

## JALAUKAVACHARANA IN THE MANAGEMENT OF ARSHA W.S.R. TO THROMBOSED HAEMORRHOIDS-A CASE STUDY

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### ABSTRACT

A male patient aged 49 years presented with some mass present at anal verge, associated with pain & difficulty while defecation since 10 days. He is a shopkeeper by occupation & nature of work demands standing for long time. Patient was treated with *Jalaukavacharana* 3 sitting after 7 days (21 days) followed by *Avagahana sweda* (Phytomedicated Sitz Bath). After 21 days patient was fully recovered & he got complete relief from pain, swelling & burning sensation. Thus this patient was successfully treated with *Jalaukavacharana* with no recurrence or any complication.

**Keywords:** Defecation, *Jalaukavacharana*, *Avagahana sweda*.

### INTRODUCTION

According to *Ayurveda*, the disease *Arsha* (Haemorrhoids) comes under the heading of *Maharogas*. *Arsha* occurs in *gudabhaga* (ano-rectal region), which is undoubtedly a *marma* (vital point) & is well known for its chronicity & difficulty to treat. Haemorrhoids is varicosity & dilatation of haemorrhoidal veins of anal canal. Haemorrhoids is a fairly common disease all over the world. A statistical data has proclaimed that good percentage of population above the age of fifty have minimal or significant haemorrhoids. External thrombosed haem-

morrhoids are located outside of the dentate line & covered by anoderm. Thrombosed external haemorrhoids are one of the frequent acute ano-rectal diseases which is due to high venous pressure associated with severe pain. Now a day nobody wants to undergo surgical procedure & they expect relief without surgery. Because surgical procedure causes many complications such as anal stenosis, incontinence of stool, infection etc. which makes many people afraid of these procedures.

In the treatment of Arsha, Acharya Vagbhatta & Charaka mentioned the role of Jalaukavacharana in Arsha. Sushruta Samhita, the oldest available manual on surgery has devoted an entire chapter for the description of Jalaukas for purpose of blood-letting.

In this case study, Jalaukavacharana followed by Awagahana sweda for 21 days (3 sitting after every 7 days) done. In this case, Jalaukavacharana shows thrombolytic action which contributes in re-establishment of circulation.

#### **Case Report:-**

A 49 yrs male patient presented to our Rajiv Gandhi Govt. Hospital Paprola, Distt. Kangra (H.P.) at Shalya Tantra OPD with following complaints; some mass present at anal verge associated with pain & difficulty while defecation since 10 days.

#### **History of present Illness:-**

As per history narrated by patient & documents he presented to us patient was apparently all right 10 days back. Then suddenly patient suffers from constipation after taking non-vegetarian diet previous night. He consulted nearby allopathic physician & was given medication for the same. But patient didn't get relief from that medication. Later he consulted Shalya Tantra OPD & started treatment. Patient was thoroughly examined locally as well as systematically.

#### **Past History:-**

No history of HTN, T2DM, Br.Asthma, Surgical intervention.

#### **Family History:-**

No relevant family history found.

#### **Personal History:-**

Appetite – Normal    Urine – Normal passed  
Thirst – Normal        Stool – Constipated bowel  
Sleep – Normal

#### **Drug History:-**

No drug history found.

#### **O/E:-**

GC - Fair, afebrile  
PR – 72/min  
BP – 130/90 mmHg  
No pallor, No icterus, No cyanosis.  
CVS – S1 S2 (Normal)  
RS – Chest clear, B/L air entry adequate.  
CNS – Conscious & oriented.  
PA – Soft, Palpable, non distended.

#### **Per Rectal Exam:-**

#### **On Inspection :-**

- a) Perianal area :- Dry
- b) Perianal skin :-
  - External thrombosed haemorrhoids present at 3,7 & 11'o clock position.
  - Oedema in perianal skin- Present.
  - No any abscess ,discharge seen.
  - No any external fistula opening seen.
  - No any sentinel tag seen.

#### **Palpation :-**

- Tender on palpation.

#### **D.R.E :-**

- Sphincter Tone – Normal.
- No any thickening of wall of anal canal
- Rectal mucosa – smooth, regular & mobile.
- No faecolith present.

#### **Exam. of Prostate:-**

- Size - Normal.
- Consistency – Firm.
- Medial sulcus – Palpable.
- Rectal mucosa – Mobile.

His lab investigation (RBI, HIV, HbsAg) were normal, X-ray, chest-PA was normal. As per complaints, clinical examination & reports he had diagnosed as External Thrombosed Haemorrhoids. We applied 3 leeches over the thrombosed haemorrhoids & started medica-

tion as follows – Tab. *Triphala Gugglu* 2 BD & *Triphala Churna* 10gm HS with Luke warm water/ milk. He was asked to take rest, avoid straining while defecation & Fibre rich diet. We advised him to take analgesics only if the pain is unbearable. We stopped his allopathic medication. Immediately after leech application there was considerable reduction in haemorrhoidal mass, 1/4<sup>th</sup> of the size reduced & patient felt lightness in anal region. We advised him to rest. He was asked to come after 7 days for next session of leech application. 2<sup>nd</sup> sitting of leech application was done on 7<sup>th</sup> day after 1<sup>st</sup> sitting of leech application. In follow up he reported that he didn't have pain, burning sensation & heaviness in anal region and haemorrhoidal mass reduced to ½ of its previous size. In his 3<sup>rd</sup> follow up there was very less haemorrhoidal mass which was mild tender on deep palpation. 3<sup>rd</sup> sitting of leech application was done & kept him on same medication, asked to come for follow up again after 7 days. After 7 days there was absolutely no external haemorrhoidal mass, no tenderness. We continued the *Triphala Churna* which we advise earlier for next 15 days. Thus patient got complete relief after leech application.

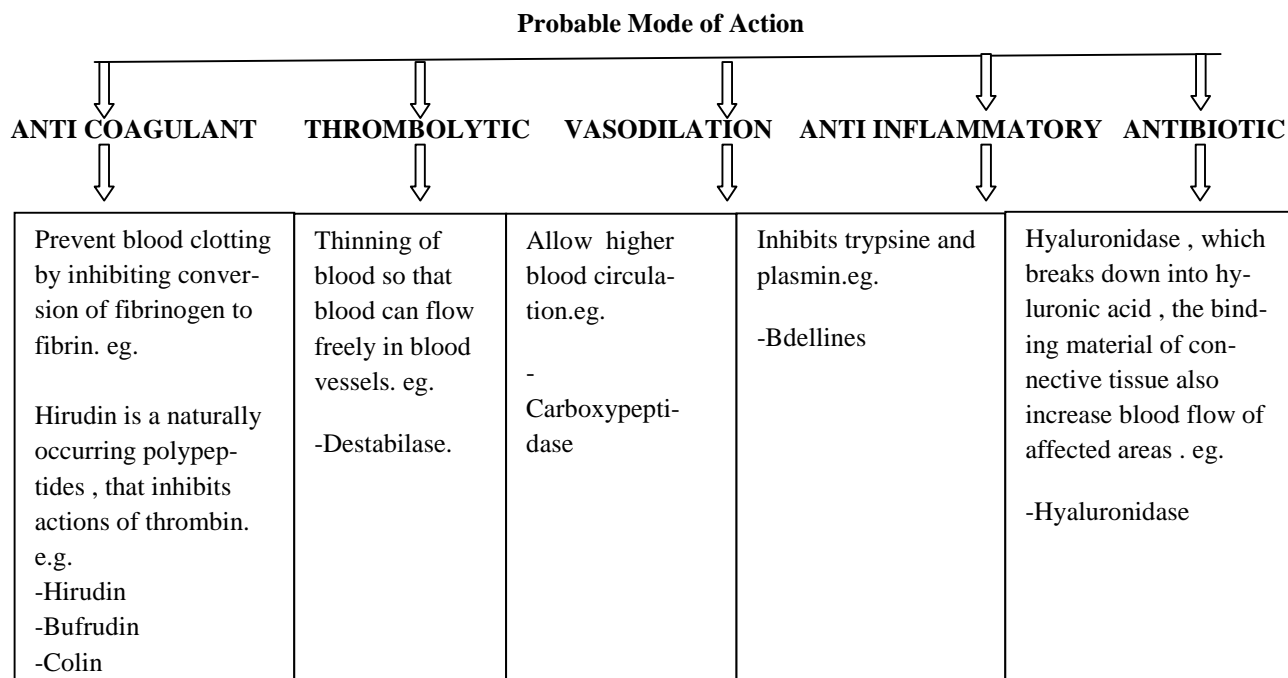
## DISCUSSION & RESULT

Thrombosed external haemorrhoids imply a thrombosis of blood in the veins of external

or subcutaneous haemorrhoidal plexus, in simple we can say that clotting occurs in the veins of the external or subcutaneous plexus and is spontaneously resolved with conservative treatment. If it is not resolved then operation will be required. Operative treatment consists of evacuation of clot either under short General anaesthesia or with the aid of local anaesthesia. Now a day nobody wants to undergo surgical procedure & they expect relief without surgery.

*Raktamokshan* (Blood-letting) is unique procedure mentioned in *Ayurveda*. Abnormality of *rakta dhatu* caused due to morbidity of *pitta dosha* is best treated by *Jalaukavacharana*. In thrombosed haemorrhoids, *Jalaukavacharana* shows thrombolytic action which contributes in re-establishment of circulation. Among different methods of bloodletting mentioned in *Ayurveda* leech application is most convenient, safe & effective method.

In this case application of leeches results in the reduction of inflammation & pain due to anti inflammatory substances present in its saliva. It goes to deeper level by the action of hyaluronidase, hirudin causes more liquification of accumulated blood. So there was significant reduction in size of swelling. Acc. to *Ayurveda*, *Jalauka* should be applied in the diseases where there is *Avagadha dosha dusti* (doshas are at deeper level).



*Triphala Guggulu* mentioned in *Sharandhar Samhita* contains *Amalaki* (*Emblica officinalis*), *Haritaki* (*Terminalia chebula*), *Bibhitaki* (*Terminalia bellirica*), *Krsna (Pippali)* (*Piper nigrum*), *Guggulu* (*Commiphora mukul*). All these herbs exhibit its action as analgesic, anti-inflammatory, Immunomodulator & mild laxative. It is the best drug in *varna sotha*, *bhagandara*, *arsha* & *gulma*. It is best medication in pathologies where there is vitiation of *Rakta* by *vata* & *pitta*.

*Triphala churna* mentioned in *Sharandhar Samhita* & in *Bhavaprakasa (Haritakyadi varga)* contains *Amalaki* (*Emblica officinalis*), *Haritaki* (*Terminalia chebula*), *Vibhitaki*

(*Terminalia bellirica*). This combination has synergistic action, as well as digestive and laxative properties. *Haritaki* is rich in tannins amino-acids and succinic acids with beta sitosterol. *Vibhitaki* is rich in tannins & has anti-histaminic, antifungal yeast inhibiting effects. *Amalaki* supports the immune system & is one of the richest available source of Vitamin-‘C’. *Triphala* has anti-oxidant, bowel regulating & mild laxative effect, aiding both digestion & elimination.

Leech application, *Triphala Guggulu*, *Triphala churna* helps in the reduction of swelling, inflammation, pain & early recovery of the patient.

## Photograph

**BEFORE JALAUKAVCHARANA**



**1<sup>st</sup> SITTING JALAUKAVCHARANA**



**2<sup>nd</sup> SITTING JALAUKAVCHARANA 3<sup>rd</sup> SITTING JALAUKAVCHARANA**



**AFTER JALAUKAVCHARANA**



## CONCLUSION

Thrombosis of external haemorrhoid is a common acute complication of haemorrhoids. There will be tense & tender swelling in perianal region. Usually it resolves within 15-21 days, but there is an every chance of suppuration, busting & fibrosis. In this condition application of leech help to improve circulation by sucking the liquid blood & interstitial fluid from inflammatory swelling & there will be an immediate reduction in the size of swelling, pain & tenderness. Leech therapy is an effective,

safe, simple, and no invasive & is cost effective too. During *Jalaukavacharna* antibiotic, antiseptic & analgesic drugs are not required & is totally painless therapy than surgical excision.

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**Source of Support: Nil**

**Conflict Of Interest: None Declared**

How to cite this URL: Nishant Dhillon Et Al:  
Jalaukavacharana In The Management Of Arsha W.S.R.  
To Thrombosed Haemorrhoids-A Case Study.  
International Ayurvedic Medical Journal {online} 2017  
{cited October, 2017} Available from:  
[http://www.iamj.in/posts/images/upload/3989\\_3994.pdf](http://www.iamj.in/posts/images/upload/3989_3994.pdf)