

e-ISSN: 2320-7329

N0v- 2019 | Vol. 07th | Issue:7th

# **National Journal of Research in Ayurved Science**

# A review on Ayurvedic and modern recent treatment modalities on hemorrhoids

Gadve B. N<sup>1</sup>, Swapnil Patil\*<sup>2</sup>

- 1. Associate professor and guide
- 2. PG Scholar,

Shalyatantra Dept., CSMSS Ayurved mahavidyalaya, Kanchanwadi, Aurangabad, Maharashtra.

\*Corresponding Author: email: <a href="mailto:swapnilpatil3831@gmail.com">swapnilpatil3831@gmail.com</a>

#### **ABSTRACT:**

Ayurveda is an ancient science which protect health in healthy individuals and cures the condition in diseased population. Ayurveda is the science of life and Shalya Tantra is important branch, Which represent the surgical field.

One of the prime important disease from Ashtamahagad is Arsha defined as a disease which torture patients vital force as enemy is called as Arsha. Arsha correlated with hemorrhoids described in modern science. (Haema-blood & rhoosflowing).

In Ayurveda our Acharya described four type of treatment for Arsha, which is Bheshaj (conservative), Kshar, Agni, Shastra (surgery). In modern science hemorrhoids are defined as the protrusion of varicose vein from the rectal mucosal membrane in the rectal area which can grow to quit large size if not checked in time.it is one of the commonest diseas.Its incidence increases with advancing age. There are various kind of treatment

Dietary Lifestyle modification, Tropical treatment.Oral medication, Parasurgical and Surgical treatment and modality is used to care. Sclerotherapy, Cryotherapy, Electriccoagulation, Infracoagulation, Radiofrequency coagulation & excision, Doppler guided hemorrhoidal artery ligation, Stapled hemorrhoidectomy, these are parasurgical procedures on hemorrhoids.Closed and Open hemorrhoidectomy, Harmonic scalpel and Atomizer ward,these literature, surgical treatment on hemorrhoids. In this review article on attempt has been made to review the study carried out on Arsha.

**Keyword:** Arsha, Kshar, Agni, Shastra, hemorrhoids

#### **INTRODUCTION:**

Ayurveda is and Asian science which protect health. In healthy individual and cases the condition in the diseased population<sup>1</sup>. Sedentary Lifestyle, excessive stress i.e apathya sevan and vehicle vegadharana (i.e holding of

natural urges) the prolonged standing work, improper food habits, all this causes result in Agnimandya (i.e. indigestion) which is the root causes of various disease. Agnimandya is one of the main root cause.

Ashtomahagad is graveyard diseases were describe by acharya sushruta. Arsha is one of them. The worldwide the overall prevalence of hemorrhoids in general population is estimated to be 4.4%<sup>2</sup>

Arsha can be correlated with hemorrhoids described in modern science. It is derived from Greek word (Haema-blood & Rhoos-flowing). Acharya stated that guda is formed in embryonic stage and it is saara part of kapha and rakta which is digested by pitta with the participation of vayu<sup>4</sup>. The lay man called them mulvyadh, bawasir, komb etc. Whatever is the terminology we should treat because it hampers day to day life of patient. Due to its bleeding tendency complication like anaemia and many more can be happens to the patient which can be fatal too.

In ayurvedic view Guda Sharir is the last part of Bruhadantra (large intestine) which facilitate excretion mala and apan vayu.

Sushruta said that Guada mesurement about 4 ½ Anguli in legnth<sup>5</sup>. Acharya sushruta has stated thar other valis present in gud at the distance of one and half anguli is spiral pattern like concha.Gudashtha is situated from romanta at a distance of 1 ½ yava.

Function of valies-

- a. Pravahini- It is uppermost valley it is about one and half rangoli in length the dalhana says that it is brings faeces down.
- b. Visarjani- It is the middle Valley it is about one and half anguli in

- length by relaxing the anus it helps in evacuation.
- c. Samvarni- It is the lowermost valley, it is also same in length as described about above two. At the time of defecation it opens and at other time it covers the anus.

Acharya charak mention that koshta have 15 organs and Guda is one of them, it is further divided into two part Uttraguda & Adhoguda

Classification as per Ayurveda-

- According to Dosha-5 by sushruta & 6 by charak & vangbhat. Vataj, Pittaj, Shleshmaj, Raktaj, Sannipataj, Sahaj.
- ii. According to Bleeding nature-Stravi & Shushka<sup>5</sup>
- iii. According to Prognosis-Sadhya, Yapya Asadhya.
- **Liv.** According to treatment-Bhesajsadhya
  - ,Ksharasadya,Agnisadhya,Shatrasa dhya<sup>6</sup>.
  - v. ccording to Origin-Sahaj, Janmottar, Kalaj.

vein<sup>5</sup>.

## As per modern view

### On the basis of the origin

i) Internal hemorrhoids-

It is present above dental light and covered with mucus membrane.It bulges into human of anal Canal does when are specifically branches of Submucous or internal hemorrhoid plexus which are radical of superior hemorrhoidal vein

#### ii) External hemorrhoids-

These are covered with skin and placed below the dented line and around the perianal region.

iii)Internao-external hemorrhoids-

Both above type of hemorrhoids combine from internal called internoexternal hemorrhoids.

## In relation to pathological anatomy<sup>13</sup>

Primary hemorrhoids were found in position indicated by the face of the clock o'clock position.Te superior hemorrhoidal artery divided into left and right main branches among which left down the rectal wall.Right branches divided into anterior posterior division.

Secondary hemorrhoids may develop in between the primary hemorrhoids.

#### In relation to manage

Goligher's classification<sup>7</sup>

- i. First degree hemorrhoids this is bleeding but no prolapse and can be seen only proctoscopy.
- ii. Second degree hemorrhoids Main prolapse beyond the external sphincter and the visible during evaculation but reduced spontaneously.
- iii. Third-degree moives protrude outside the anal canal and required manual reduction.
- iv. Fourth degree hemorrhoids reducible and are constantly prolapsed.

Symptomology:-following symptoms present in hemorrhoids.

Bleeding per rectum(sarakta purisha), Painless bleeding, Mucous discharge, Prolapsed, Anal irritation (gudapradeshi kandu),Incomplete evacuation (Badha pakwa purisha),Secondary anaemia.

#### **Examination:-**

• **Inspection** -It seen at outside the anal canal prolapsed masses lie at 3.7. 11 o'clock.

- Palpation- localised pain, tenderness, induration swelling or growth option is the key to diagnosis.
- **Digital rectal examination**-Used to evaluation for any patient with anorectal pathology it can localised pain,and identify mass, identify abscess ,evaluate spinctertone.
- Anoscopy/Proctoscopy-When instrument will be withdrawal then the hemorrhoids will prolapse into the proctoscope by the deposition, which are situated at 3,7,11th o'clock identification of hemorrhoids can be done by it's pink or red covering of mucous membrane.
- Laboratory study CBC may be useful as mark for or infection.
- Imaging studies-defecogram may

  N J-R A indicate rectal prolaps.

# TREATMENT:\*AS PER AYURVEDA:-

Various type of Arsha Chikitsa Abhyanga, Dhuma, Sweda, Avgaha, Lepa, Raktamokshan, Deepan, Pachan, Vatanuloman, Basti, Takrapan, use of Raktasangrahi dravya.

Acharya sushruta has been explain all type of treatment modality for management Arsha

#### 1)Bheshaj Cikitsa-

Indication

Arsha, which are newly occured. In which symptoms are not fully developed, having less dosha drishti, no complication<sup>6</sup>.

#### Chikitsa-

\*Vataj Arsha-In Ayurveda Snehana,Swedan for whole body or local as per need. Vamana, Virchna, Asthpana, Anuvana basti chikitsa to reduce vataj dosha <sup>17</sup>.

- \*Pittaj Arsha-Virechan chikitsa to reduce pittaj dosha<sup>17</sup>.
- \*Raktaj-Sanshaman chikitsa to stop the bleeding and reduce the hemorrhoid size<sup>17</sup>.
- \*Kaphaj-Ardrak,Kulathya sevan help full to treat agnimandya and also reduce kaphaj dosha<sup>17</sup>.
- \*Tridosha Arsha-All dosha chikitsa and Siddha milk<sup>17</sup>.

### 2) kshar karma<sup>15</sup>-

#### Indication

Arsha which is widly spred, deeply situated, soft consistency, protruded out of anal canal<sup>6</sup>.

Chikitsa:-

#### • Purvakarma-Snehan, Svedan.

One day prior to kshar karma mrudu virechan must be given to the patient for the clear emptying of the bowel.

- Pradhan karma-In lithotomical position Grhita or jatyaditaila applied at anas and on the arsha gudayantra should be introduced into the anus as per instruction to see the arsha clearly. Application of khara should be done by shalaka.Arsha yantra kept as it is in the anus for few seconds.when the colour of arsha is appeared like a colour of Pakwa Jambuphala, the kshara should be washout by amla dravya like kanji etc.application of khara can be repeated till the pakwa jambu like colour is not achived.
- Pachatkarma- Yashtimadhu churna along with ghrita,this mixture should be applied at the

site of Arsha.when two or more arsha present, right side arsha treat first then leftside arsha.

If pratisarniya of kshara is needed for more than one time then it should be repeted after seven day gap for multiple arsha.

- Pittaj Arsha -Nakhotsedha praman for local aplication,
- Kaphaj Arsha -Double Nakhotsedhan
- Vataja Arsha- Triple Nakhotsedhan.

#### 3) Agni karma -

Indication-

Arsha, wich is hard in consistency, fixed base, thickened, rough surface<sup>6</sup>.

Chikitsa-

Pre prosedure images are same as for that for kshara Karma Hot panchdhatu Shalaka has been used instead of kshara karma. Sushrut Acharya has recommended agnikarma after the exision of arsha.

4) **Sharstra karma**-In lithotomy position direction arsha should be excised, bleeding point are cauterized <sup>16</sup>.

### Patrhya-Apathya

#### Pathya-

Kulathya, Godhuma, Yava, Punarnava, Jeevant, Dhatri, Chitraka, Lashuna, Raktashali, Sashthishali, Jangalmamsa, Suran, Milk, Takra, Cow ghee, Green vegetable can be take as a pathya.

#### Apathya-

Vishtambhi, Sheeta, Vidagdha, Amla padartha, Taila, Sheeta mamsa, Heavy food, Vishtambhi, Viddahi dravya.

Vihar-

Sleep in day time, Straining during defection. Sitting and Standing on hard place constantly.

#### \*AS PER MODERN:-

The treatment of hemorrhoid can be divided into three parts according to their degree and local condition

- 1)Medical treatment
- 2) Para surgical treatment
- 3) Surgical treatment.

#### 1)MEDICAL TREATMENT<sup>10</sup>:-

symptomatic treatment with tropical preparation

Oral vasotopic drug, purified flaonoid fraction(natural phlebotonic), calcium dobesilate(synthetic phlebotonic)antiinflammatory agent like baclofen sodium, steroids like hydrocortisone, anaesthetic preparation like ointment lidocaine, hot sitz bath, various laxative like liquid paraffin, milk of magnesia and lactulose solution along with bulk forming agent like isabgula, antibiotics, local antiseptic and solution ointment.these above tretment we use to treat hemorrhoids by oral and local application medicine.

# 2)PARASURGICAL TREATMENT 8,11:

a) Sclerotherapy- This procedure is to cause Fibrosis of vascular cushion.edema,inflammatory reaction with proliferation of fibroblast and intravascular thrombosis are prodused by the injection of an irritant sclerosant, this is into submucosal Fibrosis and scarring. Used in 1st and 2nd degree hemorrhoids.

#### b)Rubber band ligation

Ligation of hemorrhoidal tissue with a rubber band causes Ischemic necrosis, Ulceration fibrosus and Scarring which result in fixation of the connective tissue to the rectal wall. thereby reducing the prolapse

use in 1st 2nd 3rd degree hemorrhoids.

#### c)Cryotherapy

-Cryotherapy use for cold coagulation to destroy hemorrhoidal tissue by necrosis of the vascular cushion.the instrument which is to be used for this technique is being cooled by nitrogen oxide or liquid nitrogen named as cryoprobe.necrosis occure over 10-14 day followed by sloughing and ulcer formation.

d) Electrocoagulation- Bipolar dietary and direct current electricity cause coagulation and fivebrosis after local application of heat require around 10 minute per hemorrhoid for effective treatment Day care procedure. Used in first and second degree hemorrhoidst.

### e) Infrared coagulation

The basic principle lies in population of the hemorrhoidal vessels with the help of infrared rays with tissue destruction, Ulceration and fibrosis Limited for a depth of 3 mm, It is a smoke free and for defeat the main use of photocoagulation is for first and second degree hemorrhoids.

# f) Radiofrequency coagulation and excision.

The principle of radiosurgery involves using radio waves as 526 megahertz deliver at low temperature through radiofrequency electrode. The output current is used for both coagulation and cutting. Time selection

1/8 th of sec to 1 sec

used for 1st to 4th degree hemorrhoids

# g) Doppler guided hemorrhoidal artery ligation

Popular transducer used to identify and ligate the hemorrhoidal arteries by placing a suture around them Which produced promote resolution of bleeding and protrusion, used in 1st to 4th degree hemorrhoids.

h) Rectoanal repair-This technique is to obliterate the branches of superior hemorrhoidal artery and do a mucopexy for the prolapsing mucosa in one sitting under spinal anaesthesia.

#### i) Stapled hemorrhoidectomy

Stapled hemorrhoidectomy is one of the Newer surgical technique for treating hemorrhoids and along with dopplertomorrow idle Artery ligation it has a rabbit become the treatment of choice for 3rd and 4th degree hemorrhoid.

## 3)SURGICAL TREATMRNT:-Sugical hemorrhoidectomy<sup>9,12,14</sup>:-

#### a)Ferguson(closed) hemorrhoidectomy

The hemorrhoidal bundles excised with any internal and external component, excision of of humour Idol bundle with mucosal wound and skin are closed completely. use in internal and external hemorrhoids.

# b) Miligan (open)hemorrhoidectomy

morgan

hemorrhoidal tissue and vessels involved are excised in this procedure.

suture is also placed at the hemorrhoidal pedical but incision are left open.

#### c)Harmonic scalpel and ligasure

Harmonic scalpel use ultrasonic wave that allow cutting and coagulation of hemorrhoidall tissue causing less discomfort and fast healing.

This method can be used either with open and closed hemorrhoidectomy.

### d)Atomizer ward<sup>18</sup>

This is Innovative waveform of electric current and a specialised electric probe, which actually reduced to minute particles into a fine Mist or spray. Which can be immediately vacuumed away this results into who this integration of hemorrhoids into an aerosol of carbon and water molecules. The tissue is

sculpted into a desired shape and smoothness using the atomizer.

#### **CONCLUSION:-**

Arsha (hemorrhoid)Is a major problem in today's society related to Lifestyle ,age, occupation ,dietary factor. it affects the physical and well as mental health of people.

patient suffering from this disease do not take proper diet due to a fear of of pain with bleeding per rectum during defecation more over patient become very anxious after observing painful of blood improper diet further vitiate dosha and condition become worsen.

Thus ayurveda and modern new technology.

Definitely can play a great role in treatment of arsha and its complication without any side effect. More poover by following the principle of ayurveda one can avoid the acceerancee of this disease.

#### **References:**

- 1. Sushrut Samhita Part 1 by Ambikadatta Shatri Chukhamba Publication Varanasi Sushrut Sutrasthan 1st Adhyaya 22 shloka.
- 2. SRB's Mannual Of Surgery Chapter 25 page no 971 ,jaypee brothers medical publication(P)LTD/24,Ansari road Daryaganj New Delhi 110002 India 5th edition.
- 3. Sushrut Samhita Part 1 by Ambikadatta Shatri Chukhamba Publication Varanasi Sushrut Sharirsthan 3rd Adhyaya 31th Shloka.
- 4. Sushrut Samhita Part 1 by Ambikadatta Shatri Chukhamba Publication Varanasi Sushrut Nidanasthan 2nd Adhyaya 8th Shloka.
- Charak Samhita Part 2 by Dr Bramhanand Tripathi Varanasi.Chaukhamba Publication Charak Chikitsa sthan 14th

- Adhyaya 4th shloka and 39 Shloka.
- 6. Sushrut Samhita Part 1 by Ambikadatta Shatri Chukhamba Publication Varanasi Sushrut chikitsasthan 6th adhyaya 3rd shloka.
- 7. SRB's Manual Of Surgery Chapter 25 page no 970 ,jaypee brothers medical publication(P)LTD/24,Ansari road Daryaganj New Delhi 110002 India 5th edition.
- 8. SRB's Mannual Of Surgery Chapter 25 page no 972 non oprative tretment on hemorrhoids ,jaypee brothers medical publication(P)LTD/24,Ansari road Daryaganj New Delhi 110002 India 5th edition
- 9. SRB's Manual Of Surgery Chapter 25 page no 975, jaypee brothers medical publication(P)LTD/24, Ansari road Daryaganj New Delhi 110002 India 5th edition
- 10. Anorectal surgery made easy page no 319,320,321 ,jypee brothers medical publication(P)LTD 4838/24 Ansari road,daryaganj newdelhi 110002,India 5th edition.
- 11. Anorectal surgery made easy, Non surgical treatment on hemorrhoidst, page no 321 to 354, jypee brothers medical publication(P)LTD 4838/24 Ansari road,daryaganj newdelhi 110002,India 5th edition.

- 12. Anorectal surgery made easy, surgical hemorrhoidectomy, page no 355 to 364, jypee brothers medical publication (P) LTD 4838/24 Ansari road, daryaganj newdelhi 110002, India 5th edition.
- 13. B D chaurasia's Human anatomy chapter 33,volume 2,page no 416, rectal anatomy, CBS publication and distributar pvt ltd 6th edition 2013.
- 14. Short text book of surgery chapter 95 page 594, jaypee brothers medical publication(P)LTD/24,Ansari road Daryaganj New Delhi 110002 India 1st edition.
- 15. Sushrut Samhita Part 1 by Ambikadatta Shatri Chukhamba Publication Varanasi Sushrut chikitsastan 6th adhyaya 4th shloka.
- 16. Sushrut Samhita Part 1 by
  Ambikadatta Shatri Chukhamba
  Publication Varanasi Sushrut
  chikitsastan 6th adhyaya 7th
  shloka.
  - 17. Sushrut Samhita Part 1 by Ambikadatta Shatri Chukhamba Publication Varanasi Sushrut chikitsastan 6th adhyaya 16th shloka.
  - 18. Anorectal surgery made easy page no362, jypee brothers medical publication(P)LTD 4838/24 Ansari road, daryaganj newdelhi 110002, India 5th edition.

Conflict of Interest: Non

Source of funding: Nil

Cite this article:

A review on Ayurvedic and modern recent treatment modalities on hemorrhoids Gadve B. N., Swapnil Patil

Ayurlog: National Journal of Research in Ayurved Science- 2019; (7) (7): 1 - 7