Efficacy of Jalaukavacharana in the Management of Arsha W.S.R to Prolapsed Thrombosed Externo Internal Haemorrhoids – A Case Study

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ABSTRACT

In the present era, we are blessed with many improved life aids. Besides this, today’s life style has given us many ailments. Arsha (haemorrhoids) is one of it which affects all economical group of population. Arsha is gudagata mamsa vikar and as “Guda” is one of the vital marma, Acharya Vagbhata advised Raktamokshana in various ways in Arsha vyadhi. Jalaukavacharana -simple, minimally invasive procedure and can be carried out easily. thrombosed haemorrhoids are clot forming engorgement of blood vessels at anal orifice. it is a very painful and uncomfortable condition. The present case study was done to evaluate the efficacy of Jalaukavacharana in the management of prolapsed thrombosed externo-internal haemorrhoids followed by Awagaha sweda (medicated sitz bath) and laxative. The inflammation and pain gets reduced by leech application which is less commonly achieved by other conventional management. Though it is not the radical treatment for the disease, but it gives early symptomatic relief to the patient. the saliva of leeches contain more than 100 bioactive substances which have bacteriostatic, analgesic, anti oedematous properties. It provides local analgesic, anti inflammatory action and reduction in size of pile mass. The observation may help in further study as “jalaukavacharana” A best parasurgical procedure in management of prolapsed thrombosed externo-internal haemorrhoids.

KEYWORDS: Arsha, haemorrhoids, jalaukavacharana.
INTRODUCTION
In the present era, we are blessed with many improved life aids. Besides this, todays life style have given us many ailments. Arsha (haemorrhoids) is one of it which affects all economical group of population.\textsuperscript{[1]}

अरशा स्था मांसकीलका विशसति यत्र।
अशोकस्तत्संध्यन्ते गुदमार्गनिरोधतः।। अ.ह.ि. 7/1\textsuperscript{[2]}

Arsha is fleshy projection (Manskeel) in the gudavalis and that creates obstruction in the gudamarga and disturbs normal activity of body like enemy.\textsuperscript{[3]}

Arsha is gudagata mamsa vikar\textsuperscript{[3]} and as “Guda” is one of the vital marma\textsuperscript{[4]}, even though Acharya Vagbhata advised Raktamokshana in various ways in Arsha vyadhi\textsuperscript{[5]}.we have used Jalaukavacharana -simple and minimally invasive procedure.

In the modern science, haemorrhoids are dilated veins within the anal canal\textsuperscript{[6]} thrombosed haemorrhoids are clot forming engorgement of blood vessels at anal orifice.\textsuperscript{[7]} it is a very painful and uncomfortable condition.

Leech is indicated to remove the stagnated blood. the saliva of leeches contain more than 100 bioactive substances which have bacteriostatic analgesic, anti oedematous properties and lead to elimination of micro circulation disorder, restores permeability of tissues and organs.\textsuperscript{[8]}

The inflammation and pain gets reduced by leech application which is less commonly achieved by other conventional management. Though it is not the radical treatment for the disease, but it gives early symptomatic relief to the patient.

The present case study was done to evaluate the efficacy of Jalaukavacharana in the management of prolapsed thrombosed externo-internal haemorrhoids followed by Awagaha sweda (medicated sitz bath) and laxative.

AIM
To study the effect of jalaukavacharana in the management of prolapsed thrombosed externo-internal haemorrhoids.
OBJECTIVES
1) To study the management of prolapsed thrombosed externo-internal haemorrhoids with the help of ayurvedic parasurgical procedure.
2) To study the effect of jalaukavacharana in prolapsed thrombosed externo-internal haemorrhoids to reduce pain, inflammation and size of pile mass.

METHOD
A clinical case study of prolapsed thrombosed externo internal haemorrhoids.

Jalaukavacharana done on 1st day of O.P.D visit in GAC, Nanded.

Patient was advised for second setting after 7 days. but as the thrombosed and prolapsed pile mass gets reduced on 7th day, there was no need of second setting. patient was advised for follow up on 7,14th day and told for pathya aahar-vihar, nidana parivarpjana, and awagaha sweda and laxative.

CASE REPORT
A male patient of name :- XYZ / male
Age :: 60 yrs ; address :- Ganesh nagar, Nanded
OPD Reg no.:- 6740 came in opd no.6 of shalya department in government ayurvedic hospital, nanded.

He had following complaints
1. Mass felt at anal verge
2. Severe pain in anal region
3. Difficulty in passing stool and

He was healthy before 5-6 days. then he was complaining for above symptoms since 5 days. As symptoms get aggravated, so for the management. patient come in O.P.D.

Past history
No H/o – DM/HTN/PTB/Asthma or any other major illness
S/H/O – No any major surgical history noted
No H/O – any drug allergy.
Family history
No relevant family history noted.

Personal history
Occupation :- auto driver
Addiction :- tobacco chewing (☐ 25-30 yrs)
Diet :- mixed (non veg- more)
Appetite :- regular
Urine :- regular
Stool :- constipated bowel

O/E
G.C – fair, afebrile No pallor
P.R – 74/min No icterus
B.P – 130/90 mm hg No lymphadenopathy
Temp – 97.2 F No clubbing of nails

S/E
R.S :- Air Entry Bilaterally Equal and Clear.
No abnormal sounds heard.
C.V.S :- S₁ S₂ normal
No Cardiac Murmur heard
C.N.S :- Conscious and Oriented
P/A :- Soft, Non tender
Liver, Spleen not palpable.

Local Examination
Patient was examined in left lateral position.
1) Perianal region :- NAD
2) Anal verge :- Extero- internal prolapsed thrombosed haemorrhoids at 3,7 and 11’ o clock position.
   - tenderness present
   - non reducible
3) P/R digital – not done (as it was painful)
4) P/S – not done.
So, it was diagnosed as a case of externo -internal prolapsed thrombosed haemorrhoids.

**Investigations**

Hb:- 10.8 gm %
B.T :- 3.40 min
C.T :- 3.45 min
BSL® :- 93 mg/dl
HIV I &II :- Non reactive
HbsAg :-Non reactive

**Nidanpanchaka**

**Hetu(causes)**

1) Guru, vidahi aahar sevan
2) Utkatukasan (squatting position), visham kathin aasana
3) prushtayan (yansankshobh)
4) vega vidharana
5) atipravahanat (constipation)
6) matsya aja aavik pishit bhakshnat

**Purvarupa**

Avyakta lakshana.

**Rupa**

Mass felt at anal verge, severe pain in anal region, difficulty in passing stool and constipation.

**Samprapti**

\[
\text{Hetu sevana} \\
\downarrow \\
\text{Tridosha + raktaprapopa} \\
\downarrow \\
\text{Doshas get enlodged at gudavalis through pradhana dhamani} \\
\downarrow \\
\text{Mansankurauttatpatati at gudavali} \\
\downarrow \\
\text{Arsha}
\]

*Figure 1: pathogenesis in patient.*
Upashaya

Jalaukavacharana

Medicated sitz bath (betadine solution and mgso4 powder) and laxative (gandharva haritaki churna).

Chikista

Jalaukavacharana

Written informed consent of patient was taken.

Procedure:- The jalaukavacharana procedure was done on the local site of the prolapsed and thrombosed externo-internal pile mass.

Step 1 - Inspection was done of local site and preparation of part was done.

Step 2 – comfortable position was given to the patient (left lateral position.)

Step 3 – A nirvish and hungry jalauka choosen, the jalauka who speedly swim in water. This jalauka put in sarshap churna jala to make her potential to suck blood.

Step 4 – jalauka’s mouth was put over the pile mass.

Step 5 – 30 min was taken by jalauka for blood letting. it removed herself after sufficient amount of blood sucking. About 15ml of blood letting was done.

Step 6 – dressing was done at jalaukavacharana site.

Step 7 – jalauka’s vaman was done with the help of turmeric powder. And it is kept in new fresh water bottle.

Oral medication :- Gandharva haritaki churna 5gm at night time with lukewarm water.

Local application :- sitz bath with betadine solution and mgso4 powder.

RESULT AND DISCUSSION

Jalaukavacharana helps to relieve pain and inflammation at local site of prolapsed thrombosed externo-internal pile mass.

It also provide reduction in size of pile mass.

A] Assessment criteria[^9]

1) Pain
2) Tenderness
3) Mass prolapsed
4) Difficulty to pass stool
Above symptoms were taken into considerations under grading system according to their severity.

No symptom – 0
Mild – 1
Moderate – 2
Severe – 3

Observations were done before treatment, after treatment, and on 7th and 14th day of treatment.

Table No. 1: Assessment of patient.

<table>
<thead>
<tr>
<th>Variables</th>
<th>Before Treatment</th>
<th>After application of Leach</th>
<th>On 7th day of treatment</th>
<th>On 14th day of treatment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Tenderness</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Mass prolonged (IV degree)</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Difficulty to pass Stool</td>
<td>3</td>
<td>Can’t predict just after leach application</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

B] In the above case, the symptoms are typical described in vagbhata samhita and where they have advised Raktamokshana.

अवर्तमानमुच्छूनकठिनेभ्यो हरेदसृक्।

अशोभ्यो जलजाशस्त्रसूचीकूर्चः पुनः पुनः।। अ.इ.चि. 8/28-29[6]

Sanchit dushta rudhira (thrombosed)
Shoon (swelling) arsha (pile mass)
Kathin (hard) arsha (pile mass)

As “Guda” is one of vital marma and leech application is simple and minimally invasive procedure, we had done Raktamokshana by Jalaukavacharana.

So as soon as ‘Avartamanam’ (sanchit) dushta rudhira i.e, (stagnated blood) was removed from vyadhi lakshanotpatti sthana, there was relief in pain and other symptoms also.

C] Ayurveda describe many parasurgical procedures and jalaukavacharana is one among them. since to relieve pain and inflammation as early in thrombosed and prolapsed haemorrhoids has limited options, so new therapeutic approaches should be considered.
Different mechanisms many explain the observed effects. Several biologically active substances besides hirudin (thrombin inhibitor which inhibit conversion of fibrin to fibrinogen and prevents blood clotting) have been found in leech saliva such as vasodilators (anti histamines), hyaluronidases, kallikrein, and tryptase inhibitors and natural anaesthetic substance.[10]

Due to presence of anti inflammatory substances in the saliva of medicinal leeches, leech therapy has been used in recent times to treat localised inflammation and pain.[11]

D) Though, we know jalaukavacharana is not the radical treatment for prolapsed and thrombosed externo internal haemorrhoids, but it will help to reduce pain and inflammation in it. the ayurvedic treatment mentioned in samhitas includes bhashaja, kshar, agni, shastra[12] and paripotaka, awagaha, dhupana, gudavarti ,lepa by arshoghana dravyas.[13]

Modern science has also mentioned the treatment as analgesic to relieve pain and laxative to prevent constipation. If symptoms continue even after conservative treatment, surgery may be needed.[14]

Jalaukavacharana followed by awagaha sweda, laxative, pathya aahar and nidana parivarjana helps to relieve the symptoms of patient.

CONCLUSION

It is concluded that jalaukavacharana plays an important role in the management of prolapsed thrombosed externo -internal haemorrhoids. It gives instant relief in pain and have good anti inflammatory action.so this observations may help in further as “jalaukavacharana” A best parasurgical procedure in management of prolapsed thrombosed externo- internal haemorrhoids.
Pictures

Before treatment

Figure 2a: prolapsed thrombosed externo
Figure 2b: prolapsed thrombosed externo internal haemorrhoids (lithotomy position)

Figure 3a: During leech application.
Figure 3b: During leech application
After Leech application

![Figure 4a: After leech application (lithotomy Position)](image)

![Figure 4b: After leech application (left lateral position)](image)

1st Fallow up (on 7th day)

![Figure 5a: External Thrombosed Haemorrhoids Reduced.](image)

![Figure 5b: internal thrombosed and Prolapsed haemorrhoids reduced.](image)

2nd Fallow up (on 14th day).
Figure 6a: external thrombosed haemorrhoids reduced

Figure 6b: internal prolapsed and thrombosed haemorrhoids reduced.

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