

A Systemic Review of Raktamokshana In *Vicharchika* (Eczema).

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Abstract

According to Ayurvedic scriptures, skin is one of the five 'Gyanindriyas' (sensory organs). It is a very advanced organ that is essential to the body's overall functioning. Eczema represents for around 30% of all skin illnesses. It is the second most prevalent cause of function loss. *Vicharchika* is a clinical entity in which the lesion is covered by Shyava coloured pidika (dark discoloured skin eruption), kandu (profuse itching), and ruja (pain). It can affect the entire body and can be moist or dry. *Vicharchika* is easily associated with Eczema when compared to current illness. Erythema or skin reddening, is the initial symptom. When these vesicles or papules break down, oozing from the afflicted lesional skin begins. If the problem is not treated, the skin will thicken and scales may appear. Despite significant advances in dermatology and the introduction of powerful antibiotics, antifungal and steroids, Eczema continues to defy dermatologists best efforts. Shodhana therapy is an Ayurvedic specialty that serves as a pre-treatment procedure for more advanced treatment. The root cause of illnesses is removed from the primary site of lesion in this method, and so the major cause of disease is destroyed. Raktamokshana is an essential parasurgical method of bloodletting that Acharya Sushruta put into the fundamental detoxification therapy plan. The meta-analysis of various Raktamokshana procedures is primarily intended to investigate their efficacy and safety in the treatment of various disorders. Only two trials looked at the modified Shringa technique, namely Siravedha and Jaoukavacharana, which are commonly used in practise for various skin and musculoskeletal diseases. There has been no clinical investigation to show the effect of additional Raktamokshana procedures or alterations in diverse clinical entities. Based on the basic principles of Ayurveda and physiological activities, the efficacy of three forms of Raktamokshana, namely Siravedha, Jalouka, and Shringa, may be supported. This study needs the performance of future scientific multi-centric research investigations with a big sample size in order to pursue these results and increase their global acceptability.

Aims: The primary goal of this article is to consolidate scientific evidence for *Raktamokshana* 's use in *vicharchika* (eczema).

Objectives: Review the use of several *Raktamokshana* modes in *Vicharchika* (eczema).

Key words:- *Raktamokshana* is one among the *Pancha Shodhana* i.e. *Vamana*, *Virechana*, *Basti*, *Shirovirechana* and *Raktamokshana*. It is one among the unique para-surgical procedure mentioned for the management of disorders caused due to vitiation of *Rakta*.

INTRODUCTION:-

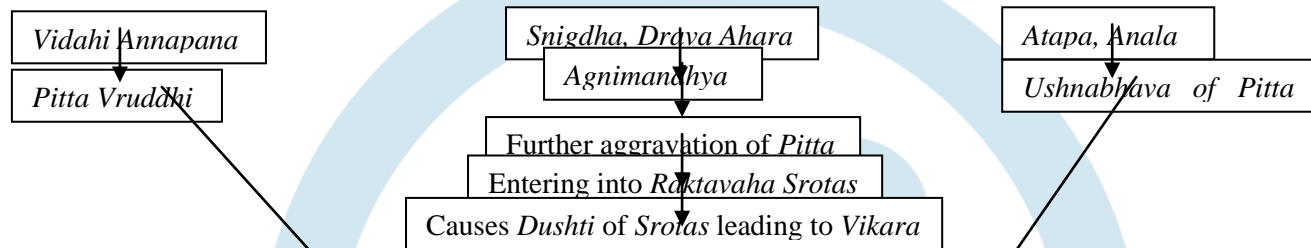
Vicharchika (Eczema) is a very rare disease that has been mentioned in ancient science among the *Kushtha* (Skin Disease). Though *Vicharchika* is not a life-threatening condition, its appearance, excessive itching, disturbance of routine, and susceptibility to chronicity make it a source of concern for patients. *Vicharchika* is referenced in *Ayurvedic* texts¹ under the name *Kshudra Kushtha* and is also regarded as a curable condition, but the recurring nature of this disease causes a lot of stress for patients and is also challenging for physicians. According to *Charaka* *pidika*, *kandu*, and *srava* describe *Vicharchika* (pro-fuse discharge)². The symptoms are *rukshata* (dry skin) with *kandu* (intense itching) and *raji* (marked linings), according to *Sushruta* the Father of Surgery.³ Eczema, which is described as a non-contagious inflammation of the skin marked by erythema, scaling, oedema, vesiculation, and leaking, has a similar clinical appearance in modern dermatology.⁴ Particularly at the site of lesion, there is blockage of sweat glands which creates *Aswedanam* (loss of sweating) or hyperactivity of sweat glands which creates *Atiswedanam* (excessive sweating). Modern medicine treats eczema with corticosteroids, antifungal/antiseptics, however these treatments only provide symptomatic relief and have certain adverse effects such as liver and renal failure, bone marrow depletion, and so on. Long-term usage of topical steroids can cause the skin to acquire permanent stretch marks (striae), bruising, and colour changes. If the patient has dark skin, the changes will be more visible.⁵ Letting out impure blood from the body is known as *Raktamokshan*. *Mokshana*: Liberating emancipating shedding or causing to flow. Synonyms of *Rakta mokshana*: *Asravisravana*, *Shonitha mokshana*, *Raktha nirharana*, *Raktha sravana* and *Raktha harana*. *Raktamokshana* is the ideal treatment when the *Doshas* get vitiated by *Rakta*. *Raktamokshana* is an important line of management for *Rakta Pradoshaja Vikaras*. The blood which becomes pure by these is responsible for endowment of strength, complexion, happiness and a long life. *Siravyadha*,

a type of *Raktamokshanais* considered as half of the treatment in *Shalya Tantra* like that of *Basti* in *Kaya Chikitsa*. The diseases which are not cured by *Snehadi kriya* or *Lepanadi Kriya* are cured instantaneously by *Siravyadha*. One should know about *Rakta*

Doshanusara Rakta Dushti Lakshana:

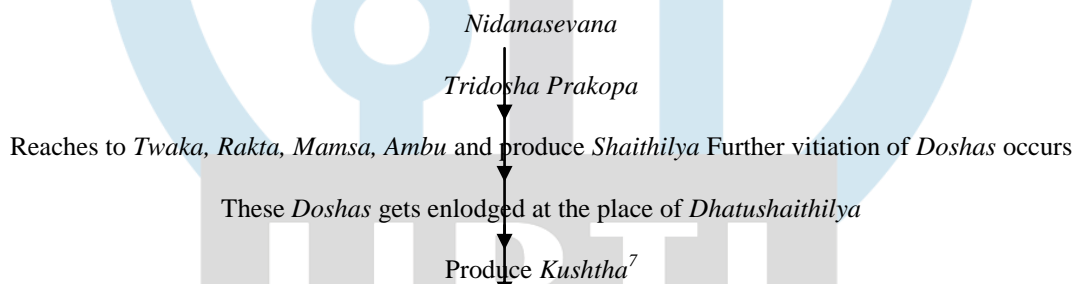
S.N	Vata	Pitta	Kapha
1.	Phenila	Neela	Gairikodaka pratikasha
2.	Aruna	Peeta	Snigdha
3.	Krushna	Harita	Sheeta
4.	Parusha	Shyava	Nahala
5.	Tanu	Visra	Picchila
6.	Sheegra Gama	Anishtha pipilika, Makshika	Chirasravi
7.	Sheegra skanda	Askandi	Mamsa peshi prabha

Samprapthi of Raktavaha Srota Vikara



Probable Samprapti of Vicharchika :-

Disease *Vicharchika* is brought on by eating habits that are unhealthy and unbalanced (*viruddha ahaar-vihaar*). *Viruddha ahaar* include the consumption of fish with milk, *mulak* and *lasuna* with *ksheera*, excessive alcohol consumption with milk, *Gramya*, *audaka*, and *anupamamsa* with milk, and the consumption of sour-tasting articles with milk, as well as *viruddha vihaar* such as sudden diving into cold water or drinking cold water after fear, exhaustion, and removal from sunlight⁶ doing physical exercise and sun bath after heavy meal, suppression of urges of emesis. All these factors lead to vitiation of three *doshas* moving in the blood.



Lakshana (Symptoms) Table 1: Correlation of symptoms of *Vicharchika* and Eczema

Sr. No.	Lakshanain Vicharchika	In Eczema
1.	Kandu	Itching
2.	Atiruja	Pain
3.	Daah	Burning sensation
4.	Shyava pidika	Skin eruption with dark discolouration
5.	Bahusrava	Profuse discharge
6.	Raji	Marked linings
7.	Rukshata	Dryness

The lesion of *Vicharchika*, according to *Acharya Sushruta*, is *Ruksha*, hence it becomes *Ruksha Vicharchika* (dry Eczema), but others have indicated either *Srava*⁸ or *Lasika* in lesions termed *ardra Vicharchika* (wet type of Eczema). *Vicharchika* is a *Sadhya Kushtha* type.

Eczema is a treatable disorder, according to modern science, but treatment is hampered in tropical regions by heat, humidity, and the prevalence of unhygienic conditions.

Management

In *Ayurveda*, two forms of therapy, *Shodhana* and *Shaman*, are given top priority, especially for chronic and repeated ailments. The most significant step for *Bahudoshjavyadhi* is *Shodhana* treatment. If *doshas* are drained by shaman therapy, there is a possibility they will be re-provoked, but if they are eradicated through *Shodhana* therapy, there is no chance they will be re-provoked.⁹

JALAUKAVACHARANA

Jalaukavacharana is a method of *Rakthamokshana*. It can be applied even to *Parama Sukumaras* as it is a safe and less complicated process. "The physician who has detailed knowledge about *Jalaukas*, their habitat, their method of collection, varieties, storage and method of application is successful in treating any disease amenable to them."

External Characteristics

Shape & size

- Leeches are little, squishy, vermiform worm-like invertebrates.
- Flattened dorso-ventrally, elongated.
- 6 longitudinal reddish or brown stripes, almost tubular when constricted and ribbon-shaped when expanded > 7 to 15 cm in length.
- At the back, it's the widest, and at the front, it's the narrowest.
- The ventral surface is more or less plane, whereas the dorsal surface is somewhat convex.
- The transverse outline resembles an ellipse.
- The ventral surface is orange, yellow, or black and yellow, while the dorsal surface is vivid olive green.
- On the dorsal side of the body, there are black stripe markings on the median longitudinal.
- Suckers: Suckers are hollow muscular organs on each end of the body.

(1) Anterior Sucker- (Oral sucker) (Cephalic sucker): It is made up of three parts: a cup-like hollow, a pre-oral chamber, and the mouth. It has three jaws with severely serrated edges that are utilized like circular saws, and roughly 100 horny teeth on them that are used to incise the host. Sucks blood with this end. After sucking inverted Y shaped mark at the site is seen.

(2) Posterior Sucker- (Anal sucker): the posterior sucker is mainly used for leverage and is also useful for the purpose of locomotion.

SALIVA'S CHEMICAL COMPONENTS

The leech generates a variety of essential compounds, including an anticoagulant, a local vasodilator, and a local anaesthetic, such as Hirudin, Hyaluronidas, and others, that contribute to the bite's unique properties. Anti-thrombin activity was discovered to be preserved in hungry leech in a research. Leeches can be used to draw blood from regions where tissue has been transplanted or reattached. *Jalaukas* were found in numerous places of ancient India, according to the *Sushruta Samhita*.

- *Yavana* (Turka *sthana*)
- *Pandya* (South region country- Deccan)
- *Sahya* (Tract of land traversed by the *Ghat* mountains)
- *Pautana* 3 (Modern time origination. of Mathura) etc. are the places for leech

Classifications of Jalauka

Features of Poisonous Jalauka

Krishna-Anjana choorna varna i.e. black in colour like *Kajjali*, and has a broad head (*mahamastaka*) *Karbura- Ayata* like Varmy fish (*Sarpakara*), over the *udara* a slight elevation or depression is seen. *Alagarda* -Hairy, big in size (*Mahaparshva*), has a black mouth.

Indrayudha- The body is marked with various coloured ridges like an *Indrayudha* (Rainbow).

Samudrika - Blackish yellow with dotted skin and resembles colour of many flowers, *Dhavalabindhu chitra* (flower like white spots over body).

Gochandana-Narrow mouth (*Anumukhi*), Marked by bifurcating lines at the lower end, like the scrotal sac of a bull.

Features of Non Poisonous Jalauka

Kapila - Colour like *Manahshila* (real gar) at the sides, the dorsal surface is slimy (*Snigdha*) and coloured like a *Mudga* pulse (Greenish shade).

Pingala-Colour Reddish or reddish brown, Shape - Round, Locomotion -fast moving

Shankhumukhi-Colour-Blackish red like that of the liver, Sucks blood fast, has sharp and long suckers.

Mooshika-Colour & Shape - like that of Rat, has a foul smelling body.

Pundareekamukhi- Colour - like *Mudga* (greenish black), its mouth resembles the fully bloomed lotus.

Savarika-Savarika is one which is marked with impressions like glossy lotus leaves, measures 18 *Angulas* in length. Its medicinal use is advised in lower animals.

METHOD OF APPLICATION JALAUKAVACHARANA VIDHI :

It is studied under three headings

Poorva Karma ————— Pradhana Karma ————— Paschat Karma

Poorva Karma:

- Atura siddhata* (Preparation of patient)
- Jalauka siddhata*
- Sambhara sangraha*

Preparation of Patient

The vital data of *Yogya* patients is verified to ensure that they are fit for the operation. The part of the body where *Jalaukavacharana* is to be performed is massaged with mud, cow dung, or gauze to dry the damaged region. This helps *Jalaukas* to stick easily.

Preparation of Jalauka

A *Jalauka* of good quality is taken and kept in *Rajani* & *Sarshapa kalkodaka*. By this procedure *Jalaukas* become active and get rid of exhaustion.

Collection of Required Materials:- *Shastra, Shalaka, Pichu, Plotha, Patra, Patta, Saindhava, Taila, Kashaya* and *Alepana Kalka* are to be collected.

Pradhana Karma:

The patient is placed in a supine posture and forced to sit or lay down. The *Jalauka* is applied to a previously dry site. The *Jalauka* bites the skin and suckes the blood. A drop of milk or blood is lost on the surface or a small prick is created if the *Jalauka* does not suck or bite the skin. Regardless, if the *Jalauka* does not suck, a new *Jalauka* is selected for application. As soon as the *Jalauka* begins sucking blood, wrap it with moist white gauze, leaving the area around its face exposed. When its face resembles a horse's hoof and it rises. We can see that it has started sucking on its neck.

We know it has started sucking pure blood when the patient experiences itching and pain at the location of *Jalaukaavacharana*. Then it should be taken away. If the *Jalauka* refuses to quit sucking because it craves blood, it is killed by placing powdered rock salt or *Haridra* powder in its mouth.

If *Dusta Rakta* is still there, it should be induced to flow out by applying a turmeric, jaggery, and honey mixture to the bite site. This is done because *Dusta Rakta* is mobilised from its *Ashaya* and travels to the *Damsha Sthana*, where it stagnates. It may result in the production of pus.

Paschat Karma

Patient Care: After the *Jalauka* has been removed, the wound produced by the *Jalauka* is coated with *Shatadouta Ghrita* and securely wrapped.

Paschat Karma for Jalauka after Jalaukavacharana:

When the *Jalauka* is no longer sucking, a paste of *Tandulakana* should be applied to its body, and a mixture of *Taila* and *Saindava Lavana* should be administered to its mouth. The tail end of the *Jalauka* should then be gripped with the thumb and little finger of the left hand. With the right hand's fingers, the *Jalauka's* body is squeezed and gently moved towards its face. The sucked blood will be spat out as a result of this motion. This is repeated until suitable vomiting signals in *jalauka* are discovered.

After that, the *Jalauka* is placed in a water-filled jar. If the *Jalauka* is actively moving around in the container, this indicates proper emesis. If it is sluggish and sinks to the bottom of the jar, emesis should be repeated. If it still does not vomit all of the blood, it contracts *Indramada* or *Raktamada*, an illness that prevents the leech from being used for bloodletting in the future.

The *Jalauka* is maintained in an earthen pot with water once it has vomited properly. *Jalauka* should not be administered again for the next seven days. The *Jalauka* regains its activeness and strength after adequate vomiting. It gets very weak or perhaps dies if too much vomiting is caused. It becomes inebriated or sluggish if vomiting is done incorrectly. They should be transferred from one pot to another filled with healthy mud, and the water should be changed to prevent putrefaction of the *Jalauka's* saliva. If this is not done properly, the *Jalauka* will become poisonous if it comes into touch with it.

Because of the leech's hirudin, bleeding may last for a long period. Bleeding period varies by region, ranging from a few hours to three days. This is a result of hirudin and other chemicals that lower blood surface tension. Bleeding time is also affected by anti-clotting drugs. Although blood loss from a single bite is not serious, applying pressure can help minimise bleeding. The wound will itch while it heals, but scratching it will complicate the healing process and introduce other infections. Itching can be relieved with an antihistamine, while discomfort and swelling can be reduced with a cold compress.

Leech bites can cause severe allergic or anaphylactic responses in certain persons, necessitating immediate medical attention. Red blotches or an itchy rash all over the body, swelling around the lips or eyes, dizziness, and trouble breathing are all symptoms.

Diet for patient after Jalaukaavacharana:

Foods and liquids that are neither too hot nor too cold, light, nor digestive enhancers are advised after bloodletting.

Pathya Apathya

The *pathya-apathyas* for every type of *Rakta mokshana* are the same. Exercise, sexual activity, cold showers, day sleep, exposure to the breeze, and foods containing *Kshara, Amla, Katu Rasa*, or *Shoka* should all be avoided until the body's natural strength has been regenerated.

In *Raktasrava, sthambhana* is achieved by four methods ie. *sandhana, skandhana, pachana* and *dahana*.

(a) *Skandhana*: The above said *Rakta Skandhana* drugs like *Lodhra* etc, are sprinkled over the site of *Vyadhana*. It does *Skandhana* by binding to the site of *Vyadhana*.

(b) *Sandhana*: If the above measures fails, then the above said *Kakolyadi Gana Kashayas* are poured over the *Bandhita* site of *Vyadhana*. It helps in coagulation of *Rakta*.

(c) *Pachana*: If the above measure fails then the *Kshouma Vastra Bhasma* is sprinkled over the site of *Vyadhana*.

(d) *Dahana*: If the above measure fails then *Dahana* of the *Vyadhita* site is carried with the help of *Guda, Sneha* or honey.

DIET

After *Raktamokshana Agni* (digestive power) becomes weak due to the depletion of tissues and *Vata* becomes aggravated due to *dhatu kshaya*; As a result, the patient should be given meals that are not too cold, are light (easy to digest), unctuous, encourage blood formation, and are either somewhat sour or tasteless.

Food, which consists of buttermilk with *Yoosha, Yavagu* or *Peya* must be given to the patient. One has to protect his *Agni*; the diet which promotes the formation of blood must be advised. The following are to be avoided at least for one month.

If a small residue of vitiated *Rakta* remains inside, diseases do not get aggravated and so they can be allowed to stay, but excess flow of *Rakta* should not be allowed.

CONCLUSION

Vicharchika is a type of *Kushtha, Rakta pradoshaj* and *Tridosha prakopaj* and *chirkari* (chronic) *vyadhi*. In *Vicharchika*, leeches work best by eliminating the morbid, vitiated *Dosha* and *Dhatu*. However, the therapy's effect is not limited to removing

contaminated blood; the leech also releases enzymes into the wound. As a result, *Jalaukavacharana* has provided stabilisation and improvement of capillary and peripheral blood circulation, as well as shown anti-inflammatory action; immune-stimulation and immuno-modulating affect, and early wound healing effect. This activity might be due to salivary enzymes such as Hirudin, which has an anticoagulant effect when combined with diuretics and antibiotics, Calin, which prevents blood coagulation, Eglin, Hyaluronidase, Antithrombin, Antitrypsin, and Antichymotrypsin, among others.

Leeches are an excellent treatment for a variety of skin conditions. The demand for leeches is growing every day from clinicians all across the world. The therapist who is already in leeches, their habitat, collecting methods, varieties, storage, and application methods is successful in treating the condition.

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