

COMPARATIVE EVALUATION OF JALAUKAVACHARANA (LEECH APPLICATION) AND SIRAVYADHA (VENEPUNCTURE) IN THE MANAGEMENT OF VICHARCHIKA W. S. R. ECZEMA

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ABSTRACT
Ayurvedic science is being successfully treating skin disorders comprehensively since ancient era to present scenario. Para surgical and Palliative modalities having their own features, to treat the various skin disorders. Vicharchika is commonest clinical entity found in daily routine dermatological practice. Vicharchika is a type of Kshudra Kushta; a chronic skin disorder which analogous with Eczema in modern medical science. As per contemporary science, accessible treatment for eczema consists of reassurance, elimination of predisposing causes and palliative measures only. Raktamokshana is one of the unambiguous modality of Shodhana (Purification) in skin disorders as it involves vitiated Pitta & Rakta in its origin. In present study two Raktamokshana methods i.e. Jalaukavacharana and Siravyadha were utilized with convenient approach and compared for their efficacy in management of Vicharchika. Total 75 patients; 37, 38 patients were registered in Group A (Jalaukavacharana) and Group B (Siravyadha) respectively out of which 31 and 30 patients completed their treatment course which was done by classical & adopted innovated modified slant in respective groups. Present study shows significant result of Raktamokshana in Vicharchika. Both groups showed incredible outcome considerably.

KEYWORDS: Vicharchika, Eczema, Jalaukavacharana, Siravyadha

INTRODUCTION

In Ayurveda skin disorders are can include under heading of Kushta. Vicharchika is disease emphasized by Ayurvedic classics under heading of Kshudra Kushta¹ and it is similar to disease eczema in modern medical science. Ayurveda classics advocate several line of conservative treatment for Vicharchika and Kushta Vyadhi.² All Kustha are having Tridoshaja origin³ so, Vicharchika can be said in same way i.e. Kapha is responsible for Kandu, Pitta is responsible for Srava and Shyavata indicate the presence of Vata. Despite of its Tridosha origin various Acharyas mentioned different dominancy in Vicharchika i.e. Kapha⁴, Pitta,⁵ Vata-pitta Pradhana. In this regard, many ancient Acharyas have prescribed different Bahya (local application) and Abhyantara (oral) medicinal treatments viz. Lepa, Churna, Vati, Decoction, Avaleha, Ghrita, Taila, Bhasma, Rasa preparations etc.⁶ These conservative treatment modalities have limited results, because the factors that are responsible for manifesting this disease are mainly Raktadushti (vitiation of blood). It is clearly stated by Sushruta that the diseases which doesn't respond to the various medical treatment are definitely of blood vitiated disorders. So these disorders should be treated by Raktamokshana (Bloodletting therapy).⁷

As per the existing modern treatment for Eczema, it consists of encouragement, elimination of predisposing causes and palliative measures only. It is also said that no specific medication can cure eczema. A few drugs which are used give symptomatic relief only.⁸ Modern dermatology employs systemic and local administration of steroids for the management of Eczema. Despite an initial response, maintenance therapy with small doses of systemic and topical glucocorticoids is usually found to be necessary.⁹ The use of corticosteroids can produce serious complications.¹⁰ Similarly electrotherapy, ultraviolet therapy, hydrotherapy, X-ray therapy, etc. are having their own limitations in the treatment of the skin diseases as these therapies are neither popular nor much responding.

Bloodletting is an effective and safe remedy for the Vicharchika as major reason for it is Rakta dushti. Sushruta Samhita particulars practical guidelines for blood letting which is considered half treatments. Various methods are employed for blood letting is the use of Shringa (Horn application), Jalauka (Leech), Alabu (Gourd), Prachhana (Scarification) and Siravyadha (Vein puncture). This

therapy is very well advocated in all Ayurvedic texts. The Siravyadha is also considered to be the half or even some times the complete treatment (depending upon the condition) in Shalyatantragata Vyadhies (Surgical Disorders) as the Basti is considered for the Kayachikitsagata Vyadhies (Medicinal Disorders)⁷

For this method, area of skin or a vein near affected part is chosen. Patients with very chronic eczema respond well to this therapy. Raktamokshana is indicated for treatment of various skin disorders Kustha The surgeon should make use of his Yukti according to his experience (Yathabhyasa) to select the disease as well as patient. Raktamokshana should be done according to the procedures (Yathanayaya).⁷ As per the diseases Acharyas told different sites for Siravyadha. In case of Vicharchika Siravyadha should be performed Two angulies above the Kshripa Marma⁷ Jalaukavacharana is conventional Raktamokshana modality specially used in Pittaja disorders as well as the delicate person which has fear about surgical procedures.¹¹ It is also useful in those disorders which are deep sitted.⁷

Aims & Objective

To evaluate and compare the efficacy of Jalaukavacharana (Leech Application), Siravyadha (Venepuncture) in Vicharchika

MATERIALS AND METHODS

Collection Of Patients

Selected cases of Vicharchika from OPD of Department of Shalyatantra and cases referred by other departments of I.P.G.T. & R.A. Hospital, Gujarat Ayurved University, Jamnagar, as well as cases referred from other government and private hospital of Jamnagar were included in this study. In spite of this, Patients also were collected from various camps organized at Jamnagar by I.P.G.T & R.A. Jamnagar.

Selection of Patients

Collected patients were selected randomly irrespective of their Age, Sex, Religion, Occupation, Caste, Creed etc. and randomly assigned in all groups.

Criteria for Diagnosis

The Patients were diagnosed on the basis of classical sign and symptoms of Vicharchika as described in Ayurvedic literature

A Specific Patient record Proforma was prepared and the patients of the present study were examined in detail as per Proforma.

Laboratory Investigations

1) Routine hematological investigations

RBS, TLC, DLC, Hb, ESR & PCV, L.F.T., R.F.T, Lipid Profile

2) Urine examination

Macroscopic and Microscopic

Were carried out before and after treatment to rule out the other associated pathology as well as assess and evaluate the effect of therapy.

Grouping of Patients

Present study was randomized, open clinical research at OPD/IPD levels with appropriate sample. The patients included in the clinical trial were divided into three groups viz.

- 1) **Group A** - Treatment of Vicharchika (Eczema) with Jalaukavacharana
- 2) **Group B** - Treatment of Vicharchika (Eczema) with Siravyadha

Inclusion Criteria

- 1) Patients presented with classical sign and symptoms of Vicharchika (Eczema) like Kandu (Itching), Vaivarnyata (Discoloration), Srava (Discharge), Shotha (Swelling), Raji (Scratches), Rukshata (Dryness), Vedana (Pain), Pidaka (Rashes) etc.
- 2) Written Informed Consent from the patients
- 3) Patients between the age group 10-70 years

Exclusion Criteria

- 1) Age below 10 years and above 70 years
- 2) Use of Systemic antibiotics or anti-mycotic drugs in the previous 4 weeks.
- 3) Other GI Diseases with intestinal or increased intestinal permeability.
- 4) Skin disorders other than Vicharchika
- 5) Known cases AIDS (HIV Positive), Tuberculosis, Anemia and Cardiac Diseases, Leprosy, Hepatitis A, B, C.

Materials

- 1) Nirvisha Jalauka & Jalaukavacharana Material like Haridra powder etc.
- 2) Siravyadha Material 18 no or 16 no disposable needle.

Methodology

Group A

Modality Jalaukavacharana

Dose One sitting per week

Period of trial 30 days (4 week)

Diet To follow appropriate diet

Procedure

Patients were given sudation before procedure the part was cleaned and fomented with Luke worm water. Then the fresh leeches after activation in the turmeric Powder were applied on the affected part. After application the leech were made to vomit with turmeric powder and the wound was dressed up by pressure bandage. Average 28 ml blood was removed.

Group B

Modality Siravyadha

Frequency One sitting pre week

Period of trial 30 days (4 week)

Diet To follow appropriate diet

Procedure

Patients were given localized external oil massage and steam sudation at affected part before procedure. The selected vein was elevated by application of tourniquet (Crepe bandage). Vein was punctured with broad gauze 16 no disposable needle. Allow to bleed up to spontaneous remission which was average 2 min minutes.

Averagely 65ml blood removed per sitting. The wound was dressed after haemostasis.

Advice

Do's

- 1) Laghu ahar (Light Digestive food)
- 2) Light Exercise
- 3) Yavagupan (Use of digestive soups)

Don'ts

- 1) Anger
- 2) Hard work
- 3) Sexual Intercourse
- 4) Sleeping by day
- 5) Excessive talking's
- 6) Physical Exercise
- 7) Spicy & Salty food⁷

Assessment Criteria

Subjective Parameters

- 1 Kandu (Itching)
- 2 Vedana (Pain)
- 3 Vaivarnyata (Discoloration of Skin)
- 4 Srava (Secretions)
- 5 Shotha (Swelling)
- 6 Rukshata (Dryness)

Objective Parameters

- 1 Size of Patches

Scoring pattern

Kandu (Itching)

- No itching 0
- Relive spontaneously + 1
- Relive by itching + 2
- Disturbs routine + 3
- Require medication + 4

Vaivarnyata (Discoloration)

- Normal colour 0
- Light Brown +1
- Break Brown +2
- Dark Brown +3
- Black Brown +4

Srava (Discharge)

- No discharge 0
- Occasionally discharge +1
- Discharge on itching +2
- Relive spontaneously +3
- Not at all relive +4

Vedana (Pain)

- No pain 0
- Occasionally pain +1
- Mild pain on touch +2
- Mild to moderate pain +3
- Severe pain +4

Pidaka (Rashes)

- No Pidaka 0
- Starting of Pidaka +1
- Moderately developed Pidaka +2
- Spreaded over extremities +3
- Severely spreaded all over body +4

Rukshata (Dryness)

- No scratch imprint after scratching 0
- Mild scratch imprint after scratching +1
- Scaling on every scratch +2
- Scratching causes eruption +3
- Spontaneous eruption & Stretching of skin +4

Follow up

The follow up of every patient was maintained up to 30 days (Weekly) after completion of treatment.

Statistical Analysis

The obtained data were analyzed statistically. Scored values of assessment were analyzed through Wilcoxon sign rank test within group and unpaired t test was used for intergroup comparison. For intra group comparison of investigational values paired 't' test while intergroup comparison unpaired t test was used.

OBSERVATION & RESULTS

In present Clinical trial total 75 patients were registered. 37 and 38 patients were in group A, and Group B respectively out of which 31 and 30 patients completed their treatment course. Among 75 patients, 72% were male while remaining i.e. 28% patients were female. The maximum number i.e. 72% of patients was in age group of 21-50 years. The marital status exhibited that 84% patients were married. The Deha Prakriti illustrated that maximum figures of patients i.e. 77.33% were of Vatakapha Prakriti; and 97.33% were having Rajasik as a Mansik Prakriti. As far occupation concerned maximum number of patients was in general official services i.e. 33.33%. 89.33% patients were from urban resident. Religion distribution depicts utmost 92% patients from Hindu community. On the basis of socioeconomic approach 64% were showed middle class while educational status illustrated all patients i.e. 100% were literate. The family history disclosed positive approach up to 38.66%

from paternal (Father) side. Regarding aggravation factors winter depicted utmost figure i.e. 54.66, while in food stuff and substances curd 66% and soap 88% respectively. The type of Vicharchika i.e. Shushka Vicharchika proved its majority in clinical presentation up to 92%. Vegetarian patients depicted their majority up to 92%. Agni wise distribution showed Mandagni as majority in 44%. Krura Koshta found majority 61.33% in Koshta wise classification. (Table 1)

The magnificence of present clinical trial showed highly significant consequences in both groups. In Group A cardinal symptoms Kandu, Vaivarnyata, Raji, Rukshata, Size of patches, Pidaka relived significantly with p value <0.001, other like Vedana (Pain), Shotha (Swelling), Srava (Discharge) were relived but statistically insignificant. (Table 4) In group B, the pacification of cardinal symptoms were also notified their highly significant rate as group A (Table 5). The utmost routine hematological and biochemical lab investigations carried out in both groups before and after treatment which showed insignificant changes except Hb%, PCV, RBC count in group B (Siravyadha). Hb% significantly decreased from 13.020 ± 0.215 to 12.393 ± 0.299 with p value 0.02. PCV% decreased from 39.260 ± 0.299 to 37.503 ± 0.779 with p value 0.002. RBC count also decreased from 4.455 ± 0.0985 to 4.240 ± 0.108 with p value <0.001. (Table 2 & 3) Though there was decreased found in HB%, PCV, RBC count but no one of patient suffered from any clinical manifestation.

Table 1: Shows General observations in overall patients in clinical trial: n=75

Sr. No.	Observations	Result Found Maximum in Category of	Group A	Group B	Total	in %
1	Age	21-50 years	27	27	54	72
2	Sex	Male	20	34	54	72
3	Marital status	Married	28	35	63	84
4	Occupation	Service	07	18	25	33.33
5	Dwelling Status	Urban	33	34	67	89.33
6	Religion	Hindu	33	36	69	92
7	Socio economic status	Middle class	33	15	48	64
8	Educational Status	Literate	37	38	75	100
9	Dehik Prakriti	Vata-kapha	24	34	58	77.33
10	Manasik Prakriti	Rajasik	37	36	73	97.33
11	Type of Vicharchika	Shushka	36	33	69	92
12	Aggravation factors (seasonal)	Winter	23	18	41	54.66
13	Aggravation factors (food stuff)	Curd	19	23	42	56
14	Aggravation factors (substances)	Soap	31	35	66	88
15	Family History	Father	22	17	29	38.66
16	Relapsing Factors	Climatic Changes	30	32	62	82.66
17	Agni	Mandagni	16	17	33	44
18	Koshta	Krura	23	23	46	61.33
19	Diet	Vegetarian	34	35	69	92

Table 2: Shows changes in clinical investigations in Group A before and after treatment

Investigation		N	Mean	±SE	SD	t-value	P value
Hb%	BT	31	12.535	±0.274	1.527	-0.168	0.868
	AT	31	12.558	±0.289	1.608		
P.C.V.	BT	31	38.248	±0.711	3.960	0.359	0.722
	AT	31	38.119	±0.726	4.040		
RBC	BT	31	4.574	±0.0894	0.498	0.655	0.517
	AT	31	4.544	±0.0845	0.471		

Table 3: Shows changes in clinical investigations in Group B before and after treatment

Investigation		N	Mean	±SE	SD	t-value	P value
Hb%	BT	30	13.020	±0.215	1.180	3.415	0.002*
	AT	30	12.393	±0.299	1.636		
P.C.V.	BT	30	39.260	±0.600	3.285	3.400	0.002*
	AT	30	37.503	±0.779	4.267		
RBC	BT	30	4.455	±0.0985	0.540	3.904	<0.001*
	AT	30	4.240	±0.108	0.592		

*Statistically Highly Significant

Table 4: Shows Assessmental statistics of Group A Jalaukavacharana with Wilcox on Signed Rank Test

Symptom	N	Day	Median	25%	75%	W	T+	T-	P
Kandu	31	BT 1 st Day	3.000	3.000	4.000	-496.000	0.000	-496.000	<0.001*
	31	AT 30 th Day	1.000	0.250	1.750				
Vedana	31	BT 1 st Day	0.000	0.000	0.000	-1.000	0.000	1.000	1.000
	31	AT 30 th Day	0.000	0.000	0.000				
Size of Patches	31	BT 1 st Day	78.000	56.000	127.000	-496.000	0.000	-496.000	<0.001*
	31	AT 30 th Day	60.000	40.000	94.500				
Vaivarnyata	31	BT 1 st Day	3.000	3.000	4.000	-406.000	0.000	-406.000	<0.001*
	31	AT 30 th Day	1.000	1.000	2.000				
Pidaka	31	BT 1 st Day	3.000	3.000	4.000	-378.000	0.000	-378.000	<0.001*
	31	AT 30 th Day	1.000	1.000	3.000				
Srava	31	BT 1 st Day	0.000	0.000	0.000	-21.000	0.000	-21.000	0.031
	31	AT 30 th Day	0.000	0.000	0.000				
Shotha	31	BT 1 st Day	0.000	0.000	0.000	0.000	0.000	0.000	1.000
	31	AT 30 th Day	0.000	0.000	0.000				
Rukshata	31	BT 1 st Day	3.000	3.000	4.000	-496.000	0.000	-496.000	<0.001*
	31	AT 30 th Day	1.000	0.000	1.750				
Raji	31	BT 1 st Day	3.000	3.000	5.000	-351.000	0.000	-351.000	<0.001*
	31	AT 30 th Day	1.000	1.000	3.000				

*Statistically Highly Significant

Table 5: Shows Assessmental statistics of Group B Siravyadha with Wilcox on Signed Rank Test

Symptom	N	Day	Median	25%	75%	W	T+	T-	P
Kandu	30	BT 1 st Day	3.000	3.000	4.000	-465.000	0.000	-465.000	<0.001*
	30	AT 30 th Day	1.000	0.000	1.000				
Vedana	30	BT 1 st Day	0.000	0.000	0.000	-10.000	0.000	-10.000	0.125
	30	AT 30 th Day	0.000	0.000	0.000				
Size of Patches	30	BT 1 st Day	109.500	84.000	174.000	-465.000	0.000	-465.000	<0.001*
	30	AT 30 th Day	95.000	70.000	150.000				
Vaivarnyata	30	BT 1 st Day	3.000	3.000	4.000	-465.000	0.000	-465.000	<0.001*
	30	AT 30 th Day	1.000	1.000	1.000				
Pidaka	30	BT 1 st Day	3.000	3.000	3.000	-435.000	0.000	-435.000	<0.001*
	30	AT 30 th Day	1.000	0.000	2.000				
Srava	30	BT 1 st Day	0.000	0.000	0.000	-10.000	0.000	-10.000	0.125
	30	AT 30 th Day	0.000	0.000	0.000				
Shotha	30	BT 1 st Day	0.000	0.000	0.000	-5.000	5.000	-10.000	0.625
	30	AT 30 th Day	0.000	0.000	0.000				
Rukshata	30	BT 1 st Day	3.000	3.000	4.000	-435.000	0.000	-435.000	<0.001*
	30	AT 30 th Day	1.000	0.000	1.000				
Raji	30	BT 1 st Day	3.000	3.000	4.000	-435.000	0.000	-435.000	<0.001*
	30	AT 30 th Day	1.000	1.000	1.000				

*Statistically Highly Significant

Table 6: Shows Comparative Assessmental statistics of Group A & Group B Siravyadha with Unpaired t test

Symptom	N	Group	Mean	±SEM	Std Dev	% Change	Difference	T	P
Kandu	31	Group A	68.817	±4.162	23.171	69%	-12.016	-2.304	0.025
	30	Group B	80.833	±3.099	16.973	80.833%			
Vedana	31	Group A	3.226	±3.226	17.961	0.3%	-8.441	-1.297	0.200
	30	Group B	11.667	±5.715	31.303	11.667%			
Size of Patches	31	Group A	22.396	±2.158	12.014	22.4%	4.164	1.606	0.114
	30	Group B	18.232	±1.405	7.695	18.232%			
Vaivarnyata	31	Group A	55.645	±4.755	26.474	56%	-18.799	-3.347	0.001*
	30	Group B	74.444	±2.907	15.922	74.44%			
Pidaka	31	Group A	51.651	±4.952	27.570	52%	-17.119	-2.194	0.032
	30	Group B	68.770	±6.062	33.204	68.76%			
Srava	31	Group A	12.903	±5.225	29.094	13%	1.792	0.239	0.812
	30	Group B	11.111	±5.380	29.470	11.11%			
Shotha	31	Group A	0.000	±0.000	0.000	00%	-3.939	-1.190	0.239
	30	Group B	3.939	±3.367	18.444	3.93%			
Rukshata	31	Group A	70.430	±4.683	26.073	70%	-5.959	-0.967	0.337
	30	Group B	76.389	±3.977	21.784	76.38%			
Raji	31	Group A	50.707	±5.566	30.991	50.7%	-18.543	-2.625	0.011
	30	Group B	69.250	±4.300	23.550	69.25%			

*Statistically Highly Significant

DISCUSSION

In present study 72% of patients were of middle age group 21-50 year. According to Ayurveda 21-50 age group having constitutional Pitta predominance in nature & frequently prone to Pittaja disorders or vitiation of blood might be the probable factor of this incidence. Other way this age group is always under hectic jobs due to active survival and facing daily stress and strain; in skin disorders stress

and strain plays contributory role. The registration of male patients found up to 72% male patients are frequently faced cement, mud, coal tar etc due their profession, Tobacco chewing, smoking, alcohol; longstanding are the causative factors of skin disorders. Married patients were 84% but the rationality is still unpredictable. Occupational point of view general service men showed their predominance up to 33.33% prolonged sedentary posture; Stress and

strain might be causative factor. The utmost 89.33% patients were from urban locality; the awareness & consciousness about health in urban areas more than rural might be a reason. Among all patients Hindu community found in majority due to place of research work is a Hindu prominent locality. Socioeconomic approach showed maximum number was in middle class group up to 64% India is country with majority of middle class. 100 % patients were literate indicate their health consciousness and ascending Indian literacy. Maximum numbers of patients had Vata-Kapha Prakriti 77.33% might by chance. Shushka Vicharchika found utmost value i.e. 92% in modern science also dry eczema has more prevalence than wet one. Winter, Curd, Soap found as aggravation factor up to 54.66%, 56% and 88 % respectively; Curd is an Abhishyandi element which is cause behind Agnimandya followed by Doshaprakopa in progressive pathology of diseases while soap is a caustic (Alkali) which is cause irritation of skin to loss the vitality of skin to decline towards skin diseases. In Family history more patients up to 38.66 possessing paternal (Father) history of same disorder cause is unpredictable. Climatic change found relapsing factor with figure of 82.66%; in Ayurveda the Rutusandhi consider as Yamadrashta i.e. curse of climate to human beings which always declines towards advancement of disease pathology may be the perfect cause behind this inference. In every disorder the Agnimandya is major cause and as per this basic principle Agnimandya was found in 44% of patient. Vegetarians found 92 % in present study might by chance or locality of conventional vegetarian's habitat might be cause.

Among all Kshudra Kustha Vicharchika is commonest clinical entity. The occurrence might be due to climatic condition, because these types of diseases occur chiefly in humid area and the place where this study was carried out was humid region. Vicharchika is a condition where patient presents with the severe painful itching skin eruptions and dryness of the skin which can be rightly correlated to Eczema.

Conventional classical Siravyadha procedure by Kutharika Shastra was modified by utilizing 18 number disposable needles as equipment; which was easily available and suitable. Practically the use of Kutharika Shastra may cause injury to posterior wall of vein during procedure which leads subcutaneous hematoma and further prone to infections.

In Jalaukavacharana procedure some innovative & specific measures were adopted for enhancement and suitability of procedure like 1) for activation of Jalauka in 5% turmeric water solution instead of conventional un proportional Haridra water. 2) During vomiting of Jalauka only Turmeric powder was utilized instead of mixture of turmeric powder and salt. 3) Manipulation of Jalauka was strictly avoided throughout vomiting procedure to reduce its mortality rate. 4) The classical incision at diseased part for catch of Jalauka was replaced by a drop of blood from healthy tissue like index finger etc. 5) As a food of Jalauka we utilized powder of Singhara (*Trapa natans L.*) due to its aquatic habitat which resembled with Jalauka and it is a rich source of protein and carbohydrates; In proposed duration of research work i.e. 2 years mortality of Jalauka is only 17%.

Both Jalaukavacharana and Siravyadha methods are easy to axis as well as result oriented.

As result concerned in (Group B) Siravyadha showed incredible outcome in pacification of symptoms because it is a prime modality of Raktamokshana which can act in any kind of vitiation of blood or also beneficial if the vitiation of Doshas present systemically. The Siravyadha is considered as half even full treatment in surgical disorders. The direct removal of intravenous blood caused

significantly dropped in Hb% , PCV % , RBC count as all those factors are directly related to blood volume but fortunately the patient does not suffered any kind of systemic illness throughout treatment and follow up period. The above hematological changes can suggest that selection of patient must be meticulously monitored carefully before selection for Siravyadha treatment & also depicts its safety in present study.

In group A the pacification of the symptoms was statistically similar to Group B but percentage change showed better results in group A. (table no 5). The removal of extra cellular blood was major cause behind intactness in Hb%, PCV%, RBC count in Group A. so there was no any decrease in above investigations in this group.

CONCLUSION

The magnificence of present clinical trial showed highly significant consequences in both groups. In Group A cardinal symptoms Kandu, Vaivarnyata, Raji, Rukshata (Dryness), Size of patches, Pidaka relived significantly, other were like Vedana (Pain), Shotha (Swelling), Srava (Discharge) etc relived but couldn't pass statistical demarcation. In group B the pacification of cardinal symptoms were also notify highly significant rate as group A. The most of hematological and biochemical lab investigations didn't shows remarkable changes along with some exceptions. In Group B, after treatment, RBC count, Hb %, PCV %, showed significant decrease and other showed insignificant changes. The Raktamokshana methods Jalaukavacharana and Siravyadha are both effective in the management of Vicharchika but Siravyadha found most efficient with least complications like reduction in Hb%. So both these modalities are non pharmacological easy to perform cost effective and result oriented in all kinds of Vicharchika.

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