



AYURVEDIC MANAGEMENT OF INFLAMMED EXTERNAL HAEMORRHOID WITH JALAUKAVACHARAN – A CASE STUDY

Dr. Pradnya R. Kapse*¹ and Dr. Shweta Budhwant²

Assistant Professor¹, Junior resident²

Dept of *Shalyatantra* R.A.Podar Ayurveda Medical College, Worli, Mumbai.



*Corresponding Author: Dr. Pradnya R. Kapse

Assistant Professor, Dept of *Shalyatantra* R.A.Podar Ayurveda Medical College, Worli, Mumbai.

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ABSTRACT

Haemorrhoid is downward sliding of anal cushions abnormally due to straining or other causes. Types of haemorrhoid Internal—above the dentate line, covered with mucous membrane. External—below the dentate line, covered with skin. Interno-external—together occurs. Haemorrhoid can be correlated with Arsha in ayurveda. It is caused due to straining, diarrhoea, constipation, hard stool, low fibre diet, overpurgation, carcinoma rectum, pregnancy, portal Hypertension. Major complications of haemorrhoids include Profuse haemorrhage which may require blood transfusion Strangulation, Thrombosis (piles appear dark purple/black, feels solid), Ulceration Gangrene, Stenosis Suppuration, leads to perianal or submucosal abscess. In modern science Treatment includes diet rich in fibres, local applications, sitz bath, laxatives, analgesics. Parasurgical procedures like sclerotherapy, banding, cryotherapy, infrared coagulation, laser therapy. Surgical procedures like Open haemorrhoidectomy, Closed haemorrhoidectomy, Stapled haemorrhoidopexy Anal stretching—Recamier, Lord's are performed. While in ayurveda *auśhadhi*, *śhastra*, *kshar*, *agni* are the 4 main treatments for haemorrhoids.

A single case study of a 65 yrs old male patient, presenting with complaints of constipation, per rectal bleeding, pain at anal region, mucoid discharge since 10yr Inflamed external haemorrhoids were diagnosed Then 3 settings of *Jalaukavacharan* done. symptoms got reduced after 1st setting itself.

KEYWORDS: Inflamed external haemorrhoid, *Arsha*.

AIM

To manage the inflamed haemorrhoid with *Jalaukavacharan*.

OBJECTIVES

- To manage haemorrhoid effectively.
- To improve the disturbed quality of life
- To study ancient and modern literature about haemorrhoid.

INTRODUCTION

Arsha is a *roga* which is explained in *sushrut samhita* very elaborately. It is considered one among *Ashtamahagada*.

Haemorrhoid is an important and frequently seen anorectal disease. These are of 3 types- Internal—above the dentate line, covered with mucous membrane.

External—below the dentate line, covered with skin.

Interno-external-together occurs.

That lies in the ureter, at any point in between ureteropelvic junction and vesicoureteric junction. Usually presents with hematuria, nausea and vomiting.

Treatment includes dietary management (fibre rich diet) Local applications, laxatives, analgesic drugs. In Ayurveda Susruta Acharya explained *auśhadhi Śhastra*, *kshar*, *agni* in detail. Here we are going to discuss *anushastra* i.e *jalauka* and *kshar* i.e *mgso4* in the management of inflamed external haemorrhoid.

CASE STUDY

A 65 year old male patient, Presenting with the complaints of:-

1. Constipation - for 10years
2. Pain at anal region
3. On and off per rectal bleeding since 10yrs.
 - Past history :- H/O haemorrhoid since 10yrs
 - Family history :- NAD
 - Surgical history :- No

- Personal history :-

Diet – mixed diet, more spicy, non veg intake twice a week.

Appetite - Good

Bowel – constipation

Micturition - 4-5 times per day

Sleep - usually 7 hrs

Lifestyle - sedentary life style.

- General examination**

Conscious, Oriented

PR - 78/min

BP - 130/ 80 mm Hg

RR - 20/min

- P/A –soft/ non tender**

Local examination–

Perianal- NAD

Anal verge- inflamed haemorrhoid at 3,7 and 11 o'clock position

PR- painful

PS- not done

- **Blood Analysis**

Haemoglobin - 11gm/dL

RBC - 3.87 million / uL

WBC - 7850/ uL

Platelet count - 4.37 lakh / uL

Treatment

- Acute management

Tab Diclofenac sodium 1sos

- Ayurvedic management

Gandharv haritaki churna 5gm HS

- Sitz bath (avgah swed) with mgso4 crystals
- Glycerine with mgso4 dressing
- Tab *Trifala guggul* 2BD

Jalaukavacharan 3 settings weekly once.

DISCUSSION

Since in haemorrhoid there is *rakstadushti*, *Jalaukavacharan* is good option for treatment.

Impure blood is sucked by *Jalauka* (leech), due to that varicosity and engorgement of vessels is reduced, so it reduces inflammation significantly.

Mgso4 with glycerine have hygroscopic action, hence in edematous condition it is very useful.

Sitting in warm water with crystals of mgso4 in it reduces swelling, pain and inflammation by the virtue of its hygroscopic action.

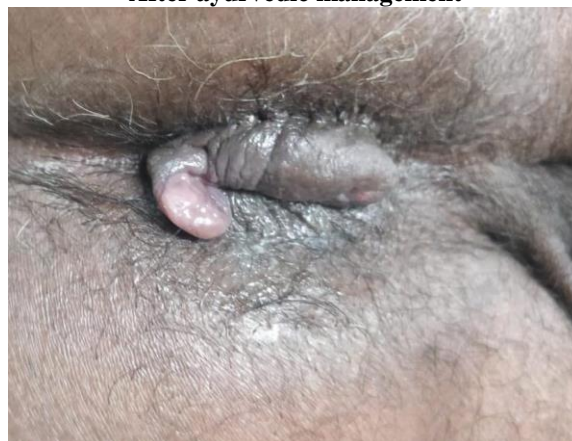
RESULT AND CONCLUSION

There was significant relief in pain, inflammation, constipation and per rectal bleeding was reduced. No adverse effect were noted. Hence we can consider *Jalaukavacharan* as gold standard treatment in the management of Inflamed haemorrhoids.



Before Jalaukavacharan

After ayurvedic management



REFERENCES

- Kaviraj Ambikadutta Shashtri, *Susruta Samhita of Acharya Susruta*, Chaukhambha Sanskrit sansthan Varanasi, *Nidana sthana adhyay*, 2
- Kaviraj Ambikadutta Shashtri, *sushrut samhita of Acharya sushruta*, chaukhambha sanskriti sansthan, varanashi, *chikitsa sthana, adhyay*, 6: 46.
- SRB's manual of surgery, 5th edition, 969.