



Review Article

ROLE OF RAKTHADUSHTI IN THE PATHOGENESIS OF VICHARCHIKA: A REVIEW OF CLASSICAL AND KERALEEYA AYURVEDA PERSPECTIVES

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ABSTRACT

Vicharchika, classified as a *Kshudra kushta*, is a common dermatological disorder with predominant *Kapha dosha* involvement. However, *Raktadushti* plays a crucial role in its pathogenesis, as evidenced by various descriptions in Ayurvedic classics. Ayurvedic texts, including Bruhat Trayis and Keraleeya Ayurveda Granthas, highlight the interconnection between *Kushta*, *Vatarakta*, and *Rakthavatha*, emphasizing the role of vitiated *Rakta* in disease manifestation. Symptoms such as *Pidaka*, *Srava*, *Kandu*, *Daha*, and *Syavata* indicate varying degrees of *Rakthadushti*, correlating with the *Uthana avastha* of *Vatharakta*. The presence of *Paka* of *Raktha* further supports the similarity between *Vicharchika* and *Rakthavatha*. The treatment axis in Ayurveda revolves around *Hethu* (causative factors), *Linga* (clinical features), and *Oushadha* (medications), making the analysis of *Rakthadushti* essential for precise intervention. Therapeutic approaches such as *Rakthamokshana*, *Sodhana* (purification), and *Samana* (palliative measures) play a key role in disease management. Keraleeya Ayurveda texts, including *Chikitsa Manjari* and *Arogyaraksha kalpadruma*, provide additional insights into the pathology and treatment of *Vicharchika* through the concept of *Rakthavatha* and *Rakthasthambha*. A comprehensive understanding of *Rakthadushti* enables effective treatment planning, ensuring holistic management and better clinical outcomes in *Vicharchika*.

INTRODUCTION

Raktha Dushti, defined as *Svaprakriti Vipareetatva*^[1] a deviation from its normal state- is a cornerstone in the pathogenesis of various disorders, particularly in dermatology. This concept emphasizes a qualitative transformation in the properties (*Guna*) of *Raktha* (blood), rather than a mere quantitative imbalance. In Ayurvedic pathology, skin diseases are understood through the interplay of the *Tri-doshas* and four *Dhatus tvak*, *Mamsa*, *Raktha*, and *Lasika* collectively known as the *Saptha Dravya Sangraha*^[2]. Among these, the alteration of *Raktha* due to vitiated *Doshas*, or *Raktha Dushti*, is highlighted as a critical etiological factor. It plays a decisive role in conditions

such as *Kushta*, *Visarpa*, *Pitaka*, *Rakthapittam*, *Asrugdaram* etc. Acharya Bhela, directly included *Vicharchika* among *Rakthavyapathija vikara*, a disease caused due to *Rakthadushti*^[3]. This underscores the necessity of a detailed understanding of *Raktha Dushti* in *Vicharchika* to develop targeted and effective therapeutic interventions in Ayurvedic medicine.

Vicharchika

A critical analysis of *Vicharchika* is essential for understanding its various dimensions. This can be achieved by exploring its etiopathology, clinical features etc. comprehensively.

Etiopathogenesis

Ashtanga Hridaya emphasizes that *Mithya Ahara* (improper diet) and *Mithya Vihara* (improper lifestyle), including consumption of *Viruddhahara* (incompatible foods) and sinful acts like *Sadhu ninda*, *Vadha* etc. (Karmic factors from past and present lives), lead to *Dosha* vitiation. The aggravated *Dosha* then invade *Srothas* (channels) and affect *Tvak*, *Lasika*, *Rakta*, and *Mamsa*, making them *Sithila* (weak). This results in *Sthanasamsraya* (localization) in *Tvak*,

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leading to its discoloration and ultimately causing *Kushta Roga*^[4].

According to Sushruta Samhita, indulgence in improper foods (*Viruddha Ahara, Asatmya Ahara*), poor digestion (*Ajeerna Asana*), excessive exertion, and sexual activity after *Snehapana* lead to *Pitha* and *Kapha* aggravation. *Vatha*, when associated with these vitiated *Doshas*, spreads through the *Tiryak Gatha Siras* (superficial blood vessels) and directs the aggravated *Pitha-Kapha* to the *Bahya Margas* (external pathways) throughout the body. The localization of these *Prakupita Doshas* results in *Mandala* (patches), which, if untreated, progressively affect deeper *Dhatu*s, worsening the disease^[5].

Acharyas have described a general *Samprapti* (pathogenesis) for *Kushta Roga*, rather than separate mechanisms for each subtype. According to Charaka, *Kushta* develops due to the involvement of *Saptha Dravya Sangraha*, comprising *Tridoshas* (*Vata, Pitta, Kapha*) and four *Dhatu*-*Tvak* (skin), *Raktha* (blood), *Mamsa* (muscle), and *Ambu* (body fluids). Variations in *dosha* predominance and their site of manifestation lead to the classification of *Kushta* into seven *Mahakushta* and eleven *Kshudra Kushta*. Importantly, *Kushta* never arises from a single *Dosha* but results from complex interactions between *Doshas* and *Dhatu*s. Depending upon the permutation and combination of various fractions of *Dosha* and their location in the body, there will be variation in the pain, colour, shape, specific manifestations, name, and treatment of various *Kushta* even though they are produced by the same factors^[6].

This collective understanding of *Samprapthi* underscores the multi-dimensional nature of *Kushta Roga*, emphasizing the role of *Dosha-Dhatu* interactions, dietary and behavioral influences, and disease progression mechanisms described by different *Acharyas*.

Clinical Features

The clinical features of *Vicharchika* have been described in detail across various Ayurvedic texts, with slight variations in terminology and symptomatology. According to Ashtanga Hridaya, *Vicharchika* is characterized by *Kandu* (intense itching), *Pitaka* (papules), *Shyavata* (blackish discoloration), and *Laseeka*-like *Srava* (serous discharge from the lesions)^[7]. Acharya Charaka presents a similar clinical description but specifies *Bahusrava*^[8] (profuse discharge) instead of *Laseekadya*, highlighting a difference in the nature of exudation.

Sushruta provides a slightly different perspective, defining *Vicharchika* by the presence of *Raji* (linear markings), *Atikandu* (severe itching), *Ruja* (pain), and *Rukshatha* (dryness) at the lesion site^[9]. The term *Raji* refers to *Rekha* (lines), which are rough and dry in texture. Additionally, the term *Kandvarthi* is

defined as *Kharju Peeda*^[10], indicating significant irritation and discomfort. The involvement of extremities, specifically *Pani* (hands) and *Pada* (feet)^[11], is also noted. Furthermore, Sushruta states that when *Vicharchika* is localized exclusively to the feet, it is termed *Vipadika*, a condition characterized by fissuring and excessive dryness.

In Madhava Nidana, Madhavakara defines *Vicharchika* similarly to Charaka but with an added interpretation by commentators, who attribute the symptoms to the vitiation of specific *Doshas*. *Kandu* (itching) is ascribed to an imbalance of *Kapha*, *Bahusrava* (excessive discharge) is linked to *Pitta*, and *Shyavata* (blackish discoloration) is associated with *Vata*^[12]. These *Dosha*-specific attributions offer deeper insights into the pathophysiological basis of the condition.

In Bhela Samhitha, *Vicharchika* is classified under the group of *Raktavyapathija Vikara*, which are diseases caused by *Rakta Dushti*. The condition is characterized by deep-rooted, blackish-red lesions, often associated with exudation and tissue wetting^[13], indicative of significant inflammation and disturbance of *Rakta* (blood).

According to *Kashyapa Samhita*, the color of the lesions in *Vicharchika* is described as black or red, accompanied by intense itching and pain^[14]. Additionally, suppuration and discharge are frequently observed. *Kashyapa* also includes *Vicharchika* under both *Rakta Dushti Vikara* and as a *Dushprajatha Amaya*, a disease affecting puerperal women, suggesting its occurrence in the postpartum period.

In *Hareetha Samhita*, *Vicharchika* is described as a condition characterized by small, white patches with ulceration and itching, attributed to *Rakta Dushti*^[15].

By analyzing the perspectives of various *Acharyas*, it can be seen that Charaka, Vagbhata, Madhavakara, and Bhava Mishra describe *Vicharchika* with symptoms of *Kandu* (itching), *Shyava Pidaka* (blackish papules), and *Srava* (discharge), attributing these to *Kapha*, *Vatha*, and *Pitha*, respectively. Sushruta highlights *Athikandu* (intense itching), *Ruja* (pain), and *Raji* (linear lesions), which are linked to *Pitha* vitiation. Based on these descriptions, Sushruta seems to explain a dry type of *Vicharchika*, while Charaka and Vagbhata refer to a wet type. In clinical practice, both forms of *Vicharchika* are encountered, requiring different therapeutic approaches based on the predominant *Doshas*.

Differential Diagnosis

The clinical presentation of *Vicharchika* overlaps with several other dermatological conditions, which must be differentiated based on specific features. It should be distinguished from other similar skin disorders such as *Vipadika*, *Charmadala*, *Sidhma*,

Rakasa, Kitibha, and Udarda, all of which can present with similar symptoms, such as itching, dryness, and lesions. A thorough assessment of the type of discharge, presence of cracks, pain, and specific lesion characteristics will aid in accurately diagnosing *Vicharchika* and differentiating it from these other conditions.

Prognosis

According to Charaka

Sadhya (Curable): *Vatha-Kaphaja* and *Ekadoshaja Kushta* are considered treatable conditions, with one *Dosha* predominating in the pathogenesis^[16].

According to Sushruta

Sadhya (Curable): *Kushta* is considered curable (*Sadhya*) when the patient is *Atmavatha* (self-controlled) and when the disease affects the *Rasa, Rakta, and Mamsa* (tissues) rather than deeper structures^[17].

According to Vagbhata

Sadhya (Curable): *Kapha* and *Vata* dominant, and *Ekadoshaja Kushta* (diseases caused by a single *Dosha*)^[18].

By synthesizing the perspectives of various Acharyas, it can be observed that *Vicharchika* is considered a *Sadhya* (curable) disease according to both Charaka and Sushruta, and Vagbhata especially when it presents as *Vatha/Kaphaja Kushta*. However, if left untreated, *Vicharchika* can progress to *Asadhya* (incurable) or become *Krichra Sadhya* (difficult to manage), highlighting the importance of timely intervention and appropriate treatment to prevent complications and disease progression.

3 Clinical Considerations of Rakthadushti

Rakthadushti refers to the pathological vitiation of *Raktha* (blood), which occurs when the equilibrium of its *Gunas* (inherent qualities) is disturbed, often due to the imbalance of *Doshas* (*Vatha, Pitta, and Kapha*). *Raktha* does not become aggravated without the involvement of *Doshas*, and its dysfunction leads to various diseases. When the *Doshas* are in balance, *Raktha* functions normally. However, vitiation of *Raktha* due to *Dosha* disturbance causes derangement of its *Gunas*, resulting in disease.

i. Etiopathogenesis of Rakta Dushti

Rakta (blood) undergoes vitiation due to specific *Nidanas* (etiological factors) as well as the influence of vitiated *Doshas*. Various causative factors contribute to *Rakta Dushti*,^[19] which can be broadly categorized into *Aharaja* (dietary factors), *Viharaja* (lifestyle-related factors), and *Manasika* (psychological factors).

a. Aharaja Nidana (Dietary Factors)

Consumption of certain food items in *ayukta mathra* (inappropriate quantities) or *ayuktavidhi*

(improper combinations) leads to *Rakta Dushti*. The following dietary substances are implicated:

Solid food items: *Kulatha* (horse gram), *Masha* (black gram), *Nishpava* (flat bean), *Pindalu* (a type of yam), *Moolaka* (radish), *Jalaja* and *Anupa Prasaha Mamsa* (meat of aquatic and marshy animals).

Liquid food items: *Amla* (sour substances), *Mastu* (curd water), *Suktha* (fermented preparations), *Sura* (alcoholic beverages), *Souveeraka*, and *Tila Taila* (sesame oil) can also lead to *Rakta Dushti*.

b. Viharaja Nidana (Lifestyle-Related Factors)

Certain lifestyle practices contribute to the derangement of *Raktha*, including

Improper dietary habits: *Viruddha Ashana* (incompatible food combinations), *Puthi Ashana* (intake of contaminated food), *Adhyashana* (frequent and excessive eating), and *Ajeerna Ashana* (consumption of food before complete digestion of the previous meal).

Inappropriate *Rasa* usage: Excessive intake of *Lavana* (salt), *Kshara* (alkaline substances), *Amla* (sour), and *Katu* (pungent) tastes leads to *Raktha* vitiation. Similarly, frequent consumption of substances possessing *Teekshna* (sharp), *Ushna* (hot), and *Drava Guna* (liquid nature) in excessive amounts can disturb *Raktha* homeostasis.

Physical stressors: Exposure to *Athapa* (excessive heat), *Anala Seva* (fire), *Chardi Vega dharana* (suppression of natural urge of vomiting), *Shrama* (excessive physical exertion), *Abhighata* (trauma), and *Anavasechana* (improper elimination) contribute to *Rakta Dushti*.

c. Manasika Nidana (Psychological Factors)

Among the psychological factors, *Krodha* (anger) is a significant contributor to *Rakta Dushti*. Persistent emotional disturbances can disrupt homeostasis, predisposing an individual to *Rakta Pradoshaja Vyadhis* (diseases related to blood vitiation).

On exploring these factors, it is evident that *Rakta Dushti* occurs due to the derangement of its inherent *Gunas* by dietary, lifestyle, and psychological factors. Frequently consumed foods like *Masha, Dadhi, and Kulatha* contribute to this imbalance *Masha*, being *Shleshma-Pittakara* with *Snigdha* and *Guru gunas*, disrupts *Raktha's* equilibrium; *Kulatha*, with *Ushna Virya* and *Amla Paka*, disturbs its *Anushnashita guna*; and *Dadhi*, possessing *Amla Rasa* and *Vipaka*, aggravates *Kapha, Pitha, and Raktha*. Additionally, *Viruddhahara*, is *Pithasleshmakara* in nature and results in *Rakthadushti*. *Krodha* (anger) leads to *Pitha Kopa* (aggravation of *Pitha*), which, due to the principle of *Ashraya-Ashrayi Bhava* (mutual interdependence), directly vitiates *Raktha*. Similarly, *Divasvapna* (daytime sleep) causes *Kapha-Pitha Dushti*, contributing to

Raktha vitiation. In cases of *Abhighatha* (trauma), the resulting *Kshatha Ushma* (heat generated due to injury) further aggravates *Pitha*, leading to *Raktha Dushti* and its associated disorders.

ii. Pathophysiological Analysis

An analysis of these *Nidanas* indicates the predominant involvement of *Pitha* and *Kapha Dosha* in the pathogenesis of *Raktha Dushti*. *Pitha*, with its *Ushna* (hot) and *Teekshna* (sharp) properties, aggravates *Raktha*, while *Kapha*, with its *Snigdha* (unctuous) and *Guru* (heavy) properties, contributes to its qualitative derangement. The cumulative impact of these factors manifests as disorders categorized under *Raktha Pradoshaja Vyadhi*.

iii. Concept of *Rakthapaka*

Acharya Sushruta introduced the concept of *Rakthapaka* while explaining the *Dosha* involvement in *Sopha* (inflammatory swelling). The pathological process involves *Ruja* (pain) due to *Vatha, paka* (suppuration) due to *Pitha*, and *Pooya* (pus formation) due to *Kapha* [20]. As the condition progresses, *Pitha* becomes highly aggravated and exerts dominance over *Vatha* and *Kapha*, leading to the suppuration of *Raktha*. This pathological sequence is relevant in diseases that clinically manifest with *Sopha*, highlighting the role of *Rakthapaka* in inflammatory conditions.

iv. Clinical Presentation of *Rakthadushti*

Rakthadushti becomes evident when the patient does not experience relief (*Upashaya*) with *Seetha* (cold), *Ushna* (hot), *Snigdha* (unctuous), or *Ruksha* (dry) therapeutic approaches. In such cases, treatment should focus on correcting *Rakthadushti*. This stage is considered ideal for performing *Rakthamokshana* (bloodletting). For instance, in *Gulma* presenting with *Vidahaadi lakshana* (burning sensations and associated symptoms), *Rakthamokshana* is regarded as the appropriate line of treatment [21]. In this condition, *Raktha* serves as the *Adhithana* (substratum) for *Pitha dosha*, leading to *Vyamli bhava* (pathological transformation), ultimately resulting in *Paka* (suppuration). In *Vataraktha*, different types of *Rakthamokshana* are indicated based on the clinical presentation. If *Rakthadushti* is *Sarva-Shareera-vyaptha* (systemically spread) or migrates from one region to another, procedures like *Siravyadha* (venesection) or *Prachana* (incision and drainage) are recommended.

v. Significance of *Raktadushti* in Diagnosis and Treatment

According to Acharya Sushruta, when *Dushita raktha* (vitiated blood) stagnates in the body, it manifests as *Sopha* (inflammatory swelling), *Daha* (burning sensation), *Paka* (suppuration), *Raga* (discoloration), and *Vedana* (pain) [22]. Timely *Rakthamokshana* (bloodletting) prevents the

occurrence of *Tvak dosha* (skin disorders), *Granthi* (cystic swellings), *Sopha*, and other *Rakta-janya rogas* (blood-borne diseases) [23]. The term *Tvak dosha* encompasses eighteen types of *Kushta* (skin diseases) and *Kshudra rogas* (minor skin disorders) such as *Nychaa* and *Vyanga*. The *Rakta-janya vyadhis* (blood-borne disorders) mentioned in this context includes *Raktha gulma*, *Vidradhi* (abscess), and *Visarpa* (erysipelas-like conditions). Understanding *Rakthadushti* is crucial in the diagnostic, prognostic, and therapeutic aspects of disease management, highlighting its importance in Ayurvedic clinical practice.

Rakthadushti in *Vicharchika*

According to classical Ayurvedic texts, *Vicharchika* is classified as a *Kshudra kushta* (a minor skin disorder) with *Kapha dosha* predominance. Since there is no distinct *Samprapthi* (pathogenesis) described specifically for *Vicharchika*, the *Samanya kushta samprapti* (general pathogenesis of skin disorders) is applied to explain its etiology.

Raktha is one of the *Sapta dravya sangraha* (seven fundamental bodily elements) and plays a crucial role in the pathogenesis of *Kushta*. Consequently, *Rakthadushti* is invariably involved in all types of *Kushta*, including *Vicharchika*. However, the degree of *Raktha* vitiation varies across different forms of *Kushta*, influencing the severity and manifestation of the disease.

Upon analyzing the symptomatic presentation of *Vicharchika*, it becomes evident that *Raktadushti* is present. The *Pidakas* (lesions) in *Vicharchika* arise when *Pitharaktha dushti* (vitiation of *Pitta* and *Rakta*) accumulates in the *Tvak* (skin). *Srava* (discharge) primarily results from *Pitha dushti*, and through *Ashraya-ashrayi bhava* (mutual relationship between the site and the substance), it further leads to *Rakthadushti*. The increased *Kleda bhava* (excess moisture) due to *Kapha-pitha* and *Rakthadushti* contributes to the disease process.

For complete cure of *Sadhya kushta* like *Vicharchika*, the treatment strategy should focus on eliminating the *Koshtagatha dosha* (*Doshas* in the body) through *Sodhana* (purification), *Rakthamokshana* (bloodletting) to address *Sonithadushti*, and a combination of internal and external *Samana* therapy (pacifying therapies). Additionally, the appropriate use of *Sneha* (oleation) is essential in restoring normalcy. All these therapeutic measures highlight the significant role of *Raktadushti* in the treatment of *Vicharchika*.

Keraleeya Ayurveda Perspective of *Rakthadushti* In *Vicharchika*

In the Keraleeya Ayurveda text, *Arogyaraksha Kalpadruma*, *Rakthasthambha* is considered synonymous with *Vatharaktha* and shares similar clinical features with *Kushta* (skin diseases) [24]. This

highlights the close relationship between *Kushta*, *Vatharaktha*, and *Rakthasthambha* in terms of pathogenesis. All three conditions involve *Raktha* and *Vatha* vitiation, leading to pathological changes in the skin and deeper *Dhathus*.

Keraleeya Ayurveda Vaidyas describe *Vicharchika* through the concept of *Rakthavatha*, which aligns with *Vatharaktha* in the Bruhat Trayis. Since *Kushta* and *Vatharaktha* share similar *Poorvaroopas* (prodromal symptoms), their pathogenesis overlaps. In the *Uthana avastha* (early stage) of *Vatharaktha*, symptoms like blackish discoloration, *Kandu* (itching), and *Daha* (burning) resemble *Vicharchika*. Another perspective suggests that *Vicharchika* results from the rupturing of *Rakthavatha*.

Keraleeya Ayurveda text, *Chikithsa Manjari*, in the chapter on *Vatharaktha chikithsa*, describe that when *Rakthapitha athivruddhi* (excess aggravation of *Pitha* and *Raktha*) occurs, *Srava* (discharge) of *Raktha* along with *Puya* (pus) is observed [25]. *Paka* of *Raktha* (suppuration of blood) is a key pathological feature in this stage, which closely resembles the manifestation of *Vicharchika*. In *Arogyarakshakalpadruma* it is described that in *Kushta*, where rupture occurs due to *Paka*, *Rakthaprasadana* (blood purification) is suggested as the treatment of choice, along with *Shodhana* (detoxification), *Ropana* (healing), and *Vrana Chikithsa* (wound management) [26] indicating the importance of *Raktha* in the management of *Kushta*, including *Vicharchika*.

Regarding *Oushadha* (therapeutics), numerous formulations are indicated for both *Kushta* and *Vatharaktha*, highlighting their commonality in pathogenesis and treatment.

Therefore, it is crucial to understand that *Vicharchika* is not solely a *Kapha*-dominant disorder. The pathogenesis of *Vicharchika* involves significant *Rakthadushti*, which plays a pivotal role in its manifestation and progression. This is reflected in the similarities between the *Hetu* (causative factors), *Linga* (clinical features), and *Oushadhas* (therapeutic interventions) of *Vicharchika* and the *Uthana Avastha* of *Vatharaktha*. Hence, treatment must address both the *Kapha* imbalance and the underlying *Rakthadushti* to ensure effective management of the disease.

CONCLUSION

According to classical Ayurvedic texts, the involvement of *Raktha* in the manifestation of *Vicharchika* is significant, making the assessment of *Rakthadushti* essential for effective diagnosis and management. The *Samprapti* (disease process) of *Vicharchika* aligns with *Rakthavatha* and *Rakthasthambha* concepts in Keraleeya Ayurveda, further emphasizing the involvement of vitiated *Raktha*. Symptoms such as *Srava*, *Pidaka*, *Kandu*, *Daha*, and *Syavatha* indicate varying degrees of *Rakthadushti*,

necessitating targeted therapeutic approaches. Treatment should not only focus on *kapha* predominance but also address *Rakthadushti* through *Raktamokshana*, *Sodhana*, and *Samana* therapies. A thorough understanding of *Rakthadushti* ensures more precise and holistic management of *Vicharchika*, improving treatment outcomes.

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