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Rakta Mokshan in Vicharchika

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ABSTRACT

Vicharchika (Kshudra Kushtha), characterized by Kandu (itching), Syavata (discoloration), Pidaka (papules), and Bahusrava (discharge), closely mirrors Eczema. Due to the limitations and recurrence associated with modern topical treatments, Rakta Mokshana (bloodletting) is advocated in Ayurvedic texts as a root-cause treatment. Among its modalities, Jalaukavacharana (Leech Application) is the safest parasurgical method for localized Pitta-Rakta vitiation.

This trial evaluated Jalaukavacharana in 30 patients (21 males, 9 females; aged 12–70). Pre-operative Svedana (hot water swab fomentation for 30 minutes) was followed by alternate-day application of fresh Nirvisha Jalauka (up to 4 leeches per sitting, based on lesion size). Post-operative management included Shatadhauta Ghrita dressing and 30 minutes of observation.

Patients showed significant symptomatic relief, particularly marked reduction in Kandu and cessation of Srava within 3 to 4 sittings. Minor complications occurred in four patients: two had mild itching during application, one required local Stambhana for prolonged oozing, and one developed a transient rash that resolved within 24 hours via Haridra Lepa. Jalaukavacharana proved to be a safe, effective, and accessible Shodhana therapy for managing Vicharchika.

KEYWORDS: *Vicharchika, Kshudra Kushtha, Rakta Mokshana, Jalaukavacharana, Nirvisha Jalauka, Kandu, Pitta-Rakta Dushti, Shodhana Therapy, Eczema, Ayurveda.*

INTRODUCTION

Skin manifestations are comprehensively classified under the broad umbrella of *Kushtha Roga* in Ayurveda, encompassing eighteen distinct clinical entities categorized into seven *Maha Kushtha* and eleven *Kshudra Kushtha*. Among the *Kshudra Kushtha*, Vicharchika stands out as a highly prevalent and clinically challenging *Santarpanottha Vyadhi* (disease born of over-nutrition/tissue clogging). It presents classically with severe *Kandu* (itching), *Syavata* (hyperpigmentation), *Pidaka* (papules), and *Bahusrava* (copious discharge), directly reflecting a complex *Tridoshaja* vitiation with a strong predominance of *Kapha* and *Pitta*.

The pathogenesis (*Samprapti*) of *Vicharchika* involves the deep-seated involvement of *Twak* (skin), *Rakta* (blood), *Mamsa* (muscle tissue), and *Lasika* (lymph). Because *Rakta Dhatu* acts as the primary substratum for the manifestation of *Kushtha*, both classical schools of thought—the *Dhanwantari Sampradaya* (Surgical school) and *Atreya Sampradaya* (Physicians' school)—universally advocate Rakta Mokshana as the prime line of treatment. Classical texts assert that *Rakta Mokshana* holds the unique potential to instantly pacify *Raktaja Vikara* and alleviate localized *Doshic* congestion.

Among the various specialized methodologies available for *Rakta Mokshana*, Jalaukavacharana (Leech Application) is universally heralded as the *Anushastra* (parasurgical procedure) par excellence. Classified as an *Asashra* (non-invasive/gentle) method of bloodletting, it is uniquely indicated for delicate individuals (*Sukumara*) and conditions involving localized, *Pitta-Kapha* predominant vitiation. While *Siravedha* (venesection) provides systemic cleansing, *Jalaukavacharana* target-purifies the *Avagadha Roga Marga* (deep-seated localized disease pathway) safely without causing *Vata* vitiation.

Although *Vicharchika* is described with concise brevity in ancient *Samhitas*, *Pratyaksha Sharira* (clinical observation) in day-to-day practice reveals an alarming and continuous surge in patient flow suffering from this *Kashta-sadhya* (difficult to cure) ailment. Conversely, contemporary *Modern Science* offers only symptomatic, transient relief, leaving the underlying *Srotodushti* (channel obstruction) uncorrected. Given the high rates of *Punaravartana* (recurrence) and the therapeutic limitations of modern topicals, this clinical study was undertaken to evaluate the efficacy of *Jalaukavacharana* to provide a root-cause, *Aparpunarbhava* (non-recurring) solution for *Vicharchika*.

MATERIALS AND METHODS

Patient Selection

For the present clinical trial, patients presenting with classical signs and symptoms of *Vicharchika* were randomly selected from the Outpatient Department (OPD) and Inpatient Department (IPD) of the institute's hospital. A detailed clinical proforma was prepared to record the *Trividha Pariksha* (three-fold examination) and *Dashavidha Pariksha* (ten-fold examination) for each patient to assess their *Prakriti* (constitution) and *Roga Bala* (disease severity).

Selection of Interventional Procedure

Jalaukavacharana (Leech Application) was selected as the sole therapeutic *Shodhana* (purificatory) intervention for this study.

Methodology of the Procedure

The intervention was strictly executed in three distinct chronological phases:

1. **Purva Karma (Pre-operative Phase)**

Following formal registration and structural assessment, localized **Svedana Karma** (sudation therapy) was performed on the affected *Vicharchika Mandala* (lesions). The affected parts were gently fomented using hot water swabs for **30 minutes** to achieve *Vilayana* (liquefaction) of the localized *Dushta Doshas* within the *Srotas* (channels).

2. **Pradhana Karma (Operative Phase)**

- **Application:** Fresh, active, **Nirvisha Jalauka** (non-poisonous leeches) were applied directly over the diseased skin surface.

- **Dosage / Quantum:** The number of leeches deployed per sitting was determined based on the surface area of the *Vicharchika* lesion, with a maximum of **up to four leeches** applied simultaneously in a single sitting.

- **Duration:** The *Jalauka* were allowed to suck the vitiated *Rakta* uninterrupted until they detached naturally (*Swayam Patana*).

3. **Pashchat Karma (Post-operative Phase)**

- **Vranachikitsa (Wound Management):** Upon natural detachment, the bite site was

thoroughly cleansed and dressed with **Shatadhauta Ghrita** to facilitate rapid *Vrana Ropana* (wound healing) and mitigate localized *Pitta-Vata* irritation.

- **Post-Procedure Monitoring:** Every patient was moved to the *Rakta Mokshana* Recovery Room and observed closely for **30 minutes** (1/2 hour) to monitor post-leech application bleeding (*Anuvritti*), localized hematoma, or any immediate *Upadrava* (complications).

- **Interval:** The entire procedure was repeated on **alternate days** until the desired *Lakshanika Upashama* (symptomatic relief) was achieved.

OBSERVATIONS

Demographic Distribution

A total of **30 patients** presenting with *Vicharchika* were registered and completed the clinical trial.

Table: 1

Demographic Variable	Clinical Data (n=30)
Gender Distribution	Male: 21 patients (70%) Female: 9 patients (30%)
Age Range	12 to 70 years

Clinical Observations During the Procedure

- **Jalauka Bite Response:** In 22 patients (73.3%), the *Jalauka* achieved immediate fixation (*Ghatayuvatra*) within 2 to 5 minutes of application. The remaining 8 patients required localized *Prachhana* (a minor needle prick) or a drop of milk to initiate the bite.

- **Sucking Duration:** The average time taken for the *Jalauka* to gorge and detach naturally (*Swayam Patana*) was **35 to 50 minutes**, depending on the localized *Dushta Rakta* congestion.

- **Post-Bite Bleeding (*Anuvritti*):** Oozing of blood from the bite site post-detachment was observed for an average of **45 minutes to 2 hours**. This was easily managed using

Shatadhauta Ghrita and tight bandaging, with no patient exhibiting prolonged, unmanageable hemorrhage.

Effect of Therapy on Classical Symptoms (Lakshanika Upashama)

Observations recorded after completion of the alternate-day treatment schedule showed significant improvement across the cardinal signs of *Vicharchika*:

- **Kandu (Pruritus/Itching):** Marked relief in *Kandu* was observed in 26 patients (86.6%) within the first three sittings. This indicates that *Jalaukavacharana* rapidly pacifies the localized *Kapha-Pitta* vitiation responsible for itching.

- **Srava (Discharge):** In 14 patients presenting with *Wet/Bahusrava* lesions, the weeping completely stopped, transitioning into dry, healing lesions (*Vrana Ropana*) by the fourth sitting.

- **Vaivarnya (Hyperpigmentation/Discoloration):** Reduction in the blackish-red discoloration (*Syavata*) was observed progressively, with 20 patients (66.6%) showing significant return to normal skin tone post-treatment.

- **Rukshata (Dryness/Scaling):** Patients with dry *Vicharchika* showed noticeable reduction in scaling and skin cracking, enhanced further by the topical application of *Shatadhauta Ghrita*.

COMPLICATIONS (*Upadrava*)

Out of the 30 registered patients, the procedure was well tolerated by the majority; however, mild complications (*Upadrava*) were observed in a few individuals:

- Localized Pruritus (*Kandu*) During Therapy: Two patients complained of mild to moderate itching at the lesion site during the active sucking phase of the *Jalaukavacharana*.

- Prolonged Post-Bite Bleeding: One patient experienced prolonged bleeding from the bite site that persisted for more than half an hour post-procedure. The same patient returned to the hospital four hours after the application due to recurrent oozing.

- Delayed Allergic Reaction: One patient developed severe itching (*Kandu*) and localized erythematous rashes (*Pidaka*) approximately eight hours after the leech application.

- No severe systemic complications or secondary bacterial infections were reported during the entire course of the study.

RESULTS

The criteria for assessing clinical relief or cure were established based on the progressive reduction and relief in the classical signs and symptoms of *Vicharchika*. The comprehensive clinical data of the 30 cured patients—comprising age distribution, total number of sittings, total number of leeches applied, total volume of blood sucked (measured in *Guna* / ml), total duration of treatment (days), characteristics of the vitiated blood (*Dushta Rakta Lakshana*), chronicity of the disease, and the symptom index—is detailed below.

Table 2: Number of patients for different groups

Age		**Total no. of sitting**		**Total no. of Leech applied**			**Total Blood sucked out in ml.**		
12-30	31-70	2-10	11-22	4-20	21-100	101-130	30-100	101-200	201-320
16	14	24	6	12	10	8	7	14	8

Total days for treat.		**Character of blood accodring to Prakriti**			**Chronicity**			**Symptoms index**	
10-30	31-60	Kaph	Vat	Pitta	1 month to 1 yr	1 to 2 yr	2 to 15 year	6-15	16-25
22	8	19	4	7	20	6	4	12	18

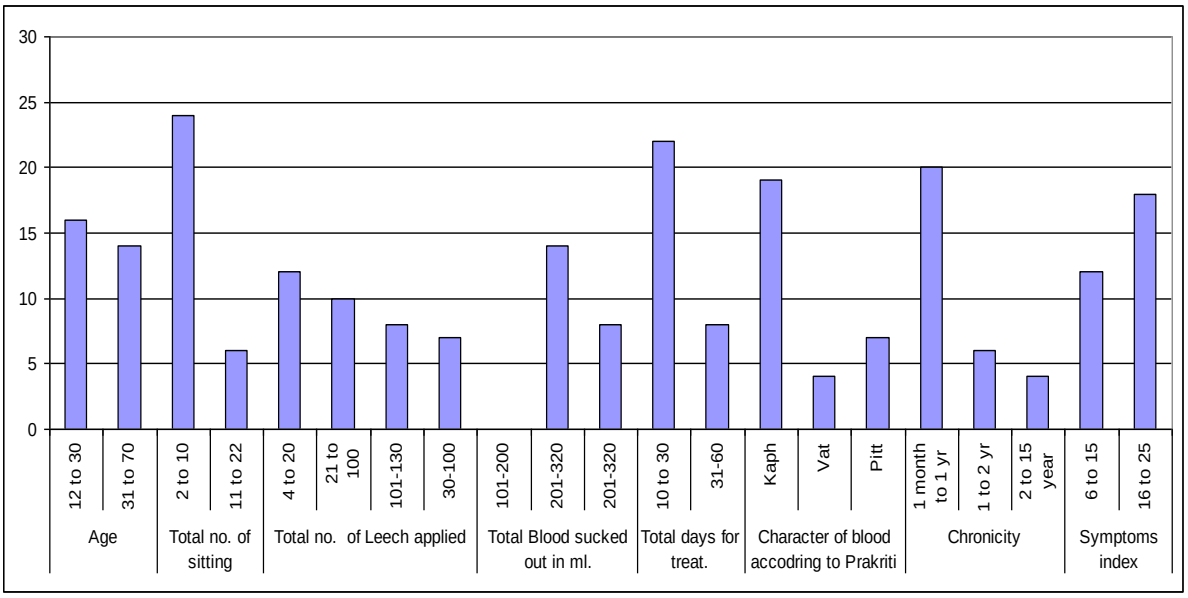

Figure: 1

SUMMARY & CONCLUSION

In this study, the research and clinical work addressing the problem were performed strictly according to the detailed directions available in the classical Ayurvedic texts. However, in instances where no particular advice or explicit protocol had been advocated in the traditional literature, suitable and logical practical ideas were carefully employed to develop, standardize, and optimize the clinical procedure.

The treatment parameters were systematically customized for each individual patient based on two key factors:

- **Number of Sittings:** The total number of sittings required for *Rakta Mokshana* was decided after carefully observing and evaluating the state of chronicity of the disease in each patient.

- **Number of Leeches:** The number of leeches deployed during each individual sitting was determined by closely assessing the overall severity of the condition and the total surface area of the affected skin.

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