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Jalaukavacharna vidhi in the management of acne vulgaris (yuvanpidika) - A case study

Devangi Lashkari¹*, Om prakash Dave¹, Harish Singhal²

 Department of Shalya Tantra, Dr.S.R.Rajasthan. Ayurved University Jodhpur, Rajasthan.
Department of Kaumarbhritya, Dr.S.R.Rajasthan. Ayurved University Jodhpur, Rajasthan.

ABSTRACT

Yuvanpidika is one of the disease mentioned under *kshudra rogas*. It is almost a universal disease occurring in all races and affecting 95% of boys and 83% of girls. *Acharya Sushrut* described *yuvanpidika* as a *kshudra roga*. This study explains a case of 26 year old female patient with acne primarily located on her cheeks and chin having more than 10 papulo pustules rashes on each of these areas, complain of pain was also present, which considered severe acne. This was successfully treated by *Ayurvedic* management – *jalaukavacharna vidhi* (leech therapy). Applied the leach (*Jalauka*) on acne through its front end and covers the leech by wet cotton. After 30-40 minutes the leech is used to remove by itself or application of turmeric powder on the mouth of leech .Total 3 sitting was given with interval of one week. The management of acne vulgaris using *jalaukavacharna* proved to be effective in reducing sign and symptoms and thereby providing cure to the subject. This Study open new gate for further research on *Jalaukavacharnavidhi* and *Yuvanpidika*.

Keywords: Acne vulgaris, Jalaukavacharna (leech therapy).

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INTRODUCTION

Acne is the most common infuriating skin disorder for dermatological consultation affecting all age groups and races .¹ It usually involves face but may also affect back and chest of the individual². It is characterized by non inflammatory and inflammatory lesions viz. open and closed comedones, papules, pustules, nodules and occasionally cysts. Severe acne is associated with permanent scarring with abiding psychosocial distress encompassing negative impact on mood, self esteem and other quality of life parameters.³ It usually affects the young people at an age when they are most sensitive to any disfigurement.⁴ The worldwide cost for acne treatment was calculated as 12.6% of overall costs for dermatological treatments ⁵.

CASE REPORT:

A female patient of 26 years, came to surgery OPD on 06/06/2016. She was well before 15 days. Suddenly she got acne primarily located on her cheeks and chin having more than 10 papullo- pustules with moderate inflammation on each of these areas, complaint of pain was also present, which considered severe acne. She has not taken treatment from anywhere. She has no history of any skin disease. She is working as a resident doctor. She presents with complaints of pain and itching on effected area.

Chief complains with duration:-

1. Kandu (Itching) on face 5 days,

2. pain on touch 8 days.

Family History:

No H/o HTN,DM, or any other major illness.

Personal History:

No H/o any drug allergy, Smoking, Alcohol.

On Examination

No H/O anemia, Jaundice, oedema, cyanosis and clubbing

Fair complexion with more than 10 papullo- pustular lession on both chicks including chin region.

Fully conscious well oriented

Pulse Rate-74/min.

Blood Pressure:-110/70mmHg.

SYSTEMIC EXAMINATION:

Respiratory system

no obvious deformity, with B/L clear chest, no added sound present

CVS system

 S_1S_2 is audible, No murmur

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Digestive System

NAD with normal bowel sounds.

Uro-genital System:-NAD.

Diagnosis- Yuvan Pidika (Acne Vulgaris)

Line of treatment- Due to inflammation & pustule lesion, text suggest leech application for quick relief.⁶

Investigations:

CBC- No any significant finding.

- Hb-11.3gm%
- RBS- 90.6mg/dl
- HIV
- HBsAg- | Negative.
- VDRL-
- CT- 4 min,8 sec,
- BT-2 min,4 sec.

Cause:

Acne is common in adolescence – about eight in 10 people have acne at some point between age 11 and 30. Vitiation of *Kapha*, *Vata Dosha* along with *Dushya Rakta* gives rise to symptoms like swelling, pain, redness, itching in *Yuvana pidika*.⁷

Chikitsa (Treatment)-

Jalauka vacharana:

3 Sitting of *Jalaukavachrana* with 7 days interval. Thus Leech applied on papulopustular lesion directly through its front end and covers it by wet cotton. After 30-40 minutes *Jalauka* is used to remove by itself, or by application of *Nisha churna* (turmeric powder) on the mouth of *Jalauka*.

Oral Medicine:

Manjistha Churna

Anupana:

Ushnodaka (Warm Water).

General instruction after apply leech therapy to patient

Wash face twice in daily with a mild soap and warm water. Using of hard soap and cold water worsen the pimples.

Don't scrub the skin.

Don't pick or squeeze pimples because this can make them worse.

Don't use oil-based make-up, hair products.

Use water based cosmetics because other can worse the lesion.

Application of different medicine on lesion can worsen it.

RESULTS AND DISCUSSION

Observation and result is shown in given pictures.



B.T.-06/06/2016.



A.T.-22/08/2016.



During Treatment: 15/06/2016.

The case was diagnosed as acne vulgaris and treatment is given *Manjistha Churna* with warm water orally and *Jalaukavacharna* as local application. According to *Acharya Charaka* this disease is *raktapradoshaja Vikara*⁸ (due to impure blood) and the best treatment for this disease is *rakta-Vistravana* (blood letting).⁹ The leech deposit their saliva which contains a range of biologically active-healing- substances. When leeches bite, they create a tunnel to the lymphatic system remove toxins from the lymph system. This can be a profoundly effective means of systemic detoxification. Hirudin:-Inhibits blood coagulant (binds to thrombin) Hyluronidase:-Lower viscosity of hyluronan, Increases interstitial viscosity; Antibiotic Proteases:-Enzymes for debridement of wounds and burn. B dellines:-Anti-Inflammatory. eglines:-Anti-Inflammatory. Leeches are pre-adapted to human physiology. The secretions from their saliva cross the entire spectrum of physiology; Blood clotting, digestion, connective tissue, disease, pain, inhibition of enzymes, anti-inflammation.

Manjistha	(Rakta sodhaka)blood purifier, (Vatakapha Samsamana)contains
Churna	anti inflammatory agent, anti microbial activity and anti oxidant. ¹⁰
Ushnodaka	Mitigates Kapha, medes and vata, kindles digestion, cleanses the
(Warm Water)	urinary bladder, cures dyspnoea, cough and fever and suited to
	health at all times. ¹¹

CONCLUSION

The management of acne vulgaris using *jalaukavacharna* proved to be effective in reducing sign and symptoms and thereby providing cure to the subject which is cost-effective and

easily available in Ayurveda clinic. This Study opens new gate for further research on Jalaukavacharnavidhi and Yuvanpidika.

REFERENCES

- 1. Davis E.C. callender vd, al. A review of acne in ethnic skin: pathogenesis, clinical manifestations, and management strategies. J Clin Aesthetic Dermatol. 2010. 3 (4) 24-38.
- 2. Gabriella Fabbrocini, M. C. Annunziata, V. D'Arco, et al., "Acne Scars: Pathogenesis, Classification and Treatment," Dermatology Research and Practice, vol. 2010, Article ID 893080, . 2010. 1-13. doi:10.1155/2010/893080
- 3. Del Rossso J.Q., 2007: Acne Vulgaris and Rosacea. ACP Medicine. WebMD, New York. Section 2, Chapter 12.
- 4. Garfield E. Current Comments: Acne Vulgaris- the Adolescent's Albatross. Essays of An information Scientist. 1981-82. 5; 364-72.
- 5. C. C. Zouboulis, A. Eady, M. Philpott, L. A. Goldsmith, C. Orfanos, W. C. Cunliffe and R. Rosenfield Zouboulis CC, Eady A, Philpott M, Goldsmith LA, Orfanos C, Cunliffe WC Rosenfield R. What is the pathogenesis of acne? Exp Dermatol 2005: 14: 143–152.
- 6. Shastri A, Shusruta samhita with Hindi commentary, Sutrasthana chapter 13, Verse 6, Reprint ed. Varanasi, Chaukhamba Sanskrit Sansthan Prakashan;2013:58.
- 7. Shastri A, Shusruta samhita with Hindi commentary, Nidansthana, chapter 13, Verse 39, Reprint ed. Varanasi, Chaukhamba Sanskrit Sansthan Prakashan;2013:372.
- 8. Pande k. Shastri A, Charak samhita with Hindi commentary, Sutrasthana chapter 28, Verse14, Reprint ed. Varanasi, Chaukhamba Bharati Prakashan;2013:571.
- 9. Pande k. Shastri A, Charak samhita with Hindi commentary, Sutrasthana chapter 24, Verse18, Reprint ed. Varanasi, Chaukhamba Bharati Prakashan;2013:521.
- 10. Vd. Mukand Sabnis, Chemistry and pharmacology of ayurvedic medicinal plants chaukhamba amarabharati prakashan Varanasi.2010:315.
- 11. Shastri A, Shusruta samhita with Hindi commentary, Sutrasthana s, chapter 13, Verse 3, Reprint ed. Varanasi, Chaukhamba Sanskrit Sansthan Prakashan;2013:57.

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