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CASE REPORT

Role of *Jalaukavacharana* in the Management of *Paittika Oshtha Roga*: A Case Report

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ABSTRACT

Paittika Oshtha Roga is a lip disorder described in Ayurvedic classical texts, characterized by papules resembling mustard seeds (*Pidika*), burning sensation (*Daha*), suppuration (*Paka*), serous discharge (*Srava*), and yellowish-blue discoloration. It correlates with inflammatory lip conditions in contemporary dermatology. A 22-year-old female patient presented to the Kayachikitsa outpatient department with a 2-year history of white bumps over the lips, associated with serous discharge, burning sensation, swelling, itching, and hyperpigmentation involving the lips and perioral region. She had not experienced lasting relief despite prior conventional treatments. She was diagnosed with *Paittika Oshtha Roga* and managed with *Jalaukavacharana* (leech therapy) performed in three sittings over the perioral region, along with internal *Shamana* (pacifying) medications and external applications. Remarkable improvement was observed across all cardinal symptoms by the 45th day. *Pidika* (papules), *Daha* (burning), *Paka* (suppuration), *Kandu* (itching), and *Srava* (discharge) resolved completely. Hyperpigmentation showed significant reduction. No adverse effects were noted. This case demonstrates that an integrated Ayurvedic approach combining *Jalaukavacharana* with *Pitta*-pacifying internal medicines and topical applications can provide effective and sustained relief in *Paittika Oshtha Roga*. Further clinical studies with larger sample sizes are warranted.

1. INTRODUCTION

Oshtha Rogas refer to diseases of the lips (Oshtha) and are classified under *Mukhagata Rogas* – disorders of the oral cavity and its constituent structures – in the classical Ayurvedic tradition. *Acharya Sushruta*, enumerated 65 types of *Mukha Roga* distributed across seven anatomical subsites, among which eight distinct varieties of *Oshtha Roga* are described.

The eight types of *Oshtha Roga* are: *Vataja*, *Pittaja*, *Kaphaja*, *Sannipataja*, *Raktaja*, *Mamsaja*, *Medaja*, and *Kshataja*. Each type is characterized by the predominant *Dosha* involved. Paittika (*Pittaja*) *Oshtha Roga*, the subject of this report, is produced by the vitiation of *Pitta Dosha* and *Rakta Dhatu* (blood tissue). *Acharya Sushruta* delineated its clinical features as: *Pidika* resembling mustard seeds (*Sarshapakara Pidika*), *Daha* (burning sensation), *Paka* (suppuration/ maturation of lesions), *Srava* (serous discharge), and *Neela-Peeta Varna* (yellowish-blue discoloration of lips).[1]

In contemporary dermatology, *Paittika Oshtha Roga* may be correlated with inflammatory lip conditions, such as infective cheilitis, Fordyce condition (ectopic sebaceous glands presenting as white papules), or other forms of cheilitis presenting with papular eruptions, discharge, and pigmentation changes. Conventional management of these conditions is largely symptomatic and often fails to provide permanent relief. The patient in this case had sought multiple lines of conventional treatment over 2 years without sustained benefit, which provided the clinical rationale for an Ayurvedic therapeutic approach.[2]

Raktamokshana (therapeutic bloodletting) is one of the five cardinal *Panchakarma* procedures elaborated by *Acharya Sushruta* and is specifically indicated in diseases caused by vitiated *Pitta Dosha* and *Rakta Dhatu*. Among the four modalities of *Raktamokshana* (Shringa, *Jalauka*, Alabu, and Prachhanna), *Jalaukavacharana* (application of medicinal leeches) is recommended in *Pitta*-predominant conditions, as the leech is considered a *Pitta*-dominant creature capable of

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selectively removing vitiated (Dushta) *Rakta* while sparing healthy blood.[3]

The bioactivity of leech saliva has attracted global scientific interest. The saliva of medicinal leeches (primarily) contains more than 100 pharmacologically active substances, including hirudin (anticoagulant), calin (platelet aggregation inhibitor), hyaluronidase (spreading factor), bdellins (serine protease inhibitors with anti-inflammatory action), and various vasodilatory compounds. These bioactive components collectively exert anti-inflammatory, analgesic, fibrinolytic, and blood-purifying effects, making leech therapy a scientifically plausible intervention for inflammatory conditions.[4,5]

This case report presents the clinical management of a 22-year-old female with *Paittika Oshtha Roga* using *Jalaukavacharana* combined with *Pitta*-pacifying internal and topical Ayurvedic medications, with the aim of documenting the therapeutic outcome and discussing the probable mechanism of action.

2. PATIENT INFORMATION

- Ms. S. [Name withheld for privacy]
- 22 years/Female
- First visit - 29 June 2024
- Kayachikitsa Outpatient Department

2.1. Chief Complaints

The patient presented with the following complaints of 2 years' duration:

(i) White bumps over the lips and perioral region; (ii) Serous discharge from the lesions; (iii) Burning sensation (*Daha*) over the lips; (iv) Swelling of the lips; (v) Itching (*Kandu*) of the lips and perioral skin; (vi) Hyperpigmentation of the lips and surrounding region.

2.2. History of Present Illness

The patient had been experiencing the above complaints for approximately 2 years. She had consulted multiple physicians and had undertaken conventional treatments during this period; however, no permanent relief was achieved, prompting her to seek Ayurvedic management.

2.3. Past History and Personal History

No history of allergies or diabetes mellitus was reported. The patient followed a vegetarian diet with good appetite. Bowel habits and bladder function were regular. No history of addiction was noted.

3. CLINICAL FINDINGS

3.1. Local Examination

Dry and cracked lips; Oozing/serous discharge present; Erythema present; Hyperpigmentation present over the lips and perioral region; White papular lesions (*Pidika*) visible.

Induration present; Tenderness absent.

3.2. Systemic Examination

All systemic findings were within normal limits. Cardiovascular, respiratory, gastrointestinal, and neurological examinations revealed no abnormality.

4. TIMELINE

Table 1 summarises the chronological sequence of clinical events and therapeutic interventions.

5. DIAGNOSTIC ASSESSMENT

5.1. Ayurvedic Diagnosis

The presenting features were analyzed in accordance with Ayurvedic principles of *Roga Pariksha*. The cardinal symptoms – *Sarshapakara Pidika* (mustard-seed-like papules), *Daha* (burning), *Paka* (suppuration), *Srava* (discharge), and *Neela-Peeta Varna* (hyperpigmentation.

The predominant *Dosha* implicated was *Pitta*, with concurrent involvement of *Rakta Dhatu*. The *Nidana* (etiological factors) contributing to *Pitta-Rakta* vitiation were assessed through dietary and lifestyle enquiry, consistent with classical references to *Pitta*-aggravating diet and regimen.

5.2. Modern Correlation

The clinical presentation – white papular eruptions, erythema, serous discharge, burning sensation, and hyperpigmentation of the lips – is compatible with inflammatory lip disorders, including infective cheilitis and ectopic sebaceous hyperplasia (Fordyce condition). The absence of systemic disease, diabetes, or allergy history, combined with the chronic 2-year course and failure of conventional therapy, supported the Ayurvedic diagnostic framework and therapeutic approach.

6. THERAPEUTIC INTERVENTIONS

Treatment was administered in two phases of internal *Shamana* therapy supplemented by external applications, with *Jalaukavacharana* conducted in three sessions as the primary *Shodhana* (purificatory) intervention.

6.1. Internal and Topical Medications

The patient was managed with a combination of Shamana Chikitsa and topical therapy administered in two sequential phases. During the initial phase, Laghumanjhisthaadi Kwath, Avipattikar Churna with Pittantak Yog, Shatdhauta Ghrita for local application, and Guduci Sadhita Jala for drinking were prescribed. In the subsequent phase, Mahatiktak Ghrita was added, and Madhuyasthi Churna mixed with Ghrita and Madhu was administered locally as Lepa. The complete details of the medications, dosage, route of administration, and duration of treatment are presented in Table 2.

6.2. Jalaukavacharana (Leech Therapy)

Jalaukavacharana was performed in three sittings over the perioral region at approximately 15-day intervals as detailed in Table 3.

6.3. Procedure of Jalaukavacharana

Before each session, informed verbal consent was obtained from the patient. Non-poisonous medicinal leeches were selected and kept in clean water. The perioral region was cleaned with antiseptic, and a small amount of blood was drawn to the surface using a minor nick to attract the leech. The leech was allowed to attach to the perioral skin and feed until it detached spontaneously, indicating satiation. Post-detachment, turmeric powder (*Haridra*) was applied to the bite

site for hemostasis and antisepsis. The skin was cleaned and dressed appropriately. Sessions were scheduled at approximately 15-day intervals.

7. FOLLOW-UP AND OUTCOMES

The patient was assessed at baseline (0th day), and at the 15th, 30th, and 45th days of treatment. Symptoms were graded on a semi-quantitative scale: "−" indicating complete absence, "+" mild, "++" moderate, "+++" moderately severe, and "++++" severe.

Marked improvement was observed in all cardinal symptoms. *Pidika* (papules/white bumps) reduced from severe (++++) at baseline to complete resolution (−) by the 45th day. *Daha* (burning sensation) resolved entirely by the 30th day. *Paka* (suppuration) demonstrated rapid improvement, resolving by the 15th day. *Kandu* (itching) and *Srava* (serous discharge) both resolved by the 30th day. Hyperpigmentation, while the most persistent symptom, showed significant reduction by the 45th day. Serial clinical photographs demonstrating baseline and post-treatment improvement are shown in Figure 1 and Table 4.

8. DISCUSSION

This case demonstrates a clinically therapeutic response to Ayurvedic management in a patient with *Paittika Oshtha Roga* who had not responded to prior conventional treatments over 2 years. The treatment strategy was founded on the classical Ayurvedic principle that *Pittaja* and *Raktaja* conditions are best managed through *Raktamokshana* – specifically *Jalaukavacharana* – along with concurrent *Pitta-Shamana* therapy.[6]

Acharya Sushruta explicitly advised *Raktamokshana* with *Jalauka* in *Pittaja*, *Raktaja*, and *Abhighataja Oshtha Rogas*, as these conditions involve primary vitiation of *Rakta* and *Pitta Dosha*. The rationale for selecting *Jalaukavacharana* over other modalities of *Raktamokshana* lies in its suitability for *Pitta*-predominant conditions, its non-invasive nature, and its capacity to selectively extract vitiated (Dushta) *Rakta* from the localized site of pathology without disturbing the integrity of healthy blood.[7,8]

From a modern biomedical perspective, the therapeutic efficacy of leech saliva is attributable to a cocktail of bioactive compounds. Hirudin, the most extensively studied constituent, is a potent direct thrombin inhibitor that prevents blood coagulation and promotes local microcirculatory blood flow. Calin inhibits Von Willebrand factor-mediated platelet aggregation. Hyaluronidase depolymerises hyaluronic acid in the extracellular matrix, enhancing the spread of other salivary bioactives into surrounding tissue. Bdellins and destabilase exert anti-inflammatory effects by inhibiting serine proteases, including trypsin, plasmin, and acrosin.

Importantly, leech saliva contains a diverse array of anti-inflammatory proteins that collectively suppress the local inflammatory cascade. This mechanistically supports the observed reduction in *Daha* (burning), *Kandu* (itching), *Srava* (discharge), and erythema in this patient. The Ayurvedic concept that *Jalaukavacharana* purifies *Rakta Dhatu* by removing accumulated *Ama* (metabolic toxins) and vitiated *Pitta* thus converges conceptually with the modern understanding of leech-mediated reduction of inflammatory mediators and improvement of microvascular perfusion.[5]

The internal medications selected further reinforced the *Pitta*-pacifying and *Rakta-Shodhana* (blood-purifying) therapeutic objectives. *Laghumanjhisthaadi Kwath*, a classical decoction, is a well-recognized *Rakta-Shodhana* and *Pitta-Shamana* formulation traditionally employed in inflammatory skin and mucosal conditions. *Avipattikar Churna*, an established *Virechana*-enhancing and *Pitta*-regulating compound formulation, addressed the internal *Pitta* burden by promoting bowel regularity and Pitta excretion. *Mahatiktak Ghrita*, a *Tikta* (bitter) *Ghrita* preparation, was added in the second phase; its *Tikta Rasa* and *Rakta-Prasadana* (blood-clarifying) properties are particularly indicated in *Pitta*-vitiated skin and mucosal disorders, and its *Snehana* (oleation) quality supports deep tissue healing.[9,10]

Topically, *Shatdhauta Ghrita* (clarified butter washed 100 times) was applied for its soothing, anti-inflammatory, and tissue-regenerative effects on the inflamed lip mucosa. *Madhu*yasthi (Glycyrrhiza glabra) *Churna* incorporated with *Ghrita* and *Madhu* (honey) as *Lepa* provided additional anti-inflammatory, *Varnya* (skin-lightening), and *Sandhaniya* (wound-healing) properties, which may have contributed to the progressive reduction of hyperpigmentation observed.[11]

The persistence of hyperpigmentation beyond the 45th day – though significantly reduced – is consistent with the known slower resolution of post-inflammatory pigmentation, which typically requires sustained *Varnya* therapy and may be expected to continue improving beyond the documented follow-up period.[2]

The absence of adverse events in this case is consistent with the established safety profile of *Jalaukavacharana* when conducted with appropriately selected non-poisonous (*Nirvisha*). This case is in accord with previously published Ayurvedic case reports documenting successful management of various *Oshtha Rogas* using *Shodhana* (purificatory) and *Shamana* (pacifying) Chikitsa. The integration of *Jalaukavacharana* with concurrent internal and topical therapy represents a comprehensive, multi-targeted approach addressing the systemic (*Dosha*) and local (*Rakta*-Dushti) dimensions of *Paittika Oshtha Roga*.[2,12]

9. PATIENT PERSPECTIVE

The patient expressed significant satisfaction with the treatment outcome. She reported substantial relief from the burning sensation and itching from the 2nd week of treatment, which she regarded as particularly distressing symptoms that had impacted her daily life and self-confidence. She noted the progressive disappearance of white bumps and discharge as motivating her to continue the full course of therapy. The patient consented to the documentation and publication of her case for academic and educational purposes.

10. CONCLUSION

This case provides evidence supporting the clinical utility of *Jalaukavacharana* combined with *Pitta-Rakta Shamana* Chikitsa in the management of *Paittika Oshtha Roga*. The integrated Ayurvedic approach produced complete resolution of the major cardinal symptoms (*Pidika*, *Daha*, *Paka*, *Kandu*, *Srava*) and significant reduction of hyperpigmentation over a 45-day treatment course, without any observed adverse effects. The therapeutic mechanism likely operates through the synergistic action of leech salivary bioactives – including hirudin, bdellins, and hyaluronidase – with the *Pitta*-pacifying,

Rakta-Shodhana, and anti-inflammatory properties of the prescribed Ayurvedic formulations. Controlled clinical trials with larger patient populations and standardized outcome measures are recommended to further validate these findings.

11. INFORMED CONSENT

Written/verbal informed consent was obtained from the patient for the documentation, photography (if applicable), and publication of this case report. Patient identity has been anonymized to protect privacy.

12. ACKNOWLEDGMENTS

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13. AUTHORS' CONTRIBUTIONS

All authors give equal contribution in making of this manuscript.

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15. ETHICAL STATEMENT

Ethical approval was not required for this study as it is a case report.

16. CONFLICT OF INTERESTS

The authors declare no conflicts of interest regarding the publication of this paper.

17. DATA AVAILABILITY STATEMENT

The data analyzed in this review were obtained from publicly available sources, including peer-reviewed articles, observational studies, and surveys accessible through databases.

18. DISCLAIMER/VIEW AND OPINIONS

The opinions expressed in this article are solely those of the authors and do not reflect the views of the International Research Journal of Ayurveda and Yoga or its editorial board.

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REFERENCES

1. Shastri AD. Sushruta Samhita Nidanasthana, chapter 16, verse 08, Chaukhamba Orientalia; Varanasi. Reprint ed. 2012. Vol. 1, P381-382.
2. Chaudhary S, Vaghela D. Ayurvedic management on Kaphaja Oshtha roga - a case report. Int J AYUSH Case Rep. 2022;6(3):272-6.
3. Acharya YT, editor. Sushruta samhita, with nibandhasangraha commentary. Chikitsasthana, mukha roga chikitsa. Ch. 22. Varanasi: Chaukhamba Sanskrit Sansthan; 2014.
4. Koeppen D, Aurich M, Pasalar M, Rampp T. Medicinal leech therapy in venous congestion and various ulcer forms: Perspectives of Western, Persian and Indian medicine. J Tradit Complement Med. 2020;10(2):104-9.
5. Ganguly P, Dutta S, Debnath N, Jana K. Concept of medicinal leech therapy or hirudotherapy in ayurvedic and modern aspect. Int Ayurvedic Med J. 2025;13:450-9.
6. Shastri AD. Sushruta Samhita, Nidanasthana, chapter 16, versus 04, Varanasi: Chaukhamba Orientalia; Varanasi. Reprint ed. 2012. Vol. 01, P 382.
7. Shastri AD. Sushruta Samhita, Chikitsasthana, chapter 22, versus 08, Chaukhamba Orientalia; Varanasi. Reprint ed. 2012. Vol. 1, P 122.
8. Vaibhav A, Antiwal M, Singh JP, Singh OP. Leech therapy (jalaukavacharana) in ayurveda: A scientific review. Int J Pharm Pharm Res. 2016;6(4):503-15.
9. Acharya YT, editor. Charaka samhita of agnivesha, chikitsasthana. Kustha chikitsa. Ch. 7. Varanasi: Chaukhamba Sanskrit Sansthan; 2014.
10. Pandeyen SH, Bhavamishra- Bhavaprakasha: Chikitsa Prakaran, Kushtharogadhikara 54/99-100, Vidyotini Hindi Commentary by 3rd ed. Vol. 2. Varanasi: Chaukhambha Sanskrit Bhawan; 2007. p. 540.
11. Sharma PV. Dravyaguna vigyana. Vol. 2., Ch. 4. Varanasi: Chaukhamba Bharati Academy; 2009. p. 253-6.
12. Shrigod AR, Prajapati KR, Pawar D. Ayurvedic management of Vataja Oshtharoga whole system research (W.S.R.) to pigmented contact cheilitis - a case report. J AYUSH. 2024;5(3):1-8.

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Table 1: Chronological timeline of clinical events

Date/timepoint	Event/intervention
2 years prior	Onset of white bumps, burning, discharge, and hyperpigmentation over lips; multiple conventional treatments taken without lasting relief
June 29, 2024	First Ayurvedic consultation; diagnosis of *Paittika Oshtha Roga*; initiation of *Shamana* (Phase I) medications
July 14, 2024	Phase II medications commenced (*Mahatiktak Ghrita* and *Madhuyasthi Churna Lepa*)
July 20, 2024	*Jalaukavacharana* – Session 1 (perioral region)
August 05, 2024	*Jalaukavacharana* – Session 2 (perioral region)
August 20, 2024	*Jalaukavacharana* – Session 3 (perioral region); Phase I medications concluded
15th day assessment	Marked reduction in *Daha*, *Paka*; partial improvement in *Pidika* and *Kandu*
30th Day Assessment	Near-complete resolution of *Daha*, *Paka*, *Kandu*, *Srava*; significant reduction of *Pidika*
45th day assessment	Complete resolution of *Pidika*, *Daha*, *Paka*, *Kandu*, *Srava*; notable reduction in hyperpigmentation; Phase II medications concluded (September 30, 2024)

Table 2: Therapeutic interventions – medications and dosages

Period	Drug/intervention	Dose and route
June 29, 2024–August 20, 2024	*Laghumanjhisthaadi Kwath*	40 mL BD, empty stomach
	Avipattikar Churna+Pittantak Yog	4 g+1 g BD, before meals
	Shatdhauta Ghrita	Local application
	Guduci Sadhita Jala	For drinking
July 14, 2024–September 30, 2024	*Mahatiktak Ghrita*	10 mL BD with milk, empty stomach
	Madhuyasthi Churna	4 g with 1 tsp *Ghrita*+¼ tsp *Madhu* for *Lepa*

Table 3: *Jalaukavacharana* schedule

Procedure	Sessions and dates
Jalaukavacharana – perioral region	Session 1: July 20, 2024 Session 2: August 05, 2024 Session 3: August 20, 2024

Table 4: Assessment of symptoms over the treatment period

Symptom	0th day (Baseline)	15th day	30th day	45th day
Pidika (Papules/White bumps)	++++	+++	+	–
Daha (Burning sensation)	++++	++	–	–
Paka (Suppuration)	+	–	–	–
Kandu (Itching)	++	++	–	–
Srava (Discharge)	++	+	–	–
Hyperpigmentation	++++	++++	+++	++

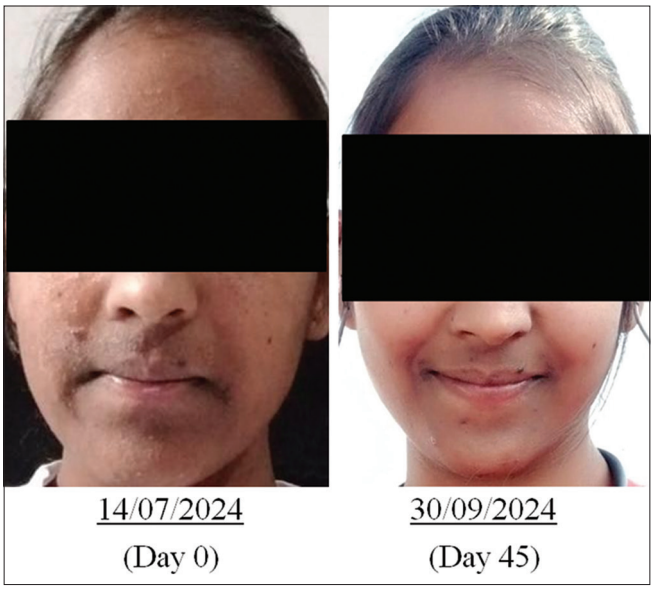

Figure 1: Baseline and after-treatment images