



THE COMPARATIVE STUDY OF “JALAUKAVCHARANA AND JALAUKAVCHARANA ALONG WITH USHIRADILEPA IN THE MANAGEMENT OF VIDRADHI” (AMAVASTHA AND PACHYAMANAVASTHA)

SAXENA VARSHA^{1*}, SRIVASTAVA NIRAJ²

¹Ph.D Scholar, Department of Shalya Tantra, FOAy, IMS, BHU

²Assistant Professor & PhD Scholar Department of Kaumarbhritya, FOAy, IMS, BHU

Article history:

Received: March 2015
Received in revised form: March 2015
Accepted: April 2015
Available online: May 2015

*Corresponding author:

Dr. VarshaSaxena,
Email-nirajimsbhu@gmail.com

Present address:

Department of ShalyaTantra,
FOAy, IMS, BHU

These authors have no
conflict of interest to declare.

Copyright © 2011,

All rights reserved

Abstract

When the patient visit to his doctor and get diagnosed as Vidradhi of any Stage, he face a choice of taking either allopathic drugs (which have many complications like formation of antibioma or sinus, etc.) or surgery (again with a high risk for complications). Severe pain is the main clinical feature which hampers the daily routine of patient, so the treatment becomes essential. To treat the cases of Vidradhi, there are many treatment modalities in medical sciences, but the question is of recurrence and complications. In Vidradhi line of treatment is to get relief from pain and inflammation. Fortunately, in Ayurveda, there are measures that one can take to avoid scenario. Along with Mridusamaka and Pachanatreatment quickly effective Raktamokshana (Jalaukavacharana) is said to be the treatment of choice of ApakwaVidradhi. It is minimal invasive operative technique and requires no instrumentation. The procedure may be performed even without anesthesia with minimal stay. In this study randomly selected 30 patients (irrespective of age, sex, religion and economic status) suffering from Amavasthaand Pachyamanavasthavidradhi (irrespective of its site), were divided into two groups(15 each). The results were compared with pre and post symptoms of the treated patient of both the groups. In Group A patients were treated with Jalaukavcharana and in Group B patients were treated with Jalaukavacharana along with Ushiradilepa. As per observations of the study maximum advantages were found in group B. patient were able to return their normal works on same day. Recurrence rate was negligible and it had been found overall low cost effective procedure. Hence it is recommended for the management of Ama & Pachyamanashotha via a vis Apakwa Vidradhi to such a densely populated, poor socio-economic and developing country like India, where cost effect remains a matter for treatment.

Key words: - Alaukavacharana, Vidradhi, Raktamokshana,

Introduction

Sushruta is the real touch bearer of surgical practitioners in the world and people recognizes him as the father of surgery. He has laid down the unique principles regarding the surgical treatment like ksharakarma, Agnikarma, Raktamokshan and shastra karma. Among them raktamokshan is one of the most important parasurgical therapies.

Ama & Pachyamanashotha via a visapakwa Vidradhi is the one among the main Raktavisravanajanya diseases.

The apakwaVidradhi can occur at any part of the body, irrespective of age, sex or kala. Pakwavidradhi can be treated by either use of Daranadravya or by Patanakriya (surgical method). But this treatment is contraindicated in Apakwavidradhi.

Raktamokshana (Jalaukavacharana) along with Mridusamaka and Pachana treatment is said to be the treatment of choice of Apakwa Vidradhi. Here, in the present study, the Raktamokshan in Vidradhi was applied along with Ushiradilepa was applied with successful treatment. It is a simple procedure where least instrumentation is required and can be practiced in a small clinical setup with aseptic measures.

Acharya Charak describes that owing to excess of vitiated blood, the swelling quickly softens and suppurates and hence owing to its quickly suppurating characteristics it is called as Vidradhi⁽¹⁾. Vidradhi resorts to the gambhir-dhatu as Asthi, whereas Shopha restricts itself to the uttan-dhatu as Twakaand Mansa. However inspite of being different clinical entities the

symptoms produced both by vidradhi and sophia in their 'Amavastha', 'Pachyamana' and 'Pakwavastha' i.e. before, during and after the stage of suppuration are similar⁽²⁾.

Apakwa Vidradhi is previous stage of vrana or is prodromal symptom of vrana. It is successfully managed by process Vishravanaie. Raktamokchana. Pracchanna, Siravedha, Sringa, Alabu, Jalauka are many method of raktamokshana. Jalaukawacharana (leech therapy) is best method for this condition because ApakwaVidradhi is pitta, rakta dominated disease and jalauka is best for these Doshah. Jalauka not only sucks the blood it also inoculate some anti-inflammatory agents with their saliva during blood sucking. Above all there is very few medicine which gives immediate relief but leech therapy provides immediate relief from pain, tenderness, hotness. Apakwavidradhi is inflammation of soft subcutaneous tissue. If improperly treated, traumatic condition may turn to infective condition. Antibiotics play effective role in infective condition but leech therapy effective in all type of inflammatory conditions. So leech therapy can be better alternative remedy for the management of Apakwa Vidradhi.

Aims of Study:-

- ❖ To find out the best possible treatment for apakwavidradhi with minimal disadvantages over to the other conventional methods.
- ❖ Evaluation of the efficacy of Jalaukawacharana in the management of Vidradhi as an alternative treatment.

- ❖ Evaluation of the efficacy of Jalaukavcharana along with Ushiradilepa in management of Vidradhi.
- ❖ To find out a cost effective treatment for apakwavidradhi
- ❖ As life is very precious and in this fast life patient wants quick results and in every field of medicine the treatment of Vidradhi is time taking either medicinal or surgical, hence the aim of present study is to provide comparatively easy and quick management of Vidradhi without surgery and painful procedure.
- ❖ To provide treatment without complications (as antibiotic treatment without judgment may lead to painful, hard lump called as antibioma or leaving Pakwavidradhi without I&D leads to sinus formation.)

Material and Methods:-

The patients were randomly selected from O.P.D. and I.P.D. of Shalya-Tantra Department of Rishikul State Ayurvedic P.G. College & Hospital, Haridwar on the basis of inclusion and exclusion criteria. Patients were registered on specially designed pro-forma for evaluation.

Plan of the study:-

- a) **Preparation of drugs:** - The present clinical study is based on the two drugs, Jalauka quoted from Sushrutasamhita and Ushiradilepa, is made from combination of seven drugs having similar properties and acting specifically on vidradhi.
- b) **Inclusion criteria:** Patients presenting with complaints of Amavastha and Pachyamanavastha of non-complicating

Bahyavidradhi were included irrespective of age, sex, religion, education and socio-economic status.

- c) **Exclusion criteria:** Asthigatvidradhi, Abhyantaravidradhi, Pakwavasthajanya-vidradhi, GambhiraVidradhi, chronic illness like Diabetes mellitus, Tuberculosis, hypertension, Anemia, chronic renal failure, liver diseases, cardiac patients and patients of bleeding disorder were excluded.
- d) **Diagnostic criteria:-** Diagnosis was made on local examination on the basis of signs of inflammation like Rubber, Calor, Dolor, Tumor.
- e) **Fitness criteria:** - Patients were declared to be fit that had the value of routine laboratory investigations of blood, urine, stool, radiological as well as physical examination within normal limit.
- f) **Assessment criteria:-**
 - Time taken for healing of Vidradhi
 - Post-operative bleeding from Vidradhi site.
 - Chances of recurrence.
 - Over all, usefulness of treatment of this ancient Indian modality over the conventional treatments.
- g) **Follow up criteria:**

Follow up-- 3rd day.

- After Jalaukavacharana or Lepa-application patient were called next day to review the case for-
 - ◆ Progress of treatment
 - ◆ If any complication present

h) Improvement criteria: Measurement of improvement was made by evaluation by perfection in morbidity features in respect to their frequency, severity, and score.

Methodology:-

A. Leech application: - After taking written consent of patient for jaalaukavachara (phlebotomy), patient's affected part was cleaned and sterilized with boiled warm water then Shodhita jalauka was applied. Then wet sterilized cotton gauze was placed covering the Jalauka's body except head and mouth, once the Jalauka attached, it will remain safely in place until fully distended and then detaches spontaneously (30-50 min)⁽³⁾. After that Jalaukas were induced to vomit as described in the classics and wound was cleaned with warm water and tight bandaging was done. Jalaukas were again applied to the patient on every 4th day as required.

B. Ushiradilepa application:- The affected part of patient was cleaned with boiled warm water. After the part gets dried, Ushiradilepa was applied and it was left till it gets dried. The very next day jalauka was applied on the affected part. Jalaukavacharana was repeated if required, according to the severity of the disease, maximum of 2 sitting.

Observations and results:-

In every case initial clinical data along with blood investigations was noted and total numbers

of days to cured, total no. of Jalauka applied, total no of sitting, also recorded and after cured or improvement again blood investigation were performed and study was done for any changes in symptoms before and after Jalaukavacharana. Patients were studied for their demographic properties like occupations, habitats, etc, disease profile and result assessment which are mentioned below. The observations of Group A and Group B are as follows: -

Table No. 1: Demographic observations of the total registered patients-

Findings	Predominance	Percent	
		Group A	Group B
Age	41-60	40%	40%
Sex	Female	53.33%	60.00%
Religion	Hindu	100%	73.33%
Marital status	Married	73.33%	80.00%
Socio-economic status	Lower status	53.33%	60.00%
Occupation	House wife	40.00%	33.33%
Dietary habits	Mixed diet	60.00%	53.33%
DehaPrakriti	Pittakaphaja	53.33%	46.67%
Awastha	Amawastha	53.33%	66.67%
Distribution	Thigh	33.33%	20.00%
Vikriti	Balwan	53.33%	86.67%
Saar	Madyam	66.67%	73.33%
Sanhanan	Madyam	73.33%	73.33%
Satma	Misrita	73.34%	66.67%
Praman	Sam	73.34%	73.33%
Satva	Madyam	80.00%	66.67%
Aharasakti	Madyam	66.67%	60.00%
Vyayamasakti	Madyam	60.00%	73.33%
Awastha of Ayu	Yuvawastha	53.33%	93.33%
Maximum effect	Pain	86.67%	93.33%
	Redness	80.00%	93.33%
	Heat intensity	80.00%	100.00%
	Swelling	73.33%	86.67%
Minimum effect	Pain	13.33%	6.67%
	Redness	20.00%	6.67%
	Heat intensity	20.00%	00.00%
	Swelling	26.67%	13.33%

Table No. 2: Statistical presentation of all the Morbidity Features after Treatment in group A

As group size is small less than 30, chi-square test has been applied on all the symptoms before and after treatment. The results were presented in tabular form.

Symptoms	(Chi-sq) χ^2	(P-value) P	Interpretation
Pain	22.00	< 0.001	Highly significant
Redness	16.81	< 0.001	Highly significant
Heat intensity	16.75	< 0.001	Highly significant
Swelling	22.94	< 0.001	Highly significant

Table no. 3

Statistical presentation of all the Morbidity Features after Treatment in group B

Symptoms	(Chi-sq) χ^2	(P-value) P	Interpretation
Pain	22.04	< 0.001	Highly significant
Redness	16.78	< 0.001	Highly significant
Heat intensity	16.81	< 0.001	Highly significant
Swelling	22.74	< 0.001	Highly significant

Table no. 4

Symptoms	Inter group Group A VS Group B (Chi-sq. test)		Intra group (Chi-sq. test)	
	BT	AT	Group A	Group B
Pain	$\chi^2 = 2.67$ P>0.05 (NS)	$\chi^2 = 0.0$ P>0.05 NS	$\chi^2 = 22.00$ P <0.001 (HS)	$\chi^2 = 22.04$ P <0.001 HS
Redness	$\chi^2 = 1.51$ P>0.05 NS	$\chi^2 = 0.0$ P>0.05 NS	$\chi^2 = 16.81$ P <0.001 HS	$\chi^2 = 16.78$ P <0.001 HS
Heat intensity	$\chi^2 = 0.17$ P>0.05 NS	$\chi^2 = 0.0$ P>0.05 NS	$\chi^2 = 16.75$ P <0.001 HS	$\chi^2 = 16.81$ P <0.001 HS
Swelling	$\chi^2 = 0.16$ P>0.05 NS	$\chi^2 = 0.0$ P>0.05 NS	$\chi^2 = 22.94$ P <0.001 HS	$\chi^2 = 22.74$ P <0.001 HS

*BT- Before treatment *AT-After treatment
 *NS- Not significant *HS- highly significant * χ^2 – chi-square *P- P value

Table no. 5-Results

Result	Group A		Group B	
	No.	%	No.	%
Cured	13	86.67	14	93.33
Improved	2	13.33	1	6.67
Not improved	0	00	0	00
Total	15	100	15	100

Discussion:-

On the basis of data it is observed that Females (56.67%) were more prone to have vidradhi. Maximum number of patients was from low class socio-economic status (56.67 %.). Housewives (36.66%) were more commonly prone to vidradhi followed by service and businessmen. 76.67% patients were married persons. Nearly half number of patients had a history of addiction either smoking or alcoholism. The commonest mode of onset was spontaneous (70.83%). Maximum number of patients had Pitta-Kaphaj Prakriti. The commonest site of Vidradhi was in lower extremity, especially in thigh (26.67%). Pain was the most common symptom present in Vidradhi. Maximum number of leeches had blood sucking capacity on an average between 1 to 4 ml and detachment time is 40-50 minutes. Hemoglobin level is not much affected after Jalaukavacharana. Blood sugar, urea, creatinine, LFT and urine routine examination is not much affected beyond normal level indicate no toxic effect of Jalaukavacharana.

Keen observation from the study revealed that the Jalaukavacharana along with Ushiradilepa in Vidradhi cures the disease with advantages that it can be practiced as an outpatient method. All the credit goes to Amanashaka, Visyagna, Raktashodhaka and Shothahara properties of

ushiradilepa and blood anti-coagulant, Anti-inflammatory, anesthetic, bacteriostatic and bactericidal action of hirudin present in saliva of leech. Jalaukavacharana done after lepa application relieves symptoms more efficiently and in less period of time. When these are counteracted naturally, there will be Samyata in Dhatvagnisrotas & will be free from Avaroda and pacifies the Vata by Anulomana property. Rasa will move all over body through minute channels there by leads to correction of sign and symptoms. Jalauka help to letting the vitiated blood that blocks the path of Vata by which Vata is vitiated much and produces different type of pain. After Jalaukavacharana the path of the Vayu remains unobstructed and thus pacifying Doshas, it helps in the cure of the disease. It is possibly because of the Samana of the sannikrushtanidana that is Vayu. More over Vayu is the Chalakasakthi behind every Doshas and Samana of it helps in the Sampraptivighatana. Local pain, heat intensity and tenderness immediately wash out in some patients. It proves this quotation of Ayurveda (सद्योरागरुजाशम्).

Conclusion:-

Hence it is concluded that this in group B ($p < 0.001$) Jalauka application along with Ushiradilepa formulation, courageous curative rate is slightly faster than single Jalauka application group A ($p < 0.001$) Result showed better action on all the subjective symptoms in group B. and it is the most effective treatment from many point of view and can be strongly recommended as a safe therapeutic procedure in the symptomatology of Vidradhi.

Source of support- Nil

Conflict of interest- none Declared

References:

1. CharakaSamhita, Charaka Chandrika Hindi commentary vol-1 by Dr. Brahamanand Tripathi Sutra sthan, published by Chaukhambasubharati Prakashan; 2009, 17/90
2. Sharma P.V. Susruta Samhita. Vol. II. Edition. Varanasi. Chaukhambha Bharati Academy. Sushruta Nidan. 2010, 9/4-5.
3. Sharma P.V. Susruta Samhita. Vol. II. Edition. Varanasi. Chaukhambha Bharati Academy. Sushruta Sutra. 2010, 13/15.