

Role of Raktamokshana in The Integrated Ayurvedic Management of Vicharchika: A Single Case Report

Akanksha kerketta^{1*}, S.R. Inchulkar², Puja Pawar³, Namita Jaiswal⁴, Rupali Yadav⁵, Thaneshwar Panchbhai⁶, Suraj Kumar⁷

¹PG Scholar, Department of Agada Tantra Evam Vidhi Ayurved, Shri Narayan Prasad Awasthi Government Ayurved College, Raipur, Chhattisgarh, India. Email: akankshakerketa@99gmail.com, ORCID ID - 0009-0004-6040-299x

²Professor & HOD, Department of Agada Tantra Evam Vidhi Ayurved, Shri Narayan Prasad Awasthi Government Ayurved College, Raipur, Chhattisgarh, India. email: sinchulkar@yahoo.co.in, ORCID ID - 0000-0002-8180-518X

³PG Scholar, Department of Agada Tantra Evam Vidhi Ayurved, Shri Narayan Prasad Awasthi Government Ayurved College, Raipur, Chhattisgarh, India. Email: pawarpuja0009@gmail.com, ORCID ID - 0009-0008-4949-4319

⁴PG Scholar, Department of Agada Tantra Evam Vidhi Ayurved, Shri Narayan Prasad Awasthi Government Ayurved College, Raipur, Chhattisgarh, India. Email: namitajaiswal980@gmail.com, ORCID ID - 0009-0001-1578-8617

⁵PG Scholar, Department of Agada Tantra Evam Vidhi Ayurved, Shri Narayan Prasad Awasthi Government Ayurved College, Raipur, Chhattisgarh, India. Email: rupaliyadavbsp1995@gmail.com, ORCID ID - 0009-0005-9380-4407

⁶PG Scholar, Department of Agada Tantra Evam Vidhi Ayurved, Shri Narayan Prasad Awasthi Government Ayurved College, Raipur, Chhattisgarh, India. Email: thaneshwarpanchbhai1504@gmail.com, ORCID ID - 0009-0007-4093-2514

⁷PG Scholar, Department of Agada Tantra Evam Vidhi Ayurved, Shri Narayan Prasad Awasthi Government Ayurved College, Raipur, Chhattisgarh, India. Email: shriwassurajkumar@gmail.com, ORCID ID - 0009-0001-6629-5433

Abstract

Vicharchika is described under Kṣudra Kuṣṭha in Ayurveda and is characterized by Kandu (severe itching), Pidika (lesions), Shyava Varṇa (hyperpigmentation), Rukṣhata (dryness), Bahusrava (discharge) and Tvak Sputanta (scaling). Its clinical manifestations resemble with chronic inflammatory skin disorders described in modern dermatology, particularly eczema. Persistent and severe itching with repeated scratching may lead to lichenification, skin thickening, roughness, and hyperpigmentation, which are characteristic features of lichen simplex chronicus. A 37-year-old female patient presented to an Ayurvedic hospital with complaints of severe itching and chronic skin changes over the ankle region for since 3 years. She had previously received treatment from AIIMS Raipur but did not obtain satisfactory relief. The patient reported aggravation of itching following the consumption of Viruddha Ahara, particularly curd with fish, sweets, excess salt, and dairy products. She also had a history of repeated use of topical steroidal creams and ointments. Persistent itching and repeated scratching were associated with progressive hyperpigmentation, roughness, and thickening of the affected skin. Clinical examination revealed severe itching, dryness, scaling, hyperpigmentation, roughness, and thickening of the affected skin. The clinical presentation was suggestive of chronic eczema with lichenification/lichen simplex chronicus, with an Ayurvedic correlation to Vicharchika. The patient was managed with an Ayurvedic therapeutic approach comprising Nitya virechana and Raktamokshana (leech therapy), Samana Chikitsa, along with appropriate Pathya Ahara and Vihara. Following treatment, the patient showed favourable clinical improvement, particularly in severe itching and associated skin manifestations. This case suggests that an integrated Ayurvedic approach involving without Sodhana Chikitsa, only Samana, & Raktamokshana (leech therapy), Nitya virechan and appropriate dietary and lifestyle measures may be beneficial in the management of chronic pruritic dermatoses resembling Vicharchika.

Keyword – Vicharchika, Case study, Raktamokshana (leech therapy), Sansman Chikitsa.

Introduction

Vicharchika is described as skin disorder in Ayurveda and is classified under Kṣudra Kushta. Acharya Charaka has described it as a condition associated with symptoms such as Kandu (itching), Pidika (skin eruptions), Syava varṇa (hyperpigmentation), and Bahu Srava (excessive oozing)¹. The condition is mainly associated with Kapha Dosha and involves the vitiation of Dhātu and other factors such as Twak (skin), Rakta (blood), Mansa (muscle tissue), and Ambu (body fluids)².

In clinical practice, several chronic skin disorders may present with similar features, including persistent itching, recurrent eruptions, discoloration, and oozing³. These conditions may follow a relapsing course and can considerably affect a patient's physical comfort and quality of life. Conventional management may involve topical corticosteroids, antibiotics, immunosuppressive medicines, and other procedures depending on the condition and severity⁴. However, prolonged use of some of these treatments may be associated with adverse effects, and symptoms which may recur after discontinuation of treatment. In the present case study, patient presented with symptoms of Vicharchika and underwent Raktamokshana (leech therapy), Saman Chikitsa, Nitya Virechan along with Pathya Ahara Vihar. The combined approach was aimed at controlling the aggravated Dosha, relieving symptoms, promoting healing of the affected skin, and reducing the possibility of recurrence.

Case Report

A 37-year-old female patient came to the department of Visha Chikitsa at Shri Narayan Prasad Awasthi Govt.

Ayurvedic College Raipur C.G. with complaints of blackish discolouration, marginal lesion present over the back portion of the heel associated with severe itching, burning sensation, scaly, dryness, hard crusty lesion and sometimes watery discharge. The patient was anxious about the prognosis of the disease, and her symptoms were further aggravated by emotional stress and depressive feel.

History Of The Present Illness

The patient was apparently healthy 3 years back. Gradually, started developing of itching over the back portion of the heel (ankle) along with itching, burning sensation, skin thickness, watery discharge and sometimes skin eruption. Continuously itching increased and spread to the other ankle with same problems.

History Of Past Illness

The patient had previously taken treatment for the present skin condition from AIIMS hospital and local healthcare provider, but experienced only temporary relief, followed by recurrence of symptoms. There was no significant history of any other major medical or surgical illness. The symptoms became worse during certain seasons and also increased when her daily routine was disturbed.

Family history- Nothing significant

Diet – Spicy, oily, nonvegan regular, curd+fish, curd rice, milk tea- 3-4 times/ day, sweets, salty, dairy product, packets food, cold drinks, panipuri, brinjales, potato, etc.

Appetite – average

Bowel – fullness of abdomen, constipation

Micturition – 6- 7 times/ day

Sleep – Disturbed sleep due to itcing at night

GENERAL EXAMINATION

General condition – Stressfull

VITAL SIGNS

Pulse – 76/min

Blood pressure – 130/ 90 mmhg

Respiratory Rate – 16/min

Systemic examination – No abnormality on examination of central nervous system, cardiovascular system, respiratory, gastrointestinal system

Local Examination (Representative lesions)

Site – Right ankle (back portion of the heel)

Size – 3- 4 cm

Shape - Round to irregular

Surface – Rough

Margins – Ill-defined

Colour – (blackish) hyperpigmentation

Asta- Vidha Pareeksha

Nadi – Kapha pitta

Mala – Vistabdhta

Mutra – Prakruta

Jivha – Avrita

Shabda – Spashta

Sparsha – Anushna -sheeta

Drika - Prakruta

Akriti -Madhyama

Integumentary system- examination of lesions

Distribution – Genralized

Number of lesion – Multiple

Type of lesion – Papulopustular

Pattern – Discrete to confluent

Areas involved – Both ankle region

Ayurvedic Symptoms

Kandu- severe itching specially during night

Pidika - 1-2 boils present

Shyava – Shayava varna present

Bahusrav – watery discharge

Dashavidha Pareeksha

Prakruti – kapha pitta

Vikruti –Raktavaha Shrotas, Tvka, Mansagata Dushti

Sara – Madhyam

Smhanana – Madhyama

Pramana – Madhyama

Satva – Alpa Satva

Satmya – Madhura, Amla, Lavana

Ahara shakti -Madhyam

Vyayama shakti – Madhyam

Vaya - Madhyam

Investigation – RBS -108 mg/dl

Diagnosis – Kandu, Pidika, Shyavata, Bahusrava all symptoms are present.

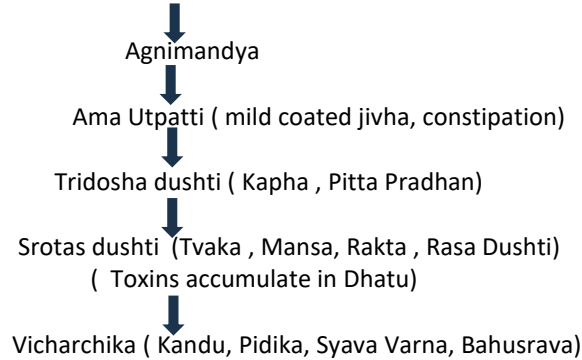
Nidana – Viruddhahar, steroid medicine (1-2 years)

Purvarupa – Constipation, mild coated jivha, Agninandya.

Rupa – Kandu , Pidika, Syava varna, Bahusrava.

Upasaya – Hetuviparita Chikitsa.

Samprapti - Nidana sevan (virudhahara , steroids)



Therapeutic Intervention

Sodhana Chikitsa- Nitya Virechana (Avipattikar Churna)

Raktamokshan – Leech Therapy (Pitta kapha dosha prakupit)

Prakshalan Chikitsa – Triphala Churna with Prakshalan (remove dead scales, Kashay Ras Pradhan, Lekhan Karma).

Saman Chikitsa

Treatment	Dosage	Duration
Krimikuthar rasa Gandhak Rasayan Arogyavardhani vati Sutshekhar rasa	All 250 mg	Morning /evening 10 day
Kaishor Guggul	2 tab twice a day	Morning /evening 10 days
Capsule Blood pure	2 tab twice a day	Morning / evening 10 days
Khadirarishta	10 ml with sambhag water	Morning / evening 10 days after meals
Marichyadi Oil + Gandhak Malhar	For local application	3-4 times a day
Avipattikar Churna	1 table Spoon (3gm)	At night before sleep with warm water 10 days
Triphala Churna	5 gram for Prakshalana	3-4 times a day

Apathya – Curd+ fish, Curd rice, Nonveg, oily, spicy, maida, junkfood, pizza, burger, pickle, milk tea, udad dal, fermented food, arbi(Taro root), brinjal, etc.

- Stress.
- Unhygiene conditions.
- Shareing of cloths, tavel with others.

- Sleep during the day.
- Scratch the wound with nails when it itches.

Pathya- Green vegetables, fruits.

Regular use of medicines with the prescribed time.

Regular follow up.

Exercise, walking and meditation.

Observation – (After 10 days)

Bowel habits normalized.

Decreased itching intensity but not completely.

There is no improvement in the lesions .

2 Follow Up– Recurrence of problem due to Apatya Sevan.

Arogyavardhani Vati was replaced by Rasamaikya Rasa125mg

3 Follow Up – Leech Therapy (Raktamokshan) + same medicine

4 Follow Up - The lesion started to improve.

The itching has reduced by 70%

The patient was happy with the improvement.

5 Follow Up – The skin lesion have completely healed.

The treatment was continued for three months, followed by a one-month observation period. During the observation period, Avipattikara Churna was continued for Nitya Virechana along with regular external application.

No recurrence of the symptoms was observed during the observation period.

SR. NO	SYMPTOMS	BEFORE TREATMENT	AFTER TREATMENT	FOLLOW UP
1	Kandu	+++++++	++++	-
2	Pidika	++	+	-
3	Syava Varna	++++	++	-
4	Bahusrava	++	+	-



Before Treatment



Follow up



After Treatment

DISCUSSION

Considering the clinical features, the patient was diagnosed with Vicharchika, which is described under Kshudra Kushta in Ayurvedic classics. The diagnosis was mainly based on symptoms such as severe itching (Kandu), raised lesions or eruptions (Pidika), discharge (Bahusrava), and associated skin changes. Vicharchika is predominantly related to the involvement of Kapha and Pitta Dosha, with Rakta and Tvak considered important Dushya. In the present case, the long duration of illness, repeated recurrence, and marked itching suggested persistent involvement

of Dosha and Dushya, contributing to the chronic nature of the condition.

The patient was of an Alpa Satva and was initially anxious about the treatment. During the course of treatment, the patient consumed Apathya and Viruddha Ahara, which resulted in an aggravation of the symptoms and complications. The patient was counselled again, and the medication was restarted.

Raktamokshana (Leech Therapy)^{5,6} - As the itching did not reduce as expected, Raktamokshana by leech therapy was planned along with medication. Initially, the patient was afraid of leech therapy; however, during the subsequent course of treatment, the patient herself expressed willingness to undergo the procedure. Considering the involvement of Kapha and Pitta Dosha, Raktamokshana was performed.

Raktamokshana (leech therapy)

Before initiating leech therapy, necessary investigations including Complete Blood Count (CBC), Bleeding Time (BT), Clotting Time (CT), Blood Sugar, HIV and HBsAg were performed to assess the patient's fitness for the procedure. All investigation reports were found to be within normal limits. The patient was clinically examined and her vital parameters were recorded before each sitting, which were found to be within normal limits.

Purvakarma: The patient was positioned comfortably. The area was then cleaned properly. For preparation of the leech, it was taken out from the water and activated in Haridra (turmeric) water. After proper activation and confirmation of its activity, the leech was made ready for application.

Pradhana Karma: After completion of Purvakarma, Raktamokshana (leech therapy) was performed over the affected area. The activated leech was applied to the affected site and allowed to suck blood until adequate bloodletting was achieved. After completion of the procedure, the Jalauka was carefully removed.

Paschat Karma: Following removal of the leech, the site of application was managed appropriately and sterile dressing was applied. The patient was observed for any immediate adverse effects and vital parameters were monitored.

A total of two sittings of leech therapy were performed with an interval of 15 days between the two sittings. During both sittings, the patient was examined clinically and vital parameters remained within normal limits. After the second sitting of leech therapy, the patient reported relief in the presenting symptoms. No significant adverse effects were observed during or after the procedure. Following the procedure, a noticeable reduction in itching was observed, and the lesions started to improve. Following the second sitting, the patient reported approximately 70–80% reduction in itching.

Triphala Churna Prakshalana - was performed for cleansing the lesions and removing dead or devitalized tissue. Triphala is considered to possess Kusthaghna, Krimighna, and Lekhana properties, which may support local cleansing and improvement of the lesions.

Nitya Virechana with Avipattikar churna 3gm was advised to facilitate the elimination of aggravated Dosha and support systemic purification.

For local application, a combination of Marichyadi Taila and Gandhaka Malahar was used. This combination provided relief from itching and supported the healing of the lesions. Gandhaka Malahar prepared by the Department of Agada Tantra Evam Vidhi Ayurveda.

Regular follow-up along with proper Pathya Ahara and Vihara was continued throughout the treatment. Internal medication Krimikuthar rasa, Gandhak Rasayan, Arogyavardhani vati Sutshekhar rasa, Kaishor Guggul, Cap Blood pure, Khadirarishta, Avipattikar Churna was administered along with the local treatment. Adherence to the advised dietary and lifestyle measures appeared to support the overall improvement and helped in maintaining the therapeutic response.

Conclusion

This case suggests that an integrated Ayurvedic approach using Raktamokshana (leech therapy), Nitya Virechana, Triphala Churna, Prakshalana, internal medication, and local application of Marichyadi Taila with Gandhaka Malahara helped reduce itching and improve the skin lesions in Vicharchika. Pathya Ahara-Vihara, counselling, and

regular follow-up were also important for maintaining clinical improvement.

References

1. Pandit Kashinath Pandey savimarsh vidyotani hindi vyakhya second part charak Samhita chikitsa sthan sevani chapter.
2. Ambika Duttshastri Kaviraj , Sutra Samhita of Maharshi Sushruta part 1 Nidan Sthan 5 reprint edition Varanasi Chaukhamba Sanskrit sansthan 2017.
3. Arya Subhash Ayurvedic Management Of Vicharchika -A Case Report July 2026DOI:10.5281/zenodo.21240361 Shri Dharmasthala Manjunatheswara College of Ayurveda and Hospital
4. Calabrese G, Licata G, Gambardella A, De Rosa A, Alfano R, Argenziano G. Topical and Conventional Systemic Treatments in Atopic Dermatitis: Have They Gone Out of Fashion? Dermatol Pract Concept. 2022 Jan 1;12(1):e2022155. doi: 10.5826/dpc.1201a155. PMID: 35223191; PMCID: PMC8824598.
5. Effect of Virechana and Raktamokshan in Vicharchika: A Single Case Study S. Khandaliker S.1*, R. Murade H.2, G. Kengale P.3 DOI: <http://dx.doi.org/10.21760/jaims.8.5.47>
6. Role of Jalaukavacharana in Management of Vicharchika w.s.r. to EczemaAuthorsManoj Kumar Guraw MD Scholar, Dept. of Kriya Sharir, NIA, Jaipur, Rajasthan, India.