

RECENT TRENDS ON MANAGEMENT OF HEMORRHOIDS WITH AYURVEDIC PERSPECTIVES

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ABSTRACT

Since antiquity Anorectal disorders are the commonest afflictions seen in human beings. The literature regarding the disease is also available in other ancient literature like *Rig veda*, *yajurveda* and other *samhitas*. *Arsha* is one among the *mahagadas* which is very difficult to cure mentioned in *Ayurvedic* classics[1]. Nearly 60-70% of the patients attending Anorectal clinic suffer with *Arsha* (Haemorrhoids), *Parikartika* (Fissure in ano) and other Anorectal disorders[2]. Some common diseases of anorectal disorders are *Arsha* (Haemorrhoids), *Parikartika* (Fissure in Ano), *Vidradhi* (Anorectal abscess), *Bhagandar* (Fistula-in Ano), *Granthi* (Cyst), *Arbuda* (Benign and malignant growth of Anus & rectum), Pruritus, Condylomata, STD (Syphilis), Ulcerative colitis, proctitis, Lymphogranulomavenereum, Herpes simplex, Infectious proctitis, *SannirudhaGuda* (Anal Stricture), *Gudabhransa* (Procedentia) and some other systemic diseases like psoriasis, eczema and many others[1,2&3]. Different modalities are available for the treatment of piles in the line of modern system but specific and effective treatment is also available based on its etiopathogenesis (*sampraptichikitsa*). The aim of the available modern treatment is to excision the piles mass resulting incontinence (76%). *Ayurveda Bhashaj* (Medicine) treatment will result remarkable efficacy without having any side effect. Reduction in the prolapse pile mass is very difficult to achieve but in the long run it will have the effect if the treatment is continued for the long duration. This review will analyse the efficacy and the importance of *Ayurveda* therapy as well as the available modern surgical therapy and their side effect.

Keywords: *Arsha*, Hemorrhoids, Ayurveda therapy.

INTRODUCTION

Haemorrhoids (Haima=Blood+Rhoos=Flowing) are varicosities of the tributaries of the haemorrhoidal vein. At least 5% of the general population suffers from hemorrhoids & the incidence of hemorrhoids apparently increases with age, at least 50-60 % of people over the age of 50 have some degree of piles. Burkitt observed that, the prevalence of hemorrhoids is highest in affluent countries & lowest in developing countries & intermediates in countries with standards between these extremes [5]. The commonest position of the piles mass are at the 3, 7, & 11, o'clock positions when the patient is viewed in the lithotomy position. Causative factors in relation to piles are mainly described as Congenital, straining during defecation, diarrhea, dysentery and faulty habits of defecation. Secondary causes are due to Portal obstruction because the superior hemorrhoidal vein is tributary of the portal venous system resulting to portal obstruction. Pregnancy and abdominal tumors gives gradual and steady increased pressure of the frequent womb over the common iliac veins ultimately result in to an increased pressure within all their tributaries. Charak described two types of Arsha i.e. Suska (Dry) and Ardra (wet or bleeding). Again in *chikitsashasthana Charak* described Arsa as Sahaj (congenital) and Jatasyottarkalaja (acquired). He further described Jatasyotarakalaja Arsha as per their Dosic predominance. *Susruta* has counted only six types of Arshaviz. Vataja, Pittaja, Kaphaja, Raktaja, Sannipataja and Sahaja [1&2].

Piles are classified in relation to the site of origin that are Internal hemorrhoids, External

hemorrhoids & Interno-External hemorrhoids. Internal hemorrhoids are formed proximal to the dentate line and beneath the rectal mucosa. External haemorrhoids are varicosities of the tributaries of the inferior rectal vein distal to dentate line & cover by skin. The third varieties Interno-external hemorrhoids are present above and below the dentate line. It may be classified in relation to the management as first degree, 2nd degree, 3rd degree and 4th degree. In the first degree piles mass is not visualized, veins become congested during defecation and bleeding occurs. As they enlarge, they are extruded from the canal on defecation, but return at the end of act (2nd degree) with further elongation, they prolapse on defaecation and require manual reduction (3rd degree). In long standing cases piles mass remain incarcerated (4th degree) [1,2&4].

It is diagnosed as piles when the blood which drips in to the toilet bowl & is bright red in nature and free and separate from stool is frequently associated with bleeding from internal hemorrhoids. Presence of mucus in defecation, perianal swelling at the anal verge associated with pain & bleeding [1, 2&4]. Patients of loose stools generally complain pruritus. It is also a common symptoms associated with healing phase of anal condition. The most common prolapsing condition is certainly rectal mucosal prolapse associated with prolapsing hemorrhoids. Polyps in the rectum can prolapse however this is usually seen in a child with juvenile polyposis or in the elderly patient with a massive villous adenoma.

Endoscopic Examination can be carried out with the patient in the left lateral or in the prone or Jack knife position. Proctosigmoidoscopic examination can be carried out quite well at the bed side utilising the left lateral position [4] .



Figure 1: Classical hemorrhoids at 3, 7 and 11'o clock position

Aim and objective: To focus on appropriate therapeutics from the available multimodalities as well as Ayurvedic therapy in the management of Hemorrhoids in the present era.

1. **General treatment:** *Ayurveda Bhashaj* (Medicine) treatment will result remarkable efficacy without having any side effect. If the patient is anemic then administer some hematinic to enhance hemoglobin. Constipation should be treated by laxatives and suitable diet. It is important to assess the degree of *amadasha*. Patients with mild to moderate degree of *amadasha* need the following line of management, such as *laxatives, langhan, deepan, pachan* and *vatanuloman* therapy. Usually, all such patients need 3 to 5 days for appropriate *niram* state, thereby making them fit for proper therapy. Whereas, patients with severe degree of *ama-dosha*

need a longer period to have the *niram*-state. Further, apart from the *ama-dosha*, it has been observed that some of the patients present with associated symptoms like bleeding with severe anemia and require immediate attention as all such patients need local as well as systemic treatment viz., Blood transfusion, Hematinincs and local application of *Kshara* and other hemostyptics. The following principles should be accepted as follows;

1. Avoid Straining (Sitting on toilet not more than 2 minutes)
2. Adequate fluid intake.
3. Increase of intake of bulk amount in the form of vegetable fibre or unprocessed cereal fibre.
4. Intake of Hydrophillic bulk forming agents such as psyllium seed compounds.
5. Laxative –*Haritaki/Triphala/Isabgul* husk
6. *Langhan* (Light diet) with *moongdal* soup
7. *Deepan, Pachan* and *Vatanuloman* (Appetizer, digestive and carminative)–*Chitrakadivati, Haritaki* powder
8. Sitz bath-Sitting in warm water at least for 15 minutes daily. It will clean the bowel as well as reduce inflammation
9. Taken orally some medicines like-*Arshakutharrasa, Arshoghnavati, Kankayangutika, Pranadagutika, Abhayarista, Baiswanarchurna, Panchasakar /Sat sakarchurna* etc. [1,2,3&5].
10. Local application-*Kasishaditaila* 2 to 3 ml to be pushed intra-anal before and after defecation.
11. Excess diary product should be excluded because they are constipating.
12. Not to ignore the urge to defecate.

13. Avoids Non-veg with spices.

14. Avoids taking of Tobacco, Smoking etc.

Table 1: Different Modalities(Office procedure/Surgical/Parasurgical) of Hemorrhoid management:[7-16]

Sl.No	Name of Treatment	Application for	Management type
1	Rubber band Ligation	1 st and 2 nd degree	OPD
2	Sclerotherapy	1 st and 2 nd degree	OPD/IPD
3	Lord's dilatation	1 st and 2 nd degree	IPD/OPD
4	Cryotherapy	1 st , 2 nd and 3 rd degree	OPD/IPD
5	Closed Hemorrhoidectomy	3 rd &4 th degree	IPD
6	Open Hemorrhoidectomy	3 rd &4 th degree	IPD
7	Stappled Hemorrhoidectomy	3 rd &4 th degree	IPD
8	Lateral internal spincterotomy	3 rd &4 th degree	IPD
9	Harmonic scalpel hemorrhoidectomy	3 rd &4 th degree	IPD
10	Transanal hemorrhoidal dearterialization	3 rd &4 th degree	IPD
11	Infrared coagulation	2 nd , 3 rd &4 th degree	IPD
12	Doppler guided hemorrhoidectomy	2 nd , 3 rd &4 th degree	IPD
13	Mucopexy/Hemorrhoidopexy	3 rd &4 th degree	IPD
14	Ksharasutra ligation	3 rd &4 th degree	IPD
15	Jalauka application	Thrombosed piles	OPD/IPD

DISCUSSION

All the above modern methods exhibit the fact that for this condition a good number of surgical, para surgical and medicinal treatments have been advocated. Every clinician claims of his method or procedure to be the superior to the previously existing methods. In other words all such approaches prove that none of the methods are either satisfactory or final. Sushruta seems to be more judicious in handling a case of piles according to its severity. He advised that there are four methods to treat the disease as medicinal, *kshara*, *Agni* and Surgical procedures. There are many exciting factors responsible for the development of the disease. The intrinsic factors which become excite and unbalance either are conferring a predisposition to or actual causing morbidities. These are the *Vata*, *Pitta* & *Kapha*. They are

susceptible to imbalance and vitiation. In their turn, they vitiate other structural and functional elements of the living body; they are known as *dhatu*; as they support the body in their state of equilibrium which represents normalcy. In Ayurveda, treatment in general is mainly sought to be defined as the treatment of *antaragni*. Hence, from above statements it can easily be concluded that as a consequence of the impaired functioning of *Agni* leads to improper formation of the first *dhatu* viz., the *rasa* and it is this state of *rasa* which is said as *jatharagni*. A residue of *ahara rasa* is still left behind undigested at the end of the digestion. It is then known as the *ama*, which is the root cause of all diseases as per Ayurveda. The different modalities available in the modern science are only to excise the hemorrhoids. But after excision the patient complains of in-

continence. Hence it is better to go through Ayurveda for early relief. (17)

CONCLUSION

The Author is practicing in this field since 20 years. He has observed that in the 1st, 2nd and 3rd degree piles Ayurveda therapy is better therapy than the existing modern modalities and other office procedures in this field.

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