

EFFECT OF JALOUKAVACHARANA AS A PARA-SURGICAL INTERVENTION IN VICHARCHIKA: A CLINICAL CASE REPORT**Dr. K. Suvarna^{*1}, Dr. T. Srinivasa Rao², Dr. K. V. Vijayabhaskara Reddy³**

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ABSTRACT

Vicharchika is a commonly encountered inflammatory skin disorder described under Kustha roga, presenting with intense itching, oozing, thickened skin and discoloration. The involvement of Kapha, Pitta and vitiated Rakta make it a condition that responds well to Raktamokshana. Jaloukacharana (leech therapy) is a gentle form of para-surgical bloodletting especially indicated in sensitive and chronic skin lesions. To assess the effect of Jaloukacharana in a clinically diagnosed case of Vicharchika. A 67-year-old female patient reported with chronic pruritic, oozing and hyper-pigmented lesions over the bilateral feet and lower legs region for the past one year. Classical symptoms led to the diagnosis of Vicharchika. Jaloukacharana was performed once every 15 days for a total of five sittings using sterile medicinal leeches. Standard aseptic measures were followed, and the patient was advised Pathya Ahara with mild internal medications when required. Remarkable improvement was observed after the

treatment course, with reduction in itching and oozing during the early sessions, followed by gradual decrease in induration, dryness and pigmentation. The patient did not report any complications during or after therapy. Jaloukacharana demonstrated significant symptomatic

relief in this case of Vicharchika, supporting its classical indication for conditions involving Raktadushti and inflammatory skin pathology. The procedure can serve as an effective adjunct in managing chronic eczematous conditions, though larger studies are needed to validate these observations.

KEYWORDS: Jaloukacharana, Vicharchika, Raktamokshana, Leech therapy, Ayurveda, Kustha.

INTRODUCTION

Acharyas define Kushtha with the expression “Kushnati Vapuh Iti,” indicating a pathological state that progressively compromises and destroys normal body tissues. Classical Ayurvedic literature describes several hallmark features of Kushtha, including vaivarnya (discoloration), kandu (itching), raga (erythema), srava (exudation), pidaka (papular eruptions), mandala utpatti (plaque formation), shoola (pain), raukshya (dryness), and vrana (ulceration). Among the Kshudra Kushtha, Vicharchika is the variant most commonly encountered in present-day clinical practice. Its rising incidence has made it an important dermatological and public-health concern. As a Raktapradoshaja Vyadhi, Vicharchika involves Tridosha, with a predominance of Pitta and Kapha doshas. Classical descriptions highlight features such as pidaka, shyava varna, kandu, and srava. Patients frequently present with alpa shotha, intense itching, hyperpigmented or darkened patches, and occasionally alpa pichhila jala or mild raktasrava. These manifestations appear in the form of mandalas or padmas of diverse morphology and distribution.

Contemporary dermatology correlates Vicharchika with eczema, which typically exhibits two broad presentations: the dry type and the wet type. Clinically, patients demonstrate erythematous, thickened, inflamed plaques accompanied by severe itching, lichenification, and intermittent discharge. These symptoms significantly affect the patient's quality of life and cosmetic appearance. The most distressing aspect for patients is the high recurrence rate, despite symptomatic relief. Therefore, a sustained, holistic, and multidimensional treatment approach is essential. Ayurveda, with its emphasis on dosha balance, shodhana, shamana, dietary regulation, and lifestyle correction, offers a comprehensive framework for long-term and relapse-preventive management of Vicharchika.

CASE REPORT

A 67-year-old Female patient reported to the OPD of Shalya tantra, SV Ayurvedic college and Hospital, Tirupati with one year history of recurrent skin lesions over the Bilateral feet and lower legs. Her chief complaints included persistent blackish discoloration, erythema, and severe itching, Daha [burning sensation]. Despite undergoing treatment at various allopathic hospitals, the patient experienced minimal relief, and the symptoms gradually progressed, extending to the surrounding areas. Instead of improvement, modern medical interventions appeared to aggravate the condition.

Dasavidha Pareeksha

| | |
|--------------|-----------------------|
| Prakriti | Vata kapha |
| Vikriti | Vikriti Visham Samvet |
| Pramana | Madhyma |
| Sattav | Madhya |
| Satmaya | Sarvaras |
| Sara | Mamsasara |
| Samhanan | Madhyam |
| Aahar Shakti | Madhyam |
| Vyayam Shkti | Madhyam |
| Vaya | Vruddhavastha |

Astavidha pareeksha

| | |
|--------|---------------|
| Nadi | 84 per min |
| Mutra | Samyaka |
| Mala | Samyaka |
| Jihvya | Malavrita |
| Shabd | Tikshana |
| Sparsh | Samsheetoshna |
| Druk | Sama |
| Akriti | Sama |

All Routine Investigations

All basic routine blood and urine check-up was performed.

- Haemogram to examine basic blood parameters and BT, CT.
- Also, patients were tested for HBsAg, HIVetc.

| Test | Result |
|------|----------------|
| Hb% | 12.8g/dL |
| RBCs | 4.65 milli/cmm |
| WBCs | 8.19/cmm |
| ESR | 78mm/hr |
| BT | 3mins 15 sec |
| CT | 5mins 30 sec |

Nidana Panchaka

1. Hetu (Causative Factors)

Aaharaja Nidana

- Excessive intake of **Katu** and **Amla Rasa**
- **Atyambupana** (excess water intake)
- **Atita Kala Bhojana** (delayed meals)
- **Vishamashana** (irregular dietary habits)
- Consumption of **Abhishyandi Ahara** such as fermented foods, fish, and freshly cooked rice
- Intake of **Viruddha Ahara** (incompatible foods)

Viharaja Nidana

- Excess vehicular travel
- Exposure to **Sheeta Vata**
- **Atapa Seva** (excessive sun exposure)
- **Udita Chhardi Vega** (forcefully suppressing vomiting urge)

Manasika Nidana

- **Ati-Chintana** (excessive worry)
- **Krodha** (anger)

Vyasanaaja Nidana

- Tea consumption: More than **2–3 times/day**

2. Poorvarupa (Prodromal Features)

- Generalized **Kandu**
- **Ati-Swedana**
- Appearance of **Mandalas** over hands and feet
- Ulcer-like lesions
- **Raukshya** (dryness)

3. Roopa (Cardinal Symptoms)

- Mandala formation over the hands and feet
- Ulcerated lesions
- Dryness and roughness of skin

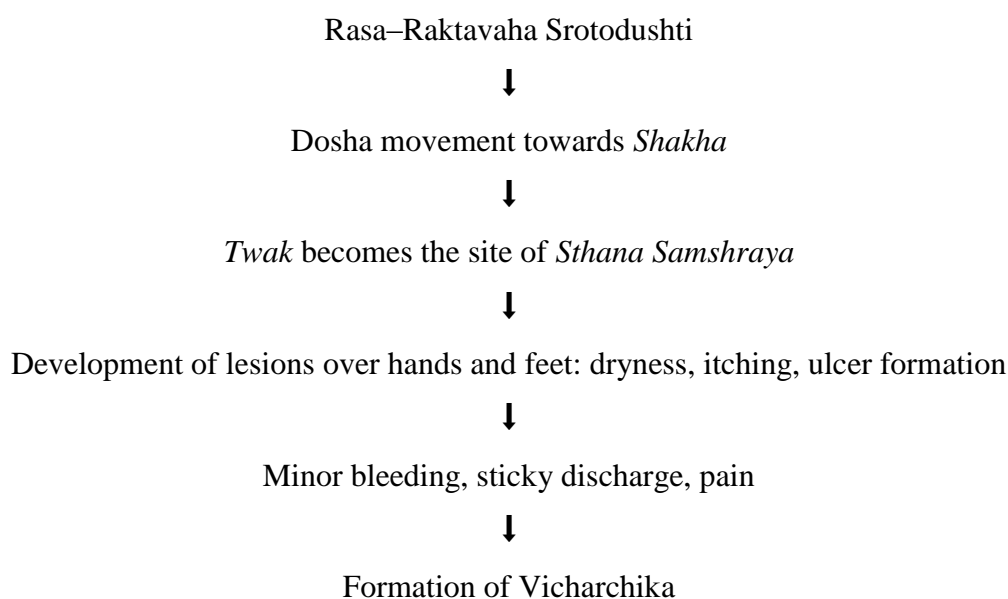
- Severe itching and pain
- Minor bleeding (*alpa raktasrava*) from affected skin
- Sticky discharge (*picchila jala srava*) following itching
- Twak-dushti–associated features
- Kinkhara sparsha (rough, scar-like texture)
- Parushata (hardness)

Ayurvedic Diagnosis

Based on classical symptoms—blackish discoloration, recurrent lesions, itching, discharge, and chronicity—the patient was diagnosed with.

- **Vicharchika (Ayurvedic Diagnosis)**
- **Eczema (Modern Diagnosis)**

Samprapti (Pathogenesis)



Treatment Plan

The patient had been suffering from one year; hence treatment included **Jalaukavacharana** along with internal Ayurvedic medicines.

Internal medication

1. Cap Guggulu Tikta Ghrita

1-----0-----1

2. Tab Gandhaka Rasayanam

1-----0-----1

3. Maha tikthaka lepam

For local application

4. Mahamanjisthadhi kashayam

15ml-----15ml-----15ml

Raktamokshana in the form of **Jalaukavacharana** was selected.

- Applied at the both bilateral feet and lower leg
- Frequency: **Every 15 days**
- Duration: **2.5 months** (Total **5 sittings**)
- Observations and assessments were recorded after each session

BEFORE TREATMENT



DURING TREATMENT



AFTER TREATMENT**OBSERVATION AND RESULTS****Scoring the symptoms of Vicharchika**

| Score | Kandu | Vaivarnya | Daha |
|-------|--------------------------|------------------------------------|--------------------------|
| 0 | No itching | Normal colour | No burning |
| 1 | Occasional itching | Abnormal but near to normal colour | Occasional burning |
| 2 | Mild itching | Reddish discoloration | Mild burning |
| 3 | Mild to moderate itching | Slight black reddish discoloration | Mild to moderate burning |
| 4 | Severe itching | Deep black reddish discoloration | Severe burning |

| Score | Vedana | Pidaka | Rukshata |
|-------|-----------------------|---------------------------------|--|
| 0 | No pain | No eruption of skin | No line on scrubbing with nail |
| 1 | Occasional pain | Starting of eruption | Faint line on scrubbing with nail |
| 2 | Mild pain on touch | Moderately developed eruption | Marked line on scrubbing with nail |
| 3 | Mild to moderate pain | Spread over extremities | Excessive dryness leading to itching |
| 4 | Severe pain | Severely spread on overall body | Excessive dryness leading to cracks and bleeding |

Assessment of the Patient Symptoms**Before Treatment**

| Signs and Symptoms | Score |
|--------------------|-------|
| Kandu | 4 |
| Vaivarnya | 3 |
| Daha | 2 |
| Vedana | 3 |
| Pidika | 2 |
| Raukshya | 3 |

After Treatment

| Signs and Symptoms | Score |
|--------------------|-------|
| Kandu | 1 |
| Vaivarnya | 1 |
| Daha | 0 |
| Vedana | 0 |
| Pidika | 0 |
| Raukshya | 1 |

DISCUSSION

In the pathogenesis of Kushtha, and particularly Vicharchika, all three Doshas—**Vata, Pitta, and Kapha**—along with the **Rasa, Rakta, Mamsa, and Lasika Dhatus** become vitiated. Although Vicharchika is classified under Kshudra Kushtha, it reflects clear features of Tridosha Dushti: **Kapha** contributes to kandu (itching) srava, **Pitta** is responsible for daha, while **Vata** causes raukshya (dryness) and shyava varna (blackish discoloration).^[5]

Dalhana Acharya, in his commentary on **Sushruta Samhita**, notes that the most commonly affected regions in Vicharchika are the **hands (hasta)** and **feet (pada)**. Following the principles of the Kushta Chikitsa Sutra, the therapeutic plan must be tailored according to dosha predominance. In localized and milder presentations (Alpa Kushtha), **Raktamokshana**, particularly **Jalaukavacharana (leech therapy)**, is indicated as a primary intervention.

The present case provides visual and clinical evidence supporting the efficacy of Jalaukavacharana. By directly addressing Rakta Dushti at the affected site, the therapy effectively reduced inflammation, itching, and exudation, thereby promoting lesion resolution. When combined with internal Ayurvedic formulations, the intervention resulted in marked symptomatic improvement.

The internal medications administered offered a **multidimensional therapeutic effect**, including, Tridosha-shamana, kleda-nashana, kandu-kushtha-nashana, and rasa-rakta-prasadana actions.

CONCLUSION

This case study highlights the significant therapeutic potential of **Jalaukavacharana**, when combined with appropriate **internal Ayurvedic medications**, in the effective management of

Vicharchika. The integrated approach not only alleviated symptoms but also helped prevent recurrence in a chronic, long-standing case.

Adopting **Nidana Parivarjana**, adherence to **Pathya Ahara–Vihara**, timely **Raktamokshana**, and the administration of suitable internal formulations collectively contributed to marked clinical improvement. These findings reinforce that a holistic, dosha-specific treatment protocol grounded in Ayurvedic principles can offer a safe, effective, and sustainable solution for managing Vicharchika.

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