



Therapeutic efficacy of Jalaukavacharanam with Internal Ayurvedic regimen in Dhatugata Kushta: A Clinical Case Report based on Acharya Sushruta's principles

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DOI:10.21760/jaims.10.7.47

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Dhatugata Kushta, as described by Acharya Sushruta, represents a pathological advancement wherein vitiated Doshas infiltrate deeper structural components of the body (Dhatu), surpassing the superficial dermatological layers. The manifestation of Lakshanas (clinical features) depends on the Dhatu affected, demanding a treatment protocol customized to the Dosha – Dhatu involvement. This case report highlights a 27-year-old female patient presenting with Vaivarnya (discolouration), Kandu (itching) and Pidika (eruptions), managed through internal medications and Jalaukavacharnam (leech therapy) over a 15-day treatment course. Internal medication facilitated dosha pacification, Rakta Shodhana (blood purification) and detoxification, while Jalaukavacharnam effectively cleared localized dosha accumulation and enhanced microcirculation. Marked symptomatic improvement was observed within the first week. By the second leech therapy session, eruptions ceased and pigmentation visibly reduced. Follow up after one-month indicated sustained remission with no recurrence. This outcome supports the utility of Jalaukavacharnam as a first-line approach in patients for whom classical Vamana (therapeutic emesis) and Virechana (therapeutic purgation) are contraindicated.

Keywords: Kushta, Jalaukavacharnam, Dhatugata Kushta, Leech therapy, Rakta Pradoshaja Vikara

Corresponding Author	How to Cite this Article	To Browse
Saranya V Nair, Assistant Professor, Dept of Prasuti Tantra and Stri Roga, Atreya Ayurvedic Medical College, Hospital and Research Centre, Bangalore, Karnataka, India. Email: saranyav.nair@gmail.com	Nair SV, Therapeutic efficacy of Jalaukavacharanam with Internal Ayurvedic regimen in Dhatugata Kushta: A Clinical Case Report based on Acharya Sushruta's principles. J Ayu Int Med Sci. 2025;10(7):306-310. Available From https://jaims.in/jaims/article/view/4490/	

Manuscript Received
2025-05-20

Review Round 1
2025-05-27

Review Round 2
2025-06-07

Review Round 3
2025-06-17

Accepted
2025-06-27

Conflict of Interest
None

Funding
Nil

Ethical Approval
Not required

Plagiarism X-checker
10.25

Note



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Introduction

The term *Kushta* is derived from Sanskrit root 'Kush' meaning that which comes from inner part or affects inner part of body. The word *Kushta* means disease in which there will be *Dushti* (vitiation) of *Twacha* (skin) associated with *Vaivarnyam* (discolouration).[1] In *Ayurvedic* classics, *Kushta* is classified under *Ashta Mahagada* & is *Rakta Pradoshaja Vikara*. [2] It is considered as an umbrella term, where it includes most of *Twak Gata Vikaras*[3] (cutaneous manifestations). According to *Acharya Sushruta*, *Kushta* originates from complex interplay of dietary, behavioural, & metabolic factors. *Nidanans* (causes) are *Mitya Ahara Achara* (improper diet & lifestyle) especially *Guru* (heavy), *Virudha* (non-congenial), *Asatmya Ahara* (incompatible), intake of food without digestion of previous meal, indulging in *Vyayama* (exercise) or *Vyavaya* (sexual intercourse) after *Snehapana* (oleation therapy) or *Vamana* (emetic therapy), intake of *Payasa* (sweet porridge) with *Gramya* (desert) or *Anupa Desha Mamsa* (aquatic region meat), and/ or suppression of *Chardi* (emesis). These trigger *Vata* vitiation, which in turn aggravates *Pitta* and *Kapha*. The *Doshas* infiltrate *Siras* leading to *Twak*, causing *Twak* disorders with *Mandalakara* (circular) lesions.[4] *Dhatugata Kushta* is progressive disorder where vitiated *Doshas* penetrate superficial layers of skin, affecting deeper *Dhatu*. *Acharya Sushruta* categorizes its clinical presentation based on specific *Dhatu* involved. When *Rasa Dhatu* is vitiated, *Lakshanas* are *Sparsha-hina* (loss of touch sensation), *Kandu* (itching), *Vaivarnya* (discolouration) & *Rukshata* (dryness).[5] Gradually as vitiated *Doshas* enters next *Dhatu*, different symptoms are manifested. *Lakshanas* of other *Dhatu*s are mentioned in tabular column [Table 1].

Table 1: Lakshanas of Dhatugata Kushta

Dhatu	Lakshanas[6]
Rakta Dhatu	Twakswapa (numbness), Romaharsha (horripilation), Sweda Pravartana (excess sweating), Kandu (itching), Puya Srava (pus discharge)
Mamsa Dhatu	Bahulya (thickened skin), Vakra Sosha (dryness or contracted skin), Karkasham (rough), Toda (pain), Sphota (fissures), Sthira (fixed)
Medo Dhatu	Durgandha (foul smell), Puya (pus), Krimi (maggots), Gatra Bheda (breaking pain in body parts)
Asthi Majja Dhatu	Nasa Bhaga (falling of nasal bones), Akshi Raga (redness of eyes), Kshata Krimi (maggots in wounds), Swara Upaghata (loss of voice)
Sukra Dhatu	Kunya (deformity), Gati Kshaya (reduced activity), Anga Bheda (bodyache), Kshata Sarpanam (increase in wound size)

Prognosis for *Dhatugata Kushta* is mentioned by *Acharya Sushruta* as *Saadhya* (curable) if it involves *Twak*, *Rakta* and *Mamsa Dhatu*. *Medo Dhatugata Kushta* is *Yapya* (manageable) and later *Dhatu*s are *Asaadhya* (incurable).[7]

Case Report

A 27-year-old female (40kgs) presented with persistent dermal lesions localised to both buttocks and the right calf, persisting over three months. Primary complaints included intense nocturnal pruritus and papular eruptions. Initially self-managed with over-the-counter ointments, the lesions extended and became recalcitrant despite antifungal therapy.

On inspection the patient exhibited hyperpigmented plaques with popular eruptions. Lesions were non-exudative, with no scales or flaking. Auspitz sign was negative, ruling out plaque psoriasis. Blood parameters were within the normal limits. Advanced diagnostics were deferred due to financial limitations.

Therapeutic Intervention

The intervention was started based on the *Dosha* and *Dhatu* involved. The *Dosha* involved were *Kapha* and *Pitta* with involvement of *Rasa* and *Rakta Dhatu*. This was assessed based on the clinical features such as *Vaivarnya*, *Kandu*, and *Pidika* formation. The treatment given was for a duration of 15 days, including internal medication and external therapy. Internal medications include *Manjishtadi Kashyam*, *Argwadhadi Kashyam* and *Gandhaka Rasayanam*. Externally 2 sittings of *Jalokavacharanam* were done within a gap of 7 days (Table 2). Patient was advised diet restriction such as to avoid milk, milk products and sour items.

Table 2: Timeline and Treatment Plan including Dose and Duration of Medicines given to the Patient

Date	Medication	Dose and Anupana
6/2/2024 - 21/2/2024	Manjishtadi Kashyam + Argwadhadi Kashyam	10ml each Kashyam, mixed with 40ml warm water to be taken thrice daily before food
6/2/2024 - 21/2/2024	Gandhaka Rasayanam	1tab to be taken thrice daily after food
8/2/2024	Jalokavacharanam 1st sitting	1 Jaloka at calf region, 2 Jaloka over bilateral buttocks
15/2/2024	2nd sitting of Jalokavacharnam	1 Jaloka at calf, 2 at bilateral buttock region

Result

Itching sensation reduced within 7 days of treatment. There was reduction in size of papules & no new papule formation noted during treatment duration [Figure 1]. Gradual reduction in blackish discoloration was noted after 1st sitting of *Jalokavacharnam*, [Figure 2]. After 2 sitting 50% reduction was noted [Figure 3]. When pat. came for follow up after month, discoloration was reduced aro. 90% with no new lesion anywhere in body [Figure 4].



Figure 1: During the 1st week of treatment



Figure 2: After 1st sitting of Jalaukavacharnam



Figure 3: After 2nd sitting of Jalaukavacharnam



Figure 4: During follow-up

Discussion

From Ayurvedic perspective this case presented with symptoms of *Kandu*, *Pidika* formation and *Vaivarnya*. The main treatment line for *Rakta Dhatugata Kushta* is *Samshodhana* (detoxification), *lepa* (external application), *Kashya Pana* (internal administration of decoction) and *Raktamokshanam* (bloodletting).[8] Based on the symptoms, it is noted that *Kandu* is mainly due to predominance of *Kapha Dosha*,[9] while *Vaivarnya* and *Pidika* formation are due to vitiation of *Rasa*, and *Rakta Dhatu*. [10]

Depending on the predominance of the *Dosha*, *Dhatu*, and involvement of *Srotas*, treatment was planned. *Argwadhadi Kashyam* is commonly indicated for *Kushta*, and is *Kandughna* and *Kushtaghna*. It helps in detoxification by elimination of accumulated toxins due to its mild laxative property.[11] *Manjishtadi Kashyam* has *Rakta Shodhana* and *Rakta Prasadana* properties and is also indicated in *Kushta*. [12] *Gandhaka Rasayanam* is also having similar properties such as *Raktaprasadak*, *Kushtaghna* and *Kaphaghna*. This helps in the reduction of papules, discoloration, and as well as itching.[13] Based on the line of treatment, internally *Kashya Pana* helps in pacifying the *Doshas* and does detoxification by mild laxation. The next line of treatment adopted was *Raktamokshanam*. There are various methods of bloodletting such as *Siravyadha*, *Prachanam*, *Jalauka*, *Tubhi* etc. In cases where the *Doshas* are in *Twak*, *Prachanam* is advised. As the *doshas* enters below the *Twak*, *Jalaukavacharnam* is advised.

If the *Doshas* are present in deeper *Dhatus*, then *Siravyadha* is advised. On this basis *Jalaukavacharnam* was selected.[14] *Jalaukavacharnam* helps in expelling the *doshas* collected at the local region, removes obstruction, and improves blood circulation thereby helps in reducing the symptoms of *Vaivarnya*. [15]

Conclusion

In this case, *Kapha-Pitta Hara Chikitsa* was adopted with consideration of *Rasa-Rakta Dhatu Dushti*. Internal medication was targeted to reduce the *Kapha Dosh*, improve the quality of *Rakta Dhatu*, and to detoxify the body. External treatment helped in removing the accumulated *doshas* collected at the local site.

As the patient was *Sukumara*, *Vamana* and *Virechana* was not advised. The adopted treatment has proved beneficial in arresting the progression of the condition, with complete remission of the signs and symptoms. It can be considered as an alternative management for *Kushta Chikitsa* for those patients who cannot undergo the classical *Vamana* and *Virechana* procedure.

The added advantage for this case was that it was not a long-standing condition and the *Dhatu* vitiated was at the level of *Rakta Dhatu*, which is said be *Saadya* by *Acharya Sushruta*.

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