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MANAGEMENT OF THROMBOSED HAEMORRHOID BY JALAUKAWACHARAN WITH SPECIAL REFFERENCE TO PNR - BLEED SCALE : A CASE STUDY

Surgery

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ABSTRACT

Jalaukawacharan is one of the most important and widely practiced methods known from the time of extreme antiquity and is still practiced. Jalaukawacharan is a Shodhana procedure in which vitiated doshas in Rakta are eliminated. Jalaukavacharana is described by Acharya Sushruta and Vagbhata in Classical Ayurveda Texts. In thrombosed Haemorrhoids, leech application has shown thrombolytic action, which contributes in re-establishment of circulation. from the time of extreme antiquity and is still practiced. Haemorrhoids is an ailment that affects all economical groups of population. Though the disease is within the limits of management, it has its own complications like severe haemorrhage, inflammation and thrombosis, by which a patient gets severe pain and is unable to continue his routine work. Prior to surgical treatment of haemorrhoids, associated conditions like inflammation, strangulation and thrombosis. need to be managed. Leech sucks impure blood and removes toxins and stabilised vitiated doshas from the body, especially in Pitta vitiated rakta. Saliva of Leech contains various bioactive substances which have anti-coagulating, thrombolytic, anti-inflammatory and vasodilator effects. Raktamokshan by Jalauka is useful in Pitta dusht Raktaj disorders.[1] In this case of thrombosed Haemorrhoids by applying of Jalauka which is an Anushashastra removes not only impure blood from the pile mass but also injects biologically active substances which help to manage the various disorders. Probably, the enzymes and other active compounds present in Leech saliva play a major role to treat thrombosed haemorrhoids, to re-establish circulation and helps to reduce pain, inflammation and thrombosis.

KEYWORDS

Thrombosed Haemorrhoids, Jalaukawacharan, PNR bleed scale, Shodhan

INTRODUCTION

Ayurveda the Indian system of medicine comprises of eight different specialties in which Shalyatantra, the surgical practice of thoughts has got prime importance.

Acharya Sushruta considered Arsha in Ashtamahagada. The incidence of haemorrhoids is common among all economical classes of population. Acute thrombosis of haemorrhoids is one of the most common perianal conditions requiring hospital admission. Although the condition can be managed conservatively in some cases.

Thrombosed piles possibly occur due to high venous pressure causing severe pain that leads to a tendency of avoiding defecation, leading to hardening of stools causing constipation, which further exacerbates bleeding.[2] Hence its management in initial stages will become mandate. Though the disease is within the limits of management, it has its own complications like sever hemorrhage, strangulation and thrombosis. Jalaukawacharan is used to manage this condition.

Jalaukawacharan is type of raktmokshan practicing in India since ancient times. Raktamokshan is consider as ardhachikitsa in classical text. Jalauka is also described as anushashtra. , Word jalauka means jal+okas = Aquatic animal. Jalukavacharan is shodhan procedure in which vitiated dosha in rakta are eliminated. Leech suck impure blood and remove toxins, and vitiated doshas of body especially pitta vitiated rakta.

Haemorrhoids based on the four main characteristics of the hemorrhoidal disease i.e. the degree of hemorrhoidal Prolapse (P), Number (N) of the primary hemorrhoidal columns involved, Relation (R) of the hemorrhoidal tissue to dentate line and the amount of Bleeding (B) from it.[3] To asses the relief from haemorrhoid we used this PNR BLEED scale.

Aim and Objectives

1. To study the effect of Jalaukawacharan in thrombosed haemorrhoids.
2. To assessment of relief on PNR BLEED scale.

Case Report

A 30 year old male patient came to Shalyatantra OPD of Government Ayurved College and Hospital , Nagpur with having chief complaint of –

1. Mass felt at anal region
2. Per rectal bleeding
3. Constipation
4. Mucosal discharged at anal region

Patient had above complaints since last 5 days.

Past History

No H/o HTN / DM / TB / BA or any other major illness.
No H/o any drug allergy. No any major surgical history.

Systemic Exmination

Patient was conscious and well oriented to time , place and person. Patient was vitally stable, Blood pressure was 120/80 mmHg and Pulse Rate was 78/min.

Local Examination

Inspection –

- Rounded localised swelling at anal region at 11 'o' clock position approximately 1×1 cm in size.
- Reddish discolouration swelling seen.

Palpation – Tenderness present
P/R digital – Spasm present

Investigations

Hb – 13 gm%
B.T – 1:30 min
C.T - 3:30 min
RBS – 102 mg/dl
HIV – Non reactive
HbsAg – Negative

Methodology

Patient had given shaman chikitsa used in case study as showing in table 1 .

Sr. No.	Dravya	Dose	Duration	Anupana
1.	Gandharva Haritaki Choorna	5gm	HS	Koshnajala
2.	Triphala Guggul	250 mg	2 bid	Koshnajala
3.	Jatyadi Tail	2.5 ml	Twice a day	For local application

Patient had advice to take Awagaha Sweda with warm water twice a day and to take high fibre diet and plenty of oral fluids.

After proper counselling and taking consent of patient Jalauka was applied locally on perianal haematoma as per indicated.

Jalaukawacharan procedure is divided in 3 Parts.

1) Purvakarama[4]

Jalauka was anointed with the haridra (Turmeric) mixed with water for a while to make It refresh and activate. After that leech was kept in fresh water pot. Preparation of part done. Patient put in lithotomy position, perianal region and anus was cleaned by lukewarm water.

2) Pradhankarma[5]

Jalauka was held in hand and the mouth of Jalauka's was putted on the perianal hematoma till it gets stuck to the site and suck. When its mouth in the shape of a horse's hoof and lifts its neck then it is to be understood as catching / bitting. Then Jalauka's was covered with moist cotton swab. After that Jalauka falls from the site.

3) Paschatkarma[6]

Haridra powder was applied on bleeding sites. Pressure bandage was applied. After falling off, the leech was made to vomit by dusting haridra powder on its mouth, holding by tail with left thumb and finger it should be gently pressed upwards upto mouth with right thumb and finger so that it vomits till signs of proper vomiting appear. When properly vomited, it is placed on a fresh water pot.

After completion of procedure patient shifted to ward and observed for any complication.

Same procedure done for next 4 jalaukawacharan settings.
Proctoscopy reveals internal varicosity with ulceration. PNR BLEED scale score was 14 as shown in table 3 .

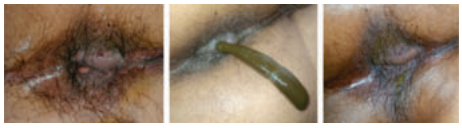
Assessment Criteria : Pnr Bleed Scale (Table No.2)

Sr. No.	Characteristics	Grade	Description
1.	Degree of hemorrhoidal prolapse	1	No hemorrhoidal prolapsed
		2	Prolapse upon straining that reduces spontaneously
		3	Prolapse upon straining that needs manual reduction
		4	Prolapsed and irreducible haemorrhoids but without ischemic changes.
		5	Prolapsed and irreducible haemorrhoids with ischemic (gangrenous) changes.
2	Number of hemorrhoidal columns involved	1	None
		2	One
		3	Two
		4	Three
		5	Circumferential (presence of secondary haemorrhoids along with the involvement of all primary haemorrhoids)
3.	Relation to dentate line	1	Nil (normal anal cushions)
		2	External haemorrhoids
		3	Internal haemorrhoid
		4	Interno-external haemorrhoids
		5	Thrombose external haemorrhoids
4.	Bleeding	1	Nil
		2	Mild; occasional episodes (during defecation)
		3	Moderate; frequent episodes (during defecation)
		4	Severe; persistent bleeding even without defecation with fall in Hb level (<10gm/dl); requiring haematinics.
		5	Very severe; bleeding in the form of jets and splashes with severe fall in Hb level (<7gm/dl); requiring blood transfusion.

Observations And Result (Table N0. 3) :

Sr. No.	Character-istics	Grade	Descrip-tion	0 day	1St sett -ing	2nd sett -ing	3rd sett -ing	4th set-ing	5th sett -ing
1.	Degree of hemorrhoidal prolapse	1	No hemorrhoidal prolapsed						✓
		2	Prolapse upon straining that reduces spontaneously				✓	✓	
		3	Prolapse upon straining that needs manual reduction	✓	✓	✓			
		4	Prolapsed and irreducible haemorrhoids but without ischemic changes.						
		5	Prolapsed and irreducible haemorrhoids with ischemic (gangrenous) changes.						
2	Number of hemorrhoidal columns involved	1	None						
		2	One						✓
		3	Two				✓	✓	✓	
		4	Three	✓	✓				
		5	Circumferential (presence of secondary haemorrhoids along with the involvement of all primary haemorrhoids)						
3.	Relation to dentate line	1	Nil (normal anal cushions)						
		2	External haemorrhoids					✓	✓
		3	Internal haemorrhoid				✓		
		4	Interno-external haemorrhoids	✓	✓	✓			
		5	Thrombose external haemorrhoids						
4.	Bleeding	1	Nil						✓
		2	Mild; occasional episodes (during defecation)				✓	✓	
		3	Moderate; frequent episodes (during defecation)	✓	✓	✓			
		4	Severe; persistent bleeding even without defecation with fall in Hb level (<10gm/dl); requiring haematinics.						
		5	Very severe; bleeding in the form of jets and splashes with severe fall in Hb level (<7gm/dl); requiring blood transfusion.						

In this patient before treatment PNR BLEED scale was 16 and after treatment of 5 settings of Jalaukawacharan along with Ayurvedic formulation like Gandharva Haritaki, it was reduce to PNR BLEED scale was 6 . Which shows effective management of haemorrhoids in all symptoms like per rectal Bleeding , edema , inflammation, discolouration.



Before **Jalaukavacharan** **After**

DISCUSSION

Wherever there is contraindication of Shshtra karma, Anushsshtras like Jalauka can be used hiruda medicinalis (Nirvisha Jalauka) is mainly used in human beings. Various modes of bloodletting have been devised according to nature of disease, the patient and the predominance of Doshas. Jalauka are mainly used in Pitta Dosha Vikriti because Jalauka live in cold and fresh water and are Madhura Rasa Yukta, so it is applicable for Pitta Prakriti individual. How the hansa bird separates milk from water and drinks only milk, like wise Jalaukas sucks impure blood first then pure blood. Hirudin present in the saliva of leech helps in oppressing the process of blood clotting. One leech exhausts from 5 to 10 ml of blood. Thus due to influence of 5 leeches of 5 settings of Jalaukawacharan patient loses 100–250 ml of blood. Jalauka can be used in many Raktaja disorders by applying it on affected area locally. Not only the hirudin, but also several other enzymes present in saliva possesses anticoagulant activity. The enzymes like hirudin, bdellin, egilin, hementin, collagenase, apyrase, decrosin, hayluronidase and orgelasel etc, it is also having action of vasodilation and anaesthetic. Biologically active substances containing in saliva glands of medicinal leeches can restore blood circulation in the nidus of inflammation, removes ischemia of organs, and provide capillary tissue exchange and due to it, can carry out the transport of chemical drugs into the nidus of inflammation, improve immune protection, and regeneration of tissues Thrombosed pile can be managed with parasurgical application like Jalukavacharan so that surgical probability can be reduced. Total sypmtomatic relief in patient can be managed with local application like hot sits bath and oral medication with high fibre diet.

PNR- Bleed classification by calculating the score we may be able to monitor and follow more objectively any treatment regimen for such hemorrhoidal crisis situations. Hence we may regularly assess whether the specific management protocol is leading to improvement or deterioration of hemorrhoidal disease e.g. if a patient with permanently prolapsed haemorrhoids without ischemic changes (P_3) involving two hemorrhoidal columns (N_4), externo-internal in position with respect to dentate line (R_4) with history of occasional bleeding during defecation (B_3) with total score of 14 (P_3 $N_4R_4B_2$); is time-being managed conservatively so as to decrease the edema and the mass of the hemorrhoidal tissue to avoid the complications of operating in such setting. We may note down the score as described above on daily basis and assess whether the total score or the score of any or many components of this classification system are improving or deteriorating. This will help us to take a wiser decision about the continuation or abandonment of this particular conservative treatment regimen.

CONCLUSION

In present study, the leech application in case of thrombosed haemorrhoid is found to be effective. This application provides analgesic and thrombolytic actions. Decrease in pus and other discharges can be expected because of the antimicrobial and mucolytic properties of leech[15]In addition to these benefits; the method is cost effective, less time consuming.

PNR-Bleed classification takes into account all the four main characteristics of the hemorrhoidal disease i.e. the degree of hemorrhoidal prolapse, number of the primary hemorrhoidal columns involved, relation of the hemorrhoidal tissue to dentate line and the amount of bleeding from it. This new system of classifying the hemorrhoids seems to be more comprehensive, detailed, more objective and easily reproducible. This new classification of hemorrhoids may provide new dimension of research for the management of hemorrhoidal disease. Also the PNR-Bleed classification and the Hemorrhoidal Severity Score (HSS) may allow the comparison of various treatment options with respect to therapeutic outcomes, recurrence rates and various complications. However further studies need to be done to validate the utility of "PNR-Bleed" classification system.

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