

## To Study the Effect of Jalaukavaacharan and Nimbatail in Comparison with Local Application of Nimbatail in Vicharchika w. r. t. Dry Eczema

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**Abstract** To evaluate the effect of Jalaukavacharan and Nimbatail application in Vicharchika with special reference to pittapradhan kshudrakustha described in Sushruta Samhita. To study in detail, the prevalence of sushrutokta vicharchika (dry eczema) in the light of the description available in the modern medicine for eczema. Objectives of the study are to prescribe comparatively economical and easily available remedy in patients' interest as well as to study effect of Jalaukavacharan (bloodletting by leech) and Nimbatail in comparison with local application of Nimbatail in Vicharchika. Patients suffering from Pittapradhan Vicharchika i.e. Dry Eczema were selected from O.P.D. and I.P.D. of GAC, Nanded. 60 patients of Pittapradhan Vicharchika i.e. Dry Eczema were selected randomly and Jalaukavacharan with Nimbatail in one group as Shodhan Therapy whereas other group Nimbatail Pratisaran (local application) as Shamana Therapy was given for 10 days. Jalaukavacharana (bloodletting by leech) and Nimbataila pratisarana (local application) (shodhana and shamana Therapy) is combining more effective than Nimbataila Pratisarana (local application) (shamana therapy). From the above observation and statistical analysis, we can conclude that the therapy was effective and statistically significant. There was no adverse effect of therapy. The therapy was cost effective and minimum time consuming. There is need of the study on large scale.

**Keywords** Dry Eczem; Jalaukavacharan; Nimbataila Pratisarana

### 1. Introduction

Skin is the protective covering of the body which covers the entire body surface therefore Diseases of Skin account for a great deal of misery suffering incapacity and economic loss besides this they are a great handicapping the society because they are visible [1]. In Ayurveda- the ancient science of India, vicharchika has described as Kshudra Kushtha [2]. For Kshudrakushta or sthanik Rattadushti, Sushrutacharya put forward Doshanusari (according to doshas) bloodletting Therapy. For Pittapradhanya, Jalaukavacharan (bloodletting by leech) is the ideal treatment [3]. Nimba is the herb

described as Kushtaghna by Bhavaprakasha [4]. It is used in skin disease and its medicated oil is one of the best disinfectant agents for skin disease (*holisticonline.com*). Therefore Nimbail pratisarana (local application) and Jalaukavacharan (bloodletting by leech) were used on alternate day for 10 days, in Sushrutokta vicharchika (dry eczema). This was more beneficial in those patients who refuse to take oral medicine at frequent intervals for a long duration. With the promise of Panchakarma Therapy in Ayurveda, this was the honest attempt to give relief to the patient in short duration. The study was done in government Ayurved hospital as dissertation from 2008 to 2010. The ethical clearance number is GACN/SS/D-3/164-184/08, Dated-11/01/2008.

### 1.1. Aim

To evaluate the effect of Jalaukavacharan and Nimbail application in Vicharchika (dry eczema) with special reference to pittapradhan kshudrakustha described in Sushruta Samhita. To study in detail, the prevalence of sushrutokta vicharchika (dry eczema) in the light of the description available in the modern medicine for eczema.

### 1.2. Objectives

- 1) To prescribe comparatively economical and easily available remedy in patients interest.
- 2) To study effect of Jalaukavacharan (bloodletting by leech) and Nimbail in comparison with local application of Nimbail in Vicharchika.
- 3) To assess facts regarding Ayurvedic Chikitsa and diet restriction on Vicharchika (dry eczema).
- 4) To observe effect of Jalaukavacharan (bloodletting by leech) and Nimbaila pratisarana (local application) based on information given in Ayurvedic Texts.

## 2. Materials and Methods

### 2.1. Materials

Nirvish Jalauka (nonpoisonous leech) [5], as per description of Sushrut Samhita and Astang Sangrah.

**Nimbail:** Formulation was based on ancient method. Standard Drug was made available by scholar from local market.

**Type of Study:** Randomized control study

### 2.2. Group of Management

**Trial Group:** Jalaukavacharan (bloodletting by leech) and Nimbail

**No. of Patients:** 30 patients

**Control Group:** Application of Nimbaila

**No. of Patients:** 30 patients

### 2.3. Methodology

- 1) Jaloukavacharana (bloodletting by leech) [6] was carried out on alternate day in 5 settings.
- 2) The Jalouka (leech) was changed for next day karma i.e. 2nd setting of Jaloukavacharana (bloodletting by leech) and number of jaloukas (leeches) was decided as per requirement.
- 3) After Jaloukavacharana (bloodletting by leech) dressing was done.
- 4) Every 2nd day of Jaloukavacharana (bloodletting by leech); Nimba tail was applied on affected area.
- 5) Duration of course was decided by discoursing with the senior physicians. No such reference is available for duration. As well as in pilot study we have found that the duration was of 10 days. Therefore 10 days course was preferred in this project.

### 2.4. Follow up

- 1) Patients were observed daily for symptoms up to 10 days and follow-up was done after 7 day i.e. 17th day of treatment.
- 2) Each patient was re-examined thoroughly and clinical findings were recorded.
- 3) 11nd day Nimbtail was applied on the affected area.
- 4) Result of both groups was assessed statistically.

### Pathya–Apathya

Basic consideration of Jalaukavacharan (bloodletting by leech) and vicharchika (dry eczema) was kept in mind while advising pathya- apathya.

### 2.5. Criteria of Diagnosis

The patient was diagnosed on the basis of symptoms (i.e. Kandu, Ruja, Raji and Rukshta) given in Sushruta Samhita [7]. After making the diagnosis clinical Performa was filled up, for this a detail clinical history was taken initially and complete thorough examination of each patient was done on the basis of the case record form.

### 2.6. Criteria for Assessment

Symptoms were assessed by adopting suitable scoring method.

#### (A) Subjective Criteria

##### Kandu i.e. itching

(Itch basic mechanism and therapy – Gil Yosipovitch) [8]:

No Itching - 0

Momentary itching - 1

Episodic itching - 2

Continuous itching - 3

##### Ruja (Pain)

No pain - 0

Mild pain of low intensity causing - 1  
 No disturbance in routine work  
 Mod pain hampers the daily routine work - 2  
 Severe pain causing definite - 3  
 Interruption in routine work -4

## (B) Objective Criteria

An appropriate clinical tool was used.

- a. **Mandala:** Size of Mandala asses by using transparent graph paper.
- b. **Raji and Rukshata** were asses by pre and post treatment photographs of Mandala.

## Inclusion Criteria

- 1) All patients in the age group of 16-60 years presenting with signs and symptoms of Vicharchika (dry eczema), was included in the study.
- 2) Patients which are ready for Jalaukavacharan (bloodletting by leech) was selected patient will be given idea of the project before including in trial group.
- 3) Patients of either sex were included.
- 4) Textual symptoms present on upper and lower limb.

## Exclusion Criteria

- 1) Not willing for trial
- 2) Bleeding disorders
- 3) HIV, DM, Venereal diseases
- 4) Symptoms and signs present on genitals and palm and sole such patients were excluded.

## Withdrawal Criteria

The patients were withdrawn from the trial if –

- a. Occurrence of any serious events.
- b. Patient has become uncooperative.
- c. The patient is not willing to continue the trial.

## Medications and Treatment

Medications and treatment permitted during trial,

- a. For minor ailments requiring medication for less than 3 days.
- b. Rescue medication in the form of life saving drugs, antibiotics, IV fluids may is permitted if 2 experts agree on their necessity.

## Medications and Treatment not permitted during Trial

- 1) Corticosteroids
- 2) Analgesics
- 3) Local application of steroids or analgesic
- 4) Self-medication

- 5) Narcotics

### Overall Assessment of Therapy

- 1) Grade – I: All symptoms cured within 10 days i.e. complete Remission.
- 2) Grade – II: 3-4 Symptoms within 10 days (i.e. Kandu, Ruja, Raji and Rukshata) cured.
- 3) Grade – III: 2 symptoms cured within 10 days i.e. Ruja Kandu
- 4) Grade – IV: No improvement/Unchanged within 10 days.

### 3. Observations and Statistical Analysis

To assess results of the study, the data of 60 patients was observed and statistically analyzed. The level of significance was set at 5% ( $p = 0.05$ ). Paired t Test was applied to compare the parameters like -Itching, Pain, Size of Mandala of both Group. ' $\chi^2$ ' test was applied to parameters like-Raji, Rukshata of both Groups.

#### 3.1. Observations

Following Observations were drawn from the study:

- 1) Maximum no of patients were belonging to 30-60 yrs age Group.
- 2) Maximum no of male patients was observed in this study.
- 3) According to occupation, laborers, housewives, servicemen, businessmen, students were affected by vicharchika (dry eczema), while maximum numbers of patients observed were servicemen.
- 4) Allergens, specific time of day like night, evening (pitta-kaph prakopakala), and sour things in diet were observed as aggravating factor of disease.
- 5) Katu rasapriyata was observed in maximum no. of patients.
- 6) Maximum no. of patients observed was having pitta-vataja prakriti.
- 7) Educated as well as non-educated patients had equal affection towards disease.
- 8) Maximum no of patients showed no significant past history.
- 9) All the patients suffering from Vicharchika (dry eczema) had negative past history.
- 10) Maximum no of patients had not taken any previous treatment.
- 11) 43 (71.00%) patients had disease duration was between 1 month to 1 year.
- 12) Majority of patients 59 (98.44%) were suffered from Vicharchika (dry eczema) of Extremities.
- 13) In experimental group, absolute relief occurs from itch within 10 days with no recurrence noted.

### 4. Results

Result was concluded from following assessment (Table 1):

- 1) Grade I: All symptoms cured within 10 days i.e. complete Remission.
- 2) Grade II: 3-4 Symptoms within 10 days (i.e. Kandu, Ruja, Raji and Rukshata) cured.
- 3) Grade III: 2 symptoms cured within 10 days i.e. Ruja Kandu
- 4) Grade IV: No improvement/Unchanged within 10 days.

**Table 1: Study Assessment through Grading**

Result	Group A	Group B	Total
Grade I Improvement	1	0	1
Grade II Improvement	10	0	10
Grade III Improvement	17	2	19
Grade IV Improvement	2	28	30

$\chi^2 = 10.73$  P- P < 0.05

This showed that Jalaukavacharana (bloodletting by leech) and Nimbataila pratisarana (local application) is more effective than Nimbataila Pratisarana (local application) only.

## 5. Discussion

### 5.1. About Disease

Atikandu (severe itch), Atiruja (severe pain), Raji (linear marking), Rukshata and Mandala (vyadhi pratyani lakshana of all Kushthas) are the symptoms of pitta dosha dominant vicharchika (according to Acharya Sushruta).

### 5.2. About Chikitsa Siddhanta

Acharya Sushruta categorized vicharchika (dry eczema) as pittapradhan Kshudrakushtha. Two types of treatment are advised for kushtha, Shodhana and Shamana Therapy [9]. For pittapradhana Kshudrakushtha Jalaukavacharana (bloodletting by leech) is the Ideal treatment. Nimba is the herb described as Kushthgna by Bhavaprakash and its medicated oil is one of the best healing and disinfectant agents for skin diseases. So along with pathya - apathya, Nidanparivarjana Jalaukavacharana (bloodletting by leech) (shodhana) and Nimbataila Pratisarana (local application) (shamana) combination therapy, for 10 days was decided.

### 5.3. About Effect of Therapy

Itch is the main Pathognomic symptom of Vicharchika (dry eczema). Itch sensation causes sensory nerve irritation, which leads to itch and Itch scratch chain goes on. In present study, experimental Group shows better improvement in (Itch) Kandu than Control Group. According to statistical Analysis also, result is highly significant in Kandu, Ruja, Raji, Rukshata and reduction in Size of Mandala. Recurrence of symptoms was not observed in Experimental Group. This proves Efficacy of Jalaukavacharana (bloodletting by leech) and Nimbataila Pratisarana (local application) (Shodhana and shamana combination) against Nimbataila Pratisarana (local application) (shamana therapy only).

## 6. Conclusion

From the above observation and statistical Analysis, we can conclude that

- 1) Jalaukavacharana (bloodletting by leech) and Nimbataila pratisarana (local application) (shodhana and shamana Therapy) is combine more effective than Nimbataila Pratisarana (shamana therapy)
- 2) Amongst 5 symptoms of vicharchika (dry eczema) i.e. Kandu, Ruja, Raji, Rukshata, and Mandala Jalaukavacharana (bloodletting by leech) and Nimbataila Pratisarana (local application) is effective to cure Kandu, Ruja, Raji within 10 days interval.

- 3) Nimbatail Pratisarana is effective to cure Kandu and Ruja, but the recurrence of these symptoms were observed after withdrawal of therapy.
- 4) There was no Adverse Effect of therapy.
- 5) The Therapy is cost Effective.
- 6) There is need of study on large scale.

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