

A CLINICAL STUDY TO ASSESS THE EFFICACY OF JALUKAVACHARNA AND SHAMANA YOGA IN THE MANAGEMENT OF VICHARCHIKA W.S.R. TO ATOPIC DERMATITIS/ECZEMA

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ABSTRACT

The diseases affecting the skin due to its *beejadoshaja* or *karmaja* factors, involvement of three *dosha* and different *gambheeradhatus*, due to chronic *samprapti*, is the greatest challenge to the medical field. But some are *sadhya* due to the opposite factors to the above. Ayurveda reveals all skin diseases under one of the broad heading of “*Kushtha*”(skin diseases). *Vicharchika* is one among the *kushta* categorized under *Kshudrakushta* and *sadhyakushta* presenting with *pidaka* (boils), *kandu* (Itching) and *shyava*. Among *chikitsa*, as there is *alpa*, *uthanadosha*, *Jalaukavacharana* (leach therapy) is selected for the study. *Shamana* (palliative) therapy is much effective with *raktamokshana* (bloodletting). So, *Kusthaghna dashaimani* was selected. With this in back drop, a comparative clinical study where in one group of 13 patients, treated with *jalaukavacharana* weekly once for 4 weeks and in second group of 13 patients, *jalaukavacharana* with *shamana yoga* (*Kusthaghna dashaimani* tablet, 500mg, thrice daily for 28 days) was given. All the patients in group I and group II were observed for 28 days. The study revealed that, Group A *Jalaukavacharana* was effective in reducing the symptoms of *kandu* (itching) 66.19%, *Srava* (oozing) 88.93%, *Vaivarnya* (discolouration) 56.89%, *Pidaka* (boils) 71.54%, *Daha* (burning sensation) 68.2%, *Rukshta* (dryness) 74.97%, and *Raji* 68.44%. Group B (*Jalaukavacharna*+ *shamana yoga*) was effective in reducing the *Kandu* 67.18%, *Srava* 92.30%, *Vaivarnya* 57.6%, *pidaka* 81.8%, *Daha* 75.76%, *Rukshata* 75.76%, *Raji* 75.87%. On comparison, there was no statistical significant difference between the two groups. *Kusthaghna dashaimani* accentuated the improvement in *srava*, *pidaka*, *daha*, *Raji* and very little relief in *Kandu*, *rukshata* and *Vaivarnya*.

Keywords: *Kusta*, *Vicharchika*, *Jalaukavacharana*, *kusthaghna dashaimani*.

INTRODUCTION

Skin has vital role in the humans as it is one among *jnanendriya*, having the function of *sparsha*¹, one among the route for drug administration, site of *vata*, moreover, the organ for good appearance of the person. It is essential to protect and preserve the skin for a person's own health and esteem. The diseases affecting the skin may not be fatal, but many a times it becomes the cause for social abstinence. Skin diseases not only causes physical disturbance, but also disturbs the mind. The present life style, food habits like having what is good for the tongue, stress, occupation, polluted food and environment, and so on are the contributing factors. So the incidence of the skin disease is increasing day by day. Hence it requires an extra attention in the medical practice.

Ayurveda reveals all skin diseases under one of the broad heading of “*Kushtha*”. The treatment of *kushta* is the greatest challenge to the medical field due to the involvement of *beeja-dosha*, or *karmaja* factors² involvement of three *dosha* and different *gambheeradhatus*, or multiple *dhatus*, due to chronic *samprapti* and so on. But, some of the *kushtas* which are *sadhya* due to the opposite factors to the above. *Vicharchika* is one among the *kushta* categorized under *Kshudra kushta*³ and *sadhya kushta*⁴. The *tridosha* involvement can be identified by, *Kapha* due to the *kandu* (itching), *pitta* is responsible for *pidaka*, *srava* (oozing) and *shyava* indicates the presence of *vata*⁵.

A similar clinical presentation in modern dermatology is seen in Eczema, which is defined as a non-contagious inflammation of the skin characterized by erythema, scaling, oedema, vesiculation and oozing.⁶

In the treatment of *kushta*, *shodhanachikitsa* (purificatory therapy) has been highlighted due to its *bahudoshavastha*. But when there is *alpadoshavastha*, disease in *uthanadhatu*, and restricted to small area, without much symptoms, then, *shamanachikitsa* may be ideal. When there is *dushitarakta* (impure blood) in one site, then *raktanirharana* followed by *shamanachikitsa* may be ideal. With this in back drop, *vicharchika* /atopic dermatitis/ eczema were selected for the study. Among *raktamokshana*, selection of *jaloukavacharana* is justified due to the involvement of *rakta* and *uthanadhatugata dosha*⁷ and as *jalauka* is capable of eliminating *dosha* from *onehastha pramana*⁸. As *shamanaushadhi*, the *kustaghna dashaimani*⁹ drugs were selected due to its indication and for easy administration; it was advised in *Ghana vati* (pills) form. With these ideas, present study has been planned with the objective to evaluate the effect of *jalaukavacharana* in the management of *vicharchika* in one group and *jalaukavacharana* with *kush-taghnadashaimani Ghana vati* in another group and finally to compare the efficacy of both the groups.

PATIENTS AND METHODS:

Aims and objectives:

- To **evaluate** the effect of *jalaukavacharna* in one group and *jalaukavacharana* with *shamanaushadhi* in *vicharchika* in another group and to **compare** the effect in both the groups
- **Study Design:** Single blind comparative clinical study
- **Sample size:** 13 patients in each group (11 completed and 2 dropouts in each group)

- **Source: Sample:** Patient diagnosed as *vicharchika*, atopic dermatitis/ eczema was selected from OPD & IPD of S.D.M. Ayurveda hospital, Udupi.

Medicine: *kushtagnadashaimani Ghana vati* of 500 mg tablet was prepared in S.D.M. Ayurveda pharmacy, Udupi.
Nirvishajaloukas (Nonpoisonous leaches) were collected from local pond.

- **Inclusion criteria:**

- Patients within the age group of 16-70yrs of either sex.
- Patients with *pratyatmalaksha a* of *vicharchika*.
- Patients having signs & symptoms of eczema/atopic dermatitis.

Exclusion Criteria:

- Patient with any illness of blood coagulopathies, anaemia.
- Patient suffering from allergic manifestation like Bronchial Asthma, infective skin lesions.

Investigations:

- Routine hematological investigations like Hb%, TC, DC, ESR, RBS, CT and BT
- **Duration of treatment:** 28 days.
- **Duration of follow up:** 28 days.
- **Total duration of study:**56 days
- **Intervention:** The patients fulfilling the inclusion criteria are selected and randomly allotted in to two groups
- Group I- *Jalaukavacharana* group
- Group II- *Jalaukavacharana with shamana yoga* group

In all the selected patients, treatment was given for 28 days.

Group I:

In this group, *Jalaukavacharana* was done as per standard operative procedures¹⁰ once in a week for 4 weeks. Numbers of *Jalaukas* were depending on the area of affected skin lesions.

Group II: Here, *Jalaukavacharana* was done as per standard operative procedure once in a week for 4 weeks. Numbers of *Jalaukas* were depending on the area of affected skin lesions. *Shamana yoga* prepared out of *kushtagnadashaimani* in the dosage of 500 mg tablet thrice daily with boiled and cooled water after food was advised for 28 days.

ASSESSMENT CRITERIA: Each patient was assessed based on:

Subjective parameters:

- *Lakshanas* of *vicharchika*.
- Clinical features of eczema/atopic dermatitis.

Objective Parameters:

- *Bahusrava, Pidaka, Vaivarnya, Rukshata* was assessed by adapting Visual Analogue Scale.
- SCORAD Index for Severity Scoring of Atopic Dermatitis.

OBSERVATION:

In this study, the effect of *jalaukavacharana* and *jalaukavacharana* with *shamanayoga* was assessed in 26 patients suffering from *vicharchika* (atopic dermatitis/eczema), fulfilling the inclusion criteria.

- Total no. of patients registered in the study: 26 patients (13 patients in each group)
- Total no. of patients completed the study : 22 patients (11 patients in each group)

- Drop outs: 4 (2 from each group).

Other observations recorded in 22 patients are:

Table 1: Maximum number of patients registered in different observations

S No	Observation	Maximum	No. of patients	Percentage
	Age	16-25	10	45.45%
	Gender	Male	14	63.63%
	Religion	Hindu	20	90.90%
	Marital status	Married	14	63.63%
	Occupation	Student	5	22.7%
	Nidana	Aharaja/viharaja	12	54.54%
	Precipitating factor	sweat	6	27.27%
	Site of lesion	feet	11	50%
	Mode of onset	Acute / chronic	11/11	50/50%
	Symptoms of Vicharchika	Kandu	22	100%
		Daha	13	59.09%
		Ruja	17	77.27%
		Pidaka	12	54.54%
		Vaivarnya	20	90.90%
		Srava	12	54.54%
		Ruksha	20	90.90%
		Raji	16	72.72%

RESULTS

The effect of the *Jalaukavacharana* and *jalaukavacharana with shaman* on different parameters of *Vicharchika* (atopic dermatitis/eczema) was assessed based on the pre (BT), post treatment (after 28 days) (AT) and after 56 days of follow up (AF) scorings. **Paired t test** was used to compare within groups and **unpaired t test** was used to compare in between the groups. Statistical analysis

was done using Sigma stat version 3.5 software.

Within the groups: In **group I**-After a course of the *Jalaukavacharana*, and in **Group II**, after the course of *jalaukavacharana* and *shamanoushadha*, the analysis of the values revealed that- there was statistically significant improvement observed in all the parameters.

The different values are:

Table 2: Effect of treatment on different parameters

Symptom	Group& (n)	Mean		Diff in Mean	±SD	±SE	t	P
		BT	AT					
Kandu	I (n=11)	6.455	2.182	4.273	0.786	0.237	18.024	<0.001
	II (n=11)	5.818	1.909	3.909	1.136	0.343	11.41	<0.001
Discharge	I (n=11)	1.636	0.182	1.455	1.809	0.545	2.667	=0.024
	II (n=11)	2.364	0.182	2.182	2.272	0.685	3.184	=0.010
Vaivarnya	I (n=11)	5.273	2.273	3	1.414	0.426	7.036	<0.001
	II (n=11)	5.364	2.273	3.091	1.221	0.368	8.396	=0.005
Ruja	I (n=11)	2.636	0.818	1.818	1.401	0.423	4.303	=0.002
	II (n=11)	4.091	0.818	3.273	1.849	0.557	5.871	<0.001
Daha	I (n=11)	2	0.636	1.364	1.286	0.388	3.516	=0.006
	II (n=11)	3	0.727	2.273	2.328	0.702	3.238	=0.009
Pidaka	I (n=11)	0.636	0.182	0.455	0.522	0.157	2.887	=0.016
	II (n=11)	1.273	0.364	0.909	1.044	0.315	2.887	=0.016
Rukshata	I (n=11)	2.182	0.545	1.636	0.924	0.279	5.871	<0.001
	II (n=11)	3.00	0.727	2.273	1.618	0.488	4.658	<0.001
Lichenification	I (n=11)	1.727	0.545	1.182	1.079	0.325	3.634	=0.005
	II (n=11)	2.636	0.636	2.00	2.145	0.647	3.093	=0.011
Extent of Body Region Affected	I (n=11)	5.909	3.636	2.273	1.902	0.574	3.963	=0.003
	II (n=11)	5.455	3.273	2.182	1.401	0.423	5.164	<0.001
SCORAD IN-DEX	I (n=11)	34.682	10.227	24.455	7.731	2.331	10.491	<0.001
	II (n=11)	35.227	9.982	25.245	9.106	2.745	9.195	<0.001

In between the groups: The comparison of values in between the groups revealed

that, there was statistically insignificant difference between the groups in all parameters.

The different values are;

Table No 3: Comparative effect of the treatment in different parameters

Symptom	SD		SEM		t	P	Significance
	G -I	G-II	G -I	G-II			
Kandu	1.168	0.831	0.352	0.251	0.631	= 0.535	Insignificant
Discharge	0.405	0.405	0.122	0.122	0.00	1.000	Insignificant
vaivarnya	1.421	1.618	0.428	0.488	0.00	0.713	Insignificant
Ruja	0.982	0.874	0.296	0.263	0.000	1.000	Insignificant
Daha	0.809	0.786	0.244	0.237	0.267	0.792	Insignificant
Pidaka	0.405	0.674	0.122	0.203	0.368	0.717	Insignificant
Rukshata	0.688	0.467	0.207	0.141	0.725	0.477	Insignificant
Lichenification	0.688	0.505	0.207	0.152	0.354	0.727	Insignificant
Extent of Body Region Affected	4.112	3.849	1.240	1.161	0.214	0.8333	Insignificant
SCORAD INDEX	6.377	4.684	1.923	1.412	0.103	0.919	Insignificant

DISCUSSION

Jalaukavacharana:

Nirvishajalauka were collected from the local ponds and preserved and maintained as per the standard procedure. During *jalaukavacharana*, few of the patients had itching at the site after the procedure. No patient had any complication during or after the *jalaukavacharana*

Clinical study:

Jalauka is selected for *raktamokshana*, when there is involvement of *pitta* (as it is *sheeta*), when the *dustarakta* is beneath the skin and area affected in within 1 *hasta matra*. As *vicharchika* fulfills all these, *jalaukavacharana* is justified. The same is depicted in the study in the form of improvement in all the symptoms of *vicharchika*. The 10 drugs in *kustagnadashaimani* specially indicated in *kushta* and *have katu, tikta* and *kashaya rasa* and *katu* and *madhuravipaka* which act on *kapha* and *pitta dosha*¹¹.

Maximum patients observed in the study are in the occupation of shopkeeper, security, waiter, auto driver etc. person who tend to stand for a prolonged period and hence the possibility of Stasis Dermatitis. Farmers work with mud, chemical dye or other allergens, which may produce irritation and manifestation of eczema. Laborers are more exposed to environmental exposure and regularly contact with allergens, and lives in polluted environment with unhygienic regimen, which are common causative factors for *Vicharchika*. In the food, the main item was Fish, Chicken and Black Gram preparations. These are considered to be *guru, vidahi* and *viruddhaahara* and hence

likely to have influenced causation of *vicharchika* in such individuals. Among the different *nidanas*, *aharajanidana* is observed more in the study. Intake of *viruddhaahara* in the form of *matsya* and *dugdha* is observed. Same way *vishamashana* (intake of food in irregular time), *mithyahasaravidahiahara* (*idli, dosa* and junk food), taking hot and cold material together is observed in the study. *Viruddhaaharasevana* leads to vitiation of *Agni* and thus produces *Ama*. They also produced *dhatushaitilya* and *doshaprakopa*, which is the main cause for this disease. As among *viharajanidana*, *vegadharana*, excess exposure to sunlight and heavy work after intake of food is observed. These *nidanas* are the causes of *agnimandya, dhatukshaya* or *shaitilya* in longrun. In this series, only 4.5% of patient had *manasikanidana* in the form of *Chinta*.

Within the group:

Kandu may be due to *tridosha* vitiation. As the *jalaukavacharana* expels the *dushtarakta*, the effect is achieved. The few drugs in *shamana yoga* have *kandughna* property too. Leech salivary secretions also provide early healing effect by secondary hemorrhage which might have reduced itch impulse. *Srava* in *vicharchika* is due to *pitta* and *kapha*. The *jalaukavacharana* which is indicated in *pitta dushitarakta* and after elimination of the *dushitarakta* the symptoms are relieved. The drugs in *shamana yoga* have *rukshagunapradhanata*, which has added to the effect. *Vaivarnya* is due to *tridosha* where based on the *dosha* dominance, the color changes. When the *dushitarakta* is eliminated from the site, the healing starts. So the

improvement will be seen in the patients. *Jalauka* removes impure blood and allows oxygenated blood to enter inside the lesion which fastens the change of color to normalcy which is a sign of healing. *Pidaka* is the outcome of *kapha* affecting the *mamsadhatu*. When the *kaphadushitarakta* is eliminated, the *pidaka* reduced at the site. *Jalauka* are anti-phlogistic, used for the local obstruction of the blood. Hence, they are used in acute inflammation, abscess, boils etc. *Daha* which is the symptom due to *pitta*, is best treated by the *jalaukavacharana* due to its special indication in *pitta dosha*. The drugs in *shamana yoga* acts as *raktaprasadaka* and *dahashamaka* which have added the effect.

In between the group: In between group comparison, showed no statistically significant difference in improvement in all the parameters. The improvements observed in all parameters in both the groups are almost equal. This may be because; the *dushitaraktanirharana* is the main treatment which is common in both the groups. If we observe the percentage of improvement in each parameter, that is better in group II due to the additional effect of *shamana yoga*. But this difference is not statistically significant. The effect of *shamana yoga* may not be so fast in *kushta* due to its involvement of multiple *dosha*, *dhatu*s. Hence there may not be significant difference between the groups.

CONCLUSION

Based on the statistical analysis done within the groups, there is a significant improvement in different parameters of *vicharchika*. But based on the percentage of im-

provement, we may say that, improvement is better in group II due to the additional effect of *shamana yoga*. The in between group comparison showed insignificant difference between the groups.

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