

JALAUKAVCHARAN IN EXTERNAL THROMBOSED PILE-IN-ANO – A SINGLE CASE STUDY

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ABSTRACT

External thrombosed hemorrhoids (piles) are painful perianal conditions often requiring surgical intervention. Jalaukaavcharan (leech therapy), a para-surgical modality described in Ayurvedic classics, offers a non-invasive approach for bloodletting and inflammation reduction. This case study documents the successful management of a thrombosed external pile using Jalaukaavcharana, with significant reduction in pain, edema, and clot resolution within days, avoiding surgery. The study supports its efficacy as a safe and effective Ayurvedic alternative.

KEYWORDS: Jalaukaavcharan, Thrombosed piles, Raktamokshana.

INTRODUCTION

External piles become thrombosed due to rupture of subcutaneous perianal veins, resulting in a painful, bluish swelling at the anal verge. This condition is often acute and severely painful, with standard treatments including excision or incision. Ayurveda classifies this as Shotha Janya Arsha, for which Raktamokshana is recommended. Jalaukaavcharan, mentioned in Sushruta Samhita, is a specialized form of bloodletting ideal for delicate and inflamed areas, providing quick relief by removing vitiated blood (Dushta Rakta).

CASE REPORT

Patient Details

Name: Mr. S.C.

Age/Gender: 47 years/Male

Occupation: Office worker

OPD No.: 03/60271L

Date of consultation: 14 january 2025

Chief Complaints

1. Severe pain at anal margin
2. Swelling near anus
3. Difficulty sitting for 2 days

History

No history of bleeding per rectum.

No prior similar complaints.

Constipation history present.

Local Examination

Inspection: Single, bluish, Reddish, tender swelling (~1.5 cm) at 9 o'clock position on anal verge.

Palpation: Firm, tense, highly tender; positive cough impulse absent.

Proctoscopy: Normal internal mucosa.

Diagnosis: External Thrombosed Pile (Arsha with Raktashotha)

METHODOLOGY

Treatment Plan

Jalaukaavcharan (Leech Therapy) once daily for 3 days

Procedure

Patient in lateral position.

Local area cleaned with lukewarm saline.

A single mature Jalooka (*Hirudo medicinalis*) was applied over the pile mass.

Leech detached after ~25 minutes on its own.

Site cleaned with turmeric decoction and bandaged.

Post-care: Haridra (turmeric) powder dusting to prevent infection.

Internal Medication

Triphala Guggulu 500 mg TID – for virechana and anti-inflammatory effect.

Eranda Bhrishta Haritaki – at night with warm water – to prevent constipation.

OBSERVATIONS AND RESULTS

| Day | Pain (VAS Score) | Swelling | Tenderness | Other Observations |
|-------|------------------|----------------|------------|---------------------|
| Day 1 | 9/10 | Present | Severe | Leech applied |
| Day 2 | 4/10 | Reduced by 50% | Mild | No bleeding |
| Day 3 | 1/10 | Almost gone | Absent | Leech not reapplied |
| Day 7 | 0/10 | Healed | Nil | Follow-up normal |

No recurrence noted in 1-month follow-up. Bowel habits normalized.

Picture



DISCUSSION

This case confirms that Jalaukaavcharana effectively reduces pain, venous congestion, and inflammation by safely extracting vitiated blood, reducing pressure in local veins, and promoting tissue repair.

Sushruta recommends Raktamokshana in Arsha Chikitsa, especially in Shotha Yukta Arsha (S.S. Chikitsa Sthana 6/21). Leech saliva contains hirudin, calin, and hyaluronidase, which have anti-thrombotic, analgesic, and anti-inflammatory properties.

Modern studies suggest that leech therapy enhances microcirculation and helps reabsorb hematomas, supporting its use in thrombosed hemorrhoids.

CONCLUSION

Jalaukaavcharana is a safe, minimally invasive, and effective treatment for external thrombosed piles. It avoids the need for surgical incision or excision and provides immediate symptomatic relief. This approach is highly suitable for patients reluctant for surgery or with high-risk conditions.

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