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Case Study

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APPLICATION OF JALAUKAVACHARANA IN THROMBOSED EXTERNAL HAEMORRHOID: A SINGLE CASE REPORT

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ABSTRACT

Introduction: Arsha (haemorrhoids) is described in Ayurveda as one of the Ashtamahagada^[1] and is considered a Rakta and Vyadhi.^[2] Mamsa Pradoshaja Thrombosed external haemorrhoid is an acutely painful condition resulting from clot formation in external veins. Jalaukavacharana (medicinal leech therapy), a form of Mridu *Raktamokshana*, is indicated in inflamed conditions where Rakta Dushti predominates. **Objective:** To evaluate the efficacy of Jalaukavacharana in a case of thrombosed haemorrhoid. Case Description: A 39-year-old male presented with severe anal pain, burning, and a tender bluish mass around the anus. After routine investigations were found normal, Jalaukavacharana was performed on alternate days for three sittings. The leech was applied directly over the thrombosed haemorrhoid under aseptic conditions. Pain, swelling, and constipation severity were recorded before and after treatment.

Results: The patient experienced immediate reduction in pain and discomfort after the first sitting, with marked relief in swelling and constipation following subsequent sessions. Complete resolution of the thrombosed mass and symptoms occurred by the tenth day. No adverse events such as excessive bleeding or infection were observed. **Discussion:** The therapeutic effects of *Jalaukavacharana* can be attributed to leech saliva constituents—anticoagulants, thrombolytics, and anti-inflammatory agents which help relieve venous

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congestion, dissolve the thrombus, and restore circulation. From an Ayurvedic perspective, the therapy effectively eliminates vitiated Rakta, thereby alleviating *Shoola, Shotha*, and *Daha*. **Conclusion:** *Jalaukavacharana* provided safe, effective, and rapid relief in a case of thrombosed external haemorrhoid, suggesting its potential as a minimally invasive alternative to surgical excision. Controlled clinical studies are warranted to validate these findings and standardize its therapeutic application.

INTRODUCTION

Arsha (haemorrhoids) is described in Ayurveda as one of the Ashtamahagada^[1] (eight grave diseases) and is considered a rakta and mamsa pradoshaja vyadhi^[2] according to Sushruta.

The term haemorrhoid is derived from the Greek words haima (blood) and rhoos (flowing), referring to bleeding from dilated anal cushions.

Thrombosed external haemorrhoid is an acute, intensely painful condition caused by clot formation within external haemorrhoidal veins, often requiring urgent intervention in modern practice.

In Ayurveda, *Jalaukavacharana* (medicinal leech therapy) is one of the principal methods of *Raktamokshana* indicated in painful, inflamed conditions where vitiated blood is involved and where mild, localized bloodletting is preferred.

Leech saliva contains anticoagulant, thrombolytic and anti-inflammatory substances, which can relieve pain and venous congestion in thrombosed lesions.

This case report presents the successful use of *Jalaukavacharana* in a patient with thrombosed external haemorrhoids.

CASE REPORT

A 39-year-old male presented with severe pain and burning sensation during defecation for a few days, associated with constipation and difficulty in sitting and walking. He complained of a large, painful mass per rectum. Local examination revealed a tender, bluish, thrombosed external pile mass located at the 6 o'clock and 1 o'clock positions. Systemic examination was within normal limits: blood pressure 130/80 mmHg, pulse rate 80/min, respiratory system AEBE bilaterally, cardiovascular system S1S2 normal, and the patient was conscious and oriented.

Routine investigations including complete blood count, bleeding time, clotting time,

random blood sugar,

and screening for HIV 1 & 2

and HBsAg were carried out and reported within normal limits.

On the basis of clinical features and examination, a diagnosis of thrombosed external haemorrhoids was made, and conservative management with *Jalaukavacharana* was planned.

METHODOLOGY

Preparation

After necessary investigations and informed consent, an unused, medium-sized medicinal leech was selected. The perianal region was cleaned and draped under strict aseptic precautions.

Procedure

The patient position was lithotomy for perianal procedures.

An activated leech was applied directly over the thrombosed external haemorrhoid at the 5 o'clock position in the first sitting and then at both 5 and 1 o'clock positions in subsequent sittings.

The leech was allowed to suck until it detached or for approximately 45 minutes. If required, detachment was facilitated by applying turmeric powder over the anterior sucker.

After removal of the leech, the bite site was again dusted with turmeric powder and covered firmly with a sterile gauze pad to prevent further bleeding.

The leech was made to vomit its blood content (*vaman of Jalouka*) by placing it in turmeric powder and then kept in a separate container for subsequent use.

Three sittings of *Jalaukavacharana* were performed on alternate days. During the treatment period, the patient was advised a soft, high-fibre diet, adequate oral fluids and avoidance of straining at stool.

Assessment

The effect of therapy was assessed using clinical parameters recorded before treatment (BT), after each sitting, and after completion of therapy (AT): Pain over the thrombosed haemorrhoid. Size of mass per rectum & Severity of constipation.

Variable	BT	1 st Sitting	2 nd Sitting	3 rd Sitting	AT
Pain	++++	+++	+	+	-
Mass per rectum	+++	++	+	-	-
Constipation	+++	++	+	-	-

RESULTS

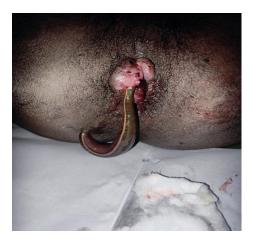
Pain over the thrombosed external heamorrhoid started reducing soon after the first application of leech, and the patient reported marked relief in discomfort during defecation. After the second sitting there was a noticeable reduction in the size and tension of the swelling, and the severity of constipation also decreased. Following the third sitting of *Jalaukavacharana*, the patient experienced approximately 80% relief in pain, burning sensation and difficulty in passing stool.

By the tenth day from initiation of therapy, the patient was completely relieved of pain, the thrombosed mass had resolved clinically, bowel movements were painless and regular, and the patient expressed full satisfaction with the treatment.

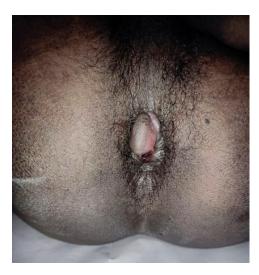
No complication such as excessive bleeding, infection or allergic reaction was observed.



Before Treatment



During Treatment



After Treatment

DISCUSSION

Thrombosed external haemorrhoid is a very painful condition traditionally managed by excision of the thrombus or conservative measures in modern surgery.

The present case demonstrates that *Jalaukavacharana* can provide rapid pain relief and resolution of the thrombus without the need for surgical excision.

As soon as the leech began sucking, the patient experienced reduction in pain, suggesting immediate decompression and dilution of inflammatory mediators around the thrombosed plexus.

Leech saliva contains a variety of biologically active substances, including anticoagulants (such as hirudin), thrombolytic enzymes and anti-inflammatory agents. (Bdellings/Eglins).

These components improve local blood flow, prevent further clot propagation, enhance thrombolysis and reduce tissue oedema.

Through their suction effect, leeches also improve microcirculatory perfusion in ischaemic tissues, thereby promoting restoration of capillary anastomosis and preventing necrosis.

In a thrombosed external haemorrhoid, these actions collectively lead to reduction in venous congestion, softening of the clot and gradual resolution of the swelling.

In Ayurvedic terms, *Jalaukavacharana* is a form of *Raktamokshana* suited for *Pitta* and *Rakta* predominant conditions like *Raktaja Arsha*, where local congestion and inflammation are prominent.

By removing vitiated blood from the affected site and improving *Rakta* circulation, leech therapy alleviates *shoola* (pain), *shotha* (swelling) and *daha* (burning). This case supports

classical descriptions that recommend leech application in acutely painful, congested haemorrhoidal masses.^[4]

The limitation of this report is that it represents a single case without objective measurements such as pain score scales or long-term follow-up for recurrence.

Nevertheless, the clear temporal association between leech therapy and relief of symptoms suggests potential effectiveness of *Jalaukavacharana* as a minimally invasive therapeutic option in thrombosed external haemorrhoids.

CONCLUSION

Jalaukavacharana provided rapid and sustained relief of pain, swelling and constipation in a patient with thrombosed external haemorrhoids, with complete resolution of the mass by the tenth day and no observed complications.

Medicinal leech therapy, when performed with proper aseptic precautions and appropriate patient selection, can be considered a simple, safe and cost-effective alternative to surgical excision in selected cases of thrombosed external haemorrhoid. Further prospective studies with larger sample sizes and standardized outcome measures are required to substantiate these findings and to integrate *Jalaukavacharana* into evidence-based management protocols for haemorrhoidal disease.

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