

EXAMINATIONS  
Institute of Indigenous Medicine  
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**COMPARATIVE STUDY OF THE  
EFFECTS OF  
JALAUKAVACHARANA (LEECH  
APPLICATION) & MANJISTADI  
LEPA IN THE MANAGEMENT OF  
VYANGA (MELASMA).**

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**TANIPPULI ARACHCHILAGE SAJEEVA  
CHANDANI JAYATHILAKA**

This thesis submitted to the Institute of Indigenous Medicine, University of Colombo for the award of the Degree of Doctor of Medicine in Ayurveda [MD(Ayu)] on “Comparative study of the effects of Jalaukavacharana (Leech application) & Mangistadi lepa in the management of Vyanga (Melasma)”, on “2015.12.15”.

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**COMPARATIVE STUDY OF THE EFFECTS OF  
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**TANIPPULI ARACHCHILAGE SAJEEVA CHANDANI  
JAYATHILAKA.**

**ABSTRACT**

Face is the most important and beautiful part of this region. Vitiating of Doshas, results in various kinds of diseases & dysfunctions in their localized region. It was affected by certain anomaly at the any age of the life. The eight branches of Ayurveda, Salakya Tantra deals with the etiology, diagnosis, prognosis prevention & treatment of diseases that are located above the neck region. Shodhana & Shaman Karma used in Shalakyatantra to cleanse vitiated Dosas located above human clavicle line. Vyanga is one of the important facial skin disorders pertaining to hyper Pigmentation. It is considered under Kshudra rogas, which occurs mainly due to vitiating of Vata, Pitta doshas and Rakta dhatu. The person is suffering from Vyanga ailment under cosmetic disfigurement in discoloration of the face skin. In modern medicine, these hyper pigmented patches were known as melasma. This condition was common in middle age women. Women were far more likely men to get Melasma. Kshudra rogas are minor diseases having simple etiology and symptoms, but in exceptional cases these can produce a marked cosmetic disability and give rise to much mental stress. As Vyanga was a distressed disorder, there was a definite need for treatment as a disease and of cosmetic value too essential. Modern treatment included an external application of creams and lotions. But long term usage of these preparations may produce the irritation in individuals. The chances of reoccurrence were more after discontinuation of the treatment. Hence study was carried out to find out a reliable and long lasting Ayurvedic

management for the condition and to find out the effectiveness of jalaukavacharana (leech therapy) on Vyanga (Melasma) and to compare the effectiveness of Manjistadi lepa application. Open randomized clinical trial & 50 individuals were selected as total sample population. It used Convenience sample method. Individuals were divided two groups (A and B) and each group consists of 25 individuals. Group (A), application of Jalauka (leeches) on the darkest point of patch, till Jalauka (leeches) falls down and repeated once in a week, 6 applications. Group (B), application of Manjistadi Lepa, on the lesion daily at morning. Thickness of Lepa was half angula and kept until it gets dried. Application of Jalauka and Lepa, the results were assessed on amount of discoloration and area of involvement by using the photography of the patch (before and after treatment) & computer technology. Total effect of therapy, marked and moderate improvement was there in 84% Jalaukavacharana group (A) and marked and moderate improvement was there in 68% application of lepa group (B). In the group (A) and (B) symptoms were reduced at the end of the treatment. These reduction was statistically significant to the level of  $p < 0.05$ . The study suggests that Jalaukavacharana (leech therapy) and Manjistadi Lepa can be used in Vyanga. Vyanga (Melasma) was more effectively managed by Jalaukavacharana (leech application) than the application of Manjistadi lepa successfully. It was cleansed and evacuated the vitiated relevant dosas safely. It had strong ability to eliminate free radicals due to its free radicals scavenger activity.

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