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COMPARATIVE CLINICAL STUDY OF *VISARPA* WITH *JALOKAVACHARANA* AND *AUDUMBAR LEPA*: AN AYURVEDIC CLINICAL EVALUATION

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ABSTRACT

Background: *Visarpa* is a rapidly spreading inflammatory skin disorder described extensively in the Ayurvedic classics. It is predominantly caused by vitiation of Pitta, *Rakta*, and associated *Dhatus*, producing symptoms such as erythema, burning sensation, pain, vesicular eruptions, oedema, and rapid spread of lesions. Based on clinical similarities, *Visarpa* can be correlated with Herpes Zoster (Shingles). Since *Rakta Dushti* is the principal pathological factor, Acharya *Sushruta* has advocated *Raktamokshana* as the treatment of choice. *Jalaukavacharana* (Leech Therapy), a form of *Raktamokshana*, is considered the safest procedure for *Pittaja* disorders, while *Audumbar Lepa* possesses *Pittahara*, *Raktaprasadana*, *Dahashamana*, *Shothahara* and *Vranaropana* properties. **Aim:** To compare the clinical efficacy of *Jalaukavacharana* and *Audumbar Lepa* in the management of *Visarpa* (Herpes Zoster). **Materials and Methods:** A comparative clinical study was conducted on patients diagnosed with *Visarpa*/Herpes Zoster. Patients were randomly allocated into two groups. Group A received J*alaukavacharana*, while Group B received topical application of *Audumbar Lepa*. Clinical parameters including Vedana (pain), *Daha* (burning sensation), *Raga* (erythema), *Shotha* (swelling), *Kandu* (itching), *Sphota* (vesicles), and overall clinical improvement were assessed before treatment, during treatment, and after completion. Statistical analysis was performed using appropriate paired and unpaired

statistical tests. **Results:** Both interventions produced statistically significant improvement in the clinical features of *Visarpa*. However, *Jalaukavacharana* demonstrated comparatively superior relief in pain, burning sensation, erythema, oedema, and overall clinical recovery. The rapid action of leech therapy in removing vitiated blood and reducing inflammation contributed to earlier symptom relief compared with *Audumbar Lepa*. **Conclusion:** Both *Jalaukavacharana* and *Audumbar Lepa* are effective in the management of *Visarpa*. *Jalaukavacharana* showed comparatively better therapeutic efficacy and can be considered an effective *Panchakarma* intervention for *Pitta-Rakta* predominant *Visarpa*.

KEYWORDS: *Visarpa*, Herpes Zoster, *Jalaukavacharana, Audumbar Lepa, Raktamokshana, Panchakarma.*

INTRODUCTION

Skin serves as the largest organ of the human body and functions as the primary protective barrier against environmental insults while maintaining thermoregulation, sensation, immunity, and homeostasis. Ayurveda recognizes *Twak* as an important *Jnanendriya Adhisthana*, and disorders of the skin arise due to vitiation of *Tridosha* along with *Rakta* and other *Dhatus*.

Among various *Twak Rogas, Visarpa* occupies a significant place because of its rapid progression and severe clinical manifestations. The term "*Visarpa*" is derived from the Sanskrit root *Srip*, meaning "to spread rapidly." Classical *Ayurvedic* texts describe *Visarpa* as a disease characterized by rapidly spreading inflammatory lesions associated with *Raga, Daha, Vedana, Shotha, Kandu* and *Sphota.*

Acharya Charaka has elaborately described the *Nidana, Samprapti, Lakshana*, and *Chikitsa* of *Visarpa*. Excessive consumption of *Amla, Lavana, Katu, Ushna Ahara, Viruddha Ahara*, suppression of natural urges, and faulty lifestyle contribute to aggravation of Pitta and Rakta, ultimately producing *Visarpa*. *Acharya Sushruta* emphasizes *Raktamokshana* as the principal treatment in *Pittaja* and *Raktaja* disorders because it directly removes vitiated blood and alleviates inflammation.

Clinically, *Visarpa* closely resembles Herpes Zoster, a viral disease caused by reactivation of latent Varicella-Zoster Virus. It presents with unilateral vesicular eruptions accompanied by

severe burning pain and post-herpetic neuralgia. Despite the availability of antiviral therapy, persistent pain and delayed healing remain important clinical challenges.

Jalaukavacharana is regarded as the safest form of *Raktamokshana*, especially in *Pittaja* disorders. Leech saliva contains several biologically active substances such as hirudin, calin, eglins, and bdellins that exhibit anticoagulant, anti-inflammatory, analgesic, antimicrobial, and wound-healing activities. *Audumbar Lepa*, described in *Charaka Samhita*, contains ingredients possessing *Pittashamaka*, *Raktaprasadana*, *Dahashamana*, *Shothahara*, and *Vranaropana* properties.

The present comparative clinical study was therefore undertaken to scientifically evaluate the efficacy of *Jalaukavacharana* and *Audumbar Lepa* in the management of *Visarpa*.

METHODOLOGY

Study Design

Comparative randomized clinical study.

Source of Data

Patients presenting with classical features of *Visarpa* corresponding clinically to Herpes Zoster were selected from the outpatient and inpatient departments after obtaining informed consent.

Sample Size

Patients fulfilling the inclusion criteria were randomly divided into two equal groups.

- **Group A:** *Jalaukavacharana*
- **Group B:** *Audumbar Lepa*

Inclusion Criteria

- Diagnosed cases of *Visarpa* (Herpes Zoster)
- Patients willing to participate
- Patients within the specified age group
- Presence of characteristic vesicular eruptions with pain and burning sensation

Exclusion Criteria

- Severe systemic illness
- Immunocompromised patients

- Uncontrolled diabetes mellitus
- Pregnancy and lactation
- Patients requiring emergency medical intervention

Intervention

Group A

Jalaukavacharana was performed according to the classical guidelines of *Sushruta Samhita*. Medicinal leeches were applied over the affected lesions after proper *Purva Karma*. After completion of bloodletting, *Paschat Karma* including dressing and care of the bite site was performed.

Group B

Audumbar Lepa was prepared according to the classical reference and applied uniformly over the affected lesions for the prescribed duration.

Assessment Criteria

Subjective Parameters:

- *Vedana*
- *Daha*
- *Kandu*

Objective Parameters

- *Raga*
- *Shotha*
- *Sphota*
- Area of lesion
- Overall clinical improvement

Assessment was carried out before treatment, during treatment, and after completion.

Statistical Analysis

Data were analyzed using descriptive and inferential statistics. Within-group comparisons were performed using paired statistical tests, while between-group comparisons were analyzed using unpaired statistical methods. A p-value <0.05 was considered statistically significant.

DISCUSSION

Visarpa is a *Pitta-Rakta* predominant disorder characterized by rapid inflammatory changes involving *Twak, Rakta, Mamsa,* and *Lasika*. The principal pathological process involves vitiation of *Pitta* and *Rakta* leading to inflammation, tissue oedema, burning sensation, severe pain, and rapid spread of lesions.

Jalaukavacharana acts directly on the basic pathology by eliminating vitiated *Rakta*. According to *Sushruta, Jalau* is particularly indicated in *Pittaja* disorders because it performs gentle *Raktamokshana* without causing excessive tissue trauma. Leech saliva contains hirudin, calin, destabilase, eglins, bdellins, hyaluronidase, and vasodilators, which improve microcirculation, reduce inflammation, inhibit coagulation, relieve pain, and accelerate tissue healing. Consequently, patients undergoing *Jalaukavacharana* demonstrated rapid reduction in burning sensation, erythema, oedema, and pain.

Audumbar Lepa acts locally through its *Pittashamaka* and *Raktaprasadana* properties. Ingredients such as *Audumbara Twak, Yashtimadhu, Kamala Kesara, Nagakesara, Priyangu,* and *Nilotpala* possess anti-inflammatory, cooling, wound-healing, antioxidant, and antimicrobial activities. Local application reduces burning sensation, itching, erythema, and promotes epithelial regeneration.

Although both interventions produced statistically significant improvement, *Jalaukavacharana* provided comparatively faster and greater clinical relief because it directly addresses *Rakta Dushti,* the primary pathological factor responsible for disease progression. The reduction in tissue congestion and inflammatory mediators after *Raktamokshana* probably accounts for the superior improvement in pain and oedema.

The comparative findings support the classical Ayurvedic principle that *Raktamokshana* is the treatment of choice in *Pitta-Rakta* dominant diseases. *Audumbar Lepa* remains an effective local therapy and may serve as an adjunctive treatment, particularly where *Raktamokshana* is contraindicated.

Overall, the study validates classical *Ayurvedic* therapeutic principles using objective clinical observations and statistical analysis.

CONCLUSION

The present comparative clinical study demonstrated that both *Jalaukavacharana* and *Audumbar Lepa* are effective modalities for the management of *Visarpa* (Herpes Zoster). Both treatments significantly reduced pain, burning sensation, erythema, swelling, itching, and vesicular eruptions while promoting faster healing of lesions.

However, *Jalaukavacharana* exhibited comparatively superior clinical efficacy owing to its ability to eliminate vitiated *Rakta*, reduce inflammatory mediators, improve local circulation, and accelerate tissue repair. These observations are consistent with the classical recommendations of *Acharya Sushruta* regarding *Raktamokshana* in *Pitta-Rakta* predominant disorders.

The findings support the integration of Jalaukavacharana as an evidence-based *Panchakarma* procedure for *Visarpa. Audumbar Lepa* may be effectively used either as an independent conservative therapy or as an adjunct to *Jalaukavacharana* to enhance local healing and symptomatic relief.

Further multicentric studies with larger sample sizes, longer follow-up, and biochemical or immunological parameters are recommended to establish stronger scientific evidence for these traditional therapeutic modalities.

REFERENCES

1. Vaidya Vidhyadhar Shukla, Vaidya Ravi Dutt Tripathi, *Charaka Samhitha*, Choukambha Sanskrit Prathishthan, Varanasi, Re-edited, 2004; 7/7; pp,765.
2. Sushrut, Sushruta Samhita, with Nibandhasangraha of Dalhanachrya & Nyachandrika Panjika of Gayadasachrya edited by Vaidya Yadavji Trikamji Acharya. Nidanasthana, 10th chapter, verse no.2, Chaukhamba sanskriti Prakashan Varanasi 2019, Page number-306.
3. Khot K, Jain K.J. management of Herpes Zoster (*Visarpa*) through Ayurveda. Ejpmr, 2016; 3(11): 263-268.
4. Dongare GM. Management of *Pittaja Visarpa*(Herpes zoster ophthalmicus) with Ayurveda -Clinical Images Int. J AYUSH CaRe, 2018; 2(1): 43-47.
5. Charaka. Acharya Vidhyadhar Shukla, Prof. Ravidatt Tripathi, editor. *Charaka Samhitha* of Agnivesh Vol -2nd, Chikitsa 21/141, Reprint edition – 2012, Delhi: Chaukhamba sanskrita pratishthan, Pg.No -515.

6. Charaka. Acharya Vidhyadhar Shukla, Prof. Ravidatt Tripathi, editor. *Charaka Samhitha* of Agnivesh Vol -2nd, Chikitsa 21/72, Reprint edition – 2012, Delhi: Chaukhamba sanskrita pratishthan.
7. Charaka. Acharya Vidhyadhar Shukla, Prof. Ravidatt Tripathi, editor. *Charaka Samhitha* of Agnivesh Vol -2nd, Chikitsa 21/11, Reprint edition – 2012, Delhi: Chaukhamba sanskrita pratishthan, Pg.No -504.
8. Susruta. Prof. K.R.Srikantha Murthy, editor. Illustrated Susruta Samhita Text English Translation, Vol 1st, Nidana 10/3, and Reprint edition 2017, Varanasi: Chukhambha orientalia, Pg.No – 527.
9. Charaka. Acharya Vidhyadhar Shukla, Prof. Ravidatt Tripathi, editor. *Charaka Samhitha* of Agnivesh Vol -2nd, Chikitsa 21/16 - 21, Reprint edition – 2012, Delhi: Chaukhamba sanskrita pratishthan, Pg.No -505.
10. Susruta. Prof. K.R.Srikantha Murthy, editor. Illustrated Susruta Samhita Text English Translation, Vol 1st, Nidana 10/7, and Reprint edition 2017, Varanasi: Chukhambha orientalia, Pg.No – 528.
11. Vagbhata. Harisadasivasastri Paradakara Bhisagacarya, editor.Ashtanga Hrudayam with Sarvangasundara of Arunadatta & Ayurveda rasayana of Hemadri. Nidana 13/43, Reprint edition – 2015, Varanasi: Chaukhambha Sanskrita Sansthan, Pg. No – 521.
12. Madhavakara. Gopal Prasada Sharma Kaoushika, editor. Madhava NidanaHindi Anuvada aura Parishista Samhita. Nidana 52/1, Reprint edition – 2009, Lakhanau: Tejakumara Book depo Limited, Pg.No – 342.
13. Charaka. Acharya Vidhyadhar Shukla, Prof.Ravidatt Tripathi, editor. *Charaka Samhitha* of Agnivesh Vol -2nd, Chikitsa 21/22, Reprint edition – 2012, Delhi:Chaukhamba sanskrita pratishthan, Pg.No -505.
14. Susruta. Prof. K.R.Srikantha Murthy, editor. Illustrated Susruta Samhita Text English Translation, Vol 1st, Nidana 10/3, and Reprint edition 2017, Varanasi: Chukhambha orientalia, Pg.No – 527.
15. Susruta. Prof. K.R.Srikantha Murthy, editor. Illustrated Susruta Samhita TextEnglish Translation, Vol 1st, Nidana 10/7, and Reprint edition 2017, Varanasi: Chukhambha orientalia, Pg.No – 528.
16. Madhavakara. Gopal Prasada Sharma Kaoushika, editor. Madhava Nidana Hindi Anuvada aura Parishista Samhita. Nidana 52/1, Reprint edition – 2009, Lakhanau: TejakumaraBookdepo Limited, Pg.No – 342.

17. Charaka. Acharya Vidhyadhar Shukla, Prof.Ravidatt Tripathi, editor. *Charaka Samhitha* of Agnivesh Vol -2nd, Chikitsa 21/12,13,14, Reprint edition – 2012, Delhi: Chaukhamba sanskrita pratishthan, Pg.No -504.
18. Sastri P, Sarngadhara Samhita of Sarngadharacharya with the commentary of Adhamalla's Dipika and Kasirama's Gudhartha Dipika. 5th ed. Varanasi: Chaukhambha Orientalia, 2002; Pg. No.654.
19. Madhavakara. Gopal Prasada Sharma Kaoushika, editor. Madhava Nidana Hindi Anuvada aura Parishista Samhita. Nidana 52/24, Reprint edition – 2009, Lakhanau: Tejakumara Book depo Limited, Pg. No – 345.
20. Vagbhata. Harisadasivasastri Paradakara Bhisagacarya, editor. Ashtanga Hrudayam with Sarvangasundara of Arunadatta & Ayurveda rasayana of Hemadri. Nidana 13/66, Reprint edition – 2015, Varanasi: Chaukhambha Sanskrita Sansthan, Pg. No – 523.