

JALAUKAVACHARANA IN ARSHA W.S.R. PROLAPSED THROMBOSED HEMORRHOIDS - A CASE STUDY

^{*1}Dr. Ankush Kushal, ²Dr. Saneha Sharma

^{*1}BAMS, MS(Ay.) Shalya Tantra, ACGE Consultant Department of Shalya Tantra
HIMCAPES Multi-Specialty Hospital Una, Himachal Pradesh Pin -177209.

²BAMS, MD(Ay.) Panchkarma Consultant Department of Panchkarma HIMCAPES Multi-Specialty Hospital Una, Himachal Pradesh Pin -177209.

Article Received on 01 June 2026,
Article Revised on 22 June 2026,
Article Published on 01 July 2026,

<https://doi.org/10.5281/zenodo.210287>

*Corresponding Author

Dr. Ankush Kushal

BAMS, MS(Ay.) Shalya Tantra,
ACGE Consultant Department of
Shalya Tantra HIMCAPES Multi-
Specialty Hospital Una, Himachal
Pradesh Pin -177209.



How to cite this Article: ^{*1}Dr. Ankush Kushal, ²Dr. Saneha Sharma. (2026). Jalaukavacharana In arsha W.S.R. Prolapsed Thrombosed Hemorrhoids - A Case Study. World Journal of Pharmaceutical Research, 15(13), 740-749. This work is licensed under Creative Commons Attribution 4.0 International license.

ABSTRACT

The estimated global prevalence of hemorrhoids is between 2.9% and 27.9%, of which over 4% are symptomatic. Due to such a disease burden various methods for its prevention and treatment are devised in which *Jalaukavacharana* is among them. Due to its novel approach various patients are treated with this therapy one of which is being described in this case study. After thorough case selection and with informed consent, photographs were taken of patient on intervals as per protocol of therapy along with subjective and objective parameters to properly define and describe the outcomes. This case study is an attempt to provide a scientific outcome of *Jalaukavacharana* in *Arsha w.s.r. Thrombosed Prolapsed Hemorrhoids*.

KEYWORDS: *Jalaukavacharana, Hirudotherapy, Leech Therapy, Arsha, Thrombosed Prolapsed Hemorrhoids.*

INTRODUCTION

Although few people have died of hemorrhoidal disease, many patients wish they had, particularly after therapy, and this fact led to the beatification of St. Fiachre, the patron saint of gardeners and hemorrhoidal sufferers.^[1] Thrombosis is almost always complication of large prolapsed second or third degree hemorrhoids as they get nipped between the sphincter muscles in prolapsed state so the congestion and thrombosis results.^[2] The natural history of internal cushion thrombosis is one of slow natural resolution. Oedema and inflammatory

swelling are maximal for 1–4 days after the thrombosis. Resolution is clinically obvious by 10 days, although it is not usually complete for 4–6 weeks. Even then, the enlarged skin tags may remain as a constant memorial to the events.^[3] Thrombosis of External Vascular Channels is sometimes incorrectly termed ‘perianal haematoma’; however, it does not spread in the tissues as does a haematoma due to rupturing of a blood vessel. The thrombosis seems to be intravascular, and the clot has an endothelial lining. It is the tense swelling within the confines of the vascular space that makes the lesion feel hard and smooth and that makes it so painful for the patient.^[4] Thus Thrombosis due to it’s description is similar to description of *Avgaadh Rakta* which is best treated by *Jalauka*.^[5] thus becoming the basis of this case study.

PATIENT INFORMATION

A 43 years old male patient came to the OPD with complaints of Hard swelling around anal verge with continuous throbbing pain which makes him incapable to sit or walk properly. The mass is associated with thick mucoid discharge since 24 to 36 hours. Patient further told that this condition was present after he went to defecate for which he strained due to his long standing constipation.

The patient had constipation for past 6 to 7 years after he was diagnosed as Type II Diabetic for which he was on medications ever since. Straining during defecation, non satisfactory voiding of stool and sometimes manual removal was required. He was taking laxative on frequent basis due to his bowel habits which now were being not that effective as before. He was even diagnosed with Grade 2 Interno-External Hemorrhoids almost 2 years back and was counseled accordingly. He had no history of any Surgical Procedure or any other Hospitalization, no Blood transfusion or any Drug or Food Allergy.

CLINICAL FINDINGS

Criteria of assessment

Following criterion was used for assessment:

1. Pain

| | | |
|------------------|---|------|
| 1. No pain | - | 0 |
| 2. Mild pain | - | 1-3 |
| 3. Moderate pain | - | 4-7 |
| 4. Severe pain | - | 8-10 |

2. Proctorrhagia

| | | |
|---------------------------------|---|---|
| 1. No | - | 0 |
| 2. Mild (2-5drops/24hours) | - | 1 |
| 3. Moderate (6-10drops/24hours) | - | 2 |
| 4. Severe (>12drops/24hours) | - | 3 |

3. Swelling

| | | |
|----------------------|---|---|
| 1. No swelling | - | 0 |
| 2. Mild swelling | - | 1 |
| 3. Moderate swelling | - | 2 |
| 4. Severe swelling | - | 3 |

4. Heaviness & discomfort in anorectal region

| | | |
|----------------------------------|---|---|
| 1. None | - | 0 |
| 2. Mild (only during defecation) | - | 1 |
| 3. Moderate (in sitting posture) | - | 2 |
| 4. Severe (in standing posture) | - | 3 |

Rectal examination

The local examination was carried out by inspection, palpation, digital examination, proctoscopy.

Position of patient – **Lithotomy**

a. Inspection (*darshanpariksha*)

1. Colour of anal skin- Greyish Brown
2. Anal tag- No tags
3. External hemorrhoids- at 3,11 o'clock position
4. Prolapse of internal hemorrhoids- at 3 o'clock position
5. Itching marks- not visible
6. local hygienic conditions- fairly good
7. skin infections- not visible
8. scar of previous surgery- not visible

b. Palpation & digital examination (*sparshan pariksha*)-

1. Temperature- slightly raised
2. Sphincter tone- normal resting tone and good squeeze test
3. Tenderness- present over the swollen, prolapsed, thrombosed pile masses
4. Consistency of rectal mucosa- smooth
5. Any growth or swelling in anal canal/ rectum- mild to moderate hardened ball like swelling around 3 and 11 o'clock position
6. Staining of examining finger- blood with faeces

C. Proctoscopy

Proctoscopy is not possible due to pain and discomfort.

Table No. 1

| Findings | | |
|------------------------|--------------|--------------|
| Position | 3 o'clock | 11 o'clock |
| Color | Bluish Brown | Bluish Pink |
| Active Bleeding | Present | Present |
| Degree | Third Degree | Third Degree |
| Thrombosed | Yes | Yes |
| Strangulated | Yes | No |

Table No. 2

| Criteria | Symptoms | Score (Out of 19) |
|---|-------------------------|--------------------------|
| Pain | Moderate Pain | 6 |
| Proctorrhagia | Mild | 1 |
| Swelling | Moderate Swelling | 2 |
| Heaviness and Discomfort | Severe (while standing) | 3 |
| Final Assessment (Pre-procedure) | | 12/19 |

JALAUKAVACHARANA

Following schedule was observed uniformly in all the patients:

1. Poorva karma**Counselling and consent**

Proper counseling of patient was done and the whole procedure was explained to him thoroughly. A well-informed written consent of patient and his attendant was obtained every time, before each sitting of the procedure. Nonpoisonous leeches supplied by the professional vendors were selected.

Shodhana of jalauka

Jalauka was taken out of their pot and sprinkled over with water saturated with mustard seed and turmeric paste. Then for a moment (*Muhurta*) it was kept in pot or tank full of curcumin water (water with *haridra*) till it regained its natural cheerfulness and freshness (*vigata klama*) and free from natural urges (*mukatpurisha*).

Equipments required for *jalaukavacharana*

- Sterile gloves
- Sterile gauze pieces
- Fresh water
- A bowl
- Turmeric powder
- Common salt powder
- Rice powder
- Paper tape
- Sterile bandage

Preparation of the patient

Anti-tetanus prophylaxis given.

The patient was given lithotomy position comfortably. The part, where leeches were going to be applied, was cleaned with fresh water only but not with soap or any antiseptic, because leeches are odour sensitive and they may not bite. The affected part was dried with cotton gauze pieces.

2. *Pradhana karma*

Application of *jalauka*

Jalauka were held with wet gauze piece or cotton at its neck and were applied directly to the affected part. If *jalauka* was not able to stick to the desired spot, the affected part was sprinkled with a drop of milk or blood or ghee or butter or pricked on with the help of *suchi*. After all efforts, if *jalauka* was not holding itself at the desired spot, other fresh *jalauka* was applied.

Features of sucking of *jalauka*^[6]

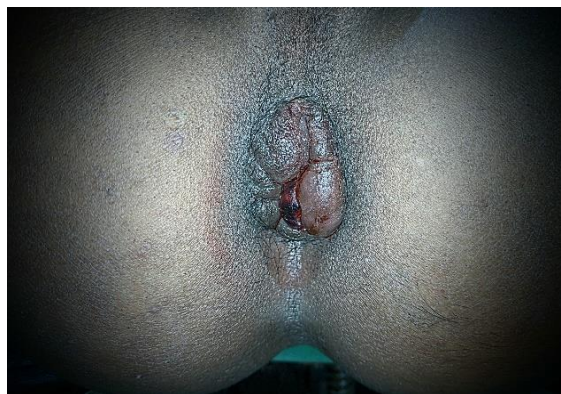
When *jalauka* mouth gets stuck at the site, its middle part gets elevated and it adopts the shape of a horse shoe (*Aswakhuravata ananam, Unnabhayava*), it is said that it is sucking

well. Once *jalauka* starts sucking the blood, it should be covered with wet gauze and cold water should be poured in a controlled continuity, so the process becomes comfortable for them. *Jalauka* sucks vitiated blood from a mixture of vitiated and non-vitiated blood like the swan drinks only milk from mixture of milk and water. When itching or pricking pain was felt at the site *jalauka* was removed, if not, little turmeric powder or common salt powder was sprinkled on the sucking part of the leech as it denotes *jalauka* is now sucking pure blood.

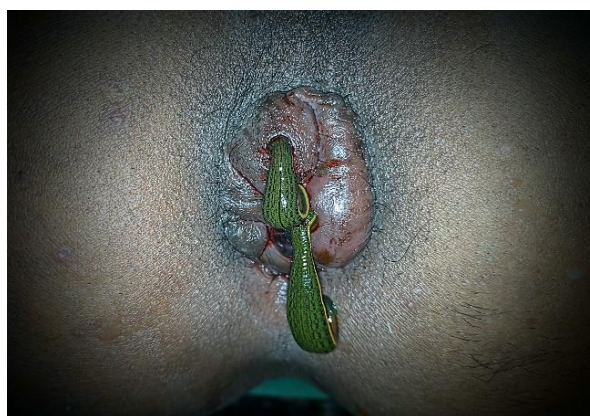
Dressing - After detaching of *jalauka*, affected part was cleaned and antiseptic dressing was done. T- Bandage application was done to hold the dressing in position.

3. *Pashchata karma*

Vomiting of *jalauka*- After falling off, *jalauka* was dusted over with rice powder and their mouth was lubricated with composition of oil and common salt. Then *jalauka* was held between left thumb and fingers. If needed, squeezing was done by right thumb and index finger in forward direction gently so as to vomit the sucked vitiated blood. It was done till the signs of proper vomiting appear. When the vomiting by *jalauka* was completed, it was left in a vessel of water.



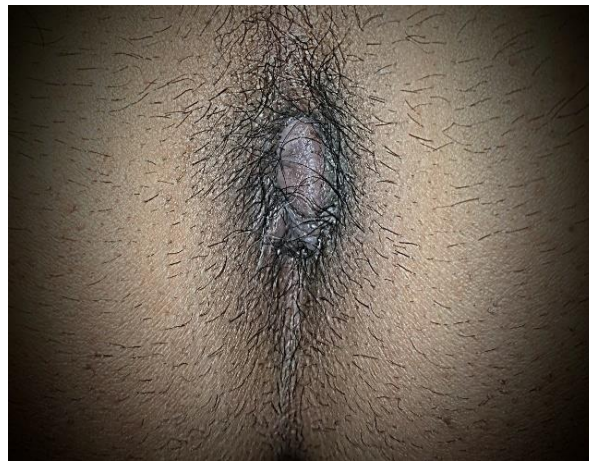
Patient presenting with Thrombosed hemorrhoids.



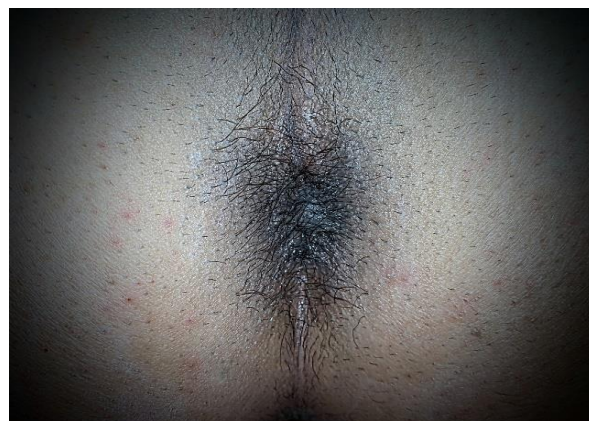
During First Sitting of *Jalaukavacharana*.



Before second sitting



Before third sitting



Seven days after third sitting

Figure 1 -Sittings of *Jalaukavacharna* with it's effects.

EFFECT OF THERAPY

Pre-procedural findings and assessment as per criteria are in Table No. 1, 2 and comparative data is shown in Table 3. This data is backed up by patient presentation (in lithotomy) given in Figure 1.(Photos taken after informed consent)

Table No. 3

| Criteria | Symptoms | Pre-Procedure Score (Out of 19) | Seven Days Post Final Sitting Score (Out of 19) |
|--------------------------|-------------------------|---------------------------------|---|
| Pain | Moderate Pain | 6 | 1 |
| Proctorrhagia | Mild | 1 | 0 |
| Swelling | Moderate Swelling | 2 | 0 |
| Heaviness and Discomfort | Severe (while standing) | 3 | 1 |
| Assessment | | 12/19 | 2/19 |

DISCUSSION

Probable Mode Of Action Of Jalaukavacharana

Jalauka sucks only impure blood with ideal example of Swan by *Vagbhata*^[7]

- From Ayurvedic perspective, after leech application expulsion of impure blood takes place, due to which local vitiated *doshas* (toxins and unwanted metabolites) are removed. Similarly, it facilitates fresh blood supply and promotes wound healing by formation of 'Healthy Newer Tissues'.
- The secretions of salivary gland of leech contains more than hundred bioactive substances which are responsible for carrying out the desired medical effect. The saliva of leech contains substances that anaesthetize the area making the bite of leech painless on its host and dilate blood vessels to increase blood flow to the site of bite. Bioactive substances also contain anti-inflammatory, bacteriostatic and analgesic properties. The important constituents present in the leech saliva and their actions are given below.
 1. **Anti-coagulant effect:** Inhibition of blood coagulation takes place by Hirudin, Bufrudin and Calin. Hirudin is a powerful anti-coagulant which inhibit blood coagulation by preventing conversion of fibrinogen to fibrin. Calin inhibits blood coagulation by inhibition of collagen-mediated platelet aggregation and adhesion. It also inhibits Von Willebrand factor dependent platelet adhesion to collagen. These factors increase the inflow of blood at the bite site.
 2. **Analgesic and Anti-inflammatory effects:** Anti-inflammatory action due to the presence of substances like Bdelins and Eglins in the saliva which prevents leucocytes accumulation in the surrounding vessels, thus inhibits release of inflammatory factors.

Tryptase Inhibitors inhibits tryptase which plays a key role in the pathogenesis of allergic and inflammatory reactions associated with impaired mast cell function, thus reduces the inflammatory edema and local temperature.

3. Thrombolytic effect

Destabilase is an enzyme with glycosidase activity and shows both antibacterial and fibrinolytic actions. This enzyme has a major degradative action on stabilized fibrin and as an anticoagulant agent should also be evaluated.

4. Vasodilatation

Histamine like substances that causes vasodilatation and arise local vascular permeability. Acetylcholine is also a component in leech secretions, causing endothelial muscle relaxation and vasodilatation.

Carboxypeptidase A inhibitors which corrects venous hypertension, reduces vascular congestion. It corrects venous valve dysfunction and extra vascular fluid perfusion. This prevents leakage of proteins and isolation of extra cellular matrix molecule and growth factors.

5. Antibiotic Properties

Hyaluronidase which breaks down into hyaluronic acid. As a 'spreading factor', it opens the interstices, paving the way for other active substances in leech saliva to reach the deeper tissues. Hyaluronidase also possesses antibiotic property.

CONCLUSION

Jalaukavacharana has achieved quiet a popularity all over the globe due to its effectiveness, ease of usage and minimal learning curve for execution. This proves the fact that *Jalaukavacharana* which was being used in ancient times still holds to its principals and results in this time of advancements. Patients treated with this modality responded well in the clinical setup. There was marked reduction in the cardinal symptoms which were the main causes of the patients' visits.

SUGGESTIONS FOR FURTHER STUDY

1. This study was conducted a subject which doesn't give an exact deduction of the ideology of *Jalaukavacharana* but definitely gives us this clue that the efforts are in the right direction. Larger pool should give more generalized result which will be better for implementation.

2. Multi central studies should be conducted along with their comparison for better statistical data.
3. *Jalaukavacharana* should be tried in more fields to have a better understanding.
4. Currently available *jalauka* should be analyzed so that categorization on the basis of ancient texts can be done properly.

REFERENCES

1. Rachochot JE, Petourand CH, Riovoire JO: Saint Fiacre: The healer of hemorrhoids and patron saint of proctology. *Am J Proctol* 1971; 22: 175.
2. *Surgery of Anus Rectum and Colon* by J.C. Goligher, H.L. Dutie and H.H. Nixon Bailliere Tindall London 1975 Edition 3rd Chapter 4 Page 122.
3. *Surgery of the Anus, Rectum and Colon* by Keighley & Williams' CRC Press Taylor and Francis Group Edition 4th 2019 Chapter 11 Page 198.
4. *Surgery of the Anus, Rectum and Colon* by Keighley & Williams' CRC Press Taylor and Francis Group Edition 4th 2019 Chapter 11 Page 199.
5. *Sushrut Samhita Tika- Ayurvedatatvasandipika* by Kaviraj Ambita Dutt Shastri Chaukhamba Sanskrit Series, Varansai Edition 1st 1954 (Su.Sh. 8/25-26)
6. *Sushrut Samhita Tika- Ayurvedatatvasandipika* by Kaviraj Ambita Dutt Shastri Chaukhamba Sanskrit Series, Varansai Edition 1st 1954 (Su.Su. 13/10)
7. *Astaang Sanghraya Nirmala* by Kaviraj Atridev Gupta Ramohandra Yesu Shedge at Nirnya Sagar Press Edition 1st 1951 (A.S.Su.35/4)