

THE EFFECT OF JALAUKAVACHARAN (LEECH THERAPY) IN VARICOSE VEIN – ACASE STUDY**DR. Seema R.Giri^{1*} DR.Dnyaneshwar Paldewad^{2*} DR. Nitesh Rathod³***1 HOD and Professor, Shalyatantra Dept.GAC Osmanabad.**2 PG Scholar, Shalyatantra,GAC Osmanabad.**3 PG Scholar, Shalyatantra,GAC Osmanabad.**Corresponding Author:DR.Seema R. Giri HOD and Professor, Shalyatantra Dept.GAC Osmanabad.*

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ABSTRACT

Jalaukawacharana is the form by which blood is released in the treatment of Conditions of ill ness such as Psoriasis, Osteoarthritis, Rheumatic Gout, Chronic Eczema,Vulgar Acne, Varicose Vein, Sciatica, Alopecia, etc. Leech therapy may be a safe and safer choice for treating such treatment.Leech has been used as Jalaukawacharana for Raktamokshana since ancient days. Reference from conventional Ayurvedic texts, physicians, the internet, As well as professional experience. Detailed Jalaukawacharana can be found in SushrutaSamhita.This illness, according to Ayurveda,is caused by vitiation of three Dosha.to let out the blood that helps to remove vitiated ones in Jalaukawacharana Dosh a, particularly Pitta.The mode of action in leech therapy depends on the leech. Bioactive saliva containing Antiinflammatory, Analgesic, Analgesic, Thrombolytic, antioxidant, vasodilator, anticoagulant, improvement of blood circulation to that part .It is a less expensive Therapy widely used in ayurveda.

I. INTRODUCTION

When a vein becomes dilated, elongated and tortuous the vein is said to be varicose vein.most commonly affect the lower limb due to erect posture , prolonged standing,blood flow against gravity ,incompetence of valve in vein of lower limb.The common symptoms of varicose veins are aching painincalf muscle, ankles welling, it ching and complication seczema, superficial thrombophleb it is an ulceration.Itwasfoundthatupto15%of men and 25% of women have visible varicose veins. Several treatment options are available for varicose veins such as medications, endovenouslaser treatment, sclerotherapy, surgical interventions, veinbypass. above treatment widely performed but associated with high cost and complication like

vascular nerve injury and high recurrence rate.due to above region jalaukawacharan is most low cost treatment available with less complication .

CASE REPORT

A 55 yr male pt complaining of dullpain and swelling, itching, burning sensation in lower limb.above symptoms is aggravated by prolonged long standing, walking and relieved by foot elevation,restHence patient got admitted in shalya department government ayurved college, Osmanabad for complete treatment and management.

PAST HISTORY

No any h/o DM, Koch's, surgical illness and drug allergy.

PERSONAL HISTORY

1. Appetite – good 2. Diet - mix diet 3. Sleep – normal 4. Bowel – hard stool, chronic constipation 5. Micturation – normal

GENERAL EAXAMINATION

General condition of the patient was good well built and nourished

, • Pulse -90/min, regular • BP -136/70 mmhg• RR - 20/min, regular No evidence of icterus, pallor and lymphadenopathy.

SYSTEMIC EXAMINATION

RS – AE BE, clear CVS – S1S2 normal, no abnormal sound added CNS – conscious & oriented P/A – soft and non tender

ASTHAVIDH PARIKSHAN

AshthvidhParikshan of the patient was done and it is found normal.

INVESTIGATION:

Day 1 Hb %-12.7 gm%

BSL (Random)-100 mg/dl
 BT-1.37"/min
 CT-4.5"/min
 Urine routine- nil
 Serum create-0.8mg/dl
 HBsAg and HIV- negative
 ESR-12mm/hr

LOCAL EXAMINATION :
INSPECTION –

Elongated and dilated vein of right lower limb from medial malleolus up knee joint .no evidence of varicosity present of left leg.
 Blakishdiscolouration
 Eczema present
 No e/o ulceration, lipodermoscleraton, discharge
PALPATION-
 Compressible swelling present on medial malleos

Trendelenberge test-positive
 Tourniquet test -postive

II. MATERIAL AND METHODS

Affected limb become clean with normal saline then 2-3 Nirvishjalauka (non-poisonus) is placed on medial malleous of right leg for 45 min.then it should be removed .pressure dressing given to patient.

DURATION OF TREATMENT-4 setting (per weekly one setting)

QUANTITY OF BLOOD LETTING BYJALAUKA:- 50 -60ml.

FOLLOW UP- every 7 th day

ASSESSMENT CRITERIA:

Grading of subjective parameter

| Symptoms | Criteria | |
|----------------|------------------------------|---|
| Sotha | Absent | 0 |
| | Mild | 1 |
| | Moderate | 2 |
| | Severe | 3 |
| Tortuosity | Absent | 0 |
| | Few veins dilated | 1 |
| | Multiple dilated veins | 2 |
| | Severly dilated veins | 3 |
| Discolouration | Absent | 0 |
| | Mild bluish patches | 1 |
| | Moderate blakish patches | 2 |
| | Markedly distributed patches | 3 |
| Itching | Absent | 0 |
| | Mild | 1 |
| | Moderate | 2 |
| | Severe | 3 |



III. RESULT :

| | Before treatment | After treatment |
|--------------------|------------------|-----------------|
| Shoth | 2 | 1 |
| Tortuosity | 2 | 2 |
| Skin discoloration | 1 | 0 |
| Itching | 1 | 0 |

IV. DISSCUSION :

Leech'ssalivahasanalgesicaction, blocking certainsteps of the regular pain evolving cascade by counter acting cytokines with anti-inflammatory agents. Saliva of leech contain shistamine, serotonin, steroidhormones, enzymes, protease in hibitorandanti-microbialagents along with hirudin,factor X ainhibitor, destabilize and hyaluronidase which have anticoagulant, thrombolytic,vasodilator, anti-inflammatoryeffectsandalsohelpsto enhance the blood circulation

V. CONCLUSION :

The result of this studies shows resolving the symptoms of varicose vein like swelling discoloration itching There were no adverse events throughout the management and healing accrued uneventfully. The mode of treatment was to be cost effective, safe and easy to implement.

REFERENCE :

- [1]. Callam MJ. Epidemiology of varicose veins. British journal of surgery. 1994 Feb;81(2):167-73. [https://doi.org/10.1002/bjs.1800810204]
- [2]. Jia X, Mowatt G, Burr JM, Cassar K, Cook J, Fraser C. Systematic review of foam sclerotherapy for varicose veins. British Journal of Surgery: Incorporating European Journal of Surgery and Swiss Surgery. 2007 Aug;94(8):925-36. [https://doi.org/10.1002/bjs.5891]
- [3]. Siribumrungwong B, Noorit P, Wilasrusmee C, Attia J, Thakkinstian A. A systematic review and meta-analysis of randomised controlled trials comparing endovenous ablation and surgical intervention in patients with varicose vein. European journal of vascular and endovascular surgery. 2012 Aug 1;44(2):214-23. [https://doi.org/10.1016/j.ejvs.2012.05.017]
- [4]. Daw DJ, Acosta GM, Brustad JR, inventors; Endovascular Inc, assignee. Apparatus for in situ saphenous vein bypass and less-invasive varicose vein treatment. United States patent US 5,658,282. 1997 Aug 19.
- [5]. Bergqvist D, Lindholm C, Nelzen O. Chronic leg ulcers: the impact of venous disease. Journal of vascular surgery. 1999 Apr 1;29(4):752-5. [https://doi.org/10.1016/S0741-5214(99)70330-7]
- [6]. Callam MJ, Harper DR, Dale JJ, Ruckley CV. Chronic ulcer of the leg: clinical history. Br Med J (Clin Res Ed). 1987 May 30;294(6584):1389-91. [PMID: 3109669]
- [7]. Critchley G, Handa A, Maw A, Harvey A, Harvey MR, Corbett CR. Complications



- of varicose vein surgery. *Annals of the Royal College of Surgeons of England*. 1997 Mar;79(2):105. [PMID: 9135236]
- [8]. Shastri A, editor. *Sushruta Samhita*. 1st ed. Vol. 1. New Delhi: Chaukhambha Publications; 2014. Nidana Sthan, Chapter 11, Verse 8-9. p. 341
- [9]. H.G. Beebe et. al. Classification of chronic venous disease of the lower limbs: a consensus statement. *Eur J VascEndovasc Surg*. 1996;12:487-492