ABSTRACT
This study has been carried out to compare effect of Panchakarma, Vamanakarma and Jalaukavacharana on Vicharchika on 27 patients. Here, Vamanakarma was performed by Madana phala (Randia dumetorum), Vacha (Acorus Calamus), Sandhava (Sodhi Chloridum), Madhu (Mal depuratum), Dugdha (cow milk) Yastimadhu (Glycyrrhiza glabra,.) Phant, and then it followed by Gandhakarasayana. Highly significant results in the cardinal symptoms were observed in Kandu, Daha, Rukskata and Vaivarnya. Where in another study, Jalaukavacharana (Jalauka - Hirudino medicinalis) karma was performed in Pitta Pradhaana dominant diseases followed by Gandhakarasayana, provided better relief in Pidika. Leeches are anti-phlogistic, used for the local obstruction of the blood. Hence, they are used in acute inflammation, abscess, boil etc. the treatment is also found quite effective in various associated complaints of Vicharchika like Srava, Daha, Raji, Sushkata etc. In present study as per the clinical data, Vamana and Jalaukavacharana definitely effective, but Jalaukavacharana is more effective than Vamana karma.

KEYWORDS: Vicharchika, Eczema, Vamana Karma, Jalaukavacharana karma.

INTRODUCTION
Kushtha is a disorder of skin, so in the first part of the thesis, description of normal skin like, anatomy, physiology etc. are covered with Ayurved as well as modern point of view. Regarding anatomy and physiology, effect of Dosha-Dhatus & Mala on the skin has been detailed with also correlation with modern aspects. Skin structure from macroscopically and microscopically are also noted in this part.

‘Vicharchika’ is described under Kshudra Kushtha in Ayurvedic classics,[1] also mentioned as a curable disease yet the relapsing nature of this disease. Vicharchika is not a life threatening. The classics have described Vicharchika as having three main features viz. Kandu, Pidika and Bahu Srava. On the basis of these descriptions Vicharchika may be defined as a clinical entity, in which the lesion is Dusky (Shyava) colored Pidika with profuse itching (Kandu) or Ruja, which may develop any where in the body, i.e. Gatreshu and may be wet or dry. It is quite similar to the Eczema and Dermatitis as per classical criteria. The eruption in eczema catches and causes vesiculation and plastering of skin. The first appearance is erythema or reddening of the skin. These vesicles or papules break down then and oozing from the affected area of the skin. If the condition persists the skin, tends to become thickened and scales may come out. Particularly at the site of lesion, there is blockage of sweat glands creates loss of sweating (Aswedanam) or excessive sweating (Atiswedanam) due to continuous irritation given by patient were reported in the symptoms of Kushtha.

According to Charaka, the ancient medical authority, Vicharchika is characterized by skin eruption with dark discoloration, itching and profuse discharge. Acharya Charaka has highlighted the role of Panchakarma therapy by stating that the disease treated by Shodhana will never recur whereas the treatment with Shamana therapy may recur in due course of time.[2] In addition if the Shamana drugs are administered after taking the proper course of Shodhana then it provides additional relief and thus helps in eradicating the diseases completely.

Acharya Charaka has advocated, about the line of treatment of Kushtha, Vamana karma for Kapha pradhaana dosha and Jalaukavacharana karma for Pitta pradhaana dosha and Raka pradhaana dusti.[3] Among various methods for blood letting, Jalaukavacharana karma by Jalauka (Leech) are considered as the ideal method to expel out the vitiated blood safely, quickly and effectively.[4] Thus the present study is planned to
compare the effect of Vamana Karma & Jalukavacharana karma in the treatment of Vicharchika with following aims and objectives.

MATERIAL
Selection of Patients: For the present study the patients having the symptoms of Vicharchika, were randomly selected from O.P.D. & I.P.D. sections of Pancha Karma department, I.P.G.T. & R.A., Jamnagar.

Criteria for Diagnosis: The patients were diagnosed on the basis of as classical signs and symptoms of Vicharchika described in Ayurvedic classics. A specific proforma was prepared and the patients of the present study were examined in detail as per proforma.

Inclusion criteria: Patients suffering from classical signs & symptoms of Vicharchika like itching (Kandu), oozing (Srava), skin discoloration (Vaivarnata), boils (Pidika), pain (Vedana), burning sensation (Daha) etc selected after proper investigations.

Exclusion criteria: Patients having any other pathological conditions like cardiac disease, hypertension, diabetes, systematic, metabolic, immunological and hormonal disorders were excluded. Patients having age below 16 years and above 60 years were also excluded. Other exclusion criteria as mentioned in classics were also followed.

Investigation performed: Routine hematological investigations, lipid analysis & urine examination, were carried out before and after treatment to rule out the other associated pathology as well as to assess and evaluate the effect of therapy.

Criteria for assessment: All the patients were examined weekly during the treatment. Criteria of assessment were kept on the basis of relief in the sign and symptoms of the disease Vicharchika. For this purpose, cardinal signs and symptoms were given scores according to their severity before and after the treatment.

Scoring criteria: Table 01 Grouping
Group VS (Vamana & Shamana): Vamana followed by the sansarjana krama. After shodhana Karma, shamana Yoga for 28 days.

Group JS (Jalaukavacharana & shamana) Jalaukavacharana Karma, to the patient for 28 days in 4 seating with Shamana Yoga.

RESULTS
Table 01: Scoring criteria Kandu (Itching)

<table>
<thead>
<tr>
<th>Score</th>
<th>Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No itching</td>
</tr>
<tr>
<td>1</td>
<td>Often mild type of itching (1 -2 times in a day)</td>
</tr>
<tr>
<td>2</td>
<td>Moderate itching along with mild itching episode (1 - 2 times in a day).</td>
</tr>
<tr>
<td>3</td>
<td>Moderate itching along with moderate itching episode (3 – 4 times in a day).</td>
</tr>
</tbody>
</table>

METHODOLOGY
Methodology for Vamana karma: Vamana Karma was carried out as per classical indications.

Purva Karma: Abhyantara Snehapana was carried out by Suddha Ghritu in increasing dose starting from 30 ml then in multiplication maximum for 7 days as per the condition of Agni and Koshtha of patient till the occurrence of Samyaka Snigdha Lakshana.

Sarvanga Abhyanga and Mrudu Baspa Sweda were performed after getting the Samyak Siddha Snehapana lakshanas for singal day (Traya kala) in morning and evening

Pradhana Karma: After proper Snehana-Swedana, patients were given Vamaka Yoga after akantha pana. Vamana Yoga was prepared by Madana phala + Vacha + Saindhava mix with Madhu as required.

Pashchat Karma: Samsarjana Krama was given as per type of Shuddhi and in sequence mentioned by classics.

Methodology for Jalaukavacharana karma
In this group 4 seating of Jalaukavacharana karma were carried out on every week. Number of Jalauka were depends on the affected lesion.

Test drugs: Vamana Yoga was prepared by Madana phala + Vacha + Saindhava mix with Madhu as required. And Jalauka – Hirudina Medicinalis is used for Jalaukavachavana.

After the completion of Shodhana, Shamana drug (Gandhaka Rasayana + Vanga bhasma) was given in both groups for 28 days.
In present study, 27 patients were registered & randomly divided in to the two groups, out of them 14 patients in Vamana (VS) group and 13 in Jalaukavacharana (JS), out of which total 23 patients completed the course of the treatment with follow up and 04 patients dropped out.

Most of the patients belonged to age group 31-40 years with 25.93 %, and married (74.07 %). Maximum patients were found to be educated up to graduate level (approx 48%), dominancy of Snigadha guna in ahara (40.74 %) and used to Samashana (66.67 %). In both groups have chief complain of Kandu (itching), it is 100 % followed by Daha (33.33 %), Shula (25.93 %) Kharata (59.26 %), Parushata (18.52 %), Rukshtanta (11.11 %), Pidika (44.44 %), Alpa Srava (55.56 %) and Krishna varnata (51.89 %). The onset of disease was found gradually in 81.48 % of patients while 18.52 % of patients were having sudden onset.

On observation that 74.07 % patients were afflicted with a period of more than 1 year shows chronicity of the disease. Duration of disease like sub acute (14.81 %) and acute (11.11 %), 62.96 %, it showed progressive tendency of Vicharchika, though in present visits maximum 62.96 % have steady lesions, followed by Sushka (51.85 %) and Sravi (48.15 %) type of Vicharchika.
The effect of therapies on individual signs and symptoms:

Kandu was relieved by 72.73% in VS group and 76.92% in JS group. So JS group provided better relief in Kandu. Kandu is caused by vitiated Tridosha. So, here Tridosha vitiation is responsible for it. Relief in Kandu is may be due to expel out vitiated morbid Doshas (toxins) from local region. Leech salivary secretions also provided early healing effect by secondary haemorrhage may have reduced itch impulse. For the matter about Pidika, 66.67% relief was observed in VS group, while 81.81% in JS group. Thus, JS group provided better relief in Pidika.

Leeches are anti-phlogistic, used for the local obstruction of the blood. Hence, they are used in acute inflammation, abscess, boil etc. Due to this reason Pidika may have subsided. Congested blood is also removed from the local area by leech, so better relief in Pidika may have provided by Jalaukavacharana. Vamana effects on systemic level which may provide relief in local area after long term, which may be the reason for less relief in VS group of patients.

Table 02: Overall effect on cardinal symptoms of Vicharchika

**Total effect of therapy:** Complete remission was found in 23.08% patient of JS group. Marked improvement was noted in 38.46% patients of VS group and 35.71% patients of JS group. Moderate improvement was observed in 15.38% patient in JS group where 28.57% shows improved effective result in VS group. Unchanged was noted in 14.29% patients of only in VS group.

**DISCUSSION**

Vicharchika as a Kshudra Kustha has Kapha dominance & even involvement of tridosha can be evident from its signs & symptoms. Vicharchika condition is more aggravated by dry and cold weather, and also when excessive sweating occurs. Sunlight, irritant material also precipitates the conditions. Excessive intake of Madhura, Amla and Lavana rasa are common causative factors for Vicharchika. Urban people were more afflicted since they were consuming Viruddha ahara in their diet, also diets predominant with Ushna & Snigdha guna which are Kusthakaraka was also found. Family history was supporting in many patients which suggests atopicity in individuals. Sudden change in atmosphere is also one of the etiologies of Vicharchika. General emotional expression also interfere in skin condition i.e. anxiety, depression, tensive mood activate the sympathetic nerve stimulation which produce indigestion, skin manifestation etc. Rasa, Rakta, Mamsa and Swedavaha Srotodushi were found chiefly and Kapha and Vata were main Doshas who vitiated these Dhatu and Srotasa. Disturbed sleep is interesting symptoms of Vicharchika, which leads Vata prakopa and may further deteriorate the diseased condition. Hence, it becomes a vicious cycle. Relapsing nature of Vicharchika is most common, which suggest that, long term intensive therapy is necessary for eradication of the disease. The site involved in this disease being lower legs, especially foot region, neck and skin folds regions. The distributions of the lesions were unilateral, symmetrical & in exposed parts with diffused border. Yamaka drugs are working with their properties like Ushna, Tikshana, and Yamaka Prabhava and helpful to expell Kapha dosha from the Amashaya. Jalaukavacharana is safest and scientific method amongst Raktamokshana Panchakarma is not full treatment, but just as a preparatory procedure for application of any medicaments.

**Probable Mode of Action of Vamana karma**

Snehapana by virtue of its Doshhotkleshana effects separates toxins accumulated in the patient’s body by Nidanas like Viruddha ahara etc. Due to interval of “Traya Kala” the vitiated doshas move towards the amashaya, and the separated Utkililsha Doshas are eliminated by Vamana.

**Vamana** might have removed the toxins from the cellular level, improving Jatharagni and Dhatvagni, so that metabolism in normalized.

**Probable Mode Of Action Of Jalaukavacharana**

Vicharchika is a type of Kusatha (Skin diseases) having Tridosha prakopa, pradhrana Raktadushti and Chirakari manifestation. Sushruta has given great emphasis to Jalaukavacharana in the therapy for Raktapradosha Vyaadhhi (Blood originated disease), Tridosha Prakopajanya (vitiated all three body humour) and Chirakari (chronic) diseases.

Thus, it is well proved that Jalauka gives better effect in Raktaja Roga or Kusatha on the basis of classical references. Jalauka sucks the impure blood only with ideal example of Swana by Vagbhata, this concept discussed here with different angle.[6]

Leeches applied on skin sucks the blood at superficial level might be from capillaries or extra-cellular so it may be more impure than other body channels, Jalauka can easily suck impure blood due to superficial distribution of veins.[7]

Leech application has counter irritant effect on the lesion, which creates new cellular division which takes place removing dead cell layer, and result in reduction of local Swelling and Lichenification.

Leech sucks blood from restricted area and when leeches applied in only pathogenic area so it can be said that leech expelled blood from where the pathological state is more so ultimately blood of that area comparatively more vitiated than other area.[8]

This action may be due to effect of saliva of Leech which containing enzymes like Hirudin which works as anticoagulant & diuretics, antibiotic action, Calin which
prevents blood coagulation, Eglin, Hyaluronidase acts as antithrombin, antitrypsin and antichymotrypsin etc.\(^9\)

Jalauka works at the level of superficial skin layers, so symptomatically result as most complete remission has been found in the JS group, better than Vamana.

Both groups of patients showed local improvement due to blood purificatory action as a part of Shodhana therapy.

Vamana karma is a preparatory procedure rather then treatment, so in short term study; result may be seen unchanged in VS group of patients.

CONCLUSION

Conclusion is the determination established by investigating in various ways and deducting by means of various reasons. On the basis of the present study, following conclusions can be drawn.

- Vamana karma provides good results in the symptoms of Vicharchika like, Shyavata, Shotha, Pidika, Kandu etc.
- Jalaukavacharana karma provides comparatively better relief in the symptoms of Vicharchika like Srava, Daha, Raji, Sushkata etc.
- In present study as per the clinical data, “Vamana and Jalaukavacharana definitely effective, but Jalaukavacharana is more effective than Vamana karma.
- As per the achieved observations during the study, due to less time and patients, it can not be conclude with any concrete decision. For fruitful and meaningful conclusion this study requires more time and patients also.

REFERENCES