

## THE ROLE OF JALAUKAVACHARAN IN VIPADIKA - A SINGLE CASE STUDY

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## ABSTRACT

In Ayurveda, all skin ailments fall under the category of kushta (Psoriasis). According to Acharya Charaka, Vipadika is one of the forms of Kshudrakushta that mostly comprises Vata-Kapha dosha. Sphutanam (fissures) in the palms, soles, or both, are present, along with Teevra vedana (intense pain). In the present case, a 41-year-old female patient was treated with Jalaukavacharana and shaman chikitsa after suffering from cracks in the palm, dryness, and blackish discoloration for 6 months. Jalaukavacharana aids in the removal of the disease's root cause and the prevention of recurrence.

**Keywords:** Vipadika, Palmoplantar psoriasis, Jalaukavacharana, Shaman

## INTRODUCTION

Palmoplantar Psoriasis, a chronic, unpredictable, and immune-mediated illness, negatively influences the patient's quality of life. Palmoplantar psoriasis may aggravate this negative effect due to its direct involvement with daily activities. Palmoplantar psoriasis causes significant functional and social handicap and

accounts for 2-4% of all cases of psoriasis.<sup>1</sup> In India, the prevalence of psoriasis ranges from 0.44 to 2.8%.<sup>2</sup> It is twice as common in men as in women.<sup>3</sup> Palmoplantar psoriasis is a kind of psoriasis that is resistant to several treatments.<sup>4</sup> In Ayurveda, all skin disorders are grouped under the Kustha roga.<sup>5</sup> Vipadika

is a kind of Kshudrakushtha (a dermatological condition). It is included in Kshudrakushtha and is characterized by Pani-Padasphutana (fissure in palms and soles) and Teevavedana (extreme agony) by Acharya Charak.<sup>6,7</sup> Acharya Vagbhat stated the same as Acharya Charaka but added the trait of red spots across the palm and sole. Vipadika is associated with Palmoplantar psoriasis, a chronic inflammatory disease characterized by red, itchy, scaly patches on the palms and soles and many painful fissures and bleeding. From a modern perspective, it can be linked to Palmoplantar psoriasis.

#### CASE STUDY

A 41-year-old female patient presented to our Ayurvedic Hospital's Panchakarma OPD with complaints of cracks on both palms with a burning feeling and slight pain that had been present for 6 months. She seeks treatment at an Ayurvedic hospital. On examination, both palms had many fissures and blackish discoloration, burning, as well as local pain. The patient was diagnosed with Vipadika based on the clinical symptoms.

#### Personal history

Appetite: Decreased

Bowel: Regular

Micturition: Regular

Sleep: Disturbed

Food: Veg

#### Ashtavidha Prikshan-

Nadi- 82/min

Mala- Samyak

Mutra- Samyak

Jivha- Apla Saam

Shabda- Snigdha

Sparsha- Anushna

Druk- Spashta

Akruti- Madhyam

#### Vital Data -

BP: 130/90 MmHg

Respiratory Rate: 18/Min

Weight: 60 kg

No pallor, No icterus

#### Skin examination

Site –left Palm

Distribution- Asymmetrical

Dryness, itching, and cracking of left the palm is seen (Sphutana)

Surface –is rough and dry, margin- irregular.

#### Nidana Panchaka

Nidana - Ushna Aahar, Stale food

Poorva Roopa – Nothing Specific.

Roopa - Cracking of palm (Sphutana), Tivratara Vedana(pain), Kandu(itching)

Samprapti - Nidana Sevana -Vata Kapha Prakopa - Rasa Rakta Dhatu Dushana - Sthana Samshraya in Pani- Rushata of Pani, Sphutana of Pani- Teevra Vedana - Vipadika

Upashaya - Cracking and pain subsides on the application of Shatadhauta Ghruta

Diagnosis: Vipadika (Palmo-plantar Psoriasis)

Table No. 1-

Sr.No.	Signs and Symptoms	Present/Absent
1	Pani Sphutanam(fissure)	Present
2	Tivratara vedana(pain)	Present
3	Kandu(itching)	Present
4	Blackish Discoloration	Present

Table No. 2- Treatment given-

Procedure	Duration
Jalaukavacharan	After every 15 days (for 2 Months)
Shaman Aushadh	Tab. Nishamlaki, Sarivadyasava, Shatdhaut Ghruta

Table 3: Follow up medication.

Medicines	Dose	Days
Tab. Nishamlaki	2 BD	30 Days
Sarivadyasava	20ml BD	30 Days
Shatdhaut Ghruta	External application	2 Months

### Therapeutic intervention-

Application of Leech Therapy Primarily- Leech was placed on the affected site of the palm and observed for two minutes (to allow the leech to suck the blood from the site), a wet cotton Gauze was placed over the body of the leech to provide moisture to the leech. After 15 minutes, the leech detached from the site after sucking the blood. A piece of cotton gauze was placed

over the site of the bite to avoid further bleeding of the affected part. This procedure was performed for four settings without any complications.

### Ayurvedic medication

The patient was first put on Leech therapy with Ayurvedic oral medication (Table no.1) with the daily external application of Shatadhouta Ghruta (Herbal Medicated Ghee) to the palm.

### Observation-

Table no. 4 – Clinical features: Before & after treatment

Sr no	Clinical features	Before treatment	After 1 month	After 2 months
1	Pani Sphutanam (fissure)	++	+	No fissure
2	Tivratara vedana(pain)	+++	+	+
3	Kandu(itching)	++	+	No itching
4	Blackish Discoloration	+++	+++	++

Before Treatment



After 2 Months



## DISCUSSION

The treatment was given in accordance with the vitiation of doshas. She was treated with Jalaukavacharan because Raktamokshan is described as the main treatment in vitiation of Rakta and Pitta dushti. After the initial Jalaukavacharana setting, problems such as

palm cracking and burning subsided. The patient was told to take his medication as prescribed and to avoid fried foods, junk food, curd, non-vegetarian diet, seafood, and milk products.

### Leech Application-

The patient was first exposed to four settings of Leech Application to suck out the vitiated blood and oral

Ayurveda medicines, external application of Shatdhaut Ghruta. Leech saliva is rich in both analgesics and anti-inflammatory actions. Based on the findings of this study, our recommendation for treating Palmoplantar Psoriasis is to initiate the use of leech application in conjunction with oral and external Ayurveda medication. Positive results have been observed with this approach. Although, the benefit of leech applications has been reported in situations of nevus of Ota<sup>8</sup> and Vicharchika<sup>9</sup> Leeches release a complex mixture of several physiologically and pharmacologically active chemicals into the wound during the feeding phase. The most well-known component of leech saliva is hirudin. Occasionally, the term "hirudin" is used to refer to every active component in leech saliva. In actuality, heparin-like substances make up the components of medicinal leech saliva that have an impact on the host's body. Hirudin-A 65 reduces blood clotting by preventing fibrinogen and a synthetic tripeptide molecule from being broken down by thrombin. Hirudin, which is primarily derived from leeches, has almost three times the anti-thrombin activity of pseudohirudin, which is primarily derived from the complete leech.

## CONCLUSION

By removing the morbid, vitiated Dosha and Dhatu, leeches have the best results in Vicharchika. However, the therapy has other effects as well, including releasing certain enzymes into the wound along with the contaminated blood. Consequently, Jalaukavacharana has also provided normalization and improvement of capillary as well as collateral blood circulation, exhibited anti-inflammatory impact, immuno-stimulation, and immuno-modulating effect, and expressed early wound healing function. This reaction may be caused by salivary enzymes such as hyaluronidase, antithrombin, antitrypsin, and antichymotrypsin, as well as antibiotics, diuretics, and Hirudin, which has an anticoagulant effect.

This case study showed that Ayurvedic management of Jalaukavacharana as Shodhana therapy and Shamana Aushadhi's appear to be highly helpful for the

treatment of skin conditions similar to Vipadika. From the above case, it can be said that Palmo-plantar psoriasis can be successfully managed through an Ayurvedic line of treatment.

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