International Research Journal of Pharmacy and Medical Sciences
ISSN (Online): 2581-3277

Jalaukavacharana as a Minimally Invasive Alternative in Prolapsed Thrombosed Hemorrhoid: A Case Report

Ajithra A[1], C. Raghunathan Nair[2], Anju Jayan[3], Sreelakshmi K M[4]
[1]MS(Ay) Scholar, Department of Salyatantra, Sree Narayana Institute of Ayurvedic Studies and Research, Pangode, Puthur, Kollam -691507
[2]Professor, Department of Salyatantra, Sree Narayana Institute of Ayurvedic Studies and Research, Pangode, Puthur, Kollam - 691507
[3]Assistant Professor, Department of Salyatantra, Sree Narayana Institute of Ayurvedic Studies and Research, Pangode, Puthur, Kollam -691507
[4]MS(Ay) Scholar, Department of Salyatantra, Sree Narayana Institute of Ayurvedic Studies and Research, Pangode, Puthur, Kollam -691507
Email address: ajithra.nooranad@gmail.com

Abstract*— *Introduction: *Thrombosed Hemorrhoid is an acute complication of hemorrhoidal disease characterized by clot formation within the hemorrhoidal veins, producing severe anal pain and a tender prolapsed swelling. It often necessitates emergency surgical intervention. Jalaukavacharana (medicated leech therapy), an Ayurvedic bloodletting procedure, may serve as a safe and minimally invasive alternative by relieving venous congestion and inflammation.* ***Methodology:*** *A 74-year-old patient with prolapsed thrombosed fourth-degree internal hemorrhoid was managed on an outpatient basis with Jalaukavacharana. Three treatment sessions were conducted at four-day intervals. Clinical evaluation was based on pain relief, reduction of swelling, thrombus resolution and overall symptomatic improvement over a 25-day follow-up period.* ***Results:*** *The patient showed progressive reduction in pain and edema following each session. By the end of the study, the hemorrhoidal mass had reduced significantly. The thrombus had completely resolved and the patient become symptom-free without requiring surgical intervention.* ***Discussion:*** *The therapeutic effects may be attributed to the Seeta and Madhura properties of Jalauka, which help pacify Pitta and Rakta vitiation. In addition, bioactive components of leech saliva exhibit anticoagulant, anti-inflammatory, analgesic and microcirculatory effects that may facilitate thrombus resolution and tissue healing.* ***Conclusion:*** *Jalaukavacharana appears to be a safe, effective and minimally invasive treatment modality for prolapsed thrombosed hemorrhoid. However larger clinical studies are needed to establish its efficacy.*

Keywords*— *Jalaukavacharana; Thrombosed hemorrhoid; Arsha; Leech therapy; Raktamokshana; Prolapsed hemorrhoid; Case report.

I. INTRODUCTION

Thrombosed hemorrhoid is an acute and painful complication of hemorrhoidal disease resulting from the formation of a thrombus within the hemorrhoidal venous plexus. It commonly presents as a tense, tender perianal swelling accompanied by severe pain, edema and impaired venous drainage. If the prolapsed hemorrhoidal mass becomes strangulated, venous congestion worsens, leading to progressive edema and increased pain. Owing to the severity of symptoms, early surgical intervention is frequently considered the standard management.

In Ayurveda, *Arsha* is recognized as one among the *Ashtamahagada* (eight major diseases) because of its chronicity, recurrence and impact on the patient's quality of life[1]. According to Sushruta, *Arsha* is predominantly a *Rakta-Mamsa Pradoshaja Vyadhi*, involving vitiation of *Rakta* and *Mamsa Dhatu*[2]. Classical Ayurvedic texts recommend *Jalaukavacharana* (medicated leech therapy) for disorders associated with *Rakta* and *Pitta* vitiation. Charaka has described its use in *Ardra Arsha* [3], while Acharya Vagbhata advocates *Jalaukavacharana* in cases presenting with *Sanchita Dushta Rudhira* (localized collection of vitiated blood/thrombosis), *Shoona* (swelling) and *Katina Arsha* (hard hemorrhoids) [4].

The therapeutic benefits of *Jalaukavacharana* may be attributed to both Ayurvedic principles and modern pharmacological mechanisms. Leech saliva contains several biologically active substances like histamins, hirudin etc possessing anticoagulant, thrombolytic, anti-inflammatory, analgesic and vasodilatory compounds, which help improve local blood circulation, reduce edema, relieve pain and facilitate thrombus resolution.

Considering these therapeutic attributes and the limited evidence on its role in thrombosed hemorrhoids, the present case report evaluates the clinical effectiveness of *Jalaukavacharana* in the management of a prolapsed thrombosed hemorrhoid.

II. CASE

A. Case presentation

A 67-year-old male presented to the outpatient department with complaints of a prolapsed per-rectal mass of 3 days' duration. The mass was associated with bleeding per rectum, mild pain during defecation and altered bowel habits. The patient reported that the symptoms developed following

Ajithra A, C. Raghunathan Nair, Anju Jayan, and Sreelakshmi K M, "Jalaukavacharana as a Minimally Invasive Alternative in Prolapsed Thrombosed Hemorrhoid: A Case Report," *International Research Journal of Pharmacy and Medical Sciences (IRJPMS)*, Volume 9, Issue 5, pp. 70-72, 2026.

repeated heavy weight lifting as part of his occupational activities. The patient had a history of hemorrhoidal disease one year prior, for which he had received Ayurvedic treatment with satisfactory symptomatic relief. There was no history of diabetes mellitus, hypertension, dyslipidemia or any other significant systemic illness. He denied any previous anorectal surgery or similar acute episodes. So came to our OP department of Salyatantra, SNIASR for further management.

B. General examination

- Pallor, Icterus, Oedema, clubbing – Absent
- Blood pressure -120/80mmHg.
- Pulse rate -70/min
- Respiratory rate -17/min
- Temperature -37.6°C
- Weight -65 kg.

C. Local examination

On Inspection: [Fig: 1]

- No bleeding
- No pus discharge
- 4th degree internal hemorrhoids noted at 7 and 11 o' clock positions
- External hemorrhoids noted at 3, 5 and 11'o clock positions

On Digital rectal examination:

- No spasm
- Normal tonicity
- Tenderness present (Grade 2) over thrombosed pile mass
- No bleeding spots noted on gloved finger
- Proctoscopy not done due to pain

III. Methods

- Patient was conscious, well oriented, vitals were within normal limit.
- After examination and relevant investigations, Jaloukavacharana was planned as a first line of treatment.

Pre-operative

- Written informed consent obtained
- Vitals were monitored and recorded
- Patient positioned in lithotomy
- The perianal region was cleaned and prepared under aseptic precautions.
- Leech was activated by immersing it in a solution of *Haridra* (turmeric) and water, followed by rinsing in clean water for approximately 5 minutes.

Operative

Under aseptic precaution, the activated leech was applied directly over the thrombosed hemorrhoidal mass and allowed to attach spontaneously [Fig:2]. Thereafter, the leeches were covered with a gauze piece to keep it moist over the gauze piece; few drops of water were poured often. After adequate bloodletting, the leech detached naturally and was subsequently removed.

Post - operative

- After detachment of leech the wound was cleaned with antiseptic solution
- 10ml *Murivenna* was instilled anally
- Packing done with *Murivenna* followed by T bandage done
- Patient shifted in good condition after monitoring vitals.

Follow up

- Jaloukavacharana was done for 3 sessions on an interval of 4 days.
- Patient was advised to do sitz bath with Triphala Kashaya during the course of treatment
- Anal infiltration with *Murivenna* was given daily.

Conservative Management

1. *Chirivilvadi Kashayam* – 50ml TDS before food
2. Tab. *Kankayana Vati* – 2 tab TDS with *Kashaya*
3. *Hinguvachadi Churnam* – 5gm with buttermilk twice daily

IV. Observation and Result

The patient demonstrated marked clinical improvement following *Jalaukavacharana*. Pain was completely relieved, with the pain score decreasing from Grade 2 at baseline to Grade 0 at the end of treatment. Complete resolution of the thrombus was observed, accompanied by a significant reduction in the size of the prolapsed hemorrhoidal mass [Fig: 3]. These improvements resulted in complete symptomatic relief and no treatment-related complications or adverse events were noted during the follow-up period.

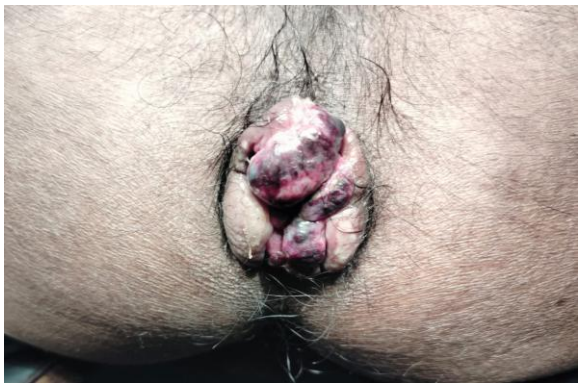

Fig. 1. initial condition

Fig. 2. during treatment

Ajithra A, C. Raghunathan Nair, Anju Jayan, and Sreelakshmi K M, "Jalaukavacharana as a Minimally Invasive Alternative in Prolapsed Thrombosed Hemorrhoid: A Case Report," *International Research Journal of Pharmacy and Medical Sciences (IRJPMS)*, Volume 9, Issue 5, pp. 70-72, 2026.

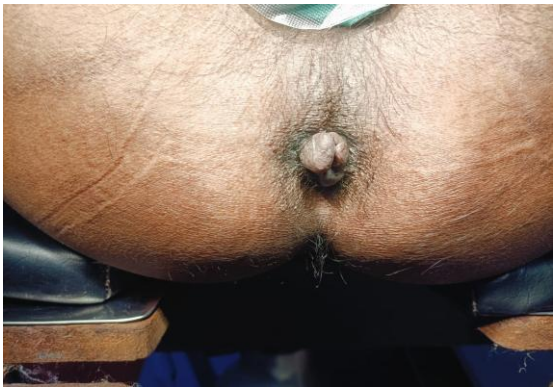

Fig. 3. after treatment

V. Discussion

The probable mode of action of *Jalaukavacharana* can be explained through both Ayurvedic concepts and modern scientific understanding. In thrombosed hemorrhoids, the accumulation of vitiated blood (*Sanchita Dushta Rudhira*) along with swelling (*Shoona*) and hardness (*Katina*) correlates with the clinical presentation of Arshas indicated for blood letting according to Acharya Vagbhata. The qualities of *Jalouka*, *Seeta* and *Madhura* are opposite to *Pitta Dosa* and these qualities might help in pacifying vitiated *Pitta*, *Raktha* and its associated inflammation. Along with this *Chirivilvadi Kashaya,* Tab. *Kankayana Vati* and *Hinguvachadi Churna* are directly indicated in piles, they are *Agni Deepana* [5].

The analgesic and anti-inflammatory effects of *Jalaukavacharana* may be attributed to bioactive constituents present in leech saliva, such as *hyaluronidase*, *bdellins* and *eglins*, which help reduce inflammation and tissue edema. *Hirudin*, through its anticoagulant action, prevents clot formation, improves local perfusion and promotes restoration of blood flow. Histamine-like substances in leech saliva facilitate capillary dilatation, enhancing microcirculation and reducing pain [6]. The combined actions of these components may have contributed to the resolution of inflammation and thrombus in the present case.

VI. Conclusion

Thrombosis of hemorrhoids is a common acute complication associated with severe pain and local inflammatory changes. *Jalaukavacharana* appears to be a simple, safe, minimally invasive and cost-effective outpatient procedure that may provide symptomatic relief by reducing pain, inflammation and thrombus formation. It can be considered as a potential alternative approach to surgical management in selected cases of thrombosed hemorrhoids. However, further clinical studies with larger sample sizes are required to establish its efficacy and therapeutic role.

Consent

The patient gave documented consent after being informed about the procedure and its risks.

Fund - Self

Conflict of Interest

The study was conducted without any financial or personal conflict of interest.

Refference

1. Kaviraja Ambika Datta Shastri, Sushruta Samhita, Sutrasthana 33/4, Part I, By Sushrutha with Ayurveda Tantvasandipika commentary, Varanasi, Choukhamba Sanskrit Sansthan, 2003; 126.
2. Kaviraja Ambika Datta Shastri, Sushruta Samhita, Sutra Sthana 24/9, Part I, By Sushrutha with Ayurveda Tantvasandipika commentary, Varanasi, Choukhamba Sanskrit Sansthan, 2003; 101.
3. Pandit Kashinath Shasrti, Charaka Samhita Chikitsasthana 14/61, By Charak with Vidyotani Hindi Commentary, Varanasi, Choukhamba Sanskrit Sansthan, 2007.
4. Dr. Brahmanand Tripathi, Ashtang Hridaya chikitsasthana, 8/28, By Vagbhatta, Varanasi, Choukhamba Sanskrit Sansthan, 2009.
5. Dr K Nishteswar and Dr R Vidyanath, Sahasrayogam, Central Council of Indian Medicine, Kashaya Prakarana, 2nd edition. p.201
6. D. Koeppen, M. Aurich, M. Pasalar, T. Rampp, Medicinal leech therapy in venous congestion and various ulcer forms: perspectives of Western, Persian and Indian medicine,J. Tradit. Complement. Med., 10 (2) (2020), pp. 104-109

Ajithra A, C. Raghunathan Nair, Anju Jayan, and Sreelakshmi K M, "Jalaukavacharana as a Minimally Invasive Alternative in Prolapsed Thrombosed Hemorrhoid: A Case Report," *International Research Journal of Pharmacy and Medical Sciences (IRJPMS)*, Volume 9, Issue 5, pp. 70-72, 2026.