

EFFICACY OF JALAUKAVCHARAN IN THE MANAGEMENT OF KITIBH KUSHTHA

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INTRODUCTION

Most of the skin disorders are developed from abnormal functioning of the agni, defective dietary habits like unsuited foods, irregular meals pattern and habits like smoking, alcohol, psychological stress & causing life style related skin diseases. Kitibh Kushta is mentioned as type of Kshudra Kushth in Ayurvedic literatures. This Kushtha is very common in society who worked in chemical factory, painting, mechanic turner fitter. Though modern science has been reputable as a major medical system and having controlling the emergency conditions, Ayurveda having role not only in the prevention of diseases but also helpful in curing the chronic diseases especially like skin

disorders. In this Kushtha there is Rukshata (dry lesion), discoloration, along with Kandu & Tvakshputan. It is Vat-kaph Pradhan Kushth. Acharya Charak is described its management as shodhan karma like Panchkarma along with Raktamokshan & Jalaukacharan in Chikitsa Sthana. In all kushtha there is Rakta dushti and twak dushti. Hence it is described in Raktapradoshaj vikara. Jalaukacharan treatment develops the Immune mechanism of Blood system by stimulating the antitoxic substance in blood streams. It proved very remarkable result in study period.

MATERIALS AND METHODS OBJECTIVE

Sampling frame: Patients selected from OPD and IPD of Shalya Department of Dr. D.Y. Patil Ayurved College, Pimpri, Pune (M.S.).

Study Design: Single Blind Observational Clinical study.

DIAGNOSTIC CRITERIA

I) Inclusion Criteria: Patients aged between 16 to 60 years of either sex fulfilling diagnostic criteria.

1.	Rukshta (Dry lesion)
2.	Twakvaivarnya (Discoloration)
3.	Twaksphutan (Cracks)
4.	Kandu (Itching)
5.	Srava (Oozing)

II) Exclusion Criteria: Patients suffering with systemic diseases like diabetes and renal failure and major illness like cardiac disease, Bleeding disorders, HIV, are excluded.

Collection, Tabulation and Statistical Tests: Around 38 patients were examined in which 30 Patient fulfilling diagnostic criteria and inclusion criteria were selected.

Assessment criteria

Each patient is overall assessed weekly after the onset of treatment and twice during follow up with one month gap in between. Relevant data is collected and documented on the detailed case proforma. Assessment of the condition is done adapting standard methods of scoring. Subjective parameters are analyzed statistically with Paired- t test.

Standard Visual analogue scale

The assessment of signs and symptoms are done using the standard visual analogue scale as; Cured- 0; Mild- 1.

TREATMENT PLAN

For Jalaukavcharan therapy, in this patient Jalaukavcharan was done two times on alternate day. Repeated weekly for 2 setting (Total 30 days). And then continued every 15 days followed up to 30 days. Every time two Jalauka was applied for the therapy.

Protocol for patient: Written consent was taken by the patient.

Blood investigation done, Hb%, BT, CT, HbsAg and HIV.

Probable Mode of Action of Jalaukavcharan: Jalauka - The sankumukhi type of nirvish jalauka used for therapy.

METHOD OF APPLICATION

Purva Karma - Purification of Jalauka by pouring the Jalauka in water mixed with Turmeric powder.

Site Preparation - Cleaning the site of lesion with normal saline and dried it by gauze.

Pradhan Karma - Before application over affected lesion, the skin was pricked with sterile needle; the drop of blood came out. Then Jalauka was applied and wet gauze was kept over Jalauka during sucking period.

Observation of Jalauka - Peristalsis on the body of Jalauka was visible and gradual distension in the central portion of the body.

Removal of Jalauka - When it finished sucking, it felt down automatically or after 45-60 minutes apply turmeric powder on the mouth of Jalauka for removal.

Paschat Karma - After detachment of Jalauka let the blood to come out from biting part of Jalauka. If bleeding does not stop at its own, then it should be pressurize by turmeric powder.

OBSERVATIONS AND RESULTS

1. Rukshata (Dry Lesion): The Mean score observed before the treatment was 2.80 After the treatment value of 7th day was reduced to 1.90, with effect of treatment showed 28.62% improvement, on 14th day reduced to 1.36, with effect of treatment showed 49.51% improvement, on 21st day reduced to 0.81, with effect of treatment showed 67.25% improvement, on 30th day reduced to 0.33, with effect of treatment showed 86.40% improvement, in '**Rukshata**' with statistically significant ($P < 0.0001$).

2. Twakvaivarnya (Discoloration): Mean score observed before the treatment was 2.56 After the treatment value of 7th day was reduced to 2.44, with effect of treatment showed 5.10% improvement, with statistically significant (0.0351) on 14th day reduced to 1.53, with effect of treatment showed 40.63% improvement, on 21st day reduced to 1.22, with effect of treatment showed 54.51% improvement, on 30th day reduced to 0.85, with effect of treatment showed 63.91% improvement, in '**Twakvaivarnya**' with statistically significant ($P < 0.0001$).

3. Tvakshputan (Cracks): Mean score observed before the treatment was 3.45 After the treatment value of 7th day was reduced to 2.44, with effect of treatment showed 15.10% improvement, with statistically significant (0.045) on 14th day reduced to 1.45, with effect of treatment showed 45.60% improvement, on 21st day reduced to 1.12, with effect of treatment showed 52.51% improvement, on 30th day reduced to 0.68, with effect of treatment showed 61.91% improvement, in 'Tvakshputan: with statistically significant($P < 0.0001$).

4. Kandu (Itching) The Mean score observed before the treatment was 3.50 After the treatment value of 7th day was reduced to 2.34, with effect of treatment showed 25% improvement, on 14th day reduced to 1.25, with effect of treatment showed 45.66% improvement, on 21st day reduced to 1.12, with effect of treatment showed 58.33% improvement, on 30th day reduced to 0.42, with effect of treatment showed 86% improvement, in 'kandu' with statistically significant ($P < 0.0001$).

5. Srava (Oozing): Mean score observed before the treatment was 2.53 After the treatment value of 7th day was reduced to 1.84, with effect of treatment showed 12.10% improvement, with statistically significant (0.041) on 14th day reduced to 1.43, with effect of treatment showed 42.63% improvement, on 21st day reduced to 1.20, with effect of treatment showed 51.45% improvement, on 30th day reduced to 0.75, with effect of treatment showed 68.30% improvement, in Srava (Oozing): with statistically significant ($P < 0.0001$).

Table No. 01: Viewing the Effect of Treatment.

S.N.	Symptoms	Mean Score		Difference D	% Relief
		BT	AT		
1	Rukshta(Dry lesion)	2.80	0.33	2.47	86.40%
2	Twakvaivarnya (Discoloration)	2.56	0.85	1.71	63.91%
3	Twaksphutan (Cracks)	3.45	0.68	2.77	61.91%
4	Kandu(Itching)	3.5	0.42	3.08	86%
5	Srava(Oozing)	2.53	0.75	1.78	68.30%

Table No. 02: Statistical Analysis.

S.N.	Symptoms	Paired Test				Significant
		SD	SEM	t Value	P Value	
1	Rukshta(Dry lesion)	0.67	0.06	36.94	<0.0001	Yes
2	Twakvaivarnya(Discoloration)	0.48	0.07	31.04	<0.0001	Yes
3	Twaksphutan(Cracks)	0.45	0.06	59.65	<0.0001	Yes
4	Kandu(Itching)	0.45	0.07	30.82	<0.0001	Yes
5	Srava(Oozing)	0.37	0.03	29.30	<0.0001	Yes

DISCUSSION

Kitibh is form dermatitis where inflammation of epidermis occurs. Rukshtha(Dry lesion), Twakvaivarnya(Discoloration) Twaksphutan (Cracks) Kandu(Itching) Srava(Oozing) are the characteristic features of Kitibh. The immune system overacts to these allergens and causes inflammation, oozing, irritation or sore skin. By the Jalaukavcharan edema reduced after every setting, erythematic reduced after 3 setting of Jalaukavcharan. Itching reduced immediately after first 2 setting of Jalaukavcharan. Kitibh being a Kshudra Kustha is mentioned under Rakta Pradoshaja vikara by Charakacharya.\. While assessing the rogmarga, it is a bhayyamargaja which involves Raktadidhatu and Twak with large amounts doshas which are corrected by the Jalaukavcharan. Jalaukavcharan is not only purifies the channels but also let the other part become free from disease and action is faster than other remedies. Jalaukavcharan was carried out with the help of Jalauka. In Jalaukavcharan, it sucks the impure blood from superficial, might be capillaries or extracellular. Also sucks blood from limited area i.e. pathogenic area. So ultimately blood of affected area comparatively more vitiated than other area.

CONCLUSION

Kitibh is a disease having its impact on body as well as on mind. Ayurvedic line of management, aims to give a delightful life by improving the immune system of the individual by removing the vitiated Doshas. This study provided important information regarding the success of Jalaukavcharan in the management of Kitibh. It proved that Jalaukavcharan produce significant improvement in Kitibh by expelling the morbid vitiated Doshas and Dushyas. Hence it may be accomplished that Jalaukavcharan was found to be profitable healing, safe and easy to implement.

REFERENCE

1. Vagbhata, Ashtangahridaya, Sarvangasundara of Arunadatta and Ayurvedarasayana of Hemadri - commentaries, Pandit Hari Sadashiva Shastri - editor, Chaukhamba Surabharati Prakashan, Varanasi; 2007. p. 929.
2. Charka Samhita part 2nd Chikitsasthana kusthachikitsa 7/9, by Acharya Vidyhar Shukla. Chaukhamba Surbharati Prakashan, Reprint 2006. Page 182.
3. Susrut Samhita Part 1st Nidansthana Kusthanidan 5/13, by Ambikadutta Shastri, Chaukhamba Sanskrit Sansthana Prakashana, Reprint 2007. Page 243.

4. Madhav Nidana Uttarardha Kustha Vyadhi 49/26-27, by Dr. Brahmananda Tripathi, Chaukhamba Surbharati Prakashan 2005. Page 208.
5. Susrut Samhita Part 1st Chikitsastana, Kusthachikitsa 9/6, by Ambikadutta Shastri, Chaukhamba Sanskrit Sansthana Prakashana, Reprint 2007. Page 49.
6. Susrut Samhita Part 1st Chikitsastana Kshudrarogachikitsa 20/14, by Ambikadutta Shastri, Chaukhamba Sanskrit Sansthana Prakashana, Reprint 2007. Page 93.
7. Sushruta, Sushruta Samhita, Nibandha Sangraha of Dalhanacharya - commentary, Acharya Triviktamatma Yadva Sharma - editor, Chaukhambha Surabharati Prakashan, Varanasi; 2008. p. 457.
8. Bapalal G Vaidya, Nighantu Adarsha, Vol - I, Varanasi: Chaukhambha Bharati Academy, 1st Edition; 2009. p. 914.