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Effect of Jalaukavcharna in Management of Mukhdushika (Acne Vulgaris): A Case Study Shrirao A.¹, Bidwai V.²

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ABSTRACT:

Ancient Ayurvedic texts recommend Raktamokshana (bloodletting) as a therapeutic measure for managing pittaja and raktaja disorders. Mukhdushika (Acne vulgaris), a condition caused by the vitiation of pitta and rakta (blood), can be effectively treated using Jalaukavacharana (leech therapy). This study examines the efficacy of Jalaukavacharana in addressing mukhdushika. A 20-year-old female patient visited the Shalya OPD at the DMM Ayurvedic College & L.K. Ayurved Hospital, Yavatmal, Maharashtra, with a two-year history of pimples on both cheeks, along with itching and a burning sensation. The therapy was performed on both cheeks due to the bilateral distribution of lesions, with sessions conducted on Day 1, Day 3, and Day 7. Initial symptoms included pain (vedana), pus discharge (puya srava), inflammation (shopha), burning sensation (daha), and itching (kandu). Over the course of three sittings, significant symptom relief was observed, with complete recovery achieved after 30 days of treatment. Jalaukavacharana facilitated the removal of vitiated blood, promoting local detoxification (sthanik shodana). The procedure proved to be a safe, cost-effective, and non-invasive approach for managing mukhdushika, with no short-term adverse effects reported.

KEYWORDS: Leech therapy, Raktamokshana, Acne vulgaris, Ayurveda, Jalaukavacharana.

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INTRODUCTION:

Acne vulgaris is a prevalent chronic skin condition characterized by the blockage and/or inflammation of pilosebaceous units, which include hair follicles and their associated sebaceous glands. It can manifest as non-inflammatory lesions, inflammatory lesions, or a combination of both, primarily affecting the face, but also the back and chest. From an Ayurvedic perspective, acne, referred to as mukhdushika, arises due to the vitiation of rakta (blood) and pitta (heat). The use of leeches (jalauka) in Ayurvedic medicine has a long-standing history in India. Ayurveda offers two primary approaches for managing raktaj and pittaj disorders: shaman chikitsa (palliative therapy) and shodhana chikitsa (purification therapy). Among these, shodhana chikitsa is regarded as superior by Ayurvedic scholars, as it is believed to prevent recurrence of the disease. Jaloukavacharana (leech therapy) is considered a safe purification method, as it does not involve the use of sharp instruments, making it suitable for delicate individuals. Leeches, commonly found in aquatic environments, are inherently cold in nature, which aligns with their effectiveness in managing raktaj and pittaj disorders. This traditional therapeutic approach holds a significant place in Ayurvedic medicine for its efficacy and safety.

Case Report A 20-year-old female patient, who was non-diabetic and non-hypertensive (Reg. No. 5510), presented to the Shalya OPD at DMM Ayurvedic College & L.K.Ayurved Rugnalaya, Yavatmal, Maharashtra, on December 21, 2024. The patient reported being in good health two years prior but subsequently began experiencing symptoms including vedana (pain), puya srava (pus discharge), and shopha (inflammation), accompanied by daha (burning sensation) and kandu (localized itching) on both cheeks.

Aim and Objective:- To evaluate the effectiveness of Jalaukavacharana (leech

therapy) in the management of mukhdushika (acne vulgaris).

Case Finding The patient was asymptomatic two years ago but gradually began developing acne on both cheeks. She initially sought allopathic treatment, which showed no significant improvement. Later, she tried homeopathic remedies, but they also proved ineffective. Eventually, on December 21, 2024 she visited the DMM Ayurvedic College & L.K Ayurved Rugnalaya in Yavatmal, Maharashtra, to seek Ayurvedic treatment for her acne.

Past History The patient has no prior history of significant illnesses or other skin conditions. There is no history of drug intake or any other notable diseases.

Family History There is no related family history of hypertension, Diabetes Miletus, seizures found in the case and all family members are apparently healthy according to patient.

PERSONAL HISTORY[3]

Ahara[4] (Pitta vardhak ahara)[5] Patient takes spicy, Fermented food also take excessive lavan and amla rasa.

Koshthsa – Madhyama (1 time/day)

Mutra pravritti -samyaka

Agni – Vishama

Nidra –Samyaka

Jarana shakti/Ahara Shakti- Madhyama

Vyayama shakti- Madhyama

Saatmaya – Pravara

Satva – Madhyama

Prakriti- pitta vataj

Systemic Examination

General condition of patient was normal

Pulse rule – 86/min

Temperature – Afebrile

B.P – 110/80 mm Hg

Weight – 54 kg

Height – 5'5"

Investigations All Hematological and Bio-chemical parameters of the Patient were normal in previously done investigations.

Treatment Treatment was done for 30 days / 1 month including Follow up.

Shodhan Therapy Raktmokshan by the help of Jalaukavsechana.

Total sittings – 03

Result Initially, the patient presented with bilateral acne. The first session of Jaloukavacharan was performed [Figure 1], during which the vitiated blood was extracted by the jalauka [Figure 2]. After the first session, there was mild relief in redness and itching. The second session was conducted on the third day [Figure 3], and significant improvement in symptoms was observed after two sessions. The third session was performed on the seventh day [Figure 4], resulting in complete resolution of the condition. After each session, the jalauka was induced to expel the vitiated blood by sprinkling haridra churna over it [Figure 5]. After 30 days of completing the Jaloukavacharan treatment, the patient's cheeks appeared completely normal with healthy epithelia [Figure 6]. The patient was advised to take proper precautions and strictly adhere to the pathya-apathya regimen as per their prakriti.

DISCUSSION:

According to Acharya Sushruta, acne vulgaris can be correlated with Mukhadushika as described in the Sushruta Samhita [6]. As per the text, aggravated pitta and vata enter a state of prakopa avastha and accumulate in the mamsa dhatu (muscles) of the cheeks along with shonita (blood). This accumulation obstructs the channels of rasa and rakta, leading to the disruption of blood flow in the area. Consequently, malas and doshas accumulate, causing the manifestation of Mukhadushika. Therefore, the involvement of vata, pitta, and kapha

doshas, along with rakta as the dushya, are identified as the primary causative factors of Mukhadushika.

CONCLUSION:

The treatment proved to be highly effective for the patient with acne vulgaris. The condition was successfully managed using Raktamokshana therapy, tailored to the avastha of the doshas. Avoidance of causative factors (Nidana Parivarjana) played a crucial role in the treatment. Additionally, adherence to the Pathya-Apathya regimen complemented the therapy and contributed to the successful outcome.

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Conflicts of interest

There are no conflicts of interest.

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