

# Conservative Management of 1<sup>st</sup> Degree Hemorrhoids (*Abhyantar Arsha*) a Case Discussion

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## ABSTRACT

Hemorrhoids are a very common ano-rectal phenomenon seen in current era which are very troublesome, routine hampering and having the tendency to become severe and deteriorate the condition of the patient. Multiple surgical interventions are made use of by surgeons to treat them depending upon their Grades. The Grade 1 type are the ones most commonly present yet most neglected conditions as the symptoms do have any major disturbance in day-to-day life of the patient <sup>[1]</sup>. Surgical interventions viz. Haemorrhoidectomy (Open and Closed), Rubber Band Ligation, Stapled Hemorrhoidectomy etc. are in demand by both the patients and the surgeons due to their various advantages <sup>[2]</sup>. Hemorrhoids can be co-related to *Arsha* in *Ayurvedic* literature. The cons of surgery (hospital stay, post-op pain, expenditure etc.) can be avoided in 1<sup>st</sup> degree primary hemorrhoids by putting the patient on conservative line of treatment i.e. *Ayurvedic* medicines internally and giving modifications in diet and lifestyle. A study was conducted wherein a patient diagnosed with 1<sup>st</sup> degree hemorrhoids was treated by giving him *Ayurvedic* medicines for oral consumption. Regular weekly follow-up were taken and the relief experienced by the patient as well as findings during examination were noted over the span of 30 days. It was found that there was marked reduction of the clinical features exhibited by the patient in the first week itself. Also significant improvement in the overall condition of the patient was seen at the end of the treatment plan. This study can be concluded by reaffirming that nonsurgical; conservative management (Internal *Ayurvedic* Medicines) show significant effect in treating 1<sup>st</sup> degree hemorrhoids (*Abhyantar Arsha*).

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## INTRODUCTION

*Ayurved*, the holistic indigenous system of medicine has prevailed since centuries. It not only gives knowledge about how to cure a disease but also gives equal importance to its prevention <sup>[3]</sup>. Contrary to the popular opinion that *Ayurved* only deals with chronic, multisystemic diseases and is to be considered as an alternative pathy, it deals with both acute and chronic stages, both conservative and surgical modes of treatment, both prevention and cure of diseases along with the insurance of non- recurrence. Hemorrhoids are defined as the dilated veins within the anal canal in the sub-epithelial region formed by radicles of the superior, middle and inferior rectal veins <sup>[4]</sup>. In the recent times, this ano-rectal condition is largely

prevalent in young adults and is rapidly proving to be a major health issue. Detailed and extensive knowledge about this condition can be found in every *Ayurvedic* literature under the title of *Arsha*. Most commonly preferred mode of treatment is surgery, but it does have multiple disadvantages which cannot be ignored. *Acharyas* have described four-fold treatment modalities in *Arsha Chikitsa – Bheshaj* (Internal medicine), *Kshra* (Application of caustic alkaline preparations), *Agni* (Intended Therapeutic Caution), *Shastrakarma* (Surgical Intervention) <sup>[5]</sup>. In 1<sup>st</sup> degree primary hemorrhoids surgery can be avoided altogether and instead conservative mode of treatment can be put into use which yields excellent results. The

chance of recurrence is reduced, it proves to be cost effective, has no interference in the routine of the patient whatsoever, no hospitalization required and has no pre-operative investigations and post-operative pain and related care. *Acharya Sushrut* has very clearly advocated *Bheshaj Chikitsa* (Conservative line of treatment) in *Adrushya Arsha* (1<sup>st</sup> degree Hemorrhoids)<sup>[5]</sup>. *Arsha* in *Samhitas* is defined as the abnormal growth of muscles in the anal region due to consumption of its etiological factors which protrudes of the anal canal and troubles the patient like an enemy does<sup>[7]</sup>. *Acharyas* have advocated innumerable formulations in form of *churna*, *vati*, *guti*, *guggul*, *aasav-arishta*, *ghrut*, *taila* etc. Treatment must be given to the patient after taking into consideration of every aspect of the patient (age, *prakriti*, residence, diet, occupation etc.) and the disease (clinical features, stage, type etc.).

### CASE HISTORY

A male patient, XYZ, aged 34 years, working as a bank employee, presented with the complaints of p/r bleeding on defecation, hard stools, forceful evacuation of stools, mild discomfort at anal region on prolonged sitting, itching at the anal region and unsatisfactory bowel movements. He had been facing hard stools which required forceful evacuation, irregular bowel movements, itching and discomfort at anal region for the past 2 years. He had taken allopathic treatment for the same but did not experience long lasting relief. He started with the complaint of p/r bleeding on defecation since the past 3 days. He visited the *Shalyatantra* OPD of R.P.K

### TREATMENT PLAN

- The patient was put on a conservative treatment plan (*Ayurvedic* formulations internally) as follows for the span of 30 days,

Sr. No.	Formulation	Dosage		Anupaan	Prominent Action of Formulation
		Quantity of single unit	Frequency		
01.	<i>Gandharva Haritaki Churna</i>	3gm	HS (after food)	Warm Water	Laxative
02.	<i>Triphala Guggul</i>	250 mg	2 BD (after food)	Warm Water	Laxative, Anti-Inflammatory
03.	<i>Hingvashtak Churna</i>	3gm	BD (before food)	Warm Water	Carminative
04.	<i>Arshoghna Vati</i>	250 mg	2 BD (after food)	Warm Water	<i>Arshoghna aushad</i>
05.	Proctosedyl ointment	As per need	HS (Local Application at Anal opening)		Local Anesthetic

- Periodic assessment of prognosis was observed
  - Weekly on the basis of symptoms of the patient
  - Fortnightly on the basis of findings of clinical examination (p/r).
- Parameters were assessed before, during and after the completion of treatment.

*Ayurvedic Hospital, Ilkal* on 27/02/2023. He had no significant past history, no history of any allergy and no surgical history. His family history revealed his father did suffer from Hemorrhoids for which he was operated upon. Dietary history revealed he is habitual to non-vegetarian diet and regularly dines outside. Low appetite with irregular intake of food in terms of quantity was noticed. He had no history of addiction. Sleep was regular (7 hours every night on an average) and he had no abnormalities of micturition.

### O/E

- Medium build, moderately nourished
- Vitals stable
- CVS – NAD, CNS – Conscious and well oriented, RS – NAD
- P/A – Soft, non-tender, slight bloating
- Inspection (Anal region on giving Left Lateral Position) – Mild Redness around the anal opening. No Fissure-in-Ano, no swelling, no wound, no skin tag, no external opening noted.
- P/R –
  - Digital – Non-tender. No constriction. Streak of blood on finger noted.
  - Proctoscopy – Primary Hemorrhoids seen at 11 o'clock position  
No any other anomaly (opening, wound, discharge etc.) seen.

### DIAGNOSIS

On the basis of Chief complaints and findings of clinical examinations, the patient was diagnosed with **1<sup>st</sup> degree Hemorrhoids (*Abhyantar Arsha*)**

- Patient was also advised dietary and lifestyle modifications (*pathya-apathya*) during the course of the treatment as follows,

	<i>Pathya</i>	<i>Apathya</i>
<b>Aahar (Diet)</b>	<i>Takra</i> (Buttermilk) Fibre rich diet (Bananas etc) <i>Suran</i> Cow's <i>Ghee</i> Warm water Pomegranate Beetroot	Non-vegetarian food Stale food Junk food Bakery products Fried, spicy food Curd
<b>Vihar (Lifestyle)</b>	Sitz bath with warm water Brisk Walking <i>Yogasana</i> ( <i>Pavanamuktasan</i> <i>Vajrasan</i> ) Avoid prolonged sitting	<i>Vegdharan</i> Straining while defecation <i>Divaswap</i> <i>Ratrijagran</i> Overeating Drinking excessive water

## RESULTS

There was significant improvement in the condition of the patient on every follow up. Changes noted in the parameters are as mentioned in Table no. 1 and Table no. 2. His treatment was then stopped but he was advised to continue with specific *Pathya-Apathya*.

**TABLE NO. 1**

Symptoms		Before Treatment	During Treatment			
			1 <sup>st</sup> F/U	2 <sup>nd</sup> F/U	3 <sup>rd</sup> F/U	4 <sup>th</sup> F/U
Modern	<i>Ayurvedic</i>	27/02/2023	06/03/2023	13/03/2023	20/03/2023	27/03/2023
p/r bleeding on defecation	<i>Sarakta mala pravrutti</i>	+++	++	+	--	--
Hard stools	<i>Kathin mala pravrutti</i>	++++	++	+	--	--
Forceful defecation	<i>Sakashtha mala pravrutti</i>	++++	++	+	--	--
Discomfort at anal region	<i>Aasan kashthata</i>	++	+	--	--	--
Itching at anal region	<i>Gudakandu</i>	++	--	--	--	--
Low Appetite	<i>Annanabhilasha (Agnimandya)</i>	++++	+++	++	+	--
Unsatisfactory Bowel movements	<i>Krute-apyakruta mala sandnya</i>	++++	++	+	--	--

**TABLE NO. 2**

Clinical finding of P/R		Before Treatment	During Treatment	
			2 <sup>nd</sup> F/U	4 <sup>th</sup> F/U
		27/02/2023	13/03/2023	27/03/2023
<b>P/R Digital</b>	Tenderness	--	--	--
	Constriction	--	--	--
	Blood Discharge (Streaks on finger)	+++	+	--
	Pus Discharge	--	--	--
<b>Proctoscopy</b>	Primary Hemorrhoid	+++	++	--
	Pus Discharge	--	--	--
	Blood Discharge	--	--	--
	Wound	--	--	--
	Internal Opening	--	--	--

## CONCLUSION

*Ayurved* has always advised surgical intervention as the last considerable option for the treatment of any disease, especially internal hemorrhoids. They have advised the practitioners to act in multifold way while treating *Arsha*. They have advised to primarily act on *Agni* of the patient by giving *Deepan-Pachan* medicines (in the present case – *Hingvashtak Churna*) as in the pathogenesis of *Arsha*, *Agnimandya* is the most important stage which further results in the development of the disease. Simultaneously care should be taken to avoid constipation by giving laxatives (in the present case – *Gandharva Haritaki Churna*) as straining during defecation will aggravate the condition. Also formulations which directly act upon the hemorrhoidal masses are to be prescribed (in the present case – *Triphala Guggul, Arshoghna Vati*). Significant improvements in the condition of the patient are noted. The advantages of this line of treatment over surgical interventions viz. are –

- Non-invasive mode of treatment.
- Patient can resume his daily routine from day 1. No hospital stay required.
- Cost-effective and negligible side effects.

- Recurrence after the completion of course and following the *Pathya-Apathya* regularly is negligible.

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