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RAKTAMOKSHANA (JALAUKAVACHARANA) IN KROSHTUKA SHEERSHA - A CASE STUDY

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ABSTRACT

Kroshtukasheersha is classified under Vatavyadhi in Ayurveda; however, both Vata and Rakta doshas play a significant role in its pathogenesis. The condition predominantly affects the knee joint, presenting clinically with swelling resembling the head of a jackal, accompanied by intense pain that hampers ambulation. It may be correlated with synovitis of the knee joint with effusion in modern medicine. Conventional management includes the use of NSAIDs, Corticosteroids, and Arthrocentosis. In Ayurveda, Raktamokshana, particularly in the form of Jalaukavacharana (Leech therapy), is considered the most effective line of treatment. A 47-year-old male patient came to the outpatient department of Panchakarma with chief complaints of severe pain and swelling in the left knee joint persisting for two months. The patient underwent Raktamokshana via Jalaukavacharana in two sittings at seven-day intervals over the affected knee. Additionally, he was administered Punarnavadi Guggulu 500 mg and Tablet Grab 500 mg, both twice daily for 15 days. Following treatment, the patient reported approximately 80% relief in symptoms, including pain and swelling, along with marked improvement in mobility.

KEYWORDS: *Kroshtukasheersha, Synovitis of knee joint with effusion, Jalaukavaacharana.*

INTRODUCTION

Kroshtukasheersha is classified as one of the Vatavyadhi conditions[1,2], specifically among the 80 Nanatmaja Vata Vyadhis[3]. According to Acharya Charaka, it is not listed under Vatavyadhi, whereas Acharya Sushruta categorizes it under VataVyadhi as such due to the prominent role of Vata Dosha in the pathogenesis, particularly its contribution to Shula. The pathophysiology of this condition shares similarities with Vatarakta, as both involve in the participation of Vata and Rakta doshas vitiation. The process of Dosha Prasara occurs via the Sira Marga, with the Sukshma and Sara Guna of Vata and the Drava and Sara Guna of Rakta dosha contributing to functional impairments, Khavaigunya in the Raktavahasrotas. As a result, Vata becomes obstructed by Rakta, leading to Sthana Samshrya in the Janu Sandhi. However, it is not classified under Vatarakta because it predominantly affects only to knee joint, whereas Vatarakta can affect other joints[4].

Both Vata and Rakta doshas are the main Dosha involved in the manifestation of this disorder. Clinically, it presents with severe pain and swelling, which resemble the head of a jackal, leading to the term Kroshtukasheersha[5]. Bhavaprakasha refers to it as Jambookamasthakam and recommends treatment similar to that of Vatarakta[6]. Shodhana therapies, particularly Raktamokshana, is indicated with Jalaukavacharana being the most effective method for addressing deeply seated dosha imbalances and alleviating the impairment in the Raktavahasrotas[7].

This condition can be correlated with knee synovitis with effusion in modern medicine. Synovitis presents with swelling, pain, stiffness, and a limited range of motion in the affected knee, which may feel fluid-filled or boggy on palpation. The condition may arise from various underlying causes, including trauma, infection, inflammation, or metabolic disorders. Diagnosis typically involves clinical assessment alongside imaging studies and arthrocentesis to identify the underlying etiology[8]. In this context, Jalaukavacharana is recommended as a therapeutic approach.

Case Study

A 47 years old male patient, came to Sri siddharooda charitable Hospital Panchkarma OPD (OPD NO- 24049036) on 29/11/24 With **chief complaints** of Severe pain and swelling in left knee joint since 2 months.

Associated Complaints

Difficulty in walking since 2 months.

History of present illness

Patient was apparently healthy 2 months back. Suddenly patient noticed severe burning type pain and swelling in left knee joint with raised local temperature. Pain and swelling used to remain same throughout the day, it caused gait disturbance. Patient had

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taken Allopathic treatment as NSAIDS, got 2-3 times aspiration and could get only temporary relief, as swelling usually reoccurred within 1 week after aspiration. Then the patient had visited for Sri Siddharudha Chariatable Ayurvedic Hospital for better management.

Past History
Patient used to get multiple joint pain on and oftenly.
No H/O of DM/HTN. No previous surgical history.

Personal History
Appetite- Poor
Bowel – Sometimes constipated
Micturation- 3 -4 tpd
Sleep- Disturbed
Habits – somking (6-7 cigarates per day)

Ashtavidha Pariksh
Nadi - 74 bpm regular
Mala - 1 times/day
Mutra - 5 – 4 times /day
Jihwa - Sama
Shabda - Prakruta
Sparsha - Prakruta
Drik - Prakruta
Akruti - Avara

EXAMINATION
Systemic Examination:
RS: NAD, CVS : S1 S2 heard,NAD, GIT : NAD
Local examination: (LEFT KNEE JIONT)

INSPECTION
- No scar mark observed
- Swelling - Present

PALPATION
- Tenderness - Present on medial and anterior aspect of knee joint.
- Warmthness - Present over complete knee joint region(left knee)

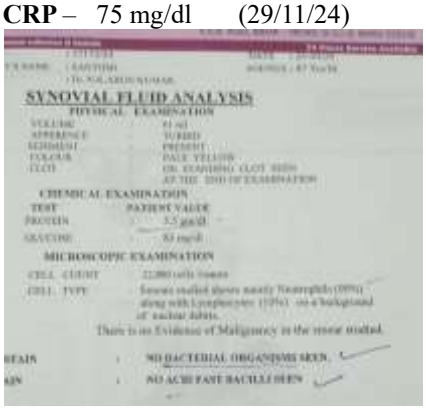
RANGE OF MOVEMENT
Flexion - Restricted
Extension - Painfull
Gait - Limping

Diagnostic Criteria:
Subjective Parameters:
1. Sandhi Shula - G 3
2. Sandhi Ushnata - G 3
3. Sandhi Stabdhata - G 3
4. Gait - G 3

Sl.No	Subjective Parameteres	G -0	G -1	G -2	G -3
1	Sandhi Shula	Absent	+	++	+++
2	Sandhi Ushnata	Absent	+	++	+++
3	Sandhi Shotha	Absent	+	++	+++
4	Gait	Normal gait	Mild abnormality of gait	Moderate abnormality of gait	Limping

Objective Parameters
1. Swelling measurements at left knee joint.
   Above knee -19 inch
   On Knee -16 inch
   Below knee -14 inch

Investigation
CRP – 75 mg/dl (29/11/24)


SYNOVIAL FLUID ANALYSIS
PHYSICAL EXAMINATION
CHEMICAL EXAMINATION
MICROSCOPIC EXAMINATION



Synovial fluid analysis-25/10/24

Volume- 1ml

Apperence – Turbid

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Sedement – Present

Cell count -22,800 cells/mm3

Cell culture- No Bacterial organisms seen

Protein- 5.5 gm/dl

Adenosine deaminase 33U/L

RA factor - Negative

Treatment plan

Jalaukavaacharana 2 sitting at a interval of 7 days.

- 1st sitting- on 29/11/24
- 2nd sitting-on 6/12/24

1.Punarnava Guggulu 1 BD Before food

2. Grab 1 BD After food

Follow up: 1Week after each sitting.

Observation & Results

Sl.No	Parameters	Before treatment	Follow up after 1st sitting(6/12/24)	Follow up after 2nd sitting(13/12/24)
1	Sandhi Shula	G -3	G- 1	G – 1
2	Sandhi Ushnata	G -3	G- 1	G – 0
3	Sandhi Shotha	G -3	G- 1	G- 0
4	Gait	G -3	G- 2	G – 0

Objective Parameters	Before treatment	Follow up after 1st sitting	Follow up after 2nd sitting
Swelling at left knee(ABOVE,ON,BELOW THE KNEE JOINT)	19 inch	18 inch	17 inch
	16 inch	15.5 inch	14 inch
	14 inch	14.5 inch	13 inch

Investigation after treatment

CRP - 2 mg/dl (13/12/24)

Synovial Fluid Analysis

Cell count -22,800 cells/mm3

Protein- 5.5 gm/dl

Cell count-<200 cells/mm3

Protein -< 3.5 gm/dl





Before Treatment (on 29/11/24) **After treatment(on 13/12/24)**

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DISCUSSION

Kroshtukasheersha is one among the Vatavyadhi, where Vata and Rakta Doshas are predominantly vitiated. In such disorders, Shodhana Chikitsa is often recommended, with Raktamokshana being specifically advised. Among the various types of Raktamokshana, Jalaukavacharana is preferred in cases of deeply seated vitiated Doshas due to it is Ashastra and localized action, extending up to a Hastamātra area.

According to Acharya Sushruta, although Raktamokshana is primarily indicated in Pitta Dushti, it plays a significant role in Rakta Dushti as well. Acharya considers Rakta as a Dosha, and mentions Pitta as the mala of Rakta Dhatu. Thus, an imbalance in Pitta Dosha directly affects Rakta Dhatu[9]. Since Rakta Dhatu serves as the main carrier of vitiated Pitta throughout the body, purifying Rakta becomes crucial in managing such conditions. Jalauka possesses Shita and Madhura properties[10], which are opposite to those of Pitta, thus helping in pacifying vitiated Pitta. Therefore, Jalaukavacharana is particularly effective in disorders involving Rakta and Pitta Dushti.

Mechanism of Action of Jalaukavacharana

Blood Purification: The leech draws out vitiated blood, aiding in detoxification.
Capillary Circulation: Improves microcirculation and enhances endocellular exchange.
Anti-inflammatory Action: Helps reduce swelling and pain, typical symptoms of Kroshtukasheersha.
The saliva of Jalauka contains several bioactive substances:
Hirudin: An anticoagulant that increases surface perfusion.
Histamine: A vasodilator that enhances blood circulation by dilating capillaries, thus reducing localized pain.
Hyaluronidase,Collagenase: Improve tissue permeability and assist in breaking down inflammatory exudates.
Bdellins, Eglins: Exhibit anti-inflammatory and antimicrobial effects.
Kallikrein: Plays a role in pain modulation and vasodilation.

These components work synergistically hence reduces inflammation, improves local blood flow promote healing in affected tissues, and pacifies the vitiated Vata and Rakta doshas.

Punarnavadi Guggulu, as described by Acharya Vangasena in Vataraktaadhikara, Adhyaya 11 (Kroshtuka Sheersha), is indicated in conditions involving the vitiation of Vata and Rakta Doshas, such as Vatarakta. It is used primarily as a Shamana Aushadhi, this classical formulation contains Punarnava, Eranda Moola, Shunthi, Guggulu, Eranda Taila, and Makshika Dhatu, among others. These ingredients possess Vata-Kaphahara, Anulomana, and Shoolahara properties. Pharmacologically, they exhibit anti-inflammatory, analgesic, and diuretic actions. The diuretic action enhances the excretion of protein through urine, thereby helping to reducing the inflammation from the body.

Grab Capsules contain a polyherbal blend including Triphala Guggulu, Gandhaka Rasayana, Arogyavardhini Vati, Guduchi, and Manjishta. These constituents possess anti-inflammatory, detoxifying, and immunomodulatory properties. Additionally, they act as Rasayana (rejuvenators), support immune function, and assist in systemic detoxification, making the formulation beneficial in chronic inflammatory conditions.

CONCLUSION

Kroshtukasheersha is classified under Vatavyadhi, primarily involving the vitiation of Vata and Rakta doshas. Therapeutic application of Jalaukavacharana (Leech therapy) demonstrated favourable outcomes, with no subsequent fluid accumulation observed during follow-up evaluations. Further validation through well-designed clinical trials is warranted to establish the therapeutic efficacy of this intervention.

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