ROLE OF JALOUKAVACHARAN IN THE MANAGEMENT OF ECZEMA AND ITS COMPLICATIONS - A CASE STUDY

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INTRODUCTION

Eczema is a most common skin disease which has social impact. In 2009, a study carried out by scientists at the University of Edinburgh concluded that the defects in a particular gene known as the filegrin gene are linked to a considerably amplified risk of developing allergic disorders like Eczema, Rhinitis and Asthmas. People with Eczema do have the IgE antibodies produced by immune system as response of allergic reactions. It is difficult and frustrating condition. The natural desire to scratch an itchy rash makes the condition worse. Acharya Chakrapani specified treatment more scientifically. Vaman karma is indicated per 15 days interval, Virechan per 1 month interval, Avapid nasya per 3 days interval Raktamokshan per 6 months interval. Also Rakta is involved mainly as dushya in samprapti ghataka. So we preferred jaloukavacharan.

CASE REPORT

A 65yr old male presented with complaint of swelling on left lower limb around ankle-joint with difficulty in walking since 15 days having history of eczema since 1 yr without any major illness. On examination there was tenderness, indurations, and discolouration of skin at ankle joint with raised local temperature. The diagnosis was confirmed as Eczema with cellulites. Cellulitis is secondary due to itching. Routine investigations were done. Jaloukavacharan was decided as a line of treatment with no any internal medication. Jaloukavacharan was done daily for 7 days. Jalouka H. medicanalis was placed at eczematous site, surrounding area was cleaned with normal saline and Jalouka was made to catch it. A small pad soaked with tap water was covered over it and waited for Jalouka to leave the Ecematous site itself. Patient was observed for pulse and blood-pressure before and after the procedure. After removal of Jalouka the site was cleaned with cold water followed by application of Haridra and Kankshi powder locally and pressure bandage was given. Patient was observed for 1 month.

DISCUSSION AND CONCLUSION

Itching is the characteristic feature of Eczema. The lipid barrier of skin is usually reduced in the people with eczema, compared with others .the lipid barrier helps prevent water loss. As the barrier is reduced water loss will be faster as a result skin becomes dry. The immune-system then over reacts to these allergens and cause inflamed tender, sore, blackish skin. Bdellin present in the saliva of jalouka acts as anti-inflammatory agent thereby reducing inflammation and maintains normal circulation recovering discoloration. An-aesthetic gel present in saliva of jalouka
reduces pain and tenderness giving symptomatic relief.

In this case study it was observed that Jaloukavacharan was found to be very effective in Eczema with Cellulitis also. Patient completely relived after 8 days without any internal medication. Hence Jaloukavacharan can be an alternative treatment in Eczema and also for the complications arises due to use of steroids in terms of cost effective. Jaloukavacharan can also avoid secondary complications of cellulitis like septicaemia, gangrene, necrosis, etc.

REFERENCE
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