

Jaloukavacharan (Leech Application) A Case Study**Dr. Ravindra Gunale**

Reader (Panchakarma)

Dr. Mangesh Mundhe

Professor (Stri & Prasuti)

Dr. Rajendra Dhate

Professor & Hod (Shalakyatantra)

Bbspms, Dhanwantari Ayurved Medical College, Udgir Dist- Latur Maharashtra 413517

Abstract:

Vidhradhi is described in ancient Samhita granth. Dosh in vidhradhi are Vat, pitta, Kapha or tridosha, Dushya are Twacha, rakta, mamsa, meda and Asthi and types of Vidhradhi are six i.e. Vataj, pittaj, Kaphaj, Raktaj, Mamsaj, Medaj and Kshataj etc. treatment of all types of Vidhradhi can be done as per PakvaVranashoph Chikitsa. In these mainly Raktavasechan Chikitsa can be followed for the treatment of all types of Vidhradhi. In the present study single case study on Asthividhradhi has been done with the Procedure of Jaloukavacharan

Key words- Vidhradhi, Raktamokshana

Introduction-

Ayurveda is System of medicine with Historical roots in the Indian Subcontinent and has been practiced around 6000 years ago. Leech therapy (jaloukavacharana) has been used to treat various diseases, is the para surgical procedure in the surgical stream of Ayurveda. Leech sucks only impure blood, so leech therapy is considered as blood purification therapy. In sushrutaSamhita it is the treatise of surgery in which 'Jaloukavacharniya' Is one of its chapters. Everything about Jalouka and its application has been scientifically described. The therapeutic application of leech is practiced amongst the other system of medicine such as Unani and Siddha. Leeches named Hirudomedicinalis in 1758 by linnaeus. Jalouka (leech) is segmented worm of family phylum annelids. Leech is found in High quality of fresh water ponds in india. The treatment of disease with medicinal leeches is also known as Hirudotherapy. In modern medical science leech therapy is began in the 1960s because of practical results in plastic and reconstructive surgery. For post operative various congestion and graft rejections treatment. The bioactive substances found in leeches saliva commonly known as Hirudo – substances, these are also known as Salivary gland secretions(S.G.S). Salivary gland Secretions contains

more than 120 bioactive substances potent anti cvoagulant, vaso dilators, Anaesthetic, Bacteriostatic, anti inflammatory and Analgesic properties; some of them are still being examined. Haycraft in 1984 discovered 'Hirudin' which is the most important component leech should be removed when the patient feels pricking pain and itching over the bite because initially, leeches suck the impure blood and then pure.

Discussion On Case –

- DATE- 18TH April 2009
- Name of the patient – Mr. Subhash
- Age- 25 years / Male
- Address- Hubbehalli, Bangalore.
- Occupation- Student of final year electronic engineering.
- Chief complaints of the patient-
 - -Pain at left 2nd metatarsal proximal digit
 - -Difficulty in walking
 - Fatigueless (generalized weakness)
 - Sleeplessness (nidra alpata)
 - Jwara prachiti (febrile episodes) by gap of 2-3 days
 - Pain is throbbing in nature and associated with swelling, oozing of pus. All above complaints are presents since 15 days

H/O present illness-

Patient was apparently normal before 4 year back, after that he had accident and traumatic injury

to left leg & 2nd metatarsophallyngeal proximal joint , he shown in hospital and took medication and got relief from symptoms after passing the month he had again accident and traumatic injury at same site but the symptoms and intensity was more than previous then he shown in kidwai hospital Bangalore and he underwent some laboratorial (Hb%, Tlc, Dlc, ESR)and radiological examinations(x-ray of left 2nd metatarsophallengeal joint with proximal digit). Laboratorial examinations are found within normal limits but x ray shows deep soft tissue swelling then doctor diagnosed as a Chronic Osteomyelitis gave him antibiotics, analgesics and anti inflammatory medication and proton pump inhibitor for 8 days, even after 8 days of medication patient won't get any relief from symptoms, then again patient has shown in same hospital for same complaints and doctor has advised him to Amputation of the finger (2nd metatarsophallengeal proximal joint & digit) due to poor economical condition he came in GAMC & H Dhanwantari road Bangalore.

व्याधि निदान- अस्थ्याश्रितविद्रधी

Then he come to me, I started him Shaman treatment with

- 1) त्रिफला गुग्गुल 500 मि.ग्रं. T.D.S.
- 2) गुडुचि स्वरस 30 मि.ली. @Morning empty stomach- 7 days
- 3) पंचतित्त कष्याय परिषेक - स्थानिक-----
--- 7 days
- 4) जात्यादि घृत स्थानिक लेप.

After 7 days some of intensity of pain and swelling was lowered but blackish color of skin remain and some degree was increased so advised him to bring the Jalouka and started the application of leech with above Shaman therapy. By gap of three days I applied 3 times jalouka at the site. In examination I found

- The swelling was lowered than previous
- Redness was lowered
- Skin color was changed to white
- Degree of movement of the part were increased

Aims and objective of the study

- To review and discuss leech therapy and cure of disease (The procedure of bloodletting).
- To review the research works done over a few decades in field of leech application in different diseases.

Methodology:

Materials required for leech therapy

1. Two small glass jars, kidney tray 1 big bowl.
2. Sterilized gauze , swab and gloves
3. Sterile needle dispovan (syringes)
4. Dressing material
5. Turmeric powder.

Procedure of Jaloukavacharan-

1. Pre- Operative procedure-

In Poorva karma (preoperative) --- Jalouka Sangraha, Jalouka Poshan (nutrition), Atur Pariksha and Jalouka shodhan can be done.

क्षेत्रानि ग्रहणं जाति पोषणं सावचारणम् जलौकसां च यो वेत्ति तत्साध्यान स जयेत गदाना॥ तासां ग्रहणोपाय दर्शनाह, तासां ग्रहणमित्यादि ग्रहणं वासा शरत्काले तत्रांतर पचनात अन्यैर्वा प्रयोगैरिति सद्योहतजंतुमांस पेशी नवनीत घृत क्षीराभ्यक्त जंघाद्वयैर्वा॥-----

सु.सू.13

अथैना नवे महति घटे सरसतडागोदकंपंडूकम्व्याप्यं निदध्यादा भक्ष्यार्थे चासामुपहरेतशैवालं वल्लुरौदकांश्च कंदाशुर्निकृत्यं, शय्यार्थं तृणमौदकानि च पत्रानि द्वह्यात त्रहात चाभ्येअन्यजलं भक्ष्यं च ददात समरात्रात समरात्रात घटामन्यं संड्कामयेत ॥--- सु.सू.13/17

जलौकासाध्य आतुर परिक्षा-

गुल्माशौविद्रधीन कुष्ठवातरक्त गलामयान नेत्ररुक् विषविसर्पान शमयति जलौकसः॥----- अ.ह.सु.26/25

जलौका प्रयोगपूर्व शोधन-

गृहिताश्च ताः सर्षपरजनी कल्कोदक प्रदिग्धगात्रीः सलीलसरकमध्ये मुहुर्तिस्थित्वा विगतक्लमज्ञात्वा ताभि रोगं ग्राहयेत्॥ ---- सु.सू. 13/19

प्रधानकर्म –

श्लक्ष्ण शुक्ल आर्द्रपिचुप्लोतावच्छन्नं कृत्वा
मुखमपावृणुयात्। अगृहंत्यै क्षीरबिंदु शोणितबिंदु ददात्
शस्त्रपदानि वा कुर्वीत। यच्चैवमपि न गृहणियात् तदन्या
ग्राहयेत्॥--- सु.सू.13/9

पश्चात् कर्म-

1) जलौका उपचार 2) आतुर उपचार

जलौका उपचार –

After removal of jalouka pouring of Haridra
churna can be done on it, due to this Jalouka vomits
vitiated blood immediately then Jalouka will be kept
in Haridra jala for further shodhana for few seconds
and then it should kept in shuddha jala. This shodhit
jalouka is used for same patient after 7 days.

आतुर उपचार-

Vranavat chikitsa can be done, if blood oozes then
stambhana can be done by application of Jatyadi
ghrita or Yashtimadhusiddha ghrita and Madhu
(Honey) or application of shatadhouta ghrita is
preferable.

Application of Jatyadighrita and Panchatikta kashyay
gives tremendous results.

After the application Pattabandhan can be done.

शोणितस्यच वेगावेगेन आवेक्ष्य शतधौतघृताभ्यंग स्तद
पिचुधारणं वा जलौका व्रणान मधुना अवघट्टयेत्

शीताभिरद्भिश्च परिषेचयेत् बध्नीत वा, कषाय मधुर स्निग्ध

शीतैश्च प्रदेहैः अदिहयात् इति॥--- सु.सू. 13/23

Jaloukavcharan Indications –

- 1) शीताधिवासा मधुरा जलौका वारिसंभवा। तस्मात्
पित्तोपसंसृष्टे तु हिता सा त्वअवसेचने॥
- 2) अवगाढे जलौकसः
- 3) जलौकसः तु परमसुकुमारोपायोः।
- 4) जलौकसस्तु सुखीनं रक्तस्रावाय योजयेत्।

5) नृपाद्यबालस्थविर भीरू दुर्बल नारी
सुकुमारानामकग्रहार्थं परमसुकुमारोअयं
शोणितावसेचनोअभिहितं जलौकसः॥-- सु.सू.

6) रक्तज व्याधि –

शीतोष्ण स्निग्धरूक्षाद्वैरूपक्रांताश्च ये गदाः। सम्यक्
साध्या न सिध्यंति रक्तजांस्तान विभावयेत्॥ --
च.सु. 24/7

7) रक्तं विसर्पप्लीहविद्रधीना कुष्ठवातास्र पित्तास्र
गुल्मोपकुश कामलः। व्यंगाग्निनाशसंमोह
रक्तत्वगनेत्रमूत्रताः॥ --- अ.ह.सू. 11/9

Jaloukavcharan chikitsa Contraindicated in—

अविस्त्राव्याः सर्वाङ्गशोफः, क्षीणस्य

चाम्लभोजननिमित्ता पांडुरोग्यार्श सोदरि शोषी गर्भिणिनां

च श्वयथवः॥ --- सु.सू.14/24

Research works done on Leech therapy –

- 1) Henderson matti, Laing morelly& sully 1983
- 2) Ahmad & Anwar, 2009 Arthritis (Osteo
arthritis & Rheumatoid arthritis)
- 3) Leech therapy in Abscess Elder, Orevi &
Rigbi 1996
- 4) Leech therapy in Skin flap transplantation
Degane & zdrenic 1960
- 5) Thrombolytic activity & Anti platelet
Activity (Munero jones & Sawyer1991;
weinfeld etal 2000).

Discussion –

A patient having inflammation at left leg
2ndmetatarsophallyngeal digit is diagnosed as
Osteomyelitis in modern era and
AsthisritaVidhradhi in Ayurveda is recovered with
the help of Shamana therapy and Jaloukavacharana.

Conclusion—

- Jaloukavacharana having the great potential to
manage ischemic, inflammatory and infective
disease by removing the blood in the deep
seated regions.

- Saliva of leech contains numerous bioactive constituents which possess analgesic, anti inflammatory antiseptic and anti bacterial property etc leech therapy is useful in the field of plastic surgery, Arthritis, Venous congestion varicose veins, Hemorrhoidal vascular diseases, thrombophlebitis, and cellulitis, Sciatica inflammatory reactions, blood purification, ischemic heart disease, T.A.O, Reynaud’s phenomena, and HTN. It is expected to be Para amount importance due to the ease of leech application and minimum side effect. Leech therapy has Ayurvedic origin, but it is acknowledged by modern medicine due to its effectiveness in healing various kinds of diseases. It is also considered as wonder therapy.
- Except mild oozing at application site the treatment is non invasive.
- For exact Pharmacological action of Jalouka minimum of 10-20 ml blood can be removed from the site in 3 sittings by gap of 7 days.
- Jaloukavacharana and shaman therapy gives tremendous results in Asthyasrita vidhradhi.

Binomial test is applied for the assessment; in the present case study binomial test is significant.

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- 3) <https://pharmascope.org/ijrps/article/view/2764/5863>.

Assesment of the results –

Degree of symptoms in %	Jaloukav acharana with Shaman chikitsa	Vedana (pain)	Srava(oozing)	Varna (Skin color)	function of the site
Severe 100%	1 st sitting	Grade 3	Pus discharge	Ischemic color	No movement
Moderate 75%	2 nd sitting	Mild lower in pain(grade2)	Mild discharge +	Discoloration +	Mild movement +
Mild 25%	3 rd sitting	Lowering in intensity of pain(grade 1)	Mild discharge +	Skin color changed to red	Movement of the part is present with mild pain
None 0%	Follow up with Shamana chikitsa only after 7 days	No pain	Dishrag stopped	Skin color changed to white	Full movement of the part is present +