



## POST-OPERATIVE PAIN MANAGEMENT WITH BALA TAILA MATRA BASTI AFTER HAEMORRHOIDECTOMY

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### ABSTRACT

**BACK GROUND AND OBJECTIVES:** Haemorrhoid is a disease of ano-rectum, the incidence increases with advancing age. Haemorrhoidectomy is the treatment of choice, the operation become notorious of being associated with a great deal of post-operative pain. NSAID's and Opioids help to a certain extent for post-operative pain management but they do have their limitations along with adverse effects like gastric irritation, constipation etc. Arshas in general can be considered as Haemorrhoids. Acharya Sushruta mentioned Basti for vedana shaman in Vranitha. Vedana is vata pradhana lakshana were as Basti Chikitsa is considered as shreshtha chikitsa for vata dosha. Basti has Anulomana property also. Bala taila was used by Acharya Sushruta for post-operative pain management.

A complete and effective ayurvedic post-operative pain management is the need of every ayurvedic surgeon. Triphala guggulu, Gandhak Rasayana, Asanaadi Kwatha and Triphala kashaya sitz bath are well studied drugs in post-operative wound and pain management but at times they are not enough. Hence, Bala Taila matra basti is used as an addition in this study to establish a complete ayurvedic pain management combination after Haemorrhoidectomy.

**METHODS:** Patients who have undergone Haemorrhoidectomy are selected from S.D.M. Ayurvedic Hospital Udupi, and randomly grouped into two, control group and trial group. Triphala Guggulu, Gandhaka Rasayana, Asanadi Kwatha and Triphala kashya sitz bath were given as post-operative treatment for both groups. In addition to that, trial group patients were given Bala taila Matra basti once per day when a patient starts complaining of pain, for three days in post-operative period and evaluated on the basis of proforma prepared specifically for the study.

**RESULTS:** Addition of Bala taila matra basti gives better analgesic effect in conventional combination of Triphala Guggulu, Gandhaka Rasayana, Asanadi Kwatha and Triphala Kashaya sitz bath. It has prolonged analgesic effect. Dependency on allopathic analgesic drugs reduces considerably for Post-operative Pain management with Bala taila matra basti after Haemorrhoidectomy.

**CONCLUSION:** Dependency on allopathic analgesic drugs could be reduced considerably for Post-operative Pain management with Bala taila matra basti after Haemorrhoidectomy with combination of Triphala Guggulu, Gandhaka Rasayana, Asanadi Kwatha and Triphala Kashaya sitz bath.

**KEYWORDS :** Post-operative Pain Management; Arshas; Haemorrhoidectomy; Bala Taila Matra Basti.

### INTRODUCTION

Haemorrhoid is a disease of ano-rectum, the incidence increases with advancing age. John Goligher (1984) estimates 50% of the people over the age of 50 years upon careful examination may be found to have haemorrhoids<sup>1</sup>. This disease doesn't have a definite causative factor and most of the time it emerges as a collective outcome of many factors. Haemorrhoidectomy is the treatment of choice and is the only method to give lasting relief, the operation becomes notorious for being associated with a great deal of post-operative pain.<sup>2</sup>

As the lower part of anal canal is very sensitive, post Haemorrhoidectomy pain is inevitable and severe. Pain a protective mechanism becomes fearful for patients when it comes as an unavoidable outcome of surgery. Ayurveda explains about Arshas. Disease mainly observed in guda i.e. ano-rectum. Explanation of disease as per its dominant Dosha, Nidan, Samprapti, Purvaroop, Rupa, Upadrava, Upashaya and Anupashaya, Chikitsa – Bhaishajya, Kshara, Agni, Shastra are available in ayurvedic literature.<sup>3</sup>

To obtain relief from the post-operative pain NSAID's and Opioids help to a certain extent but they do have their limitations along with adverse effects like gastric irritation, constipation, renal damage etc.<sup>4</sup> Modern advances like

patient controlled analgesia and continuous infusion analgesia shows effective pain management but requires sophisticated equipment and might be ideal for post-operative cases of complex surgery.<sup>5</sup> Acharya Sushruta explains various surgical procedures in Sushruta Samhitha along with different techniques of post-operative pain management like Seka, Lepa, Dhoopana, Swedana, Raktamokshana, Avagaha and Basti for vedana shaman in Vranitha.

Vedana is vata pradhana lakshana observed in post Haemorrhoidectomy cases, were as Basti chikitsa is considered as shreshtha chikitsa for vata dosha. Basti has Anulomana property also. Acharya Sushruta mentions use of Bala taila in post-operative care and pain management of Mudhagarbha. With this the idea to use Bala taila in the form of matra basti for post-operative pain management after haemorrhoidectomy came forward.

Triphala Guggulu, Gandhaka Rasayana, Asanadi Kwatha and Triphala Kashaya sitz bath are well studied drugs in post-operative wound and pain management but many times are not sufficient to produce adequate analgesia. Hence this study is intended to evaluate the efficacy of Bala taila matra

basti in combination with above said drugs for the post-operative pain management after haemorrhoidectomy.

#### OBJECTIVES OF THE STUDY

- To study and compare 'Arshas' with 'Haemorrhoids'.
- To evaluate the efficacy of Bala taila matra basti in post-operative cases of haemorrhoidectomy and to compare the results with patient treated with oral medication.

#### MATERIALS AND METHODS

##### SOURCE OF THE DATA:

20 patients undergoing elective surgery for haemorrhoidectomy from IPD of S.D.M. Ayurveda Hospital, Udupi; were selected for study.

##### METHOD OF COLLECTION OF THE DATA:

20 patients of either sex who have undergone elective surgery for Haemorrhoidectomy are randomly selected

##### IN GROUP A: I.E. CONTROL GROUP

- Tab. Triphala Guggulu - 450 mg. t.d.s.
- Tab. Gandhaka Rasayana - 250 mg. t.d.s.
- Asanadi Kwatha - 40 ml b.d.
- Triphala Kashaya 'Sitz bath' after defecation and before going to bed was administered.
- S.O.S analgesics were administered if patient complained of post-operative pain even after administration of oral medication and such incidents were recorded.

##### IN GROUP B: I.E. TRIAL GROUP

- Tab. Triphala Guggulu - 450 mg t.d.s.
- Tab. Gandhak Rasayana - 250 mg t.d.s.
- Asanadi Kwatha - 40 ml b.d.
- Triphala Kashaya 'Sitz bath' after defecation and before going to bed.
- Bala taila matra basti 30 ml (rectal route) was given when patient complained of pain after surgery, followed by once a day for the next 2 post-operative days, totally for a period of 3 post-operative days.
- S.O.S analgesics were administered if patient complaints of post-operative pain even after 30 min. of Bala tail matra basti administration and such incidents were recorded.

##### DURATION OF TREATMENT:

- Group A: Administration of oral medication for 10 days.
- Group B: Administration of oral medication for 10 days and; Bala taila matra basti was administered when patient complaints of post-operative pain once a day for 3 days.

##### OBSERVATION PERIOD:

- Patients were observed and assessed daily for 3 days.
- Follow up of the patient was carried on the 10<sup>th</sup> day of post-operative period.

##### INCLUSION CRITERIA:

- Patients who underwent surgery for elective haemorrhoidectomy.
- Both males and females.
- Age between 20 to 70 years.

##### EXCLUSION CRITERIA:

- Patients suffering from systemic diseases like Diabetes mellitus, Hepatitis, Tuberculosis and HIV infections etc.

##### ASSESSMENT CRITERIA:

###### SUBJECTIVE:

- Pain
- Itching
- Burning Sensation
- Pain during defecation
- Ease of passing stools

###### OBJECTIVE:

- Srava
- Face pain rating scale [ while putting catheter for basti ]
- McGill Questionnaire.

###### SUBJECTIVE:

- Pain: As per patient's response
  - No pain
  - Patients complains of pain only on movement like sitting
  - Pain during resting position
  - More severe pain & requires analgesics Intervention
- Itching: As per patient's description
  - No Itching
  - Mild Itching
  - Moderate Itching
  - Severe Itching
- Burning sensation: As per patient's description
  - No burning sensation
  - Mild burning sensation
  - Moderate burning sensation
  - Sever burning sensation
- Pain during defecation: As per patient's description
  - No pain during defecation
  - Mild pain during defecation
  - Moderate pain during defecation
  - Sever pain during defecation that patient fears to defecate
  - Stools not passed
- Ease of passing stools: As per patient's description
  - Stools passed without discomfort
  - Stools passed with discomfort
  - Stools not passed

###### OBJECTIVE:

- Srava:
  - No discharge
  - One layer of gauze is wet
  - Two layer of gauze is wet
  - Dressing has been changed more than once in a day

###### B. Face Pain rating scale (while putting catheter for basti):

McGill Questionnaire Score will be recorded as per following schedule,

- When patient complains of pain after surgery
- 30 min after the administration of medicine / Basti
- 1 hour after administration of medicine / Basti
- 30 min after administration of analgesics if required.

On Day1 (Operative day), Day 2 (Post-operative 2<sup>nd</sup> day) and Day 3 (Post-operative 3<sup>rd</sup> day)

#### RESULTS

##### 1. COMPARISON OF INTENSITY OF PAIN BETWEEN THE GROUPS:

**At Day 1-** Since The Mean Intensity of pain of control group is equal to mean Intensity of pain of trial group at day 1. As the mean Intensity do not differs significantly at  $p < 0.05$  level, there is strong reason to believe that the Trial Group does not have better Analgesic effect at Day 1.

**At Day 10-** The Mean Intensity of pain of control group is not equal to mean Intensity of pain of trial group. As the mean Intensity differs significantly at  $p < 0.001$  level, there is strong reason to believe that the Trial Group has better Analgesic effect at Day 10.

##### 2. COMPARISON OF INTENSITY OF ITCHING BETWEEN THE GROUPS:

**At Day 1-** The Mean Intensity of Itching of control group is

equal to mean Intensity of Itching of trial group at day 1. As the mean Intensity do not differs significantly at  $p < 0.05$  level, there is strong reason to believe that the Trial Group does not have better anti pruritus effect at Day 1.

**At Day 10-** The Mean Intensity of Itching of control group is equal to mean Intensity of Itching of trial group at day 10. As the mean Intensity do not differs significantly at  $p < 0.05$  level, there is strong reason to believe that the Trial Group does not have better anti pruritus effect at Day 10.

**3. COMPARISON OF INTENSITY OF BURNING SENSATION BETWEEN THE GROUPS:**

**At Day 1-** The Mean Intensity of Burning Sensation of control group is not equal to mean Intensity of Burning Sensation of trial group. As the mean Intensity differs significantly at  $p < 0.001$  level, there is strong reason to believe that the Trial Group has better effect on management of Burning Sensation at Day 1.

**At Day 10-** The Mean Intensity of Burning Sensation of control group is equal to mean Intensity of Burning Sensation of trial group at day 10. As the mean Intensity do not differs significantly at  $p < 0.05$  level, there is strong reason to believe that the Trial Group does not have better effect on management of Burning Sensation at Day 10.

**4. COMPARISON OF INTENSITY PAIN DURING DEFECATION OF BETWEEN THE GROUPS:**

**At Day 1-** The Mean Intensity of Pain during defecation of control group is not equal to mean Intensity of Pain during defecation of trial group. As the mean Intensity differs significantly at  $p < 0.001$  level, there is strong reason to believe that the Trial Group has better effect on management of Pain during defecation at Day 1.

**At Day 10-** The Mean Intensity of Pain during defecation of control group is equal to mean Intensity of Pain during defecation of trial group. As the mean Intensity does not differs significantly at  $p < 0.05$  level, there is strong reason to believe that the Trial Group does not has better effect on management of Pain during defecation at Day 10.

**5. COMPARISON OF EASE OF PASSING STOOLS OF BETWEEN THE GROUPS:**

**At Day 1-** The Mean Ease of passing stools of control group is not equal to mean Ease of passing stools of trial group. As the mean differs significantly at  $p < 0.01$  level, there is strong reason to believe that the Trial Group has better effect on management of constipation at Day 1.

**At Day 10-** The Mean Ease of passing stools of control group is equal to mean Ease of passing stools of trial group. As the mean does not differs significantly at  $p < 0.05$  level, there is strong reason to believe that the Trial Group does not have better effect on management of constipation at Day 10.

**6. COMPARISON SRAVA OF BETWEEN THE GROUPS:**

**At day 1-** The Mean Srava of control group is not equal to mean Srava of trial group. As the mean differs significantly at  $p < 0.02$  level, there is strong reason to believe that the Trial Group has better effect on management of Srava at Day 1.

**At Day 10-** Since t test is not highly statistically significant, the Null Hypothesis is rejected and the alternate hypothesis is accepted.

**7. COMPARISON MCGILL QUESTIONNAIRE OF BETWEEN THE GROUPS: AT 0 HRS.**

**Day 1: At 0 Hrs-** The Mean Value of McGill Questionnaire of control group is equal to mean Value of McGill Questionnaire of trial group. As the mean does not differs significantly at  $p < 0.05$  level, there is strong reason to believe that the Trial

**Group does not differ in intensity of pain compare to Control Group.**

**Day 3: At 0 Hrs-** The Mean Value of McGill Questionnaire of control group is not equal to mean Value of McGill Questionnaire of trial group. As the mean Value differs significantly at  $p < 0.001$  level, there is strong reason to believe that the Trial Group has better effect on management of Pain at Day 3.

**8. COMPARISON MCGILL QUESTIONNAIRE OF BETWEEN THE GROUPS: AT 30 MIN.**

**Day 1: At 30 min-** The Mean Value of McGill Questionnaire of control group is not equal to mean Value of McGill Questionnaire of trial group. As the mean Value differs significantly at  $p < 0.001$  level, there is strong reason to believe that the Trial Group has better effect on management of Pain at Day 1.

**Day 3: At 30 min-** The Mean Value of McGill Questionnaire of control group is not equal to mean Value of McGill Questionnaire of trial group. As the mean Value differs significantly at  $p < 0.001$  level, there is strong reason to believe that the Trial Group has better effect on management of Pain at Day 3.

**9. COMPARISON MCGILL QUESTIONNAIRE OF BETWEEN THE GROUPS: AT 1HR.**

**Day 1: At 1 hr-** The Mean Value of McGill Questionnaire of control group is equal to mean Value of McGill Questionnaire of trial group. As the mean does not differs significantly at  $p < 0.05$  level, there is strong reason to believe that the Trial Group do not have better effect on management of pain compare to control group at 1 hour on Day 1.

**Day 3: At 1 hr-** The Mean Value of McGill Questionnaire of control group is not equal to mean Value of McGill Questionnaire of trial group. As the mean Value differs significantly at  $p < 0.001$  level, there is strong reason to believe that the Trial Group has better effect on management of Pain at Day 3.

**10. COMPARISON OF NEED OF ANALGESIA BETWEEN THE GROUPS:**

**At day 1-** Since t test is statistically very significant, the Null Hypothesis is rejected and the alternate hypothesis is accepted i.e. The Mean Need of analgesia of control group is not equal to mean Need of analgesia of trial group. As the mean differs significantly at  $p < 0.01$  level, there is strong reason to believe that the Trial Group has better effect on management of Pain at Day 1.

**At Day 3-** The Mean Need of analgesia of control group is not equal to mean Need of analgesia of trial group. As the mean differs significantly at  $p < 0.05$  level, there is strong reason to believe that the Trial Group has better effect on management of Pain at Day 3.

**11. INTER-RELATION RETENTION OF BASTI DRAVYA AND ABSOLUTE PAIN RELIEF:**

**Table No: 1**

	Day 1	Day2	Day 3
Retention of basti dravya	Minimum-07 hrs:15min Maximum- 23 hrs Average: 13 hrs: 54 min	Minimum-06 hrs: 45 min Maximum- 11 hrs Average: 8 hrs: 20 min	Minimum- 3 hrs: 30 min Maximum- 9 hrs Average: 6 hrs: 27 min
Absolute pain relief	Minimum- 6 hrs Maximum- 10 hrs Average- 5 hrs: 48 min	Minimum- 10 hrs. Maximum- 14 hrs. Average- 11 hrs: 30 min	Minimum- 14 hrs. Maximum- 22 hrs. Average- 16 hrs: 00 min

[On day 1: total 3 patients out of 10 patients took allopathic analgesia, on day 2: only 1 patient out of 10 patients took allopathic analgesia and their respective value of absolute pain control considered as zero for calculation of average.]

### CONCLUSION

- Arshas explained in ayurvedic literature represents a group of diseases manifesting in ano-rectum
- Arshas can be correlated with haemorrhoids in general.
- Nidanas for Arshas explained in ayurvedic literature shows significant similarity with known causative factors for manifestation of haemorrhoids.
- Post-operative Pain Management can be done completely based on Ayurveda.
- Addition of Bala taila matra basti gives better analgesic effect along with conventional combination of Triphala Guggulu, Gandhaka Rasayana, Asanadi Kwatha and Triphala Kashaya sitsz bath.
- Bala taila matra basti gives prolonged analgesic effect and found to have better results than allopathic analgesia at certain stage of study.
- Dependency on allopathic analgesic drugs reduces considerably for Post-operative Pain management with Bala taila matra basti after Haemorrhoidectomy.
- Though the present study gives promising results in Post-operative pain management with Bala taila matra basti after Haemorrhoidectomy, large sample size study is required for its universal acceptance.

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