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Role of *Jaloukaavacharana* followed by *Kaasisaadi Taila* application in thrombosed Haemorrhoids – A Case Study

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ABSTRACT

Haemorrhoids are the most common among ano-rectal diseases which affect millions of people around the world. *Arshas* is a *Vyadhi* which make a person suffer just like he suffers from his enemies. Thrombosed haemorrhoids is a condition with acute swelling at the anal verge which is extremely painful and possibly occur due to high venous pressure. Though the disease is within the limits of management, it has its own complications like inflammation and thrombosis, by which a patient gets severe pain. Prior to surgical treatment of hemorrhoids, associated conditions like inflammation, strangulation, thrombosis need to be managed. Leech therapy followed by *Kaasisaadi Taila* application is found to be effective in reducing pain and acute swelling. In thrombosed piles, leech application has shown thrombolytic action, which contributes in re-establishment of circulation. It is observed in the study that, pain and other inflammatory changes have been reduced after leech application due to antimicrobial and mucolytic properties of leech followed by *Kaasisaadi Taila* which shrinks the haemorrhoidal mass. This treatment is found to be effective in patients suffering with thrombosed haemorrhoids.

Key words: *Arshas*, thrombosed hemorrhoids, *Jalaukavacharana*, *Kaasisaadi Taila*

INTRODUCTION

Haemorrhoids are dilated veins within the anal canal in the subepithelial region formed by radicles of the superior, middle and inferior rectal veins. Haemorrhoids are clearly classified into two categories - Internal and external. Internal haemorrhoids lie within the anal canal, usually commences at the anorectal ring and ends at the dentate line and is covered by mucous membrane. It is bright red or purple in colour.

The external haemorrhoids are situated outside the

anal orifice and is covered by skin. Perianal haematoma or thrombosed external haemorrhoids is a peculiar condition where a small clot in the perianal subcutaneous tissue can be seen. This condition is due to back pressure of the anal venule consequent upon straining during defecation, coughing or lifting heavy weight. The patient notices acute swelling at the anal verge with extreme pain, affected haemorrhoid becomes dark purple or feel solid. It may be seen lateral to the anal margin as tense and tender swelling.

The treatment is to incise the haemorrhoid under local anesthesia. The two halves of haemorrhoids are then excised. If untreated, it may resolve by itself or may suppurate or may fibrose resulting in cutaneous tag or may burst giving rise to bleeding.

These *Lakshanas* can be well co-related to *Raktaja Arshas* which is red in colour and appears like sprouts of *Nyagrodha* and *Pravala* (coral) associated with severe pain and bleeding.

Acharya Sushruta has mentioned four ways to treat the *Arshas* effectively. They are – *Bheshaja* (medicines), *Kshara* (application of alkali), *Agni* (thermal

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cauterization), *Shastra* (surgical excision). Different *Lepas* have also been mentioned based on *Dosha* predominance in *Arshas*.

Apart from these, *Jaloukavacharana*^[4] is indicated in treatment of *Arshas* by *Vagbhata*. According to *Sushruta*, *Jaloukavacharana* is indicated in patients who are young or older in age, female, who are weak, sensitive in nature and cannot tolerate *Shastra Chikitsa*. It has been explained that, in prolapsed (*Nirgatani*) and thrombosed (*Doshapurnani*) haemorrhoids, *Raktamokshana* is the choice of treatment, which relieves pain and edema.

Kaasisaadi Taila^[5] is mentioned in *Bhaishajya Ratnavali* under *Arsho Adhikara* consisting of *Kaasisa*, *Laangali*, *Shunti*, *Haratala*, *Manashila*, *Vidanga*, *Chitraka*, *Danti*, *Snuhi Ksheera* and *Arka Ksheera*. It is said that application of *Kaasisaadi Taila* helps in curing *Arshas* just like *Kshara*.

Surgery is contradicted when the hemorrhoids are associated with secondary complications like thrombosis. Hence, effective method for the treatment of thrombosed piles as well as to minimize the post-operative complications becomes necessary. The effect of bloodletting (*Raktamokshana*) through leech therapy (*Jaloukavacharana*) on thrombosed haemorrhoids (*Raktarsha*) followed by *Kaasisadi Taila* application has been studied in this case study.

MATERIALS AND METHODS

A female patient aged 45 years, not a known case of Diabetes and Hypertension who approached OPD of Government Ayurvedic Medical College with the complains of mass per anum associated with severe pain and discomfort was selected for the study.

At OPD, per rectal examination was done:

Findings - Thrombosed external hemorrhoids at 6 O'clock and 12 O'clock position

Tenderness - Severe

Discoloration - Reddish blue

Routine blood investigations were carried out prior to treatment and reports were analysed.

Procedure - Jaloukavacharana

Poorvakarma

- Two *Nirvisha Jaloukas* of medium size were selected for the procedure.
- Jaloukas* were activated by letting them in *Haridra Jala*.
- Patient was explained about the procedure and an informed written consent was taken

Pradhanakarma

- Patient was made to lie in lithotomy position and the activated 2 *Jaloukas* were applied over the thrombosed mass.
- A cotton gauze soaked in water was cover over *Jaloukas* to create suitable environment.
- After 35 minutes of application of *Jaloukas*, they detached from the mass by themselves.

Pashchatkarma

- Haemostasis was attained by application of *Haridra* to bite site followed by bandaging.
- Vamana* of *Jalouka* done using *Haridra*, once the leech vomited the blood and attained its normal movements, it was replaced in fresh water.

Kaasisaadi Taila application

Kaasisadi Taila was made luke warm and applied over the thrombosed haemorrhoids for 7 days after *Jaloukavacharana*.

Criteria of assessment

1. Pain

0 – Absent

1 – During defecation only

2 – Present after defecation up to 1 hour

3 – Continuous pain for more than 1 hour after defecation

2. Swelling

0 – No swelling

1 – 1 to 5 mm swelling

2 – 6 to 10 mm swelling

3 – 11 to 15 mm swelling

3. Tenderness

0 – No tenderness

1 – Little response to sudden pressure

2 – Wincing face on superficial slight touch

3 – Resist to touch

4. Discoloration

0 – No discoloration

1 – Red

2 – Reddish blue

3 – Bluish purple

OBSERVATION AND RESULTS

Criteria	Before Treatment	After Treatment
Pain	3	0
Edema	2	1
Tenderness	3	0
Discoloration	2	0

DISCUSSION

Probable mode of action of Jaloukavacharana

Leech saliva consists of a variety of bioactive components that have anticoagulant, anaesthetic, antibiotic and anti-inflammatory substances such as hirudin, hyaluronidase, calin, bdellins and eglins. Among these bdellins (inhibits trypsin, plasmin and acrosyn) and eglins (inhibits alpha chymotrypsin, chymase, elastase) are anti-inflammatory in action. Due to thrombolytic and mucolytic action of leech, pain and swelling was reduced immediately after the procedure.

Probable mode of action of Kaasisaadi Taila

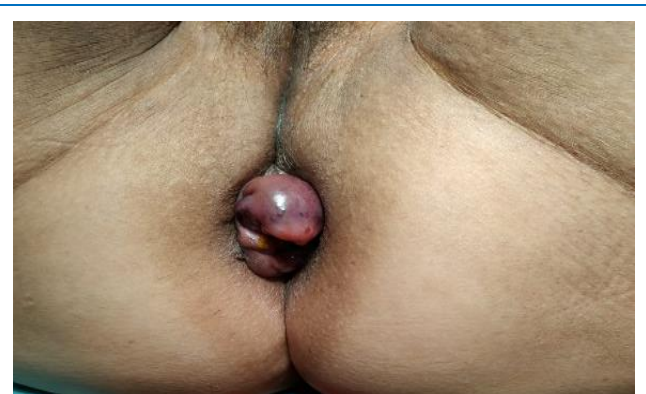
Kaasisaadi Taila consists of *Kaasisa*, *Laangali*, *Shunti*, *Haratala*, *Manashila*, *Vidanga*, *Chitraka*, *Danti*, *Snuhi* *Ksheera* and *Arka Ksheera*.

All the above *Dravyas* are having *Ushna*, *Teekshna Guna*, *Vatashlemahara* and *Pachana Karma*. *Danti* is indicated in *Gudaankura*, *Chitraka*, *Shunti*, *Arka* and *Snuhi* are indicated in *Arshas*. Probably because of *Ushna Teekshna Guna* of all the *Dravyas*, *Kaasisaadi Taila* helps in shrinking of the haemorrhoidal mass and relieving the pain.

In this case, Pain was the major complaint of patient and was completely reduced on the same day after treatment. The procedure was cost effective and didn't cause any complications to the patient.

CONCLUSION

In the present study, leech application followed by *Kaasisadi Taila* application is found to be effective in giving symptomatic and immediate relief. There was relief in pain and edema due to thrombolytic action of leech and also by letting of accumulated blood and *Kaasisaadi Taila* application helps in reduction of pain and shrinking of haemorrhoidal mass. It can be concluded that, thrombosed haemorrhoids, where patient will be having severe pain due to inflammation can be treated at OPD level, without complications.



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