

# Journal of Ayurveda and Integrated Medical Sciences

www.jaims.in



No so

ISSN: 2456-3110 ORIGINAL ARTICLE May-June 2018

## A Clinical Study of Jalaukavacharana in Varicose Eczema (Vicharchika)

Dr. Vinayak A. Mali, Dr. Rakesh R. N., Dr. K. R. Ramachandra<sup>3</sup>

<sup>1</sup>Final Year Post Graduate Scholar, <sup>2</sup>Associate Professor, <sup>3</sup>Professor & HOD, Department of Shalya Tantra, Sri Dharmasthala Manjunatheswara College of Ayurveda, Udupi, Karnataka, India.

### ABSTRACT

In adolescents varicose eczema is a common skin condition encountered by general practitioners and dermatologists in day today clinical practices. Varicose eczema is the condition usually present secondary to varicosity of superficial veins. For this condition there is no successful surgery as well as medical remedy available for the complete cure. However in Ayurveda, Jalaukavacharana (Leech therapy) as a parasurgical method is useful in this condition. Leech is used for the bloodletting at that particular site. With this background a study has been conducted to compare the effect of Jalaukavacharana without and with internal medications, Two groups were done as Group-A and Group-B, each with 15 patients. Jalaukavacharana was done at eczema in Group-A for four time with an interval of seven days that is, on day 1, day 7, day 14 and day 21 with internal medication. In Group B only internal medication is given. The pre and post therapeutic subjective and objective criteria were recorded. All data were analyzed clinically as well as statistically. In both Group-A and Group-B. Jalaukavacharana has shown good result in reducing the symptoms of varicose eczema (Vicharchika).

Key words: Jalaukavacharana, Leech Therapy, Vicharchika, Varicose Eczema.

#### **INTRODUCTION**

Stasis dermatitis also known as Congestion eczema, Gravitational dermatitis, Gravitational eczema, Stasis eczema and Varicose eczema. [1] It is reported that it affect 20% of those aged above 70 years, around 10% of people with varicose veins will develop skin changes. [2] Due to poor blood flow in the lower limbs, stasis dermatitis / varicose eczema often develops. It may occur in one or both legs. Rarely stasis dermatitis

#### Address for correspondence:

#### Dr. Vinayak A. Mali

Final Year Post Graduate Scholar, Department of Shalya Tantra, Sri Dharmasthala Manjunatheswara College of Ayurveda, Udupi, Karnataka, India.

E-mail: vinaymali223@gmail.com

Accepted Date: 24/05/2018 Submission Date: 01/05/2018



Website: www.jaims.in

DOI: 10.21760/jaims.v3i3.12872

can develop in other areas also. [3] Venous valves push blood up the legs, these valves can weaken and stop working properly. Some blood can leak out and pool in the legs. This is known as "venous (vee-nis) insufficiency."[4] In the parlance of conventional medicine, Vicharchika (varicose eczema) incorporates signs and symptoms like Kandu (itching), Ruja (pain), Daha (burning sensation), Rukshatha (dryness), Shyava (blackish discolouration), Bahusravi (discharge) are present which resemble the description like in varicose eczema. [5] For various therapeutic purposes, the European medicinal leech species, Hirudo medicinalis also known as the healing leech was preferred by the majority of physicians compared to the American species, Hirudodecora, which can suck less blood due to a smaller and superficial incision on its prey skin. [6-8] In addition, many other species were also considered as medical tools, such as Hirudinaria manillensis, [9]

Leech therapy (Jalaukavcharana) mainly used for the treatment of Rakataja and Tvakroga (blood related ISSN: 2456-3110

#### ORIGINAL ARTICLE

May-June 2018

disorder and skin disorder) in children, old person and the patient contraindicated for surgery. The Ayurvedic texts consider primary cause of skin disease is *Raktadushti* (vitiation of blood) and patient get relief after letting out the vitiated blood. *Rakthamokshana* is one among *Shodhana* mentioned in *Kusta*, Acharya Susrutha said that one who undergoes *Raktamokshana* frequently as a routine will never suffer from *Granthi* (cyst), *Shopha* (swellings), *Twakdosha* (skin disorders) and *Dushta Shonitajannya Roga* (diseases caused by vitiated blood). [12]

#### **OBJECTIVES OF THE STUDY**

To study the efficacy of *Jalaukavacharana* in the management of varicose eczema (*Vicharchika*).

#### **MATERIALS AND METHODS**

#### Source of data

Patients diagnosed as varicose eczema (*Vicharchika*) were selected from O.P.D & I.P.D of SDM Ayurvedic Hospital, Kuthpady, Udupi.

#### Method of collection of data

A minimum of 30 patients suffering from varicose eczema (*Vicharchika*) in an age group of 16 - 80 years of either sex were selected and were subjected to clinical trial.

#### **Design of study**

It was an open label clinical study with Pre-test and Post test design; where in 30 patients with varicose eczema (*Vicharchika*) were selected of either sex. History, clinical data, subjective and objective criteria were recorded on a specially prepared case proforma. Two groups were done as Group - A and Group - B, of each 15 patients. Group - A was subjected to *Jalaukavacharana* with internal medication and in Group - B only internal medication was given.

#### Intervention

#### **Group - A**

Jalaukavacharana was done at the site of varicose eczema four times with an interval of seven days i.e.,

on day 1, day 7, day 14 and day 21 with internal medication.

The pre and post therapeutic subjective and objective criteria were recorded on,

Day 1 (immediately before and after first Avacharana)

Day 7 (immediately after second Avacharana)

Day 14 (on third Avacharana)

Day 21 (on fourth Avacharana)

Follow up: on 7 days after last Avacharana.

#### **Group - B**

Only with internal medication

- 1. Kaishoraguggulu 1tds
- 2. Arogyavardini rasa 1tds
- 3. Manjistadikashaya 4 tsp bd

#### **Duration of treatment**

21 days in both groups

#### Follow up period

7 days after last *Jalaukavacharana* and observations will be recorded on day 1, day 7, day 14 and day 21.

#### Inclusion criteria

- Patients aged between 16-80 yrs.
- Patients of either sex
- Patients fit for Raktamokshana
- Diagnosed case of varicose eczema (Vicharchika) presenting with specific characteristic symptoms of Vicharchika are Kandu (itching), Ruja (pain), Daha (burning sensation), Rukshata (dryness), Shyava (blackish discolouration), Bahusravi (discharge).

#### **Exclusion criteria**

- Patients Ayogya (unfit) for Raktamokshana.
- Pregnancy, lactation.
- Severe anaemia
- Systemic diseases like DM, HIV, Tuberculosis, HbsAg.

#### **Assessment criteria**

The patients were assessed on the basis of subjective and objective parameters before and after treatment.

#### **Subjective parameters**

- Pain
- Itching
- Burning sensation

#### **Objective parameters**

- Discharge
- Skin discolouration
- Oedema

#### **Observations and Results**

Table 1: Effect of treatment in Group A.

Group A	1 <sup>st</sup> day	7 <sup>th</sup> day	14 <sup>th</sup> day	21 <sup>th</sup> day	28 <sup>th</sup> day
Pain (p value)	1	0.083	0.012	0	0.001
Itching (p value)	0.317	0.317	0.002	0.001	0.001
Burning Sensation (p value)	0.317	0.008	0	0	0.001
Discharge (p value)	1	1	0.83	0.008	0.02
Edema (p value)	1	1	0.157	0.046	0.001
Skin Discolouratio n (p value)	1	0.046	0.001	0.002	0.001

Table 2: Effect of treatment in Group B.

Group B	1 <sup>st</sup> day	7 <sup>th</sup> day	14 day	21 <sup>th</sup> day	28 <sup>th</sup> day
Pain (p value)	1	1	0.01	0.001	0.002
Itching (p value)	1	1	0.317	0.034	0

Burning Sensation (p value)	1	0.564	0.03	0.001	0
Discharge (p value)	1	1	0.317	0.025	0.08
Edema (p value)	1	1	0.157	0.46	0
Skin Discolouration (p value)	1	0.317	0.317	0.046	0

Effect of treatment within the group by wilcoxon signed rank test as shown in table 1 & 2. effect on pain in group A on  $1^{st}$ ,  $7^{th}$ ,  $14^{th}$ ,  $21^{st}$  and on  $28^{th}$  day shows p = 1.00, p = 0.083, p = 0.012, p = 0.000, p = 0.001 respectively and in group B effect on pain on  $1^{st}$ ,  $7^{th}$ ,  $14^{th}$ ,  $21^{th}$  and on  $28^{th}$  day shows p = 1.00, p = 1.00, p = 0.1, p = 0.001, p = 0.002 respectively.

Effect on itching in group A on  $1^{st}$ ,  $7^{th}$ ,  $14^{th}$ ,  $21^{st}$  and on  $28^{th}$  day shows p = 0.317, p = 0.317, p = 0.002, p = 0.001, p = 0.001 respectively and in group B effect on itching on  $1^{st}$ ,  $7^{th}$ ,  $14^{th}$ ,  $21^{th}$  and on  $28^{th}$  day shows p = 1.00, p = 1.00, p = 0.317, p = 0.034, p = 0.000 respectively.

Effect on burning sensation in group A on  $1^{st}$ ,  $7^{th}$ ,  $14^{th}$ ,  $21^{st}$  and on  $28^{th}$  day shows p=0.317, p=0.008, p=0.000, p=0.000, p=0.001 respectively and in group B effect on burning sensation on  $1^{st}$ ,  $7^{th}$ ,  $14^{th}$ ,  $21^{st}$  and on  $28^{th}$  day shows p=1.00, p=0.564, p=0.03, p=0.001, p=0.000 respectively.

Effect on discharge in group A on  $1^{st}$ ,  $7^{th}$ ,  $14^{th}$ ,  $21^{st}$  and on  $28^{th}$  day shows p = 1.00, p = 1.00, p = 0.83, p = 0.008, p = 0.02 respectively and in group B effect on discharge on  $1^{st}$ ,  $7^{th}$ ,  $14^{th}$ ,  $21^{st}$  and on  $28^{th}$  day shows p = 1.00, p = 1.00, p = 0.317, p = 0.025, p = 0.008 respectively.

Effect on edema in group A on  $1^{st}$ ,  $7^{th}$ ,  $14^{th}$ ,  $21^{st}$  and on  $28^{th}$  day shows p = 1.00, p = 1.00, p = 0.157, p = 0.046, p = 0.02 respectively and in group B effect on edema on  $1^{st}$ ,  $7^{th}$ ,  $14^{th}$ ,  $21^{st}$  and on  $28^{th}$  day shows p = 1.00, p = 1.00, p = 0.157, p = 0.046, p = 0.000 respectively.

Effect on skin discolouration in group A on  $1^{st}$ ,  $7^{th}$ ,  $14^{th}$ ,  $21^{st}$  and on  $28^{th}$  day shows p = 1.00, p = 0.046, p = 0.001, p = 0.002, p = 0.001 respectively and in group B effect on skin discolourationon  $1^{st}$ ,  $7^{th}$ ,  $14^{th}$ ,  $21^{st}$  and on  $28^{th}$  day shows p = 1.00, p = 0.317, p = 0.317, p = 0.046, p = 0.000 respectively.

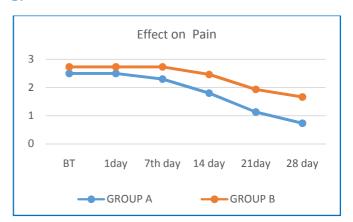
Table 3: Effect of treatment between the groups

Group A & B	1 <sup>st</sup> day	7 <sup>th</sup> day	14 day	21 <sup>th</sup> day	28 <sup>th</sup> day
Pain (p value)	1	0.073	0.012	0.317	0.001
Itching (p value)	0.317	0.317	0.082	0.023	0.012
Burning Sensation (p value)	1	0.036	0.016	0.006	0.016
Discharge (p value)	1	1	0.291	0.464	0.277
Edema (p value)	1	1	1	0.059	0.632
Skin Discolouration (p value)	1	0.148	0.002	0.006	0.001

Effect of treatment between the group by wilcoxon signed rank test as shown in table 3. Effect on pain on  $1^{st}$ ,  $7^{th}$ ,  $14^{th}$ ,  $21^{st}$  and on  $28^{th}$  day shows p=1.00, p=0.073, p=0.012, p=0.317, p=0.001 respectively, and effect on itching on  $1^{st}$ ,  $7^{th}$ ,  $14^{th}$ ,  $21^{st}$  and on  $28^{th}$  day shows p=0.317, p=0.317, p=0.082, p=0.023, p=0.012 respectively, and effect on burning sensation on  $1^{st}$ ,  $7^{th}$ ,  $14^{th}$ ,  $21^{st}$  and on  $28^{th}$  day shows p=1.00, p=0.036, p=0.016, p=0.016, p=0.016 respectively.

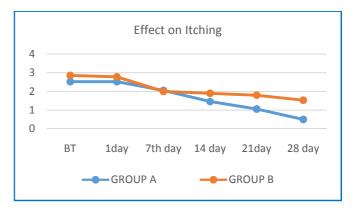
Effect on discharge on  $1^{st}$ ,  $7^{th}$ ,  $14^{th}$ ,  $21^{st}$  and on  $28^{th}$  day shows p = 1.00, p = 1.00, p = 1.00, p = 0.059, p = 0.632 respectively. Effect on edema on  $1^{st}$ ,  $7^{th}$ ,  $14^{th}$ ,  $21^{st}$  and on  $28^{th}$  day shows p = 1.00, p = 1.00, p = 1.00, p = 0.059, p = 0.632 respectively. Effect on skin discolouration on  $1^{st}$ ,  $7^{th}$ ,  $14^{th}$ ,  $21^{st}$  and on  $28^{th}$  day shows p = 1.00, p = 0.148, p = 0.002, p = 0.006, p = 0.001 respectively.

Figure 1: Showing effect on pain in Group-A & Group-B.



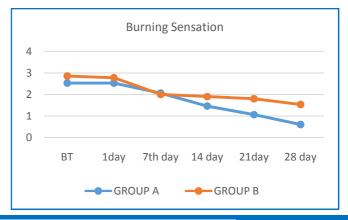
Clinically there is significant reduction in pain in group A as compare to group B on 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup> and 28<sup>th</sup> day of treatment.

Figure 2: Showing effect on itching in Group-A & Group-B.



Clinically there is no significant reduction in itching in group A and group B on  $1^{st}$  and  $7^{th}$ day of treatment, but on  $21^{st}$  and  $28^{th}$  day group A shows significant reduction in itching.

Figure 3: Showing effect in burning sensation on Group-A & Group-B.



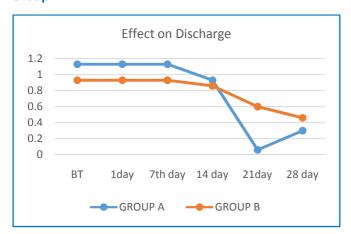
ISSN: 2456-3110

#### **ORIGINAL ARTICLE**

May-June 2018

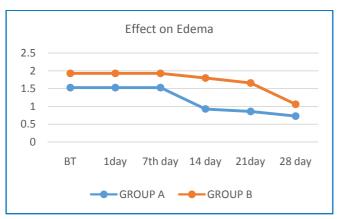
Clinically there is no significant reduction in burning sensation in group A and group B on 1<sup>st</sup> and 7<sup>th</sup> day of treatment, but on 14<sup>th</sup>, 21<sup>st</sup> and 28<sup>th</sup> day group A showed significant reduction in burning sensation.

Figure 4: Showing effect in dischrage on Group-A & Group-B.



Clinically there is no significant reduction in dischargein group A and group B up to 14<sup>th</sup> day of treatment, but on 21<sup>st</sup> day group A shows significant reduction in discharge.

Figure 5: Showing effect in edema on Group-A & Group-B.



Clinically there is no significant reduction in edema in group A and group B upto  $\mathbf{1}^{st}$ ,  $\mathbf{7}^{th}$  day of treatment , but on  $\mathbf{14}^{th}$ ,  $\mathbf{21}^{st}$  day group A shows significant reduction in edema.

#### **DISCUSSION**

Pre and post test scores of assessment criteria are tabulated and statistically analysed by wilcoxon signed rank test within group and mann whitney test between the group. And there is marked

improvement in pain, itching, burning sensation and skin discolouration on the day of 1<sup>st</sup>, 7<sup>th</sup>, 14<sup>th</sup>, 21<sup>st</sup> day of treatment with p values as shown in table no 1, 2 & 3. Out of 30 subjects taken for clinical study, between the age group of 20 - 30 years (7%), 30 - 40 years (13%), 40 - 50 years (30%), 50 -60 years (10%), 60 - 70 years (17%), 70 - 80 years (23%) and 73% male patients and 23% were female patients. Out of 30 patients 86.66% were Hindu and 6.66% muslim, 6.66% Christian. 10 patients (33%) were belonging to upper middle class, 13 patients (43.33%) were middle class, 6 patients (20%) were lower middle class. 22 patients (73%) had mixed diet and 8 patients (27%) were vegetarian. In this series 23.33% were Businessmen, 23.33% were Housewives, 10% were labour, 6.66% were serviceman and remaining 23.33% patients were farmer. Out of 30 patients, 19 patients (66.%) had Vatapittaja Prakriti, 10 patients (33%) had Kaphaja Parkriti and 1 patient (3%) had Pittakapha Prakriti.

Jaloukavacharana reduces congestion in the region where it applied and thus helps in reducing the Raga and Shopha. By reducing the swelling it will relieve the pressure in the local site and reduces pain (*Vedana*). Jaloukavacharana removes the collection in the tissue plane and thus reduces the venous hypertension and thus improves the microcirculation. This also helps to reduce discolouration in the surrounding area. As the abnormal collection is removed from the site, it minimize the oozing (Srava) from the ulcer and eczema, helps in keeping it in healthy moist stage. This will prevent the tendency towards suppuration. Pitta is the prime cause for the production of Daha. Due to qualities of Jalouka it will help in removing the Pitta Dooshitha Raktha and helps in reducing Daha. Considering the overall response of the patients to the Jaloukavacharana, it showed significant positive effect on local anti-inflamatory effect in varicose eczema.

#### **CONCLUSION**

Overall study showed that *Jalaukavacharana* was clinically and statistically effective in reduction of *Ruja* (pain), with high significant value. There was minimum improvement in discharge in both the group

ISSN: 2456-3110 ORIGINAL ARTICLE May-June 2018

in a course of treatment. In group A there is good improvement in *Daha* (burning sensation), statistically and clinically. There is mild reduction in itching in some patients seen in group A, It indicates that *Jaloukaavacharana* is to be carried out periodically. Both group shows significant improvement In edema on 28<sup>th</sup> day of treatment in both groups. In skin discolouration group A showed highly significant improvement statistically and clinically. Both the treatment modalities taken for the study were having local action, and having minimal effect on *Dosha Dooshya Sammurchana*, there may be the need of other *Shodhana* therapy with *Shamana* medications. Studies with larger sample size are required to properly assess the efficacy of *Jaloukavacharna*.

#### **Before treatment**



**During treatment** 



After treatment



#### **REFERENCES**

- Rapini, Ronald P.; Bolognia, Jean L.; Jorizzo, Joseph L. (2007). Dermatology: 2-Volume Set. St. Louis: Mosby. pp. Chapter 14. ISBN 1-4160-2999-0.
- Author: A/Prof Amanda Oakley, Dermatologist, Hamilton, New Zealand, 1997. Updated January 2016. Venous Eczema; www.dermnetnz.org.
- National Eczema Association 4460 Redwood Highway, Ste. 16-D San Rafael, CA 94903 800-818-7546 or 415-499-3474.
- Marsden G, Perry M, Kelley K, et al; Diagnosis and management of varicose veins in the legs: summary of NICE guidance. BMJ. 2013 Jul 24347:f4279. doi: 10.1136/bmj.f4279.
- Sushruta, Sushruta Samhita, with Nibhandha Sangraha comentary by Dalhana, foreword by Acharya Yadavji Trikamji. 8<sup>th</sup> edition. Varanasi: Choukhamba Sanskrit Sansthan; 2005. Pp.824; p.285.
- 6. Whitaker IS, Rao J, Izadi D, Butler PE. Historical article: Hirudomedicinalis: Ancient origins of, and trends in the use of medicinal leeches throughout history. Br J Oral Maxillofac Surg., 2004; 42: 133–7. [ PubMed ]
- 7. Smith DB. On the medicinal leeches. J PhilaColl Pharm., 1833; 4: 265–71.
- 8. Moore JP. Professor A.E. Verrill's fresh-water leeches-A tribute and a critique. Acad Nat SciPhila., 1952; 245: 1 16.
- Sushrutha, Sushrutha Samhitha, Nibandha Samgraha commentary of Dalhanacharya and Nyayachandrika Panchika commentary of Gayadasa, editor Yadavji Trikamji Acharya, ed 2012, Chaukamba Sanskrit Sansthan, Pp 824,p-55.
- Electricwala A, Sawyer RT, Jones CP, Atkinson T. Isolation of thrombin inhibitor from the leech Hirudinariamanillensis. Blood Coagul Fibrinolysis., 1991; 2: 83-9. [PubMed]
- Sushruta, Sushruta Samhita, with Nibhandha Sangraha comentary by Dalhana and Nyayachandrika commentary by Gayadasa, foreword by Acharya Yadavji Trikamji. 8<sup>th</sup> edition. Varanasi: Choukhamba Sanskrit Sansthan; 2005. Pp.824; p.443,446
- Sushruta, Sushrutha Samhitha, Nibandha Samgraha commentary of Dalhanacharya and Nyayachandrika Panchika commentary of Gayadasa, editor Yadavji

ISSN: 2456-3110 ORIGINAL ARTICLE May-June 2018

Trikamji Acharya, Sutrastana chapter 14 , ed 2012, Chaukamba Sanskrit Sansthan, Pp 824,p-65-66.

**How to cite this article:** Dr. Vinayak A. Mali, Dr. Rakesh R. N., Dr. K. R. Ramachandra. A Clinical Study of Jalaukavacharana in Varicose Eczema (Vicharchika). J Ayurveda Integr Med Sci 2018;3:27-33. http://dx.doi.org/10.21760/jaims.v3i3.12872

**Source of Support:** Nil, **Conflict of Interest:** None declared.