

## Role of *Siravedha Karma* and *Shamana Aushadhi* in the Management of *Vataja Kushtha* – A Case Study.

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### Abstract:

*Acharya* has considered *Siravedha* (*Raktamokshana*) as half of all the therapeutic measures in *Shalyatantra* like *Basti Karma* in *Kayachikitsa*. The surgical procedure of puncturing the vein for therapeutic purpose and thereby accomplishing the *Raktamokshana* is referred by the name *Siravedha*. *Raktamokshana* (Bloodletting) is one of the *Panchakarma* therapies. it's the choice of the treatment in all the *Rakta Pradoshaja Vikaras* like *Kushtha*. It is a common procedure for the management of different diseases with vitiated *Rakta Dosa*. A 42year female patient with complaints of blackish discolouration of bilateral legs (on foot and lateral malleolus), serosanguinous and sero-purulent discharge, dry and cracked patches over both soles and palms, severe itching followed by bleeding and blackish, dry patches over gluteal region with itching since 10 years was treated with *Siravedha* as well as *Shamana* medicines. Before starting the procedure, *Abhyantara Snehapana* (*Ghritapana*) which helped to nullify the side effects of *Siravedha karma* (due to *Vataprakopa*). After the treatment, very dryness was seen, colour of lesions became pale brown with mildly visible nature of lesions. There was no pain, itching and discharge. The present case study concludes that use of *ayurvedic* medicines along with *Siravedha karma* (bloodletting) and also maintaining personal hygiene can minimize the symptoms in early stages and cure the disease.

**Key words:** *Ghritapana*, *Siravedha Karma* (Bloodletting), *Twak vikruthi*, *Vataja Kushtha*.

### Quick Response code



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### Introduction:

Skin is the largest sense organ which covers around 20 square feet of total area of body [1]. It provides protection to the body in various ways from microbes, abrasion, heat and chemicals [2]. Skin also contributes to thermoregulation of the body and permits the sensation of touch and temperature [3]. Skin not only covers and

protects the body, but also performs the functions like excretion and metabolism.

Skin contains mainly three layers: First epidermis – The outermost layer of skin, provides a waterproof barrier and creates our skin tone. Second dermis – Beneath the epidermis, contains tough connective tissue, hair follicles and sweat glands. Third

hypodermis - The deeper subcutaneous tissue is made of fat and connective tissue [4].

In all types of skin diseases, normal function of skin is hampered and changes in colour and texture is found. The healthy state of the body reflects on the personality of a person. Personality and beauty both are major tools to present oneself in today's competitive world. A number of diseases which degrades the beauty of skin are described particularly under the heading of *Kushta*. The term *Kushta* itself denotes that, the disease which leads to cosmetic imbalance. Skin diseases not only affect physically but also gives mental stress leading to inferiority complex [5]. The prevalence of skin diseases in the general population has varied from 7.86% to 11.16% in various studies [6,7].

Description of skin diseases are spread over in various *Samhitas* in many chapters. Two broad categories in which skin diseases are mentioned as *Kushta Roga* (major skin ailment) and *Kshudra Roga* (minor skin ailment). Other common headings wherein skin diseases are mentioned as *Visarpa*, *Nanatmaja Vyadhi*, *Bahya Vidradhi*, *Prameha Pidaka*, *Granthi*, *Apachi*, *Arbuda*, *Upadamsha*, *Shliipada* and *Shotha*.

*Acharya Chakrapani* says that in *Kushta*, involvement of *Doshas* & appearance of *Lakshanas* are less in *Kshudra Kushta* in comparison to *Maha Kushta* [8]. The term '*Mahat*' means it has the ability to penetrate deeper *Dhatu* while the *Kshudra Kushta* does not have the ability to penetrate into the deeper tissue. Others mentioned that *Maha Kushta* occurs due to excessive involvement of *Dosha* in the beginning of disease process - '*Bahu Bahula Dosha Arambhata*'. While in *Kshudra Kushta* there is no such severe & extensive vitiation of *Doshas* from the beginning [9].

#### **Case Report:**

A 42-year female patient, came to the outpatient department with complaints of blackish discolouration of bilateral legs (on foot and

lateral malleolus), serosanguinous and seropurulent discharge, dry and cracked patches over both soles and palms, severe itching followed by bleeding and blackish, dry patches over gluteal region with itching. Patient was having above complaints for 10 years. She consulted local dermatologist and received oral steroids and anti-inflammatory drugs but found no relief. These patches increased gradually and also itching worsened over the period of time. Patient was having more difficulty in daily activities for 2 months due to disease progression. Considering the above signs and symptoms patient was diagnosed as having *Vataja Kushtha* and treatment protocol was planned accordingly.

**Past History:** No history of any major illness

**Family History:** NAD

**Allergies:** None

**General Examination:**

Pallor – Absent

Icterus – Absent

Cyanosis – Absent

Clubbing – Absent

Lymphadenopathy – Absent

Oedema – Mild oedema over bilateral foot

BP – 110/78 mm of Hg

Pulse – 80/min

**Systemic Examination:**

CVS – No abnormality detected

RS – AEBE clear

CNS – Conscious, well oriented

PA – Soft and non-tender

**Local Examinations:**

Blackish discoloured patches over left dorsum and lateral malleolus of both feet with severe itching. Oozing of blood and serosanguinous discharge is present.

Extensive blackish discolouration presents on gluteal region which are dry in nature.

Skin fissures present on both palms and soles.

All the features of *Vataja Kushtha* like *Ruksha* (dry), *Aruna-Krushna Varni* (crimson red or blackish colour), *Parusha* (coarse), *Vishama Vistrut* (unevenly spread), *Khara* (bristle), *Toda*

(extreme piercing pain), *Kandu* (itching), *Daha* (burning sensation), *Alpa Puya Lasika Utpatti* (less pus and serous discharge) are found in the patient. Along with this; vitiation of *Rakta* and *Pitta* is also mentioned in all *Twak Vikaras*.

By observing patient's complaints, disease is *Mahat* in nature as well as having *Vata* predominancy. So, we planned *Ghritapana* followed by *Siravedha karma* <sup>[10]</sup>.

According to *Ayurveda* three types of *Chikitsa* are described by *Acharyas*. Among them *Shodhana* is first and the supreme; because of its capacity to eliminate the excessive *Doshas*. *Kushtha* in general has excessive accumulation of *Doshas* and is *Chirakari* in nature. Hence *Shodhana* therapy seems to be the first line of treatment <sup>[11]</sup>. The classics also emphasize on repeated *Shodana* in *Kushtha*.

#### Diagnosis and assessment:

According to the history of the patient and clinical examination, patient was diagnosed as having *Vataja Kushtha*.

Criteria of assessment was based on the scoring of Dermatology life quality index (DLQI) <sup>[12]</sup>.

The DLQI questionnaire is designed for use in adults, i.e., patients over the age of 16. It consists of 10 questions concerning patients'

perception of the impact of skin diseases on different aspects of their health-related quality of the life. It is calculated by summing the score of each question resulting in a maximum of 30 and a minimum of 0. The higher the score, the more quality of life is impaired. It can also be expressed as a percentage of the maximum possible score of 30.

#### Treatment

##### 1. *Shodhana* Treatment –

According to the course of the disease and involvement of *Vata*, *Pitta* and *Kapha Dosha*, *Rasa Rakta Dhatu*, *Twak Dushti* and *Sharir-Manas Bala* of the patient, *Siravedha Karma* (bloodletting) was planned. *Mahatiktak Ghritam Snehapana* gave in *Vardhaman Matra* 30ml, 40ml, 50ml for 3 days. Then *Siravedha Karma* (bloodletting) did from median cubital vein of the patient. *Siravedha Karma* done three times with interval of every seven day and each time 100ml blood was removed.

##### 2. *Shamana* Treatment –

Certain combination of drugs used as follows and changed according to response of the disease.

**Table 1: Treatment regimen**

Medicine	Dose	Duration
<i>Arogyavardhini Vati</i>	250 mg	Twice a day
<i>Gandhak Rasayana</i>	250 mg	Twice a day
<i>Krumikuthar Rasa</i>	250 mg	Twice a day
<i>Nimba + Khadir + Chopchini + Sariva</i>	Each 1 gm	Thrice a day
<i>Yashtimadhu Taila</i>		Local application

**Table 2. Result before and after treatment**

Parameters	Before treatment	After treatment
Dryness	Severe	Mild
Colour of lesions	Crimson red or blackish colour	Pale brown
Nature of lesions	Unevenly spread, prominently visible, Bristle	Mild visible

Pain	Extremely piercing in nature	No pain
Itching	Severe	Absent
Discharge	Serosanguinous and seropurulent	Absent

**Table 3. Dermatology life quality index**

DLQI	Before treatment 0 <sup>th</sup> Day	After treatment 21 <sup>st</sup> Day	After follow up 1 Month
	83.33%	26.66%	13.33%
	<b>Before treatment</b>	<b>After treatment</b>	<b>Follow up</b>
			
			
			





### Discussion:

#### Probable mode of action

*Siravedha Karma* – In Ayurveda, use of particular therapy in a particular disease depends on its property like *Ras*, *Guna* etc. *Chikitsa* (treatment) is nothing but correction of vitiated *Doshas* to reinstate the *Tri- Dosha* equilibrium. *Siravedha* acts on predominantly in *Pitta*, *Rakta* and *Kaphaja Vyadhi* or when *Pitta* or *Kapha* is in *Anubandha* to *Vata Dosha*. In such condition of *Vata Prakopa*, due to *Kapha* and *Pitta Avarana*; *Siravedha* can remove the *Avarana* of *Kapha* or *Pitta Dosha* giving way for *Anulomana* that indirectly cures the *Vataja* symptoms along with *pitta* or *kapha dosha* and patient gets immediate relief<sup>[13]</sup>.

*Arogyavardhini Vati* – It mainly acts as *Deepan*, *Pachan*, *Pathyakara*. *Acharya* described this remedy as *Kushtha Nashaka*. It plays major role in treatment of *Vata Pradhan* and *Vata-Kapha Pradhan kushtha*. *Arogyavardhini Vati* has drugs which has

*Tikshna-Ushna Guna* which helps in *Vatashaman*.<sup>[14]</sup>

*Gandhak Rasayana* – It mainly acts on *Rakta* and *Twak dhatu*. Hence used as *Rakta Shuddhikar*. Also has anti pruritic action. It is *Kushthaghna*, *Vishaghna*, *Jantughna* and *Yogvahi* in nature<sup>[15]</sup>.

*Krumikuthar Rasa* – Used for *Krumighna* (especially *Kaphaja* and *Raktaja*) action. It also acts as *Krumighna Rasayan*, *Yogvahi* and *Vata Shamak*<sup>[16]</sup>.

Combination of *Nimba* (*Azadiracta indica*), *Khadir* (*Senegalia catechu*), *Chopchini* (*Smilax glabra*), *Sariva* (*Hemidesmus indicus*) – This formulation mainly has *Tikta Rasa* predominancy which mainly act on *Twacha*, useful as *Kushtha Nashak* and *Rakta Shodhak*. *Tikta Rasa* used as *Kandu Nashak* (relieves itching).

*Yashtimadhu Taila* – *Yashtimadhu* (*Glycyrrhiza glabra*) having *Sheeta Virya* which acts as *Pitta Shamak*, also possess *Guru* and *Snigdha Guna* which helps in *Vata*

*shamana*. It is included in *Varnya Gana*. It is *Sandhana Rasayana* also.

**Conclusion:**

Skin diseases are very common in today's era. Along with *Dosha Dhatu Dushti*, poor hygiene is also one of the causes of skin diseases. The present case study concludes that use of *ayurvedic* medicines along with *Siravedha karma* (bloodletting) and also maintaining personal hygiene can minimize the symptoms in early stages and cure the disease.

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