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Case Study

AYURVEDIC MANAGEMENT OF ATOPIC DERMATITIS BY RAKTAMOKSHAN (WET CUPPING):
A CASE REPORTSumeet Saini^{1*}, T. Amarnath Goud¹, Lohith B A², Muralidhar P Pujar³¹PG Scholar, ²Associate Professor & HOD, ³Professor & Medical Superintendent, Department of Panchakarma, Shri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Hassan, Karnataka, India.

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ABSTRACT

Atopic Dermatitis (AD) is a chronic, highly pruritic inflammatory skin disease. The lesions are characterized by papules, papulovesicles, edema, crusting and scaling with hyperpigmentation or hypopigmentation after healing. Here we represent a case of AD, having dry, pruritic and highly lichenified skin lesion on lateral aspect of left leg from last 4 years. Based upon correlation in sign and symptoms the disease was considered as *Vicharchika* as per Ayurvedic perspective and treated accordingly with three sitting of wet cupping (bloodletting using vacuum cups) at interval of every 3-months gap on basis of the *Samprapti* (pathology) of *Kushta Vyadhi* comprising of all three *Dosha Vata, Pitta and Kapha* along with *Rakta, Lasika, Twak, Mamsa* as *Dushya*. *Raktamokshana* using wet cupping technique showed good result in reducing the sign and symptoms of eczema upto 90%. Based upon observation it can be concluded that *Raktamokshana* is found to be effective in management of Atopic Dermatitis.

INTRODUCTION

Atopic Dermatitis (AD), also known as eczema and atopic eczema, is a type of inflammatory skin disease that affects up to 20% of children and 10% of adults^[1]. AD is a chronic, highly pruritic (itchy) inflammatory skin disease^[2]. The lesions are characterized by papules, papulovesicles, edema, crusting, and scaling, with hyperpigmentation or hypopigmentation of lesions after healing. Pruritus is a hallmark of atopic dermatitis, and the intensity of the itching broadly corresponds to the severity of the disease. Pruritus is aggravated by stress, sweating from physical activity or environmental heat, and humidity, as well as from contact with woolen clothes^[3]. Pruritus-related scratching induces excoriations, bleeding, or the formation of hemorrhagic crusts. Persistent scratching leads to lichenification.

Management of AD requires a multifaceted approach that involves patient and caregiver education, optimal skin care practices, anti-inflammatory treatment with topical corticosteroids (first-line) and/or Topical Calcineurin Inhibitors (TCIs), and the treatment of skin infections. Systemic immunosuppressive agents may also be considered in severe cases that cannot be controlled with appropriate skin care and topical therapy^[2]. But due to complication associated with use of steroids and despite use of medicines, relapse is a concern, so alternative approach for the treatment of AD is required. In Ayurvedic texts, for skin diseases *Rakta Dushti* is considered as one of the cause^[4]. Acharya Sushruta considered *Rakta* as fourth *Dosha*^[5] along with *Vata, Pitta* and *Kapha dosha* and considered *Raktamokshan* (bloodletting) as one among the *Pancha Shodhan* procedures and explained various methods of *Raktamokshana* such as *Jalaukavacharana, Shrunaga, Alabu, Prachhanna Karma, and Siravedhana Karma*^[6] based upon different *Dosha* predominance and the area involved. Here use of wet cupping, a modified type of bloodletting procedure for the treatment of eczema.

Patient Information

A 24-year female patient from last 4 years, having dry, pruritic and highly lichenified skin lesion on lateral aspect of left leg not having any

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history of diabetes, hypertension or any systemic abnormality no any family history for the same condition, for which patient had consulted many physicians of contemporary science and taken antibiotics, steroids and judicious use of topical anti-inflammatory agents and topical emollients, but didn't get satisfactory result as after stopping the medicine the symptoms reappeared so patient consulted in Out-Patient Department of *Panchakarma* at Shri Dharmasthala Manjunatheshwara college of Ayurveda and hospital, Hassan for further management.

Clinical Findings

Patient was not having symptoms 4-year back but gradually started having hyperpigmentation on lateral aspect of left lower limb associated with intense itching which started spreading but remain confined below knee joint with appearance of dry, pruritic, lichenification and erythematous lesions showing similarity with *Vicharchika* having *Lakshan* of *Shayav Pidika* (redness and pustules), *Atikandu* (itching), *Bahusraav* (profused discharge) and *Rukshata* (roughness)^[7]. On examination, patient had moderate appetite, *Krurkoshta* (hard stools with regular micturition), uncoated tongue. Patient is *Vatapitta prakriti* with *Madhyam Sara* (medium body built), *Sama Pramana* (normal body proportion), *Madhyam Satmya* (homologation), *Pravara Satva* (good mental strength), *Avara Vyayamshakti* (least capability to carry on physical activities), *Madhyam Aharshakti* and *Jaranshakti* (medium food intake and digestive power).

Timeline: Timeline of case have been listed in table 1.

Table 1: Showing Timeline of Cases

Date	Clinical intervention
September 2017	Appearance of scaly lesion on left lower limb
2017 - 2021	Consulted various physicians and took allopathic medicine but no satisfactory outcome
7 March 2021	First sitting of wet cupping

Figure 1: Before treatment



4 June 2021	Second sitting of wet cupping
8 September 2021	Third sitting of wet cupping

Diagnostic Focus and Assessment

In Ayurveda for *Kushta* various treatment modalities have been mentioned depending upon *Doshic* condition as *Sarpipana*, *Vamana*, *Virechana* and *Raktamokshana* in *Vata*, *Kapha*, *Pitta* and *Rakta dushti* respectively^[8]. Based upon clinical presentation of the patient, localized lesion confined only to left leg. Wet cupping was performed and assessed before and after every sitting of Wet cupping.

Therapeutical Intervention

After proper examination the case was treated on day care basis with Ayurvedic line of treatment using wet cupping technique of *Raktamokshana*, for three subsequent sitting with interval of 3-months gap. The line of treatment was selected as *Raktamokshana* as skin lesion was localized and dry in nature with excessive itching indicating more of *Vata dosha* predominance so wet cupping was selected as the procedure of choice as the action of wet cupping have more of similarity with *Shrunga* type of *Raktamokshana* indicated mainly in *Vata Dosha*. The procedure was performed under aseptic condition using needle of 18G and cups (area to be treated was cleaned using spirit swap followed by application of cup creating vacuum by mean of negative pressure to create transient hyperemic state then superficial pricks were made using 18G needle in linear manner again application of cup with negative pressure so that to extract blood from superficial layer of skin, post procedure blood was cleaned and application of honey for healing of scar for 3 days) as mentioned in table no 1. No internal medicine was administered during the course of treatment.

Follow-Up and Outcomes

After 3 sittings of Wet cupping patient showed significant results in treating the patient condition as showed in figures below (1-3).

Figure 2: Showing procedure of wet cupping and after 1st sitting of Wet cupping



Figure 3: After 2nd and 3rd sitting of Wet cupping



DISCUSSION

Symptoms of Atopic dermatitis can be compared with *Lakshans* of *Vickharchika* as *Shayav Pidika*, *Atikandu*, *Bahusraav* and *Rukshta*. As *Kushta* is a *Chirkari Vyadhi* for which repetitive *Shodhana* have been indicated^[9]. According to *Acharya Sushruta* for *Kushta chikitsa*, *Vamana* can be repeated at interval of every 15 days, *Virechana* at interval of 30 days, *Raktamokshan* after every 6 months^[10]. *Kushta* is one among the *Raktapradoshaj Vyadhi*,^[11] so bloodletting is one of the prime methods of treatment for treating skin condition where all other treatment modalities fails^[12]. According to *Acharya Sharangdhara*, maximum amount of blood can be withdrawn at one time depend upon the *Bala* of *Roga* (disease) and *Rogi* (patient) up to 648ml, 324 and 162ml at once in case to maximum, minimum and least strength^[13]. As the quantity of blood withdrawn (around 25-30ml) is much less than the minimum quantity of blood which can be withdrawn in single sitting so instead of 6-month interval we adopted the treatment interval of 3-month gap. Various methods of bloodletting have been explained depending upon *Dosha* and site involved as described in table no 2 below ^[14]. In *Bahu Dosha* (more of disease causing factor) condition *Shodhana* such as *Vaman* and *Virechana* is mainly indicated but in this case as the lesion was localized at one place and having more of *Vata dosha* symptoms so *Sthanika chikitsa* as wet cupping was selected as the line of treatment.

Table 2: Different Types of *Raktamokshana* and Their Indication

Method of <i>Raktamokshan</i>	<i>Dosha</i> involved	Therapeutic action
<i>Shrunnga</i>	<i>Vata</i>	10 <i>Angula</i>
<i>Alabu</i>	<i>Kapha</i>	12 <i>Angula</i>
<i>Jalaouka</i>	<i>Pitta</i>	1 <i>Hastha</i> (24 <i>Angula</i>)
<i>Siravedha</i>	<i>Tridosha</i>	<i>Sarva Sharir</i> (full body)
<i>Prachan</i>	<i>Tridosha</i>	1 <i>Angula</i>

CONCLUSION

Hence we can conclude that Ayurveda treatment had proved to be effective in treating skin disease with fewer side effects. Hence, based upon condition as localized skin lesion was present so wet cupping line of treatment can be taken into consideration for treatment of Atopic Dermatitis but a lot of further study is needed.

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