



MANAGEMENT OF THROMBOSED HEMORRHOIDS – A CASE STUDY

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Abstract: In day-to-day life the problem related to anorectal disease are increasing in people. The bad habit or not following good daily routine (*Dincharya*) are the primary cause of disease related to anorectal disease. Haemorrhoids are dilatation of rectal veins. Thrombosed Haemorrhoid is a very painful and extremely uncomfortable condition. This condition worsens when strangulation develops that cuts-off blood supply. Typically, a clot of blood making it very painful. In such cases patient is not always ready for surgery, so minimal invasive technique is useful in such cases. Minimal invasive technique of the ancient medical science which require documentation of their effect on different ailments. One of these techniques is bloodletting with the help of *jalouka*. *Aacharya Sushruta* mentioned *Jaloukavacharana* as treatment of choice in this painful condition. In the present case we applied *Jalouka* on thrombosed hemorrhoids. This application provides local analgesic, thrombolytic and anti-inflammatory action along with significant symptomatic improvement to the patient.

Keywords: Hemorrhoids, Thrombosis, *Jaloukavacharana*.

I. INTRODUCTION

Arshas is considered as *Mahagada*¹, due to its chronicity, difficulty in treating by conservative methods, involvement of *Tridoshas* and seat of disease being a *Marma Sthana*. Present mechanical modern life style is pushing the rise of prevalent rate of this disease. Its incidence increases as age advances, at least 50% of people over the age of 50 years have some degree of Haemorrhoidal symptoms². It is *Dushchikitsya* (difficult to treat) in nature along with *Tridoshik (vat-pitta-kapha)* and *Marma ashrayee* (vital weak spots) (*Guda* and *Bhaga*) conditions. Out of which *Guda* is a *Sadyapranahar marma*³ so due care is taken during *Shashtrakarma*. Thrombosed haemorrhoids are clot forming engorgement of blood vessels at anal orifice. This condition worsens and strangulation develops which cuts-off blood supply, typically a clot of blood making it usually very painful and extremely uncomfortable resulting in thrombosed haemorrhoids. Surgically excision is the treatment of choice in this condition. It is having

complications like portal hypotension, excessive bleeding per rectum, strangulation, gangrene and fibrosis if remains untreated for long time. In Ayurveda *Ksharakarma* and *shastra karma* are highlighted. But in some conditions, these are not possible. Hence, to overcome these difficulties minimal invasive technique like *Jaloukavacharana* is being practiced⁴. Patient got relief from signs and symptoms of thrombosed haemorrhoids. The present study is a case report of external thrombosed haemorrhoids which was treated successfully with *Jaloukavacharana*.

II. CASE REPORT

42 years aged male patient with complaints of severe pain and burning sensation in anal region, mass per rectum, difficulty in passing stools and constipation since 15 days, Patient had history of constipation since last 3-4 months.

2.1 Place of study

P.G and PhD studies, dept of shalyatantra, Ayurveda Mahavidyalaya and Hospital, Hubballi.

2.2 History of Present illness:

Patient was apparently normal 4 months back and he initially develops constipation on and off. He consulted local doctor, symptoms got reduced. Again, he developed severe pain and burning sensation in anal region, mass per rectum, difficulty in passing stools and constipation. So, he consulted our hospital for further management.

2.3 Past History

Patient was n/k/c/o HTN /DM/IHD/BA etc., There was no prior surgical intervention in the patient's history.

Family History

All family members are healthy and have no H/O any other severe illness contributory to the patient condition.

2.4 Personal history

- Diet- Mixed
- Appetite- Normal
- Thirst- 4-6 glass/ day
- Micturition- 6-7 times/day
- Sleep- Disturbed
- Marital status- Married
- Addiction- Alcohol and Tobacco chewing.
- Bowel habit – constipated 2 times/day

2.5 General Examinations

G.C	Fair
Built	Moderate
Weight	62kg
Height	5'5"
Blood Pressure	140/90 mmHg
Pulse Rate	80/min
Respiratory Rate	16/min
Pallor	Absent

2.6 Systemic examination

- RS - NVBS +, no added sounds
- CVS – S1 S2 heard at left 5th I/C space, no murmurs
- CNS- Patient was conscious, well oriented to time, place and person.

2.7 Investigations

Hb	13gm%
ESR	12mm/Hr
BT	2 m 10 sec
CT	4 m 10 sec
RBS	110gm/dl
HIV	Negative
HBsAg	Negative

2.8 LOCAL EXAMINATION

Inspection – 3 o clock External thrombosed pile mass

DRE Findings

- **Perianal region-** NAD
- **Sphincter tone-** Normal
- **Tenderness** – Present
- **Consistency of mass** - Firm

2.9 PLAN FOR THE STUDY

The selected patient diagnosed as thrombosed hemorrhoids from O.P.D. of *Shalyatantra* Department of Ayurveda Mahavidyalaya and hospital, Hubballi was admitted to day care procedure with I.P.D. on 01/12/2022 with OPD/IPD No. 19621/852 Base line data collection and laboratory investigations were done and informed consent was taken before *Jaloukavacharana*.

2.10 PROCEDURE OF JALOUKA VACHARANA

As the patient was belonging to the emergency conditions assessed on the basis of signs and symptoms, apprehensive look, anxiety etc. Hence, it was not possible to the pre operative procedures (*Purvakarma*) for *jalouka* application. Therefore, patient was subjected to the application of *jalouka* after taking informed consent.

2.11 Materials required

- *Nirvisha Jaloukas*
- Warm and cold water
- Kidney tray 3 – 4 in number
- Gloves
- Gauze pieces
- Cotton pads
- *Haridra* (turmeric) powder
- Bandages
- Needle

2.12 PURVAKARMA FOR JALOUKA

Nirvisha Jalouka's were selected for procedure. Then to activate the *jalouka*, they were put in a kidney tray containing a solution of *Haridra* (turmeric) and water for a period of 10 - 15 minutes; later on, *jalouka* were cleaned by keeping them in another kidney tray of pure water for 5 to 10 minutes.

POSITION

Lithotomy position was given to the patient.

2.13 PRADHANA KARMA

Jalouka's were made to catch on the place of pile mass. If necessary, pile mass was pricked with needle to bleed, so that it gets easy to catch by the *jalouka*. Thereafter, the *jalouka* were covered with a gauze piece to keep it moist over the gauze piece; few drops of water were poured on and often. As soon as the *Jaloukas* showed the signs of elevated head and pumping action of the anterior sucker region (*Ashwakhuravat*), the time was noted, when the *jalouka* got detached at their own or otherwise, the time was once again noted.

PRECAUTIONS

- Care was taken, so that the *jaloukas* do not enter the anal canal.
- When patient complaints burning, itching, pain etc. The *jaloukas* were removed by sprinkling *Haridra* (turmeric) powder.

2.14 PASHCHAT KARMA

After the *jaloukas* get detached; the site of application was cleaned with *panchavalkala kwatha*. Thereafter sprinkling of *Haridra* (turmeric) powder was done, followed by a "T" bandage. Patients were kept under observation. Simultaneously emesis done to *Jaloukas* by sprinkling *haridra*. Clot was observed in emitted blood. Reduction in the size of the pile mass, local swelling, bleeding (persistent) and other signs were recorded.

Post op Vitals

BP -130/90 mmHg **PR** – 82bpm
RS – 20/min **Temp** – 98.2⁰ F

Follow up medication

- *Swadista virechana churna* – 1tsf with warm water HS
- *Triphala Guggulu*, 1 BD (A/F)
- *Kankayana Vati* 1 BD (A/F)
- *Panchavalkala Kwatha* Sitz bath, BD
- *Jatyadi Taila* L/A

All medicine for 10 dyas

III. DISCUSSION

Severe tenderness and bluish-black discoloration are the characteristic features of thrombosed pile mass. *Raktamokshana* is practiced in India since thousands of years, which has been included under the five bio-purificatory procedures. *Jalouka* application is one type of bloodletting in Ayurveda. Bdelin present in the saliva of *jalouka* acts as anti-inflammatory agent thereby reducing inflammation, maintains normal circulation and recovering discoloration. Anesthetic properties present in saliva of *Jalouka* reduces pain and tenderness and gives symptomatic relief. Hirudin present in the saliva of *jalouka* helps in oppressing the process of blood clotting. In this case study it was observed that *Jaloukavacharana* was found to be very effective in thrombosed hemorrhoids. Patient completely relived after 10 days with internal medication.

IV. CONCLUSION

Thrombosis of external haemorrhoid is a common acute complication of haemorrhoids. There will be a tense and tender swelling in perianal region. This application provides analgesic and thrombolytic activities with clot evacuation by *jalouka*, there will be an immediate reduction in the size of swelling, pain and tenderness. *Jaloukavacharana* is an effective, safe, simple, non-invasive and is cost effective OPD procedure.

V. REFERENCES

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Figure 1 : Before *jaloukavacharanaa*



Figure 2: During *jaloukavacharanaa*



Figure 3: *Jalouka* emesis



Figure 4: Clot from emitted blood



Figure 5: After 10 Days