

Effect Of Jalaukavacharana In The Management Of Mukhadushika (Acne Vulgaris): A Case Study

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Abstract

Background: Mukhadushika (acne) is one of the commonest dermatological disorders affecting adolescents and young adults, characterized by inflammatory eruptions on the face. In Ayurveda, it is classified under Kshudra Roga and mainly involves Kapha, Vata, and Rakta dosha. Jalaukavacharana (leech therapy), a type of Raktamokshana, is indicated for Raktaja and Pittaja disorders and offers anti-inflammatory and detoxifying effects. **Aim:** To evaluate the efficacy of Jalaukavacharana in the management of Mukhadushika (Acne vulgaris) without adjunct medications.

Case Description: A 17-year-old male patient presented with multiple papular and pustular acne lesions over the face for 6 months, associated with redness and pain. Three sittings of Jalaukavacharana were performed at 10-day intervals on both cheeks using one leech per side. No internal or topical medications were given. **Results:** After three sittings, marked reduction in inflammation, erythema, and lesion count was observed. No new lesions appeared during follow-up, and the skin texture improved significantly.

Conclusion: Jalaukavacharana proved to be an effective, safe, and natural therapy for Mukhadushika. It can serve as a standalone procedure to manage inflammatory acne and improve overall skin health.

Keywords: Mukhadushika, Acne vulgaris, Jalaukavacharana, Raktamokshana, Leech therapy, Ayurveda

Introduction

Mukhadushika is one of the most prevalent skin disorders described under Kshudra Roga in Ayurveda. It is characterized by pidaka (papular eruptions) on the face, caused by the vitiation of Kapha, Vata, and Rakta dosha leading to obstruction in srotas and accumulation of dushta rakta (impure blood) beneath the skin [1]. In modern terms, it correlates with acne vulgaris, a chronic inflammatory disorder of the pilosebaceous unit commonly affecting adolescents. Its pathogenesis involves follicular hyperkeratinization, increased sebum production, Cutibacterium acnes colonization, and inflammation [2].

Conventional treatments such as topical retinoids, benzoyl peroxide, and systemic antibiotics often show temporary relief and have limitations like antibiotic resistance, recurrence, and skin irritation [3]. Hence, there is growing interest in Ayurvedic modalities that aim to address the dosha imbalance and purify rakta dhatu to achieve sustainable results. In Ayurveda, Raktamokshana (bloodletting) is one of the Shodhana Chikitsa (purificatory therapies) indicated for Rakta-pradoshaja vyadhi. Among its types, Jalaukavacharana (leech therapy) is considered the safest and most effective for Pitta and Raktaja disorders [4]. Leeches are bio-therapeutic

tools containing more than 100 active substances such as hirudin, bdellins, eglins, hyaluronidase, and destabilase, which exhibit anti-inflammatory, anticoagulant, and antibacterial actions [5]. Thus, Jalaukavacharana helps relieve local inflammation, purify dushta rakta, and promote healing, making it suitable for conditions like Mukhadushika.

Case Presentation

A 17-year-old male patient presented with multiple acne lesions over the face for 6 months associated with redness and mild pain. He had no history of systemic illness or steroid use. His diet included oily and spicy foods with irregular sleep patterns. Prakriti was assessed as Pitta-Kaphaja, and dosha predominance as Pitta and Rakta.

Local examination showed multiple papular and pustular lesions over both cheeks and forehead with mild inflammation and erythema. Systemic examination was within normal limits.

Intervention

Three sittings of Jalaukavacharana were conducted at 10-day intervals. One leech was applied on each cheek per session. The area was cleaned with sterile water before application. Leeches were allowed to suck for 25–30 minutes until detachment occurred naturally.

After detachment, the site was cleaned and Haridra Churna paste (with rose water) was applied. No internal or external medicines were prescribed. The patient was advised to maintain hygiene, avoid oily foods, and follow regular sleep.

Results

A remarkable improvement was noted after the third sitting. The number of lesions reduced from 10–12 to 2–3, inflammation and erythema subsided, and skin texture improved. No new lesions appeared during follow-up, and post-acne pigmentation also faded gradually. Before and after photographs documented significant improvement.

Discussion

According to Sushruta Samhita, Mukhadushika arises from vitiated Kapha, Vata, and Rakta dosha [1]. Jalaukavacharana is indicated for Pittaja and Raktaja disorders and works through local blood purification and dosha pacification [4].

Ayurvedic mechanism: Jalaukavacharana removes dushta rakta and balances Pitta-Kapha, alleviating inflammation and excess sebum production.

Modern mechanism: Leech saliva contains hirudin (anticoagulant), bdellins and eglins (anti-inflammatory), hyaluronidase (enhances permeability), and destabilase (antibacterial) [5,6].

These actions collectively reduce local inflammation, improve blood circulation, and promote healing. The patient's recovery without adjunct medication supports Jalaukavacharana as a standalone modality for inflammatory acne management.

Conclusion

Jalaukavacharana was found to be effective in reducing acne inflammation, erythema, and lesion count in Mukhadushika. It is a safe, natural, and cost-effective therapy that can be used independently or as an adjuvant in dermatological practice for acne management.

References

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