INTERNATIONAL AYURVEDIC MEDICAL JOURNAL



International Ayurvedic Medical Journal, (ISSN:2320 5091) (February, 2107) 5 (2)

EFFECT OF JALAUKAVACHARANA (LEECH THERAPY) IN DUSHTA VRANA (NON-HEALING VARICOSE ULCER): A CASE REPORT

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ABSTRACT

Chronic venous insufficiency complications have now more incident rates. Chronic ulceration of lower legs is relatively common condition among adults, it affects 1% of the adult population and 3.6% of people older than 60 years. When a venous valve gets damaged, it prevents the backflow of blood, which causes pressure within veins which leads to hypertension and exceed to venous ulcers. These are mostly along the medial distal leg, which is often very painful and can bleed to become Varicose Ulcers (Stasis ulcers). Treatment of varicose ulcer is a different task to the physician and a nightmare to the suffering patients, though a good number of treatment principles have been mentioned and practiced in allied sciences. In Ayurveda, this condition is considered as *Dushta vrana*. It can be managed with the specific *Shodhan* therapy called as *Raktamokshana* i.e. *Jalaukavacharan* (Leech therapy). It was observed that results achieved are effective and stable during follow up period.

Keywords: Dushta vrana, varicose ulcer, Raktamokshana, Leech therapy, Jalaukavacharana

INTRODUCTION

From ancient era, man has been suffering from many life-threatening diseases and injuries. Sometimes these injuries get neglected by man which later on get converted into complications. A wound which does not heal or heals very slowly though best efforts has been taken, known as *Dushta vrana*. When *vrana* (wound) is because of varicosity of veins, called as Varicose Ulcers (Venous ulcers, Stasis ulcers). It occurs due to inappropriate functioning of venous valves, especially of the

lower limbs. The damaged venous valves prevent the backflow of blood, which cause pressure in veins that leads to tension resulting into Venous ulcers. Diseases like Diabetes mellitus, Tuberculosis and conditions like protein deficiency, insufficient blood supply delay the healing process of ulcer. In Venous ulcer, there is insufficient blood supply to the ulcerative part which causes delay in the healing process. The longer the duration of the venous ulcer, the

more is the damage to skin and underneath tissues. If it gets more worsen then requires Skin grafting. With review and reference of ancient approach to *vrana* treatment, it is convinced that Ayurveda approach to treatment of *vrana* can be better to avoid recurrence. To achieve good approximation, early healing and acceptable scar without much complications, *Acharya Sushruta* has elaborately explained *Shashti upkrama* (sixty procedures) where *Raktamokshan* (Bloodletting) is one of them.

AIMS AND OBJECTIVES:

The main aim of the study is to evaluate the efficacy of *Jalaukavacharan* (Leech therapy) in the management of *Dushta vrana* (Non-healing ulcer).

CASE STUDY:

A female patient of 61 years old came to Panchakarma OPD with the complaints of varicose ulcer, massive discolouration and tortuous veins at both the ankle joints. She also had complaints of severe local pain and burning sensation at the same site. She was diagnosed as a patient of Dushta vrana (Non-healing varicose ulcers) as she had recurrence of varicose ulcers at the Ankle Joint since 6 years and continued with the same Complaints. As per History, Patient had addiction of tobacco chewing for 20 years but she quit the addiction before 2 years. She was habituated for long hours standing in her regular household work i.e. about 8-10 hours daily from last 25 to 30 years. There was no history of any chronic and major illness such as Diabetes mellitus and Hypertension. Instead of taking Ayurvedic treatment She had taken Allopathic treatment and then after undergone EVLT (Endovenous Laser Therapy) but had no relief at all. For nearly 6 years she continued with the Allopathic treatment and

then she approached to our *Ayurvedic* hospital for treatment. Before taking Panchakarma treatment she had visited another *Vaidya* (doctor) from our hospital and taken *Shaman chikitsa* (conservative management) for nearly 2 months but didn't get any sort of relief so come to our OPD for the *Panchakarma* treatment. After examine her thoroughly and inspecting the status of wound we have planned to go for *Jalaukavacharana* along with some *Ayurvedic* medicine to treat this case. We performed Six sittings of *Jalaukavacharan* which gave complete and significant relief to the patient and the wound was healed completely.

GENERAL EXAMINATION:

A reddish large ulcer with sloping edges were found, along with mild serous discharge around medial region of ankle joint of left leg. The ulcer measured 4 cm in length, 5 cm in width and 1.75 cm in depth. The patient also had swelling and blackish discolouration around the left ankle joint and feet with tenderness around the ulcer. Varicosity on calf region of the left lower limb tested positive for Trendelenburg test and pedal pulse was present suggestive of varicose ulcer features.

ASSESSMENT CRITERIA:

The symptoms present at the site of *Vrana* (wound) are *ativivruta vrana* (spreading nature), *Utsanna* (elevated margin), *Rakta varna* (reddish), *Srava* (Secretion present), *Daha* (burning sensation) and *Shopha* (Swelling). On this basis, it was diagnosed as *Dushta vrana* (*pitta* predominant *vrana*). Informed consent was obtained from the patient for documentation and publication of case history.

MATERIAL USED FOR JALAUKA-VACHARAN:

IAMJ: FEBRUARY, 2017 601

Jalauka, Haridra powder (Turmeric Powder), Sterilized gauze pieces, dressing pad, Cotton, Gloves, Disposable syringe, Kidney tray, Distilled water, Normal saline, Needle, Sterilized non-toothed forceps, Scissors, Container of sterile water (To keep the Leech after the procedure) which will be labeled with patient's name with date.

METHOD:

The following treatment schedule was executed:

- 1) Patient was undergone Six sittings of *Jalaukavacharana* (once in a week) on OPD basis. *Jalaukavacharana* was done in a standard protocol as described by *Acharya Sushruta*.
- 2) The pain was measured on visual analogue scale (VAS) as assessed by measurement and the granulation tissue.

DISCUSSION

The patient treated with Jalauka had yielded better outcome with more percentage of relief in exudates, odour, granulation and circumference of the wound. Jalaukavacharan has a comprehensive therapeutic influence in reducing srava/exudates by pacifying the vitiated doshas and it also pacifies Pitta and Rakta dosha as they are the causative factors for the gandha. Leech had stimulated granulation tissue in the wound bed

CONCLUSION

To Treat the conditions like chronic non-healing ulcers where the pathogenesis is so much advanced and not responding to Allopathic treatment at all, it is always preferable to follow the concept of Ayurveda treatment. The Treatment protocol described in *Ayurvedic*

Classics for *Dushta Vrana* (Non-healing Wound) directs that it has to be treated by *Raktamokshana* (Bloodletting). As per the *Dosha predominance* present at the site of *Vrana* (wound), one should choose appropriate type of *Raktamokshana*.

This Case Report shows *Jalaukavacha-rana* is highly effective in the treatment of chronic non-healing ulcers. As it is also cost effective and has less complications so always be preferred in such cases.

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IAMJ: FEBRUARY, 2017 602

Figure 1- Photograph before treatment Top



Figure 2- Photograph after treatment Top



Source of Support: Nil

Conflict Of Interest: None Declared

How to cite this URL: Tarpe Rajiv Kashiram & Bapardekar Datt Sawlaram: Effect Of Jalaukavacharana (Leech Therapy) In Dushta Vrana(Non-Healing Varicose Ulcer) A Case Report. International Ayurvedic Medical Journal {online} 2017 {cited February, 2017} Available from: http://www.iamj.in/posts/images/upload/600_603.pdf

IAMJ: FEBRUARY, 2017 603