

ROLE OF RAKTAMOKSHANA AND SHAMANA CHIKITSA IN RAKTA PRADOSHAJA VYADHI: A CASE REPORT

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ABSTRACT

- **Background:** Frequent use of over-the-counter (OTC) medications for symptomatic relief may contribute to chronic systemic disorders. In Ayurveda, suppression of the vomiting urge (*Chhardi Vega*) through the use of antiemetics or antacids may be considered a form of *Vegavarodh*, leading to vitiation of *Pitta* and *Rakta* and resulting in *Rakta Pradoshaja Vyadhi*.
- **Aim:** To evaluate the clinical efficacy of *Raktamokshana* as a primary *Shodhana* therapy followed by *Shamana Chikitsa* in the management of *Rakta Pradoshaja Vyadhi* associated with *Chhardi Vegavarodh* as *Nidana*.
- **Materials and Methods:** A 49-year-old male presented with daily evening episodes of *Sarvanga Raktavarni Mandalotpatti* (generalized erythematous maculopapular rashes) with *Tivra Kandū* (severe itching) and *Daha* (burning sensation), *Shool at Ubhay Shankha Pradesha* (bitemporal headache), *Asamadhankarak Malapravrutti* (unsatisfactory bowel movements), and *Adhmaan* (flatulence). The patient had a history of chronic self-medication with OTC antacids and antiemetics for Gastroesophageal Reflux Disease (GERD) and *Urdhvaga Amlapitta*. The treatment protocol included *Raktamokshana (Siravyadha)* as *Shodhana chikitsa*, followed by oral *Shamana* medications for one month. Clinical assessment was carried out using standardized grading scales before and after treatment.
- **Results:** Significant improvement was observed in all symptoms following treatment. Objective symptom severity scores also showed marked reduction.
- **Conclusion:** *Raktamokshana*, combined with targeted *Shamana* therapy was found effective in the management of *Pitta-Rakta* dominant *Rakta Pradoshaja Vyadhi* associated with *Chhardi Vegavarodh*. The treatment provided significant symptomatic relief and improved the patient's quality of life.

KEYWORDS: *Rakta Pradoshaja Vyadhi, Raktamokshana, Siravyadha, Chhardi Vegavarodh, Shodhana Chikitsa.*

1. INTRODUCTION

In Ayurveda, *Adharaniya Vegas* are the natural urges that should not be suppressed, as their suppression (*Vegadharana*) may disturb *Dosha* equilibrium and lead to various systemic disorders.^[1] Among these, *Chhardi* (vomiting) is considered a protective physiological mechanism that helps eliminate *Ama* and vitiated *Doshas* from the upper gastrointestinal tract.

In current clinical practice, frequent self-medication with over-the-counter (OTC) antacids, antiemetics, and H2-receptor antagonists for conditions such as Gastroesophageal Reflux Disease (GERD) and *Urdhvaga Amlapitta* has become increasingly common. From an Ayurvedic perspective, suppression of the vomiting urge through such medications may be considered *Chhardi Vegavarodh*. This may lead to vitiation of *Pitta Dosha* and subsequent *Rakta Dushti*

due to the *Ashraya-Ashrayi* relationship between *Pitta* and *Rakta*.^[2]

Rakta Dushti may manifest clinically as various *Rakta Pradoshaja* disorders involving the skin and systemic circulation. Classical Ayurvedic texts describe manifestations such as *Kandu*, *Kotha*, *Kushtha*, *Visarpa*, *Shotha*, and *Jwara* as consequences of *Chhardi Nigraha*.^[3] The pathological sequence, when *Vegavarodh* acts as the primary etiology (*Nidana*), can be summarized as:

Chhardi Vegavarodh → *Pitta Prakopa* (*Ushna*, *Tikshna Guna*) → *Rakta Dushti* → *Rakta Pradoshaja Vyadhi*

For such *Pitta-Rakta* dominant conditions, *Shodhana Chikitsa* is considered an important line of management. Among the *Shodhana* procedures, *Raktamokshana* plays a significant role in eliminating vitiated *Rakta* and relieving symptoms associated with *Rakta Dushti*. It may be followed by *Shamana Chikitsa* and *Rasayana* therapy for symptomatic management and prevention of recurrence (*Apunarbhava*).

Hence, this case report was undertaken to evaluate the role of *Raktamokshana* along with *Shamana Chikitsa* in the management of *Rakta Pradoshaja Vyadhi* associated with *Chhardi Vegavarodh*.

2. AIM

To evaluate the clinical efficacy of *Raktamokshana* as a primary *Shodhana* intervention followed by *Shamana Chikitsa* in the management of *Rakta Pradoshaja Vyadhi* associated with *Chhardi Vegavarodh*.

3. OBJECTIVES

- To assess the severity of *Pitta-Rakta* dominant systemic and dermatological manifestations using standardized clinical grading scales.
- To evaluate the effect of *Siravyadha* in the *Samprapti Vighatana* of *Rakta Dushti* and associated clinical symptoms.

4. CASE PRESENTATION

4.1 Patient Information

A 49-year-old male Ayurvedic practitioner presented to the outpatient department with dermatological and gastrointestinal complaints of 4–5 years duration.

4.2 Chief Complaints and Clinical History

The patient presented with the following symptoms:

- Generalized erythematous maculopapular rashes (*Sarvanga Raktavarni Mandalotpatti*), predominantly during evening hours.
- Severe, intolerable itching (*Tivra Kandu*) and burning sensation (*Daha*) over affected areas.
- Bilateral temporal headache (*Shirashool*).
- Flatulence (*Adhmaan*) with unsatisfactory bowel movements (*Asamadhankarak Malapravrutti*).

- Fragmented, disturbed sleep (*Khandit Nidra*) triggered by evening pruritus and abdominal distress.

History of Present Illness: The patient had a 5-year history of Gastroesophageal Reflux Disease (GERD) and *Urdhvaga Amlapitta* (with following *lakshanas* - *Amlika*, *Urodaha*, *Hrullas*, *Avipaka*, *Shirashool*, *Asamadhankarak Malapravrutti*), for which he regularly self-medicated with OTC antacids, H2-blockers, and antiemetics. He also used Levocetirizine 5 mg once daily for recurrent skin rashes without significant relief. The patient subsequently presented to our hospital for Ayurvedic management.

4.3 Lifestyle and Personal History

- Dietary Errors (*Nidana/Hetu*): Habitual and excessive consumption of *Katu* and *Lavana* foods, improper eating schedules (*Vishamashana/Ateet Kala Bhojan*), and a high intake tea (500–550 mL daily).
- Psychological Factors: High levels of occupational and personal stress (*Atichintan*).
- Addictions: Habitual tobacco chewing.
- Allergies: Documented history of hypersensitivity (acute rashes) upon consuming peanuts.
- Past Medical History: No systemic history of Diabetes Mellitus, Hypertension, Ischemic Heart Disease, or Hypothyroidism. History of a conservative-managed ligament tear in the right shoulder.

4.4 Physical and Ayurvedic Examination

The patient's vital signs were stable.

Pulse : 80 bpm

Blood Pressure : 130/80 mmHg

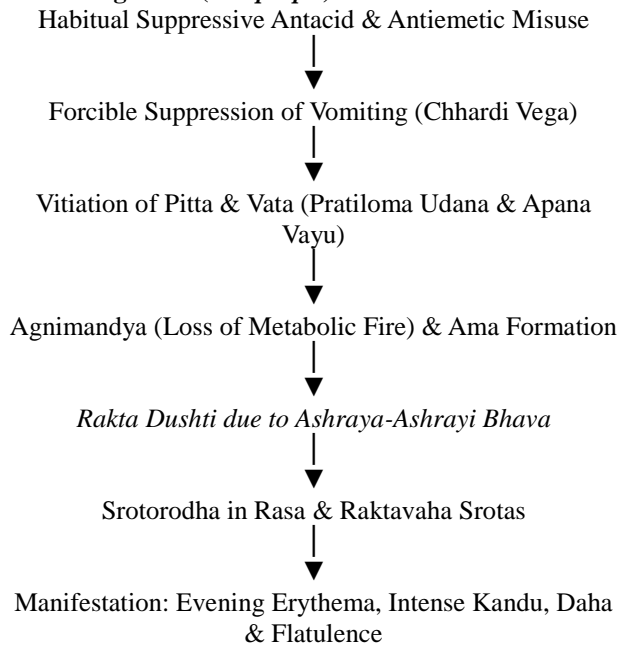
Body Weight : 75.7 kg.

Systemic examinations of the cardiovascular, respiratory, and central nervous systems revealed no abnormalities.

Ayurvedic clinical profiling was conducted using *Ashtavidha*, *Dashavidha*, and *Srotas* examination frameworks:

Table 1: Classical Comprehensive Diagnostic Profiling.

<i>Ashtavidha Pariksha</i>		<i>Dashavidha Pariksha</i>		<i>Srotas Parikshan</i>	
<i>Nadi</i>	<i>Vata-Pitta, Ushna</i>	<i>Dushya</i>	<i>Rasavaha, Raktavaha, and Purishavaha Srotas</i>	<i>Rasavaha</i>	<i>Aruchi, Ashraddha, Tandra, Nidra Vaishamya, Agni Vaishamya</i>
<i>Mala</i>	<i>Asamadhankarak</i>	<i>Desh</i>	<i>Sadhaaran</i>	<i>Raktavaha</i>	<i>Sarvanga Raktavarni Mandalotpatti, Kandu, Daha</i>
<i>Mutra</i>	<i>Samyaka</i>	<i>Bala</i>	<i>Madhyam</i>	<i>Purishavaha</i>	<i>Pindita/Kathina Asamadhankarak Mala pravrutti</i>
<i>Jihva</i>	<i>Ishat Sama</i>	<i>Kala</i>	<i>Greeshma Rutu</i>		
<i>Shabda</i>	<i>Prakruta</i>	<i>Anala</i>	<i>Vishamagni</i>		
<i>Sparsha</i>	<i>Anushmasheeta</i>	<i>Prakruti</i>	<i>Pitta-Kapha dominant</i>		
<i>Druk</i>	<i>Prakruta</i>	<i>Vaya</i>	<i>Taruna</i>		
<i>Aakruti</i>	<i>Madhyama</i>	<i>Sattva</i>	<i>Madhyam</i>		
		<i>Satmya</i>	<i>Shadrasa</i>		
		<i>Ahara</i>	<i>Mishra</i>		

4.5 Pathogenesis (Samprapti) Flowchart

- Dosing: 1 tablet thrice daily, administered 30 minutes after meals with lukewarm water for 5 consecutive days.

Phase 2: Shodhana Chikitsa (Raktamokshana via Siravyadha)

- **Purvakarma:** Routine hematological clearance was completed (CBC, Bleeding Time, Clotting Time within normal limits; HIV and HBsAg non-reactive). Written informed consent was obtained. The patient underwent *Snehapana* (internal oleation) using *Panchatikta Ghrita* (30 mL) orally once daily in the morning on an empty stomach for 3 days.
- **Pradhanakarma:** On the day of *Raktamokshana*, after ensuring the natural clearance of bowel and bladder urges, the patient underwent external oleation (*Sarvanga Bahya Snehana*) with *Ksheerabala Taila*, followed by steam therapy (*Sarvanga Bashpa Swedana*). A light, easily digestible meal (*Laghu Ahara*) was given 45 minutes prior. Venesection (*Siravyadha*) was performed systematically.

4.6 Therapeutic Intervention Plan

The treatment protocol was divided into three distinct phases: *Pachana* (metabolic correction), *Shodhana* (targeted bio-purification), and *Shamana* (palliative long-term healing).

Phase 1: Pachana

To digest the *Ama* and correct the *Vishama Agni*, the patient was given a 5-day course of internal medicine before starting the purification process.

- Prescription: Tab. *Samshamani Vati* (250 mg)

Table 2: Intra-Procedural Clinical Observations of Bloodletting.

Parameter	Clinical Observation
Volume (<i>Matra</i>)	130 mL evacuated
Dosha	<i>Vata-Pitta Anubandha</i>
<i>Gandha</i>	<i>Rakta Gandha</i>
<i>Varna</i>	<i>Krushna-Rakta</i>
Temperature	<i>Ushna</i>

Phase 3: Shamana Chikitsa & Rasayana (Post-Procedure Care)**Table 3: Post-Procedure Oral Medications (Days 1 to 15)**

No.	Formulation	Dosage	Timing	Anupana	Therapeutic Action / Guna
1	Aarogyavardhini Vati	500 mg	Vyanodana Twice daily, post-meals	Lukewarm water	Deepana, Pachana, Srotoshodhana
2	Haridra Khandapaka	5 g	Vyanodana Twice daily, post-meals	Lukewarm water	Anti-allergic, Kandughna
3	Swadishta Virechan Churna	5 g	Nisha kaal Once daily, at bedtime	Lukewarm water	Anulomana, Mrudu Rechak (mild laxative to clear Apana Vayu).
4	Combined Mixture: Sutshekhar Ras + Shankha Bhasma + Pippali Mool Churna	750 mg (250 mg each)	Samana kaal Twice daily, taken between meals	Cow's Ghee (Goghrita)	Highly potent Pitta-Shamaka, antacid effect, fixes Vishama Agni.

Table 4: Rejuvenation and Tissue Care Phase (Days 16 to 30).

To prevent the recurrence of symptoms (*Apunarbhava*) and fully heal the skin barrier.

No.	Formulation	Dosage	Timing	Vehicle (Anupana)	Therapeutic Action / Guna
1	Gandhak Rasayan	500 mg	Once daily, Rasayana Kala (early morning empty stomach)	Lukewarm water	Sapta Dhatu Shodhana, deep Kushtha-Kandunashak
2	Mahatika Ghrita	10 mL	Once daily, early morning	Lukewarm water	Pitta-Rakta Shaman, targeted cure for Visarpa and Kandu.

5. OBSERVATIONS AND RESULTS

The patient was assessed before treatment (BT), on Day 15, and after completion of treatment on Day 30 (AT). Clinical assessment was performed using standardized grading scales and dermatological indices.

Significant improvement was observed in dermatological and gastrointestinal symptoms following treatment.

Improvement was observed by Day 15 with reduction of erythematous lesions to Grade 2. Complete clearance of lesions (Grade 0) was observed by Day 30.

- **Dermatology Life Quality Index (DLQI):^[5]**
The baseline DLQI score was 26, indicating severe impairment in quality of life. Following treatment, the score reduced to 1 by Day 30.

5.1 Objective Modern Dermatological Scoring

- **Investigator's Global Assessment (IGA):^[4]**
The baseline IGA score was Grade 4 (severe).

Table 5: Observations and Results Before-Mid-After Treatment.

No.	Assessment Parameter	Before Treatment (BT)	Mid-Treatment (Day 15)	After Treatment (Day 30)	Percentage Relief
1	Sarvanga Raktavarni Mandalotpatti (Erythematous Rashes)	Grade 3 (Diffuse erythematous plaques >50% BSA daily)	Grade 1 (Isolated, faint patches <20% BSA)	Grade 0 (No rashes present)	100%
2	Tivra Kandu (Severe Itching)	Grade 3 (Continuous, disturbing sleep with excoriations)	Grade 1 (Occasional itching, no sleep disturbance)	Grade 0 (No itching)	100%
3	Vaivarnyapradeshi Daha (Burning Sensation)	Grade 3 (Intolerable, Severe burning sensation)	Grade 1 (Faint warmth noticed only at rest)	Grade 0 (No burning sensation)	100%
4	Shirashool at Ubhay Shankha Pradesh (Bitemporal)	Grade 2 (Throbbing ache limiting)	Grade 0 (No headache)	Grade 0 (No headache)	100%

	<i>Headache)</i>	concentration)			
5	Asamadhankarak Malapravrutti (Unsatisfactory Bowel Movement)	Grade 3 (Highly unsatisfactory, severe straining)	Grade 1 (Occasional incomplete feel, stool normal)	Grade 1 (Occasional incomplete feel, stool normal)	90%
6	Adhmaan (Flatulence / Distension)	Grade 2 (Frequent distension, tightness daily)	Grade 1 (Occasional post- meal bloating)	Grade 0 (No abdominal heaviness)	100%

5.2 Summary of Results

The primary *Shodhana* procedure, *Siravyadha*, provided instant decompression to the vascular system, *Raktashodhana*. This led to a 90% reduction in acute skin burning and itching within 24 hours post-procedure.

The subsequent administration of targeted *Pitta-Rakta Shamana* drugs (Days 1–15) successfully corrected the gastrointestinal tract mechanics, fully resolving the bitemporal headache and flattening out abdominal distension. During the final phase (Days 16–30), the introduction of *Gandhak Rasayan* and *Mahatika Ghrita* consolidated the skin's barrier integrity, resulting in a 100% clinical cure of the *Rakta Pradoshaja* manifestations without any adverse drug reactions or procedural complications.

6. DISCUSSION

This case highlights the possible role of *Chhardi Vegavarodh* as a contributing factor in the development of *Pitta-Rakta* dominant *Rakta Pradoshaja Vyadhi*. According to Ayurvedic principles, suppression of natural urges (*Vegadharana*) may disturb *Dosha* equilibrium and lead to systemic pathology. In the present case, prolonged use of OTC antacids and antiemetics for symptomatic relief of GERD and *Urdhvaga Amlapitta* may have contributed to *Pitta* aggravation and subsequent *Rakta Dushti* through the *Ashraya-Ashrayi* relationship between *Pitta* and *Rakta*.

The patient presented with clinical features such as erythematous rashes, itching, burning sensation, headache, flatulence, and disturbed bowel habits, which correlate with manifestations described in classical texts under *Chhardi Nigraha* and *Rakta Pradoshaja* conditions.^[6]

Raktamokshana by *Siravyadha* was selected considering the generalized nature of symptoms and predominance of *Pitta-Rakta Dushti*.^[7] Classical Ayurvedic texts describe *Siravyadha* as an effective modality for eliminating vitiated *Rakta* and relieving symptoms associated with *Rakta Dushti*.^[8] *Shamana* medications were administered following the procedure for *Dosha* pacification, *Agni* correction, bowel regulation, and symptomatic relief.

Significant clinical improvement was observed after treatment, including reduction in erythema, itching, burning sensation, headache, and flatulence, along with improvement in bowel habits and quality of life scores.

No adverse events or procedural complications were observed during the treatment period.

From a modern perspective, the beneficial effects of *Siravyadha* may be related to reduction in local vascular congestion and modulation of inflammatory processes. The subsequent *Shamana* and *Rasayana* therapies may have further supported symptomatic relief and recovery.

7. CONCLUSION

This case report suggests the possible role of *Chhardi Vegavarodh* in the development of *Pitta-Rakta* dominant *Rakta Pradoshaja Vyadhi*. Significant clinical improvement was observed following treatment with *Raktamokshana* (*Siravyadha*) along with *Shamana* and *Rasayana* therapies.^[9]

The findings indicate that *Raktamokshana* may be beneficial in the management of *Rakta Dushti*-associated dermatological and systemic manifestations. Improvement was observed in itching, erythema, burning sensation, bowel habits, and quality of life without any adverse effects during the treatment period.

However, as this is a single-case study, further clinical studies with larger sample sizes and objective laboratory parameters are required to validate these observations and better understand the therapeutic role of *Raktamokshana* in such conditions.

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