



Effect of the *Jalaukavacharana* and Ayurvedic formulation in the management of *Kardama Visarpa* (erysipelas) - A case report

Devesh Jaiman¹, H.M.L. Meena², Sunita Rawat³, Bharat C Padhar⁴, Rashmi Mutha⁵

1. M.D. (Ay.), Ph.D. (Ay.), Assistant Professor, Department of Ayur-Yoga Preventive Cardiology

National Institute of Ayurveda, Deemed to be University, Jaipur, Rajasthan, India-302002
Email: djaiman764@gmail.com

2. M.D. (Ay.), Ph.D. (Ay.), Professor, Department of Kayachikitsa

National Institute of Ayurveda, Deemed to be University, Jaipur, Rajasthan, India-302002
Email: hari_mohan68@yahoo.co.in

3. M.D. (Ay.), Associate Professor, Department of Kriya Sharir

Government Ayurved College, Pratap nagar, Jaipur, Rajasthan, India-302033
Email: drsunitarawat67@gmail.com

4. M.D. (Ay.), Ph.D. (Ay.), Senior Assistant Professor, Department of Kayachikitsa

National Institute of Ayurveda, Deemed to be University, Jaipur, Rajasthan, India-302002
Email: bcpadhar@gmail.com

5. M.D. (Ay.), Ph.D. (Ay.), Senior Assistant Professor, Department of Kayachikitsa

National Institute of Ayurveda, Deemed to be University, Jaipur, Rajasthan, India-302002
Email: rashmimutha21@yahoo.com

Correspondence author:

Dr. Devesh Jaiman

M.D. (Ay.), Ph.D. (Ay.), Assistant Professor, Department of Ayur-Yoga Preventive Cardiology

National Institute of Ayurveda, Deemed to be University, Jaipur, Rajasthan, India-302002
Contact:- +91 9414854839

Email: djaiman764@gmail.com

DOI:10.48047/ecb/2023.12.si4.1550

Abstract:

Background:

According to Ayurveda, *Visarpa* is a one of the major skin disease which is more similar to the diseases Erysipelas. It has a *Vividha* (different directions) and *Sarpana* (spreading) characteristics that means it spreads upwards or downwards or side wards directions in all over the body.

Aims: To demonstrate the successful treatment of *Kardama Visarpa* (Erysipelas).

Main clinical finding: A 35 years old female patient diagnosed with *Kardama Visarpa* under regular allopathic treatment for 8 years but didn't get any improvement having the symptoms of *Aashu-anunnatashopha* (non-pitting oedema), *Daaha* (Burning sensation), *Jvara* (fever), *Vedana* (pain) and *Sphotas* or *Pidikas* (blisters or papules formation).

Material and methods:

Diagnosis was based on the clinical features like non-pitting oedema, Burning sensation, fever, pain and blisters or papules formation, this case was diagnosed as *Kardama Visarpa* (Erysipelas). A treatment protocol was designed based on the signs and symptoms observed in this patient. The protocol includes Ayurvedic formulation and *Jalaukavacharana* procedure which was applied for two months. During the treatment sign and symptoms and quality of life were assessed.

Results: After the intervention Ayurvedic treatment, she got significant relief in all signs and symptoms.

Conclusion: The treatment was found very effective for this case. This treatment protocol may be adopted in future cases, using different combinations of drugs based upon the different Ayurvedic parameters to obtain even better results.

Keywords: *Kardama Visarpa*, Erysipelas, Ayurvedic formulation, *Jalaukavacharana*.

Introduction:

Visarpa is a serious disorder afflicting like cobra venom spreading various parts of the body very quickly.¹ *Visarpa* is explained in detail apart from "*Kushtha Vyadhi*" in all the Ayurvedic classics. In Ayurveda, skin diseases called as *Kushtha Roga* and there are 18 types of *Kushtha Roga* mentioned in the text books.² In *Visarpa* Lesions spread either upwards or downwards or sideward directions. According to the Ayurveda *Visarpa* is classified into seven types such as *Vataja*, *Pittaja*, *Kaphaja*, *Sannipataja*, *Aagneya*, *Granthi* and *Kardama*.³ This classification was done according to the *Doshas* which has attended with disease according to the concept of Ayurveda. *Visarpa* is similar to disease described as Erysipelas. It affects the upper dermis and extends in to the superficial cutaneous lymphatic's.⁴

Kardama Visarpa is a disease with aggravation of *Kapha* and *Pitta Doshas* by their respective etiological factors, spread to localised parts and bring moistening in the effected parts.⁵ This disease has symptoms like *Sheetajvara* (fever with cold), *Shirogurutvam* (heaviness of head), *Daaha* (burning sensation), *Staimitya* (timidity), *Angavasadanam* (debility in body parts), *Agninaasha* (loss of digestive of fire). Disease manifested appears like red, yellow and pale yellow colour associated with muddy, black, dirty and unctuous and *Sangyasmritihanta* (unconscious and loses memory).⁶ This study was done to identify the effectiveness of *Jalaukavacharana* and Ayurveda herbal formulation in the management of *Kardama Visarpa*.

Patient information:

A 35 years old hindu female patient, with complaints of ulcers with burning sensation, fever with cold, pain, debility in body parts which have early onset and *Shotha* (oedema) has late onset was visited to Kayachikitsa Out Patient department (OPD) of National Institute of

Ayurveda, Jaipur. She was suffering from this condition for 8 years. Earlier she attended modern treatment but didn't get much improvement. So, she came for Ayurveda treatment.

Clinical findings:

Ashtavidha Pariksha:

- (1) *Naadi* (Pulse rate): 76/minute, regular;
- (2) *Mutra* (Urine): *Pramana*- 500–700 ml/day, *Avritti*- *Samyaka*, *Dhara*- *Prakrita*, *Varna*- *Prakrita*, *Gandha*- *Prakrita*;
- (3) *Mala* (Stool): *Nirama*, Consistency- semisolid, *Varna*- *Peeta*, *Avritti*- *Samyaka*;
- (4) *Jihva*: *Anavrita*, *Varna*- *Prakrita*;
- (5) *Shabda*: *Gambheera*;
- (6) *Sparsha*: *Tvaka*- *Snigdha*;
- (7) *Drik*: *Drishti*- *Svabhavika*;
- (8) *Akriti*: *Sama*

Dashavidha Pariksha:

- (1) *Prakriti*: (a) *Sharirika*-*Kapha*-*Pittaja* (b) *Manasika*- *Satvika*;
- (2) *Vikriti*: (a) *Dosha*- *Kapha*, *Pitta*, (b) *Dushya*- *Twak*, *Rakta*, *Mamsa*, *Lasika*, (c) *Adhishthana*- *Twak*, (d) *Srotodushti*- *Vimargagamana*;
- (3) *Saara*- *Madhyama*;
- (4) *Samhanana*- *Madhyama*;
- (5) *Pramana*- *Madhyama*;
- (6) *Satmya*- *Sarvarasa*;
- (7) *Satva*- *Avara*;
- (8) *Aharashakti*- *Avara*;
- (9) *Vyayamashakti*- *Avara*;
- (10) *Vaya*- *Madhyamavastha*.

Timeline:

Diagnostic Assessment:

This diagnosed case of Erysipelas was diagnosed as *Kardama Visarpa* according to the clinical presentation in Ayurvedic terms.

Therapeutic Intervention:

The Following oral medicines were administrated for 2 months.

- A combination in powder form of *Avipattikara Churna* (2 gm), *Rasamanikya* (100 mg) and *Chopachini Churna* (2 gm) were administrated with *Panchatikta Ghrita* (10 gm) before meal two times in a day as *Shamana Chikitsa* (Alleviating therapy).
- *Kaishora Guggulu* (2 tablets) and *Panchatikta Ghrita Guggulu* (2 tablets) were administrated with *Mahamanjishthadi Kwatha* before meal two times in a day as alleviating therapy.
- *Aarogyavardhini Vati* (2 tablets) are also administered with one week gap after each 15 days after meal two times in a day as alleviating therapy.

- *Jalaukavacharana* (Leech therapy) and *Panchavalkala Kwatha Prakshalana* along with local application of *Jatyadi Taila* were also administrated.^{7,8}
- *Jalauka* (Leech) was administered for every 7th day for eight sitting in Inward Patient Department (IPD) of Kayachikitsa of National Institute of Ayurveda, Hospital, Jaipur.
- Avoidance of sour, pungent, fermented, non-vegetarian diet and *Viruddha-Aahara*.

Jalaukavacharana Vidhi:⁹

1. Preparation of *Jalauka*:

Jalauka body was smeared with a paste of *Haridra*. Then *Jalauka* was kept in clean water for period of one *Muhurta* (48 min) so that the leeches became activated and was supposed to get rid of exhaustion.

2. *Jalaukavacharana*:

The patient was asked to sit or lie down on the bed. The area of the body where *Raktamokshana* (blood-letting therapy) was planned was dried and allowed to bite by *Jalauka*. *Jalauka* bit on the skin and suck the blood by itself. For easily suck or bit the skin by *Jalauka*, a small prick was made. Its face appeared like the hoof of a horse and raised its neck signified that it had started sucking blood. As soon as *Jalauka* started sucking, it was covered by white gauze, leaving its facial region.

After 30 minutes suction of sufficient amount of blood, *Jalauka* left the host by its own. When some *Jalauka* didn't left and patient got itching and pain at the site, it was detached by sprinkling *Saindhava Lavana Churna* (rock salt) at its mouth region.

3. *Pashchat Karma*:

As soon as the *Jalauka* detached from the host or patient body by itself or by force, a paste of *Tandula Kandana* (rice piece) was applied over its body and a mixture of *Taila* (oil) and rock salt or *Haridra* (turmeric) was smeared on its mouth. With the help of thumb and index finger of left hand, tail end of the *Jalauka* was caught, and is squeezed with the fingers of right hand towards its face in a reverse direction. This maneuver induced *Jalauka* to vomit the sucked blood. This was continued until the signs of *Samyaka Vamana* were achieved.

Follow-up and Outcomes:

During the alleviating treatment, the patient was monitored for 6 months to notice any changes in signs and symptoms. During the course of treatment, the lesions gradually started to heal after 15 days (Table 1). After two months, the skin became normal color started to appear in the affected areas (Fig. 1). So, to rule out the toxicity of drugs, CBC, ESR, Liver and Renal function tests were carried out and found within the normal limit.

Treatment outcomes were assessed according to the lesions, sign and symptoms and quality of life (Table 1, Fig 1).

Discussion:

In this study selected the case of *Kardama Visarpa* and have with complicated ulcers. Drugs are selected for this study was done according to the body constitution of the patient. According to this condition vitiated *Dosha*, *Dhatu* (tissues of the body) and *Mala* (forms of waste excreted from the body) accumulate in the *Raktavaha Srotas* (blood channels). So, in this condition *Agni* (metabolic fire) is responsible for maintaining the health in hypo functioning state and leads to this disease worse. For this patient we have administered *Avipattikara Churna*, *Rasamanikya* and *Chopachini Churna* are administrated with *Panchatikta Ghrita Guggulu* which has a *Deepana Guna* and it helps to regulate the digestive power. These medicines also have *Pachana Guna* (digestants) and *Sroto-Shodhaka* (clear the channels) effects. Due to these effects, it helps in absorption of nutrition to blood and excretion the waste products.¹⁰ *Kaishora Guggulu* and *Panchatikta Ghrita Guggulu* with *Mahamanjishthadi Kwatha* are safe and effective formulation for mitigation of *Tridosha*, mainly *Vata Dosha* indicated in *Shotha* (inflammation). Components of *Kaishora Guggulu* such as *Nimba* (*Azadirachta indica*) showed antibacterial activity in in-vitro studies against gram positive and gram-negative organisms.¹¹

According to the texts *Kardama Visarpa* is never manifested without the vitiation of *Kapha* and *Pitta Dosha* and *Raktavaha Srotodushti*. Blood-letting therapy is the most effective for correct this morbidity.¹² Leech therapy is considered as the ideal method of expel out the vitiated blood safely, quickly and effectively in *Naree* and *Sukumara* etc.¹² Application of Leeches is most delicate method of Blood-letting and it should be done according to the strength of the patient.¹³ According to that purpose we have selected Leeches as *Jalaukavacharana* for Blood-letting along with other internal medicines. As in *Kardama Visarpa*, vitiated *Dosha*, *Dhatu* and *Mala* get accumulated in *Raktavaha Srotas*. This process helps in *Rakta Dhatu Shodhana*. *Jalaukavacharana* removes deeply seated toxins by letting out blood, clearing *Raktavaha Srotasa* and pacifying vitiated *Dosha*. According to conventional science, leech saliva contains more than 100 bio active substances. These are responsible for various therapeutic benefits like anticoagulant, anti-inflammatory, anesthetic, thrombolytic, vasodilator, and anti-edematous, bacteriostatic and blood- and lymph-circulation enhancing properties which give relief in symptoms of *Visarpa*.¹⁴

Leeches sucks blood and lymphatic material and exhibit's their action through various exosomes there by bringing the reduction in viral load, anti-inflammatory action and reduction in symptoms. *Panchavalkala* is *Vranaropaka* (healing wounds), *Shothahara* (reduce swelling), *Graahi* (collective) and *Visarpahara* (reduce ulcers).¹⁵ The dressing of wound was done with *Jatyadi Taila* formulation, which has good *Shodhana* and *Ropana* (healing) properties. *Nimba* (*Azadirachta indica*) bark extract produced significant anti-inflammatory activity.

Conclusion:

Leech therapy along with some herbal medicines can effectively treat *Kardama Visarpa*. Further study with large sample size is highly recommended before generalizing this line of treatment.

Patient Perspective- The patient was thankful to us being happy with significant results and was under supervision till 4th November 2021.

Informed Consent- The patient had signed informed consent form for the publication.

References:

1. Agnivesh, Charaka Samhita. Shastri K, Chaturvedi G, Chikitsa Sthana. 21/10. Reprint Edition Varanasi: Chaukhambha Bharati Academy; 2011. p: 589.
2. Agnivesh, Charaka Samhita. Shastri K, Chaturvedi G, Chikitsa Sthana 7/13. Reprint Edition Varanasi: Chaukhambha Bharati Academy; 2011. p: 249-250.
3. Agnivesh, Charaka Samhita. Shastri K, Chaturvedi G, Chikitsa Sthana 21/12-14. Reprint Edition Varanasi: Chaukhambha Bharati Academy; 2011. p: 589.
4. Al-Hoqail IA. Impairment of quality of life among adults with skin disease in King Fahad Medical City, Saudi Arabia. J Fam Community Med 2009;16:105-109
5. Agnivesh, Charaka Samhita. Shastri K, Chaturvedi G, Chikitsa Sthana 21/14. Reprint Edition Varanasi: Chaukhambha Bharati Academy; 2011. p: 589.
6. Agnivesh, Charaka Samhita. Shastri K, Chaturvedi G, Chikitsa Sthana 21/38. Reprint Edition Varanasi: Chaukhambha Bharati Academy; 2011. p: 595.
7. Sharangadhara, Sharangadhara Samhita. Tripathi B, Madhyama Khanda 9/168-171. Reprint Edition Varanasi: Chaukhamba Surbharati Prakashana; 2020. p: 159.
8. Sharangadhara, Sharangadhara Samhita. Tripathi B, Madhyama Khanda 2/149. Reprint Edition Varanasi: Chaukhamba Surbharati Prakashana; 2020, p: 103.
9. Sushruta, Sushruta Samhita. Shastri A, Sutra Sthana. 13/19-23. Reprint Edition Varanasi: Chaukhambha Samskrita Sansthana; 2011. p: 59-60
10. Raval HN, Thakar AB. Role of Raktamokshana by Jalaukavacharana and Siravedhana in the management of Vicharchika (Eczema). AYU 2012; 33:68-72.
11. Divakar G. In-vitro antibacterial activity of azadirachta indica against human pathogens. International Research Journal of Pharmaceutical and Applied Sciences 3(1),81-84, 2013.
12. Agnivesh, Charaka Samhita. Shastri K, Chaturvedi G, Chikitsa Sthana 21/141. Reprint Edition Varanasi: Chaukhambha Bharati Academy; 2011. p: 611.
13. Sushruta, Sushruta Samhita. Shastri A, Sutra Sthana 13/3,6. Reprint Edition Varanasi: Chaukhambha Samskrita Sansthana; 2011. p: 57.
14. Management of herpes zoster in Ayurveda through medicinal leeches and other composite Ayurveda Treatment. Nakanekar A, Khobarkar P, Dhotkar S J Ayurveda Integr Med, 11(3):352-356, 01 Jul 2020
15. Sharngadhara, Sharngadhara Samhita. Tripathi B, Madhyama Khanda 2/149. Reprint Edition Varanasi: Chaukhamba Surbharati Prakashana; 2020, p: 103.

Table 1: Timeline of the Case:

Period	Medical History, Treatments and Clinical Improvement
August 2010	Patient's problem was started with itching, burning sensation and pain in all over body.
September 2010 to November 2018	Started allopathic treatment and disease progression of symptoms was not present that time and ulceration also starts in both side lower limbs.

December 2018	<p>Approached for Ayurvedic treatment such as <i>Shodhana (Jalaukavacharana)</i> along with <i>Shamana Chikitsa</i>.</p> <ul style="list-style-type: none"> • A combination in powder form of <i>Avipattikara Churna</i> (2 gm), <i>Rasamanikya</i> (100 mg) and <i>Chopachini Churna</i> (2 gm) were administered with <i>Panchatikta Ghrita</i> (10 gm) before meal two times in a day. • <i>Kaishora Guggulu</i> (2 tablets) and <i>Panchatikta Ghrita Guggulu</i> (2 tablets) were administered with <i>Mahamanjishthadi Kwatha</i>, before meal two times in a day. • <i>Arogyavardhini Vati</i> (2 tablets) are also administered with one week gap. After each 15 days after meal two times in a day to avoid any adverse effects on chronic use, as it contains mercury and copper compounds as principal metals and safety concerns are often raised regarding the use of mercury containing <i>Ayurvedic</i> drugs in disease conditions due to the risk of mercury and copper toxicity. • <i>Jalaukavacharana</i> and <i>Panchavalkala Kwatha Prakshalana</i> along with local application of <i>Jatyadi Taila</i> was also administered. • <i>Jalauka</i> was administered for every 7th day for eight sitting in Inward Patient Department (IPD) of Kayachikitsa of National Institute of Ayurveda, Hospital, Jaipur. • The patient was also advised to avoid sour, pungent, fermented, non-vegetarian diet and <i>Viruddha-Aahara</i>.
February 2019	Disease progress was present such as ulcerations enter in healing condition and all symptoms (Itching, Burning sensation, Pain etc.) were decreased.
April 2019 to August 2019	Patient got completely relief and advised for <i>Pathya Ahara</i> .

Fig 1: Sequence of the images of the Lesion:

0th Day



15th Day



30th Day



45th Day



60th Day



Jaukavacharana Karma (30th Day)

