



Case Study

REVIVING CLASSICAL WISDOM IN THE MANAGEMENT OF ACUTE PERIANAL VASCULAR DISORDERS: INSIGHTS FROM A SINGLE CASE

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ABSTRACT

Jalaukavacharana, commonly known as leech therapy, is a traditional treatment in Ayurveda, used to address various inflammatory conditions, particularly those related to *Raktaja* and *Pittaja vikara*. The therapy's therapeutic effects are attributed to the bioactive compounds found in leech saliva, which are introduced into the body during the blood-feeding process. These compounds exhibit a range of beneficial properties, including anti-inflammatory, analgesic, thrombolytic, anticoagulant and circulatory enhancement effects. Thrombosed hemorrhoids, a critical condition resulting from elevated venous pressure, often lead to intense pain and discomfort in anal region. This study investigates the use of leech therapy in managing thrombosed external hemorrhoids. A 49-year-old female patient presented with severe anal pain and a palpable mass per rectum associated with bleeding, for the past three days, with a history of chronic constipation. For last 3 days, the pain has intensified to the extent that she finds it difficult to sit, walk, or travel. Following a thorough per rectal examination, reddish brown globular mass noted at 11'o clock position and the mass was solid and tender. The case was diagnosed as thrombosed external hemorrhoids. *Jalaukavacharana* was selected as the primary treatment approach along with internal medicines *Chiruvilwadi Kashayam* and *Anuloma DS*. The patient underwent six consecutive sessions. Pain relief was immediate upon application of the leeches, and the patient reported a significant reduction in discomfort. By sixth session, the patient experienced 90% improvement in symptoms. On seventh day of the treatment, the patient was completely symptom-free and expressed high satisfaction with the treatment outcome.

INTRODUCTION

A thrombosed external hemorrhoid occurs when a clot forms in one or more veins in the anal skin, causing pain and swelling of the anal tissues. In these circumstances, venous return is poor, leading to significant oedema and discomfort. The underlying clot causes swollen tissues to appear bluish. When the pile is strangulated, it becomes an emergency situation. Urgent surgical intervention is necessary in all such situations. *Jalaukavacharana* is beneficial in treating thrombosed hemorrhoids by dissolving clotted blood and reducing venous pooling.

Since *Jalaukavacharana* is a relatively safe and cost-effective OPD method, leech was used in this study to treat thrombosed external hemorrhoids, and its effectiveness was assessed.

Case Study

Presenting complaint

A 49-year-old female presented with severe pain in anal region and a palpable mass per rectum associated with bleeding, for the past three days.

History of presenting complaint

A 49-year-old female presented with severe pain in anal region and a palpable mass per rectum associated with bleeding, for the past three days. The patient is a homemaker, leading a lifestyle that includes prolonged sitting. Her diet commonly consists of spicy and oily foods, with occasional intake of non-vegetarian dishes. She has a history of chronic constipation since childhood. About 2 months ago, she first noticed a protrusion from the anal region

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accompanied by bleeding and prolonged defecation (15–20 minutes). Initially, she ignored these symptoms. Over the past 10 days, her constipation worsened, leading to excessive straining during bowel movements. The anal mass gradually increased in size, associated with severe pain and bleeding. For last 3 days, the pain has intensified to the extent that she finds it difficult to sit, walk, or travel. Due to worsening symptoms, she sought medical care and was admitted to AAMC hospital for further management.

History of past illness

Chronic constipation present since childhood.

Drug history

No relevant drug history

Menstrual & Obstetric history

Menopause attained at 44 years.

G3P1L1A2

Family history

No one in the family have similar complaints.

Socio economic history

Middle class

Personal history

Appetite – Good

Sleep- Disturbed

Bowel - Constipated, hard stools once in 2 days.

Micturition- Normal

Physical Examinations

Temperature: 98.8°F

Pulse: 74/min

BP: 120/80mm Hg

Height: 158 cm

Weight: 68kg

BMI- 27.5 (overweight)

General Examination

Pallor: Absent

Icterus: Absent

Cyanosis: Absent

Clubbing: Absent

Lymphadenopathy: Absent

Oedema: Absent

Systemic Examination

CNS - Conscious oriented GCS 15/15

RS- NVBS

CVS - S1, S2 normal, no added sounds

P/A - Soft and normal

Local examination

Ano rectal examination

Inspection

Reddish brown globular mass at 11'o clock position.

Fissure in ano-present at anterior and posterior midline.

No abnormal opening.

No sentinel tag.

Palpation

Mass is solid and tender.

Digital rectal examination

Hyper tonicity of anal sphincter.

Proctoscopic examination- Not elicited due to severe pain.

Ashtasthana Pareeksha

- *Nadi: Drutam*
- *Mootram: Anavilam*
- *Malam: Baddham*
- *Jihwa: Anupaliptam*
- *Sabdam: Spastam*
- *Sparsha: Anushnasheetha*
- *Drik: Vyaktha*
- *Akriti: Madhyamam*

Dasavidha Pareeksha

- *Dosham: Vata, Pitta, Rakta*
- *Dushyam: Twak, Mamsa, Medas*
- *Desha-Bhoomi: Jangalam*
- *Deha: Gudam*
- *Balam: Madhyamam*
- *Kalam: Roga: Navam*
- *Rithu: Greeshmam*
- *Analam: Vishamagni*
- *Prakriti: Vatakapha*
- *Vaya: Madhyamam*
- *Satwam: Madhyamam*
- *Satmyam: Sarvarasa*
- *Ahara: Jaranasakti & Abhyavaharana Sakthi-Madhyama*

Rogamarga

Abyantharam

Roga adhithana

Gudavali

Roga avastha

Navam

Clinical diagnosis

Thrombosed external hemorrhoid, *Doshapoorna Nirghaatana Raktaja Arsas.*

Blood investigations

Hb	12 gm/dl
TLC	5850 Cells /cumm
ESR	15 mm/hr
Platelet count	2.93lakhs /cumm
BT	2 min 30 sec
CT	5 Min

HbA1C	6.1%
HIV	0.05 (non-reactive)
Hepatitis B	0.11(non-reactive)

Methodology

Following appropriate clinical evaluation, leech therapy was selected as the initial line of management. Informed written consent was obtained from the patient prior to the procedure.

Preparation of leech: Two medium-sized unused leeches were chosen and stimulated with turmeric

OBSERVATIONS

Figure 1-4



Fig. 1 (Day 1)



Fig. 2 (Day 3)

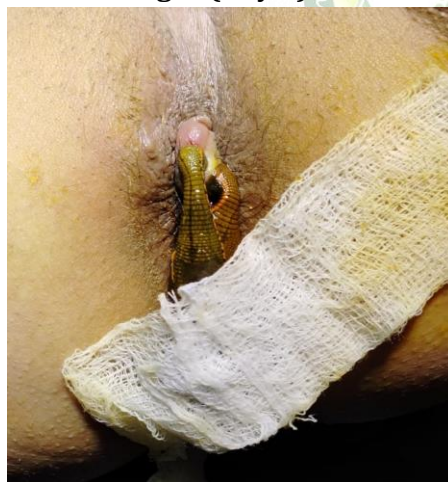


Fig.3 (Day 6)



Fig. 4 (Day 9)

Table 1

Variables	BT	Day 1 AT	Day 3	Day 6	Day 7
Reddish discolouraion	+++	++	++	+	-
Pain	++++	+++	+	+	-
Oedema	++++	+++	++	+	-

BT= Before treatment, AT=After treatment, Mild = +, Moderate =++, Severe =+++, Very Severe++++, No symptom -.

water to activate it. The activated leeches were then applied to the thrombosed external hemorrhoid at the 11 o'clock position. After approximately 45 minutes, detachment of the leeches was facilitated with turmeric powder. *Jalouka* were made to vomit blood. The bite site was subsequently dressed with turmeric and secured with a gauze pad to control bleeding. A total of six consecutive daily sessions were carried out. Internal medicines *Chiruvilwadi Kashayam* (15ml *Kashaya* with 60ml warm water twice a day before food) and *Anuloma DS* (2 tabs HS).

RESULTS

As soon as leech therapy was initiated, the patient reported immediate relief from pain associated with thrombosed hemorrhoids. Overall discomfort decreased noticeably. Due to the *Deepana Pachana* properties of *Chiruvilwadi Kashaya* and *Anuloma DS*,

bowel movements became regular. By the seventh day, the patient experienced complete resolution of pain, redness, and swelling, and expressed full satisfaction with the treatment outcome.

DISCUSSION

Leech therapy has demonstrated therapeutic benefits due to the bioactive substances present in its saliva, which exhibit anticoagulant, vasodilatory, thrombolytic, and anti-inflammatory actions.^[1] These properties enhance local blood circulation, prevent tissue hypoxia, and protect cells from necrosis by improving oxygen delivery.^[2] In addition, leech application supports the re-establishment of capillary connections^[3] and accelerates clot dissolution in thrombosed hemorrhoids, thereby relieving venous congestion.

Chiruvilwadi kashayam

Ingredients like *Chiruvilwa* and *Punarnava* which helps to reduce inflammation and has anti-thrombotic (clot-reducing) actions thus improving microcirculation and reduce venous stasis. It also helps in reducing pain and discomfort. Ingredients like *Shunti* and *Chitraka* provides mild analgesic action, it

also has *Deepana* and *Pachana* actions, thus preventing constipation.

Anuloma DS

Ingredients like *Ajamoda Jeeraka Shunti* have *Deepana Pachana* action, have laxative property that enhances intestinal peristalsis and promote fecal evacuation.

CONCLUSION

The findings of this study highlight the clinical effectiveness of *Jalaukavacharana* in the management of thrombosed external hemorrhoids. The procedure can be performed in OPD basis. Also, no adverse effects were found during and after the procedure in this case.

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