



**EFFECT OF JALAUKAVCHARNA IN MANAGEMENT OF MUKHDUSHIKA (ACNE VULGARIS) – A CASE STUDY**

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**ABSTRACT**

Raktmokshana is indicated by ancient Ayurvedic acharyas in pittaj and raktaj vikaras. Similarly, mukhdushika (Acne vulgaris) is caused by vitiated pitta, which in turn vitiates rakta (blood). The aim of current case study is to assess the efficacy of jalaukavcharana in mukhdushika (Acne vulgaris). A 20 years old female patient presented in Shalya OPD in Government Ayurvedic Medical College & Hospital Akhnoor, Jammu, JK UT India with the complain of pimples on both cheeks associated with itching burning sensation for two years. Patient was subjected to Jalaukavacharana on both sides of cheeks of the face due to bilateral distribution of pidakas. Jalaukavacharana was done on Day 1, Day 3 and Day 7. Before and after treatment assessment was recorded. Patient was followed up for 30 days. This case presented with vedana (pain), puya srava(pus) and shopha (inflammation) along with daha (burning sensation) and kandu (localized itching). Three sittings of Jalaukavacharana were done (on Day 1, Day 3 and Day 7). Vitiated blood was sucked by the jalauka leading to the sthanik shodana.,Raktamokshana using Jalauka provides a simple, painless, cost effective treatment for this common ailment with no short term side effects.

**KEYWORDS:** Leech, raktamokshana, plastic surgery, surgical practice, para surgical, Ayurveda.

**INTRODUCTION**

Acne vulgaris is a common chronic skin disease involving blockage and/or inflammation of pilosebaceous units (hair follicles and their accompanying sebaceous gland). Acne can present as noninflammatory lesions, inflammatory lesions, or a mixture of both, affecting mostly the face but also the back and chest.<sup>[1]</sup> In Ayurvedic perspective, mukhdushika is caused by the vitiation of rakta and pitta. Use of leeches in Ayurvedic medicinal practice in India is very ancient. Ayurveda has got both the shaman and shodhana chikitsa for raktaj and pittaj vikaras. But shodhana chikitsa is considered as the best by acharayas and It has been said that a disease which is cured by shodhana chikitsa doesn't reoccur. So, Jaloukavacharn is the safest as no sharp instrument is used in this therefore it is indicated in delicate people.. Jalauka is commonly habituated in Jala, so it is cold in nature and commonly used in Raktaj and Pittaj vikara.<sup>[2]</sup>

**CASE REPORT**

A 20 year old non diabetic, non hypertensive female patient (Reg.no. 5510) visited Shalya OPD at Government Ayurvedic Medical College & Hospital Akhnoor, Jammu on 13-4-2022. Patient was apparently

alright 2 years ago, thereafter she started experiencing vedana (pain), puya srava (pus) and shopha (inflammation) along with daha (burning sensation) and kandu (localized itching) on bilateral cheeks.

**AIM AND OBJECTIVE**

To find out the efficacy of Jalaukavcharana in mukhdushika (Acne vulgaris).

**CASE FINDINGS**

Patient was asymptomatic 2 years ago. Then, gradually started developing acne on bilateral cheeks She had taken some allopathic treatment before, but no effective changes were observed, then the patient had also taken homeopathic treatment, no effect was seen, then she visited Government Ayurvedic Medical College & Hospital Akhnoor, Jammu for Ayurvedic treatment on 13-04-2022 for treatment and management of acne.

**PAST HISTORY**

Patient had no history of the disease in the past, no significant history of other skin diseases. But there was a history of fever during the 2nd wave of COVID (August 2020) for which patient did not had a proper

investigation report as a confirmatory diagnosis of COVID. No history of drug intake and any other disease.

#### 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<sup>[3]</sup>

Ahara<sup>[4]</sup> - (Pitta vardhak ahara)<sup>[5]</sup> 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 *Jaloukavsechana*.

Total sittings – 03

#### RESULT

In the beginning, the patient had bilateral acne. First sitting of *Jaloukavacharan* was done [Figure 1]. The vitiated blood was sucked by jalauka [Figure 2] After first sitting of *Jaloukavacharan*, mild relief in redness and itching was observed. Second sitting was done on day 3 [Figure 3]. Significant relief in symptoms was observed after 2 sittings. Third sitting was done on day 7 [Figure 4]. Complete resolution of the condition was observed after 3 sittings. After every sitting, jalauka was made to vomit out the vitiated blood, by sprinkling haridra churna over the jalauka [Figure 5]. After 30 days of the completion of *Jaloukavacharan* the cheeks were completely normal with healthy epithelia [Figure 6]. The patient was told to take precautions and strictly follow pathya-apathya regimen according to the prakruti.



Figure 1.



Figure 2.



Figure 3.



Figure 4.



**Figure 5.**



**Figure 6.**

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#### Conflicts of interest

There are no conflicts of interest.

#### REFERENCES

1. <https://emedicine.medscape.com/article/1069804>
2. Shastri Ambika Dutta. Editor, Sushrut Samhita Sutra Sthana, Volume 1, Hindi commentary 11th edition Varanasi Chaukhamba Sanskrit Sansthan, 1997; 44.
3. Goraknath Chaturvedi, Charaka Samhita of Agnvesha, Reprint Edition, Varanasi, Chaukhamba Orientalia, Vol.I. Vimana Sthana Ch.8/94, 2008; 574-575.
4. Acharya Yadavaji Trikamji, Charaka Samhita Vimana Sthana 1/17-19, Chaukhambha Orientalia Varanasi Reprint edition, 2004; 672.
5. Tripathi SB. Rasayanavidhiadhyaya Uttartantra 39/169-173. In: Vagbhata, Ashtanga Hridayam of Srimadvagbhata. Nirmala Hindi Commentary, Chaukhambha Sanskrit Pratishthan, Delhi; reprint, 2015; 11203.
6. Acharya Yadavaji Trikamji, Sushruta Samhita NidanaSthana Chaukhambha Krishanadas Academy Varanasi Reprint edition, 2004.
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#### DISCUSSION

According to *acharya sushruta*, Acne vulgaris can be correlated to mukhdushika by *Acharya sushruta* in *sushruta samhita*<sup>[6]</sup>, according to the text *pitta* along with *vata*, get in the state of *prakopa avastha* and involves their *Sthan Sanchaya* in the mamsa of cheeks along with *Shonita*, this invasion obstructs channel of *Rasa and rakta*, which leads to the stoppage of rakta vahan from this area and as a result leads to the accumulation of malas and dosha there. Thus *Vata*, *Pitta* and *Kapha doshas* along with *Rakta* as *dushya* are the main causative factors of *Mukhdushika*.

#### CONCLUSION

The treatment turns out to be very effective on the patient of Acne vulgaris. The disease was successfully treated with *Raktamokshana* therapy according to the *avastha* of the *doshas*. *Nidann parivarjana* was also a necessary part of treatment. *Pathya – Apathya* practice was helpful along with treatment.

#### Patient consent statement

The authors certify that they have obtained all the appropriate patient consent forms. In the form, the patient has given the consent for images and other clinical information to be reported in the journal. The patient understand that their name and initial will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.