An observational case study to find to efficacy of jalukacharan in management of arsha (haemorrhides)

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Abstract—

Arsha i.e. Haemorrhoids is very common Ano-rectal Disease in society today. Few factors are common in these patients, such as Constipation, excessive straining, many hours working in sitting or standing position, portal hypertension, pregnancy etc. Other factors are present as dietary habits such as fast food culture which is devoid of fibres.

In Ayurveda, hetus of Arsha are Angimandya, Malavsthambha, Vimarggaman of ApanVayu. Sushrutacharya has mentioned treatment of Arsha as Bhaeshaj, Kshar, Agni and Shastra karmas.

Apart from the above 4 treatments here Jalaukavacharan, a method of raktamokshan is tried. According to modern science, Haemorrhoids is Varicose or Dilated plexus of rectal veins. It is sliding downwards of anal cushions abnormally due to straining. Here, Jalauka [Leech] is applied locally which sucks the collected blood at the site or in the vein. So that it reduces the pressure and relieves pain. Hirrudin is the name of secretion in the saliva of Leech, which acts as an anticoagulant.

In a single case of thrombosed haemorrhoid, we studied the observations taken about relaxation of the congested, engorged vein, by applying Jalauka i.e. Leech locally. Ideal jalaukaselected as mentioned in samhitas, about 4-6cm in length. Jalaukavacharan was done as method mentioned in SushrutaSamhita and observations taken on every 5 days follow-
up. Jalaukavacharan was done 6 times. Duration of treatment was 1 month.
The benefits of this treatment are observed as reducing pain [analgesic] and Arsha size [thrombolytic action]. These observations may help in further management of Arsha, especially when the patient is Sukumar and contra-indicated for the above 4 ideal methods of Arsha treatment.

**Keywords**-
Arsha, Haemorrhoids, Jalauka, Jalaukavacharan, Leech.

**Introduction**-
AcharyaSushruta described various ano-rectal diseases which are more or less resembled with the diseases described in modern proctology. Todays lifestyle is of hectic schedule leading to ano-rectal diseases. The fast food culture has worsened the condition because these foods are devoid of fibre causes constipation. Arsha [haemorrhoid] is one of very common in society. According to W.H.O. 40% of people worldwide are suffering from piles. In India, approximately 80% of sufferers are in age group 21 – 50yrs. It is common in both men & women [especially pregnant women].

Arsha is a Maharoga [major disease]. It is described as Dirghanubandhi [chronic] & Duschikitsya [difficult to treat]. Arsha is a Marmasrhitvyadhi, at guda & bhagmara [vital spot]. Among these Guda is Sadya Pranaharmarma so Shastrakarma should be avoided.

According to modern science, Haemorrhoids can be classified as Internal & External. When the both occur together is termed as Interno-external haemorrhoid. It can be Primary or Secondary, according to cause. Haemorrhoids are classified in four degrees as per prolapsed.

Some causes of secondary piles are – pregnancy, chronic hypertension, portal hypertension, difficulty in micturition & carcinoma of rectum. Thrombosed Piles are clot forming engorgement of blood vessels at anal orifice. It is usually very painful and extremely uncomfortable resulting in thrombosed haemorrhoids. In the thrombosed internal haemorrhoids, anal margin becomes oedematous & there is severe pain which may continue for a week or so until the oedema subsides and thrombosis is absorbed.

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Clinical features of haemorrhoids are bleeding, pain, mucous discharge & anaemia. Complications are bleeding, thrombosis, strangulation, gangrene, fibrosis, suppuration etc.

In modern science, there are various treatments explained as Injection therapy, Rubber band ligation, Cryosurgery, Anal dilatation, Haemorrhoidectomy etc. In Ayurveda, Arshachikitsta includes Ksharkarma, Ksharsutra, different medicinal Yogas & Kalpas with dipan, pachan, vatanulomanchikitsa, use of Takrarishta etc. Acharya Sushruta explained Chaturvidha Chikitsa for Arsha as Bheshaj, Kshar, Agni and Shastrakarma. Charakacharya explained treatment of Arsha as oral medicines and local treatment as pralep, dhoopan, raktavashechan etc. We use Jalaukavacharan as a type of Raktmokshana.

Here we tried a new concept when the patient is not fit for surgery, or not willing for surgery, or in conditions where surgery is contra-indicated or avoided, Jalaukavacharan as a line of treatment is chosen. In a case of thrombosed pile, patient got relief by Jalaukavacharan.

Hirudin, Calin, Bdellinand factor X, which are present enzymes in saliva of Leech, acts as anti-coagulant & prevent clot formation.

**Case Report**

A 28 yrs female presented with complaint of mass at anal region since 3 months, severe pain during & after defecation which persists for more than 4-5 hrs since 2 months. Detailed history was taken & noted as constipation was present since 5-6 months [1 motion within 3-4 days, hard stool]. She started experiencing a palpable mass at anal region during 3rd trimester of her 1st pregnancy. On examination, there was severe spincter spasm, tenderness & bluish discoloured haemorrhoid at 7 o'clock. The diagnosis was confirmed as Thrombosed Haemorrhoid & Jalaukavacharan was decided as treatmaent.

**Work prior to study**

1 - Detail history recorded.
2 – Examination of patient - Inspection of perianal skin, no. of piles, associated lesions like fissure, fistula, abscess etc. Palpation for tenderness, induration, bleeding. Other examinations as BP, Pulse,

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Temperature, and Respiration was recorded.

3 – Laboratory investigations – Bleeding time, Clotting time, Hb, Blood group, Stool & Urine pathological examinations microscopic & routine.

Materials -
1 - The selected patient diagnosed as thrombosed haemorrhoid from OPD of Shalyatantra department of C.S.M.S.S. Ayurved College, Aurangabad on 4/12/2014.
2 - Leeches of length about 4-6 cm.
3 - Gloves
4 - Gauze pieces
5 - Cotton pads
6 – Haridra [turmeric] powder
7 – Cold water
8 – Bandages
9 – Bowls
10 – Triphalakwath

Method-

Purvakarma for Leech-
To activate the leech, it was put in a bowl containing a solution of Haridra& water for a period of 10-15 minutes. Later on leech was cleaned by keeping them in another bowl of pure water for 5-7 minutes.

Position of Patient –
Left lateral position with flexed right knee joint

Pradhan karma-
The posterior sucker of the leech was held in one hand & anterior sucker was placed at the site of application, where the leech was expected to be fixed. Then the posterior sucker was released from the hand & kept on perianal skin. Leech was applied at the most prominent part of swelling. The time was noted when the leech showed signs of sucking as elevated head & pumping action of anterior sucker region. Wet gauze was kept over leech & few drops of water poured on it to keep it moist. When the leech got detached by herself or otherwise, the time was once again noted.

Precautions during application of Leech-
Leech was detached by sprinkling of Haridra powder with the onset of symptoms like itching, burning, pain etc. The care was taken that the leech does not enter the anal canal.

Pashchat karma-
The site of leech application was cleaned with TriphalaKwath [freshly prepared].

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Then sprinkling of Haridra powder done & “T” bandage was applied. Patient advised to keep the bandage for 2 days, Triphalakwathawagah [sitz bath] 12 hrly. The same procedure was repeated after 5 days on OPD follow up, 6 times. The duration of study was 1 month. Reduction in the size of pile mass, pain, local swelling and other signs were recorded on each follow up.

RESULT & DISCUSSION-
Severe tenderness & bluish black discolouration are the characteristic features of thrombosed pile mass. Anaesthetic gel present in saliva of leech reduces pain. Hirudin acts as anticoagulant causing thrombolytic action on the pile mass, which reduces its size. Bdellin present in the saliva of Leech acts as anti-inflammatory agent which reduces inflammation & maintains normal circulation. The patient completely relieved the symptoms after one month, within which 4 times Jalaukavacharan was done without any internal medication.

In this case study, we observed that Jalaukavacharan {Leech Application} was found to be very effective in thrombosed haemorrhoids. Hence, it can be an alternative treatment in the management of Arsha, as analgesic, thrombolytic, anti-inflammatory in action specially in those patients who are not fit or willing for surgery, Sukumar [contra indicated for surgery], Garbhini [pregnant woman], Sutika [post natal condition of patient], Anxiety patients etc.

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