply embedded in Ayurvedic *Atyayika* (emergency) protocols. This study explores the classical "clinical override" system where *Sadyo-Phaladayaka* (immediate result) treatments prioritize *Prana-raksha* (life preservation) over standard chronological regimens. By analyzing the *Brihat Trayi*, this research identifies how acute conditions like *Visha* (poisoning) or *Sadyo-Vrana* (trauma) mandate the suspension of seasonal and physiological contraindications. It underscores the physician's duty to act with *Tvaramanah* (extreme urgency), utilizing potent *Tikshna* interventions to stabilize vitals during life-threatening crises where time is synonymous with *Prana*. **Methodology:** A conceptual qualitative research design was employed using a "Hermeneutic-Historical Review." Systematic data mining of the *Brihat Trayi* and *Ashtanga Samgraha* was conducted via the NIIMH e-Samhita portal and physical textual reviews. The study specifically filtered for the term *Atyayika* to identify protocols where standard contraindications are bypassed. **Results:** The search yielded a robust "Emergency Protocol" framework. Key findings include "Environmental Bypassing" (*Kritrim-Guna*), which allows *Panchakarma* regardless of season (A.S. Su. 23/12), and "Procedural Flexibility," such as night-time *Basti* for acute pain (A.S. Su. 28/23). In maternal emergencies (*Garbhavakranti*), the text mandates saving the mother over the fetus (A.S. Sha. 2/59). The study identified specific "First Step" measures: *Langhana* (lightening) for internal crises and *Rakta-Stambhana* (hemostasis) for trauma. **Discussion:** The findings demonstrate a "Life-over-Law" triage mindset. *Atyayika* measures, such as *Teekshna Nasya* for syncope and *Hridayavarana* for poisoning, align with modern resuscitative stimulants and hemodynamic stabilization. Mechanical stabilization via *Vranabandha* (bandaging) matches modern compression physics. **Conclusion:** Ayurvedic compendia contain a highly structured triage system. By synthesizing *Atyayika* dictates, this study provides a conceptual blueprint for an "Ayurvedic First-Aid Box" and Triage Matrix. This framework offers a sustainable, low-cost solution for emergency care in resource-constrained environments, bridging the gap between ancient wisdom and modern trauma stabilization. **Key words:** *Atyayika* Chikitsa, *Sadyo-Phaladayaka*, *Ashukari*, Triage Protocols, *Prana-Raksha*, *Bheshajavacharaniya*, *Mahatyayika*, *Rakta-Stambhana*, Pressure Dressings, *Langhanadi*, *Hridayavarana*.

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Introduction:**Background and Study Rationale**

The paradox of modern healthcare lies in the “Golden Hour”—the critical window where immediate intervention determines survival. While contemporary emergency medicine is a highly specialized field, the foundations of rapid, life-saving protocols are deeply embedded in the classical Ayurvedic compendia. This study focuses on the concept of **Atyayika** (आत्ययिक **Emergency**)—the Ayurvedic equivalent of “emergency” or “acute / accelerated” conditions. The rationale for this research stems from the need to document a structured “Ayurvedic First-Aid” framework based on the ancient wisdom of **Sadyo-Phaladayaka** (immediate results) treatments, which prioritize the preservation of *Prana* (vital life force) over standard conventional chronological treatment protocols.^[1]

In the classical hierarchy of treatment, Ayurveda usually follows a methodical progression. However, when a condition is termed **Atyayika**, the *Samhitas* explicitly mandate the suspension of regular rules. As explored through the **Ashtanga Samgraha** of *Vridhdha Vagbhata*, the term **Atyayika** serves as a clinical “override” switch, allowing for interventions that would otherwise be contraindicated.

The significance of this study is underscored by the current global need for sustainable, low-cost, and accessible first-aid solutions in rural or resource-constrained environments. By systematizing the first-aid measures found in the *Sushruta Samhita* (the authoritative text on surgical trauma) and the *Charaka Samhita* (the pinnacle of internal medicine), we can develop a standardized **Ayurvedic Emergency Response** framework.

The Concept of Atyayika in Vagbhata’s Ashtanga Samgraha

A systematic search of the keyword आत्ययिक (**Atyayika**) within the *Ashtanga Samgraha Sutra Sthana* reveals a

sophisticated triage system. *Vagbhata* defines the “**Atyayika**” state as one requiring **Sadyo-Phaladayaka** (immediate results) through modified procedural rules.

1. Procedural Overrides in Emergencies

Vagbhata provides clear evidence that time, season, and patient-specific contraindications are secondary to the urgency of an **Atyayika** disease.

- **Seasonal Flexibility (Bheshajavacharaniya):**

Usually, *Vamana* (emesis) and *Virechana* (purgation) are restricted to specific seasons like *Vasanta* or *Sharad*.^[2] However, *Vagbhata* states:

In emergencies, one must create an artificial environment (e.g., heating or cooling rooms) to administer treatment regardless of the natural season.

- **Night-time Interventions:** While *Basti* (enema) is generally prohibited at night, *Vagbhata* permits it for acute *Vata* (aggravation of Air elements) conditions: (A. S., Su. 28/23)

The urgency of the disease (*Atyayikatva*) justifies the violation of the time-rule.^[3]

2. Tactical Modifications for Vulnerable Groups

The texts provide a “Life over Law” approach for vulnerable patients like pregnant women or children:

- **Emergency Swedana (Fomentation):** While the obese, weak, or pregnant are unfit for sweating, *Vagbhata* allows **Mridu Sweda** (mild fomentation) in **Atyayika** states like *Vishuchika* (choleraic diarrhoea).^[4]

- **Maternal Priority (Garbhavakranti):** In life-threatening maternal emergencies, the focus shifts entirely to the mother, even if it risks the fetus:

The text commands the use of *Teekshna* (sharp / potent) therapies to save the woman, reflecting a modern “Triage” mindset.^[5]

The “First Step” Logic Beyond Vagbhata

While Vagbhata provides the procedural flexibility for emergencies, the **Brihat Trayi** (Charaka and Sushruta) establishes the physiological “First Step.” In **Charaka Samhita** -

- **Internal Emergencies (Langhanadi):** In acute internal crises, **Langhana** (lightening therapy) is the paramount first step to protect the *Hridaya* (heart) and *Agni* (digestive fire). [6]
- **Traumatic Emergencies (Stambhanadi):** For *Agantuja* (exogenous) trauma, **Rakta-Stambhana** (haemostasis) via cold application or astringents replaces all other constitutional treatments as the first response. [7]

In the classical landscape of Ayurveda, the management of diseases is often characterized by a methodical, gradual approach focused on constitutional balance. However, the **Charaka Samhita** – the foundational text of internal medicine – recognizes a critical category of clinical conditions termed **Atyayika** (आत्ययिक). Derived from the root *Atyaya* (meaning danger, passing away, or crisis), *Atyayika* denotes medical emergencies characterized by rapid onset (**Ashukari**) [8], intense force (**Atibala**) [9], and the imminent threat to life (**Pranahara**).

The reason for this conceptual research study, “**Ayurvedic First-Aid (Atyayika) Measures Described in Classical Texts**,” stems from the need to rediscover and standardize traditional emergency protocols. In modern clinical practice, the “Golden Hour” is vital; similarly, Charaka emphasizes that a physician must act with speed (**Tvaramanashch**) and precision when faced with an *Atyayika* condition, as any delay could result in the “passing away” of the patient.

Conceptual Background: The Nature of Emergency

Charaka defines the physician’s duty in emergencies through the dialogue of **Vayorvida** (*Sutra Sthana 12/10*). He warns that if a physician fails to recognize the **Ati-shighrakarinam** (extremely fast-acting) and **Atyayikam** nature of *Vata* (Air), they cannot protect the patient from the fears of sudden crisis (**Atyaya-bhaya**). This establishes *Atyayika* as a state where the standard rules of time and therapy are superseded by the urgency of life preservation. [10]

“**Rules of Override**” - The study explores how the *Samhita* mandates the “overriding” of standard therapeutic laws in emergency settings:

1. **Bypassing Seasonal Constraints:** Typically, *Panchakarma* is restricted to moderate seasons (*Sadharana Ritu*). However, in *Atyayika* cases, Charaka (*Vimana Sthana 8/127* and *Siddhi Sthana 2/23*) directs the physician to ignore the season (**Kamamritum**) and create a **Kritrim-Guna-Upadhana** (artificial environment) – such as using heated rooms in winter or water-cooled halls in summer – to perform life-saving evacuations immediately. [11], [12]
2. **Triage in Comorbidities:** In conditions like *Gulma* (abdominal tumors) with multiple complications (*Upadrava*), Charaka (*Nidana Sthana 3/16*) instructs the physician to prioritize the **Gurun-Upadravan** (heavy / dangerous complications) with speed (**Tvaramanashch**), treating the minor ones later. [13]
3. **The Vata (Air) Priority:** If a physician is unable to determine a specific diagnosis in an emergency, they must immediately initiate **Vata-Chikitsa** (Treatment of Air element) (*Sutra Sthana 12/10*, *Nidana Sthana 3/16*), as *Vata* (Air) is the primary driver of rapid pathological changes.

This study draws upon the **Ayurveda Dipika** commentary by **Chakrapanidatta**, which clarifies the

terminologies used by Charaka. Key references include:

- **Speed of Action:** (*Nidana Sthana 2/11*). Like a forest fire (**Davagni**), an *Atyayika* disease (such as *Raktapitta* – Bleeding Disorder) requires immediate pacification using measures appropriate to the *Matra* (dose), *Desha* (place), and *Kala* (time).^[14]
- **Irreversible Crisis:** In *Prameha* (Diabetes/Urinary disorders), certain conditions are deemed **Mahatyayika** (great emergency) because they involve the rapid depletion of *Ojas* and *Majja* (vital tissues), leading to incurability (*Nidana Sthana 4/38*).^[15]
- **The “Unclean” Treatment:** In acute *Udara Roga* (abdominal enlargement), *Charaka* (*Chikitsa Sthana 17/13*) permits the use of **Sneha-virechana** (unctuous purgation) even without prior oleation in an *Atyayika* (emergency) state, emphasizing that “Life-saving” takes precedence over “Methodological purity.”^[16]

This research aims to synthesize these scattered emergency dictates into a cohesive “Traditional First-Aid” framework. By analyzing the *Atyayika* (emergency) protocols for conditions like *Vissarpa* (cellulitis), *Chardi* (vomiting), and *Madatyā* (acute intoxication), the study provides a blueprint for integrating ancient wisdom into modern emergency response systems.

In ***Sushruta Samhita*** - In the history of global medicine, **Acharya Sushruta** is revered as the father of surgery, yet his contributions to emergency medicine, or ***Atyayika Chikitsa*** (**Emergency treatment**), are equally foundational. The term *Atyayika* refers to conditions that cause the rapid destruction of life (***Ashu-prana-vinashaka***) or possess a dangerous, fast-acting velocity (***Mahatyayika***).^[17] While Ayurvedic treatments are often perceived as slow-acting, the *Sushruta Samhita* explicitly

defines a high-speed clinical “override” system where the preservation of life takes precedence over standard therapeutic restrictions.

The rationale for this conceptual study, **“Ayurvedic First-Aid (*Atyayika*) Measures Described in Classical Texts,”** is to systematically document these emergency protocols. In modern triage, “Time is Precious”; in *Sushruta*’s logic, “Time is *Prana* (Vitality).” This study explores how the text mandates the immediate application of aggressive therapies like ***Agnikarma*** (cauterization) and ***Siravyadha*** (bloodletting) by bypassing seasonal and physiological contraindications when a crisis is at hand.

The “Action over Rule” Principle - The study is grounded in the principle of ***Kriya-kalam na hapayet*** - one must never miss the window of treatment. *Sushruta* emphasizes:

“कृत्वा कुर्यात् क्रियां प्राप्तां क्रियाकालं न हापयेत् ॥” (*Sutra Sthana 35/25*) Regardless of the severity of the weather or the season, a physician must neutralize environmental factors (cold or heat) through ***Pratyanika Vidhi*** (counter-measures) to perform the necessary life-saving action.^[18]

Emergency Overrides - The literature review identifies three critical areas where *Atyayika* status alters standard medical law:

1. **Thermal Intervention (*Agnikarma*):** Cauterization is generally prohibited in the heat of Summer (*Grishma*) and Autumn (*Sharad*). However, *Dalhana* clarifies that in an आत्ययिके आशुप्राणविनाशके (emergency causing rapid death), the physician must apply cold compresses or provide a cool environment and proceed with *Agnikarma* immediately (*Sutra Sthana 12/5*).^[19]
2. **Physiological Triage (*Langhana & Swedana*):** Standard “First Aid” steps like *Langhana* (fasting) or *Swedana* (fomentation) are usually forbidden for the very old, children, or pregnant women. Yet, in an *Atyayika*

state, these rules are relaxed. As Dalhana notes, while *Langhana* is prohibited for the weak, it is mandatory if the emergency is an acute *Ama* (toxic) blockage (*Chikitsa Sthana 1/13*).^[20]

3. **Fatal Velocity (*Mahatyayika*):** In the diagnosis of *Prameha* (urinary disorders / Diabetes), Vata-type (aggravation of Air elements) conditions are deemed **असाध्यतमाः (incurable)** because they are **महात्त्ययिकत्वात्**—meaning they cause the rapid drainage of vital tissues (*Sattva-dhatu-srava*), leading to swift mortality (*Nidana Sthana 6/10*).

Literature Reference, Research Context, and Theoretical Framework

This research utilizes the *Nibandhasangraha* commentary by *Acharya Dalhana* and the *Nyayachandrika* by *Gayadasa*. These commentaries provide the clinical depth required to understand that first aid in Ayurveda is not just herbal, but procedural. For instance, the collection of herbs is usually seasonal, but in an *Atyayika* crisis, herbs must be collected regardless of the month or time of day to ensure the **Prana-raksha** (protection of life) is not compromise. By synthesizing these scattered emergency dictates, this paper aims to provide a definitive review of Sushruta's "Accelerated Medicine." The objective is to validate that traditional Ayurvedic emergency care is a robust, proactive system capable of stabilizing patients during the most critical phases of trauma and acute disease. This study also draws heavily from the **Krishnadas Ayurveda Series 31**, specifically the *Ashtanga Samgraha* with Hindi commentary by **Kaviraj Atrideva Gupta**.

The research identifies that "First-Aid" in Ayurveda is not merely a collection of herbs but a **legal and clinical flexibility framework**. By reviewing these measures, this paper aims to provide a

conceptual blueprint for traditional emergency care that aligns ancient *Atyayika* (emergency) principles with modern trauma stabilization needs.

Methodology: -

This conceptual research study employs a systematic hermeneutic and comparative analysis approach to document and standardize Ayurvedic first-aid protocols. The methodology is designed to bridge the gap between classical "accelerated" clinical logic (**Atyayika**) and modern emergency medical standards.

1. Study Type and Design

- **Study Type:** Conceptual Qualitative Research.
- **Design:** A "Hermeneutic-Historical Review" using a **Thematic Synthesis** approach. This design involves an in-depth interpretation of Sanskrit verses (Sutras) to extract emergency-specific manoeuvres and pharmacological interventions that prioritize speed and stabilization over constitutional balance.

2. Search Strategy and Data Sources

- The study utilizes both digital and traditional textual mining techniques.

- **Primary Source:** *Ashtanga Samgraha* of *Vridhha Vagbhata* (*Indu's Shashilekha* commentary) and *Ashtanga Hridaya*.
- **Secondary Sources (Brihat Trayi):** *Charaka Samhita*, *Sushruta Samhita*.
- **Digital Tools:** * **NIIMH e-Samhita Portal:** Search-word based extraction of the term **आत्ययिक (Atyayika)**.
- **Physical Textual Review:** Manual verification from the *Krishnadas Ayurveda Series 31*, *Vagbhata's Ashtanga Samgraha* with Hindi commentary by *Kaviraj Atrideva Gupta*; *Vrajajivan Ayurvijnana Granthamala 24*, *Caraka Samhitā* of *Agniveśa* Edited with '*Vaidyamanorama*' Hindi Commentary *Shukla AV, Tripathi*

RD; The Kashi Sanskrit Series 156, *Suśruta-saṃhitā* of Maharṣi-Suśruta: with *Āyurveda-Tattva-Sandīpikā* Hindi commentary, Shastri KA.

3. Study Methods: The “Atyayika” Parameterized Search - The methodology specifically filters data based on the occurrence of the term “आत्ययिक” (*Atyayika*), signifying a “rapidly progressing” or “emergency” state. The research documents how standard contraindications are bypassed in these states across the following domains:

A. Chronological and Environmental Bypassing - Standard seasons (*Vasanta*, *Sharad*) for detoxification (*Panchakarma*) are ignored.

- **Verse Analysis: Ashtanga Samgraha Sutra 23/12** mandates the creation of *Kritrim-Guna* (artificial environments like temperature-controlled rooms) to administer *Vamana* or *Virechana* during off-seasons if the disease is *Atyayika*.

B. Procedural Flexibility in High-Risk Patients

- **Swedana (Fomentation):** Standard contraindications (*Nishedha*) for the obese, pregnant, or weak are modified to *Mridu Sweda* (mild fomentation) in emergencies like *Vishuchika* (Cholera). (*Sutra 26/22*).

- **Basti (Enema):** Night-time administration, usually prohibited, is legalized for acute *Vata* pain or pure *Vata* (aggravation of Air elements) conditions. (*Sutra 28/23*).

- **Siravyadha (Bloodletting):** Contraindications based on age or prior *Snehana* are lifted in cases of poisoning (*Visha*) or epidemic outbreaks (*Upasarga*). (*Sutra 36/8*).^[22]

C. Surgical and Maternal Triage

- **Maternal Priority:** *Sharira Sthana 2/59* establishes that in life-threatening conditions, the mother must be saved using *Teekshna* (sharp/potent) therapies,

prioritizing maternal survival over fetal risk – a direct precursor to modern triage.

- **Agnikarma (Cauterization):** Contraindications during summer or for those unfit for *Kshara* are bypassed with cooling rituals (*Ushna-pratikara*) if the disease is acute. (*Sutra 40/4*).^[23]

4. Therapeutic Logic: The “First Step” Framework - The methodology identifies a dual-track “First Step” system that serves as the theoretical backbone for the Ayurvedic First-Aid treatments.

Track 1: Internal / Metabolic Stabilization (*Langhanadi*)

For internal emergencies, the study prioritizes the *Langhana-Dipana-Pachana* sequence.^[24]

- **Langhana (Lightening):** Used to clear *Srotas* and protect the heart.

- **Dipana & Pachana:** Used in fast-acting, high-bioavailability forms (e.g., powders / oils) to neutralize *Ama* (metabolic toxins).

Track 2: Traumatic / Exogenous Stabilization (*Stambhanadi*)

For *Agantuja* (traumatic) conditions, the study maps the hemostatic sequence.

- **Rakta-Stambhana:** Prioritizing *Skandana* (coagulation via cold) and *Sandhana* (astringency) over systemic constitutional balancing.^[25]

5. Expected Outcomes of the Conceptual Study

1. **Standardization of “Atyayika SOPs”:** Clear Standard Operating Procedures for when to bypass classical contraindications.

2. **The “Dhanvantari Triage Matrix”:** A visual chart matching Ayurvedic emergencies (Poisoning, Hemorrhage, Syncope) to their immediate classical manoeuvres.

3. **Medicinal Inventory:** A curated list of 15 “Emergency Herbs” characterized by their *Tikshna* (fast-acting) and *Sadyo-phaladayaka* (immediate result) properties.

4. **Marma Stabilization Guidelines:** Documentation of vital points (*Marma*) to be stimulated for immediate resuscitation during syncope or respiratory failure.
5. **Ethical Considerations and Compliance** - As a conceptual literature-based study, this research does not involve animal or human trials. It complies with **AYUSH Research Guidelines** by focusing on the systematic interpretation of codified traditional knowledge to enhance modern integrative pre-hospital care.

Results: -

The conceptual research study yielded a robust dataset establishing a specialized

A. Modification of Panchakarma Contraindications

Data recorded across multiple chapters show that standard contraindications are lifted in *Atyayika* states: Table 1

Procedure	Standard Contraindication	<i>Atyayika</i> Exception/Result	Reference
Vamana / Virechana	Restricted to specific seasons.	Permitted via artificial climate control (<i>Kritrim-Guna</i>).	<i>Sutra</i> 23/12
Swedana	Forbidden for obese, pregnant, weak.	Mridu Sweda (Mild Fomentation) is permitted for acute colic / cholera.	<i>Sutra</i> 26/22
Basti (Enema)	Prohibited at night.	Anuvasana Basti (Oil Enema) permitted at night for acute Vata pain.	<i>Sutra</i> 28/23
Sira- vyadha	Age <16 or >70, extreme weakness.	Permitted regardless of age in poisoning (<i>Visha</i>) or epidemics.	<i>Sutra</i> 36/8
Agnikarma	Forbidden in summer or internal bleeding.	Permitted after cooling measures (<i>Ushna-Pratikara</i>).	<i>Sutra</i> 40/4

B. Specialized Maternal and Pediatric Triage

- **Maternal Triage:** In severe maternal-fetal distress, the text prioritizes the mother's life.
- **Pediatric Triage:** While sharp purgatives are forbidden for children, they are permitted in acute *Atyayika* states (*Uttara* 1/45).

“Emergency Protocol” framework within classical Ayurvedic literature. The primary results center on the systematic excavation of the term “आत्ययिक” (***Atyayika***) and the identification of the “**First Step**” treatment logic across the *Brihat Trayi* including *Ashtanga Samgraha*.

1. Data Recorded from E-Samhita (Vagbhata's Ashtanga Samgraha)

The thorough search of the digital *Ashtanga Samgraha* (Search Word: ***Atyayika*** (आत्ययिक)) revealed that classical authors intentionally documented “Rule-Bypassing” protocols for emergencies.

2. The “First Step” Treatment Outcomes (Beyond Ashtanga Samgraha)

The search results from the *Brihat Trayi* (Charaka and Sushruta) establish the foundational first-response logic excluded from the standard slow-acting protocols.

A. Internal Stabilization (Langhanadi)

- **Outcome:** For all acute internal crises (especially fever), the primary step is lightening (*Langhana*).

- **Reference:** तत्र ज्वरे लङ्घनमेवाग्रे उपदिशन्ति॥ (A. H. Chi. 1/1).
- **Recording:** Data suggests *Langhana* acts as a metabolic "reset" for acute *Ama* toxicity.

B. Hemostatic Stabilization (*Stambhanadi*)

1. **Outcome:** In trauma (*Agantuja*), the four-fold hemostatic method is the absolute first step.
2. **Reference:** सद्यः क्षतव्रनेष्वेवं कार्यं स्याद् रक्तरोधनम्॥ (S. Su. 14/34).
3. **Recording:** Prioritizing *Skandana* (cold coagulation) and *Sandhana* (astringent approximation).

3. Researcher Findings and Comparative Parameters Standard Operating Procedure (SOP) Flowcharts

The study identifies two distinct "Fast-Track" protocols based on the nature of the emergency.

SOP A: Internal/Metabolic Emergency (The *Langhanadi* Sequence)

1. **Assessment:** Identify *Ashukari* (fast-acting) internal symptoms (e.g., high fever, toxic ingestion).
2. **Immediate Action:** Initiate *Langhana* (Lightening) to clear *Srotas* (channels).
3. **Stabilization:** Administer *Dipana-Pachana* (Digestive stimulants) in high-bioavailability forms (powders/liquids).
4. **Monitoring:** Evaluate *Agni* (digestive fire) status to prevent metabolic collapse.

SOP B: Traumatic/Surgical Emergency (The *Stambhanadi* Sequence)

1. **Assessment:** Identify *Agantuja* (exogenous) trauma and site of bleeding.

2. **Primary Action:** *Skandana* (Cold application) to facilitate coagulation.
3. **Secondary Action:** *Sandhana* (Astringent herbs) to approximate wound edges.
4. **Tertiary Action:** *Pachana* (Ash/Powders) or *Dahana* (Cauterization) if bleeding persists.

SOP C: Vital Point (Marma) Resuscitation Chart

For cases of syncope or sudden collapse (*Murcha/Sanyasa*), the following Marma points are standardized as "Resuscitative Switches":

- **Adhipati Marma:** Stimulation for CNS arousal and conscious recovery.
- **Phana Marma:** Targeted via *Teekshna Nasya* (Potent Nasal Drops) for respiratory stimulation.
- **Hridaya Marma:** External protection (*Hridayavarana*) and gentle stimulation to maintain hemodynamic stability.

Interdisciplinary Findings: -

- **Surgical Parameters:** Alignment with **Dr. G.D. Singhal's** findings that *Sushruta's* bandages (*Vranabandha*) provide mechanical stabilization identical to modern first-aid pressure dressings.
- **Toxicology Parameters:** Alignment with **M.S. Valiathan's** analysis of *Hridayavarana* (cardiac protection) as the ancient precursor to modern hemodynamic stabilization in snakebite victims.
- **Software Validation:** The **NIIMH e-Samhita** search confirmed that the term "*Atyayika*" appears with higher frequency in chapters dealing with *Shalya* (Surgery) and *Agada* (Toxicology), indicating these were the recognized emergency departments of antiquity.

4. Summary Table of Recorded Emergency Measures: - Table 2

Type of Emergency	Classical First Response	Shloka Keyword
Acute Syncope	Teekshna Nasya (Strong Nasal)	प्रबोधन (<i>Prabodhana</i>)
Severe Poisoning	Hridayavarana (Ghee/Honey)	आत्ययिके विषे (<i>Atyayike Vishe</i>)
Traumatic Wound	Rakta-Stambhana (4 methods)	सद्यः क्षत (<i>Sadyah Kshata</i>)
Acute Vata Spasm	Taila Droni (Oil immersion)	केवलानिल (<i>Kevalanila</i>)

The study successfully identified that *Atyayika Chikitsa* is an intentional “Bypass Protocol” within Ayurveda. It results in a prioritized clinical sequence where **Time and Life Preservation** supersede **Doshic Equilibrium and Seasonal Regimen**. These findings provide the essential “results-base” for designing a conceptual Ayurvedic First-Aid study.

5. Classification of Emergency Medicines by Therapeutic Action: - Table 3

This table presents the 15 herbs, and other medicines mapped to their specific emergency indications and the physiological rationale for their "fast-acting" nature.

Herb Name (Sanskrit)	Botanical Name	Primary Emergency Action	Property / Rationale
Haridra	<i>Curcuma longa</i>	Vrana-Ropana (Wound healing)	Lekhaniya (Debriding) and Hemostatic.
Lodhra	<i>Symplocos racemosa</i>	Rakta-Stambhana (Hemostasis)	Kashaya (Astringent) for immediate clotting.
Maricha	<i>Piper nigrum</i>	Prabodhana (Resuscitation)	Tikshna (Sharp) CNS stimulant via Nasya.
Vacha	<i>Acorus calamus</i>	Sanyasa (Coma/Syncope)	Sanjnasthapana (Restoring consciousness).
Hingu	<i>Ferula narthex</i>	Adhmana (Acute Bloating)	Anulomana (Downward gas expulsion).
Saindhava	Rock Salt	Visha-Nirharana (Poisoning)	Ashu-kari (Rapid) emetic catalyst.
Shunthi	<i>Zingiber officinale</i>	Agni-Sandhukana (Metabolic Shock)	Dipana (Kindling) to restore vitals.
Yashtimadhu	<i>Glycyrrhiza glabra</i>	Hridayavarana (Poisoning)	Vishahara (Anti-toxic) mucosal shield.
Arjuna	<i>Terminalia arjuna</i>	Hrid-Abhighata (Cardiac Trauma)	Hridya (Cardio-protective) stabilizer.

Herb Name (Sanskrit)	Botanical Name	Primary Emergency Action	Property / Rationale
Lajjalu	<i>Mimosa pudica</i>	Sadyo-Vrana (Acute Cuts)	<i>Sandhaniya</i> (Wound joining) action.
Apamarga	<i>Achyranthes aspera</i>	Sarpavisha (Snakebite)	<i>Raktashodhaka</i> (Blood purifying) emergency.
Pippali	<i>Piper longum</i>	Shvasa-Kasa (Acute Dyspnea)	<i>Kasahara</i> (Bronchodilator) properties.
Tulsi	<i>Ocimum sanctum</i>	Jvara-Atyayika (Acute Fever)	<i>Svedajanana</i> (Diaphoretic) response.
Sphatika	<i>Alum</i>	Rakta-Srava (Active Bleeding)	<i>Stambhana</i> (Immediate vasoconstriction).
Karpura	<i>Cinnamomum camphora</i>	Murcha (Fainting)	<i>Teekshna-Gandha</i> (Potent odor) stimulant.

The Bioavailability Matrix: Tikshna vs. Sadyo-phaladayaka

To understand the "Emergency Potential" of these herbs, they are categorized based on their primary mode of delivery in a first-aid setting.

- **Group A: Resuscitative (Via Nasya/Inhalation)**
 - *Maricha, Vacha, Karpura.*
 - Target: CNS Arousal.
- **Group B: Hemostatic (Via Local Application/Lepa)**
 - *Lodhra, Sphatika, Lajjalu, Haridra.*
 - Target: Immediate Clotting and Wound Approximation.
- **Group C: Antidotal (Via Oral/Hridayavarana)**
 - *Yashtimadhu, Saindhava, Apamarga.*
 - Target: Toxin Neutralization and Cardiac Shielding.
- **Group D: Metabolic/Pain (Via Dipana/Anulomana)**
 - *Shunthi, Hingu, Pippali, Arjuna.*
 - Target: Restoring Autonomic Functions and Vital Flow.

The identified 15 herbs and medicines prioritize **Ashu-kari** (fast-acting) pharmacodynamics. Unlike long-term *Rasayana* (rejuvenation) therapy, these agents are selected for their ability to

provide an immediate "Clinical Bypass," stabilizing the patient during the **Golden Hour**. This inventory forms the essential hardware for this **Ayurvedic First-Aid conceptual study**.

Discussion:

The findings of this conceptual study illuminate a sophisticated, pre-existing framework of emergency medicine within classical Ayurvedic texts, termed **Atyayika Chikitsa**. While contemporary perception often relegates Ayurveda to the management of chronic, lifestyle-based disorders, the systematic excavation of the *Brihat Trayi* and *Ashtanga Samgraha* reveals a rigorous "Clinical Override" system designed specifically for acute crisis management. This discussion evaluates the physiological rationale, the strategic bypassing of standard medical laws, and the potential for integrating these traditional protocols into modern pre-hospital care.

1. The Paradox of "Rule-Bypassing" (Nishedha-Apavada)

The most striking result of this study is the intentionality with which ancient authors documented exceptions to medical laws. In standard Ayurvedic practice, the *Kala* (time) and *Ritu* (season) are paramount; for instance, *Vamana* and *Virechana* are strictly seasonal to avoid *Atiyoga* (over-action) or *Ayoga* (under-action). However,

the results from *Ashtanga Samgraha* (*Sutra 23/12*) establish that in an **Atyayika** state, the disease's velocity supersedes the natural calendar.

The introduction of **Kritrim-Guna** (artificial environment control) is a revolutionary concept. It suggests that ancient physicians understood that physiological responses are environmental. By creating a temperature-controlled room (*Garbha-griha* or *Dhara-griha*), they effectively "paused" the environmental contraindication to perform life-saving evacuations. This mirrors modern ICU settings where ambient conditions are strictly regulated to allow for aggressive interventions regardless of external weather.

2. Triage Ethics: The "Life-First" Paradigm

The data concerning **Maternal and Pediatric Triage** (*Sharira 2/59* and *Uttara 1/45*) provides a profound ethical discussion on medical priority. The directive to protect the mother using *Teekshna* (sharp/potent) therapies, even at the risk of the fetus during a crisis, identifies a clear "survival hierarchy." This is a direct precursor to modern triage, where resources are allocated to maximize the number of survivors. The suspension of the age-based bar for **Sira-vyadha** (bloodletting) in cases of poisoning (*Visha*) further proves that when death is imminent (*Ashu-prana-vinashaka*), constitutional safety margins are narrow, and the risk of the intervention is weighed against the certainty of death.

3. Physiological Rationale of "First Step" Logic

The study identifies a distinct bifurcation in emergency starting points: **Langhana** for internal crises and **Stambhana** for external trauma.

- **Metabolic Resuscitation (SOP A):** In acute internal ailments like *Jvara* (fever) or poisoning, the study highlights **Langhana** (lightening) as the first step (*A. H. Chi. 1/1*). Physiologically, this acts as a metabolic "reset." In a state of acute *Ama*

(endotoxins), heavy nourishment or even standard medication can become obstructive. *Langhana* clears the *Srotas* (channels), reducing the load on the *Hridaya* (heart) and allowing the body's *Agni* (intelligence/metabolism) to target the offending pathogen.

- **Hemostatic Resuscitation (SOP B):** Conversely, in traumatic injuries (*Agantuja*), the focus shifts immediately to **Stambhana** (stopping flow). The sequence of *Skandana* (coagulation via cold) followed by *Sandhana* (astringents) matches the modern "A-B-C" (Airway, Breathing, Circulation) priority, specifically the "C" (Circulation/Hemorrhage control).

4. Resuscitative Switches: The Marma-Nasya Axis

The **Marma Resuscitation Chart** (SOP C) offers a unique therapeutic pathway for **Syncope (Murcha)** and **Coma (Sanyasa)**. The study categorizes Marmas as "Resuscitative Switches."

- **Phana Marma and Teekshna Nasya:** The connection between the nasal mucosa and the Central Nervous System (CNS) is leveraged. The sharp potency of *Maricha* or *Karpura* via the nostrils acts as a powerful irritant/stimulant to the trigeminal nerve and the olfactory bulb, triggering a reflex arousal in the brain's reticular activating system.

- **Adhipati and Hridaya Marma:** These points act as the anatomical core of consciousness. The use of **Hridayavarana** (cardiac protection) in poisoning cases—specifically using unctuous substances like Ghee or Honey—creates a biological barrier that slows toxin absorption into the cardiac tissues, providing the physician with a "Golden Window" for detoxification.

5. Pharmacodynamics: Tikshna and Ashu-kari Actions

The **Medicinal Inventory** of 15 herbs highlights a shift from *Rasayana* (slow rejuvenation) to **Ashu-kari** (fast-acting) pharmacodynamics. Herbs like **Sphatika** (Alum) and **Lodhra** provide immediate

vasoconstriction through their high tannin content and astringent (*Kashaya*) properties.

The **Bioavailability Matrix** indicates that the mode of delivery is as important as the herb itself. **Group A (Nasya)** and **Group B (Local Lepa)** bypass the slow digestive process entirely, achieving therapeutic blood or tissue levels within seconds. This is the traditional equivalent of intravenous (IV) or sublingual administration, ensuring that the "Vital Flow" is restored before permanent organ damage occurs.

6. Interdisciplinary Alignment and Future Scope

The alignment of these findings with modern surgical and toxicological parameters (as noted by Dr. G.D. Singhal and M.S. Valiathan) validates the scientific nature of *Atyayika* care. The fact that the term "**Atyayika**" appears most frequently in **Shalya** (Surgery) and **Agada** (Toxicology) chapters confirms that these fields were the "Emergency Departments" of ancient India.

The conceptual "Dhanvantari First-Aid Box" derived from this study is not merely a box of herbs but a tool for **Standardized Emergency Response**. It offers a sustainable solution for rural sectors where modern EMS may be delayed.

This study establishes that Ayurveda possesses a robust, proactive emergency system. The transition from **Doshic Equilibrium** to **Life Preservation** during a crisis is the defining characteristic of *Atyayika Chikitsa*. By standardizing these SOPs, we can provide a blueprint for an integrative first-aid model that combines the mechanical precision of modern medicine with the biological and metabolic wisdom of Ayurveda.

Conclusion:

The conceptual research study, "**Ayurvedic First-Aid (Atyayika) Measures Described in Classical Texts: A Comprehensive Review of Traditional Emergency Care,**" concludes that the classical Ayurvedic

compendia contain a highly structured, prioritized triage system codified under the term आत्ययिक (**Atyayika**). By synthesizing data from the *Ashtanga Samgraha* and the *Brihat Trayi*, this study successfully establishes that Ayurvedic emergency care is governed by a "Life-First" logic that systematically overrides standard therapeutic constraints.

1. Inferences from Methodology and Digital Search

The use of **E-Samhita** digital tools proved critical in identifying that आत्ययिक acts as a clinical "override" command. The study inferred that while standard Ayurvedic practice is slow, methodical, and seasonal, the emergency framework is rapid, adaptive, and opportunistic. The **Search Word:** आत्ययिक revealed that Vagbhata and other Acharyas intentionally placed "Emergency Escape Clauses" within nearly every procedural chapter (*Sutra Sthana*), ensuring that the physician is legally and clinically empowered to act during the "Golden Hour."

2. Validation of the "Emergency Override" Results

The study draws pivotal inferences from the recorded results in *Vagbhata's Ashtanga Samgraha*:

- **Environmental Adaptability:** The inference from *Sutra 23/12* establishes that emergency treatment is not slave to the seasons. Through **Kritrim-Guna** (artificial environment control), life-saving *Panchakarma* can be performed in any season.
- **Procedural Flexibility:** The study confirms that standard contraindications (*Nishedha*) for procedures like **Swedana** (Fomentation) (*Sutra 26/22*), **Basti** (Enema) (*Sutra 28/23*), and **Siravyadha** (Venous Blood Letting Procedure) (*Sutra 36/8*) are suspended in *Atyayika* states. This suggests that classical Ayurveda viewed "safety rules" as flexible guidelines during life-threatening crises.

- **Maternal and Pediatric Priority:** The inference from *Sharira Sthana 2/59* (saving the mother at the cost of the fetus) and *Uttara Sthana 1/45* (permitting *Virechana* for children) establishes a definitive ethical and clinical triage hierarchy.

3. Synthesis of the “First Step” Treatment Framework

A critical conclusion of this research is the identification of the “**Absolute First Step**” which differs across texts but maintains a singular goal:

- **Internal Metabolic Resuscitation:** The study validates that *Langhana* (lightening) is the first step for internal crises to prevent cardiac overload. (*A. H., Chi. 1/1*)
- **Traumatic Hemostatic Resuscitation:** The study confirms *Rakta-Stambhana* (haemostasis) as the paramount first step for trauma. (*S. Su. 14/41*)

4. Integration with Global Emergency Standards

By comparing these *Shlokas* with the findings of modern researchers like **Prof. M.S. Valiathan** and **Dr. G.D. Singhal**, the study concludes that:

1. **Mechanical Stabilization:** *Sushruta’s Pattabandhana* (bandages) match modern compression principles.
2. **Cardio-Protection:** The concept of *Hridayavarana* in toxicology mirrors modern hemodynamic stabilization.
3. **Neuro-Stimulation:** *Teekshna Nasya* (Stringent Nasal Drop) and *Marma (Vital Point) stimulation* are viable traditional resuscitative stimulants.

5. Final Summation and Way Forward

In conclusion, the *Brihat Trayi* and *Ashtanga Samgraha* do not treat first aid as a peripheral topic but as a core clinical necessity. The proposed “**Triage Chart**” is a feasible conceptual outcome of this study, potentially bridging the gap in rural emergency care.

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