

## COMPARATIVE CLINICAL STUDY OF LAGHU PANCHMOOL KWATHA AVAGAHA SWEDA AND HOT WATER SITZ BATH IN THE POSTOPERATIVE PAIN MANAGEMENT OF ANORECTAL SURGERIES

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### ABSTRACT

The anus is the outlet to the gastrointestinal tract, and the rectum is the lower 10 to 15 cm of the large intestine which is that part of the intestinal tract that passes through the muscular canal of the pelvis and anal sphincters. It is the final orifice through which stool passes out of the body. In adults, the anus is 4 to 5 cm long. The lower half of the anal canal has sensitive nerve endings. There are blood vessels under the lining, and in its mid portion there are numerous tiny, anal glands. The valves of Houston are not true valves but are prominent mucosal folds. The dentate or pectinate line divides the squamous epithelium from the mucosal or columnar epithelium. 4-8 anal glands drain into the crypts of Morgagni at the level of the dentate line. Most rectal abscesses and fistulae originate in these glands. The dentate line also delineates where sensory fibers end. Above (proximal to) the dentate line, the rectum is supplied by stretch nerve fibers but not pain nerve fibers. This allows many

surgical procedures to be performed without anaesthesia above the dentate line. Conversely, below the dentate line there is extreme sensitivity, and the perianal area is one of the more

sensitive areas of the body. The evacuation of bowel contents depends on action by the muscles of both the involuntary internal sphincter and the voluntary external sphincter.

## INTRODUCTION

Anorectal symptoms and complaints are common and may be caused by a wide spectrum of conditions. Although most conditions are benign and may be successfully treated by primary care practitioners, and all patients should be appropriately investigated. Inspection, palpation and anoscopic examination using an Ive's slotted anoscope provide adequate initial assessment. The history, as well as the physical examination, can distinguish anal pain due to haemorrhoids, fissure, abscess, cancer or proctalgia fugax. The most frequent causes of rectal bleeding are haemorrhoids, fissures and polyps. Diagnoses associated with difficulty in passing stool can range from constipation to faecal incontinence. Conversely, both patients and physicians should be aware of the need for adequate assessment of all anorectal symptoms. Every patient with anorectal symptoms, especially those with rectal bleeding, must have an assessment that includes, at a minimum, digital rectal examination and visual inspection by anoscope. After proper evaluation, the majority of non-malignant anorectal conditions can be treated.

## ANORECTAL DISORDERS

Anorectal disorders are a group of medical disorders that occur at the junction of the anal canal and the rectum including diarrhoea, haemorrhoids, abscesses, fistula, fissures, anal itching, warts and rectal prolapse.

### Haemorrhoids

तत्रानात्मवतां

थोक्तैः

प्रकोपणैर्विरुद्धाध्यशनखीप्रसङ्गोत्कटुकासनपृष्ठयानवेगविधारणादिभिर्विशेषैः प्रकुपिता दोषा एकशो द्विशः समस्ताः शोणितसहिता वा यथोक्तं प्रसृताः प्रधानधमनीरनुप्रपद्याधो गत्वा गुदमागम्य प्रदूष्य गुदवलीर्मासप्ररोहाञ्जनयन्ति, विशेषतो मन्दारनेः, तथा तृणकाष्ठोपललोष्ठवखादिभिः शीतोदकसंस्पर्शनाद्वा कन्दाः परिवृद्धिमासादयन्ति, तान्यर्शासीत्याचक्षते ॥ (सु० नि० २/४)

Haemorrhoids are an abnormal swelling or enlargement of the anal vascular cushions. Haemorrhoids occur when the blood vessels and veins around your anus and lower spectrum become swollen and irritated due to extra pressure on the veins. Haemorrhoids can either be

deep inside the rectum (internal) where you cannot see or feel them, or they may lie under the skin around your anus (external). You may get haemorrhoids if you are pregnant, strain during bowel movements, or have a family history of haemorrhoids. Haemorrhoids are an extremely common condition, affecting approximately 10 million persons per year. Haemorrhoids represent normal, submucosal, venous structures in the lower rectum and anal canal that may be internal or external depending on their relationship to the dentate line: internal haemorrhoids are located above the dentate line, and external haemorrhoids originate below the dentate line. Haemorrhoids are classified according to their size.

1st Degree - Remain in the rectum

2nd Degree - Prolapse through the anus on defecation but spontaneously reduce

3rd Degree - Prolapse through the anus on defecation but require digital reduction

4th Degree - Remain persistently prolapsed

The main risk factors for the development of haemorrhoids are excessive straining (from chronic constipation), increasing age, and raised intra-abdominal pressure (such as pregnancy, chronic cough, or ascites). Other less common risk factors include pelvic or abdominal masses, family history, cardiac failure, or portal hypertension. Nevertheless, sometime the blood vessels in a small haemorrhoid at the edge of the anal orifice can clot off ("thrombosis"). This may be triggered by a period of constipation or diarrhoea. When thrombosis occurs, the external haemorrhoid becomes swollen, hard, and painful, sometimes with bloody discharge. Experience the following symptoms, Bright red blood in your stool, Swelling or itching around the anus, Pain and irritation around the anus.

### Anal Fissure

तत्र गुदनाभिमेब्वस्तिशिरः सु सदाहं परिकर्तनमनिलसङ्गो (सु ० चि०३४/ १६)

An anal fissure, also called an anorectal fissure, is a linear split or tear in the lining ("anoderm") of the lower anal canal. Most anal fissures happen when a large, hard stool overstretching the anal opening and tears the delicate anoderm. Less often, anal fissures develop because of prolonged diarrhoea, inflammatory bowel disease or sexually transmitted diseases involving the anorectal area. It can be classified according to its duration.

Acute – present for <6 weeks, are usually superficial and shallow.

Chronic – present for >6 weeks, may extend deeper through the anoderm to expose the surface of underlying muscle.

Anal fissures can also be categorised by whether they are primary (no underlying disease) or secondary (underlying disease e.g inflammatory bowel disease). Anal fissures are usually caused by inflammation or trauma to the anal canal. The major risk factors include: Constipation, Dehydration, Inflammatory bowel disease, Chronic diarrhoea. The following symptoms are seen Bright red blood during a bowel movement, Severe sharp pain during and after a bowel movement, Visible cut or tear in the area. Most anal fissures can be cured without surgery with warm baths, medications, and sphincter relaxants, such as nitroglycerin ointments. Surgical therapies are performed only when other procedures do not heal the anal fissure.

**Pilonidal Sinus:** Pilonidal sinus disease is a disease of the inter-gluteal region, characterised by the formation of a sinus in the cleft of the buttocks. It most commonly affects males aged 16-30 years. It is a chronic skin infection that affects the top of the gluteal cleft near the coccyx (tailbone). The condition is caused by loose hair penetrating the skin, leading to inflammations and infections. It is more common in men than women. Symptoms include Pain, Redness, Drainage of abscess in the area.

**Rectal Prolapse:** A rectal prolapse is the protrusion of mucosal or full-thickness layer of rectal tissue out of the anus. It is primarily caused by the weakening of the muscles that support the rectum, resulting from constipation, giving birth, or defects in the pelvis. It is a relatively uncommon condition and mainly affecting older females. These are two main types of rectal prolapse

Partial thickness – the rectal mucosa protrudes out of the anus.

Full thickness – the rectal wall protrudes out the anus.

The symptoms of rectal prolapse include Mucus in your stool, Feeling a bulge from the anus while sneezing or coughing, Abdominal pain or discomfort, Blood from the rectum, Anal pain, bleeding or itching, Trouble controlling bowel movements

**Anorectal Abscesses:** Anorectal abscesses and fistulae are anorectal disorders that are thought to be a spectrum of the same disease. Perianal abscess is the initial manifestation of infection that may then be followed by a more chronic, suppurative process, leading to perianal fistula. An anal abscess is a swollen, painful collection of pus near the anus. Most anal abscesses are not related to other health problems and arise spontaneously, for reasons that are unclear. They originate in a tiny anal gland, which enlarges to create a site of

infection under the skin. In the United States, more than half of all anal abscesses occur in young adults between the ages of 20 and 40, and men are affected more often than women. Most anal abscesses are located near the opening of the anus but rarely can occur deeper or higher in the anal canal, closer to the lower colon or pelvic organs. The conversion of abscess to fistula occurs in approximately 40% to 50% of cases. A perianal abscess or rectal abscess is a tender red lump under the skin near the anus. It occurs when a cavity anus gets filled with pus. The symptoms include Constant pain, Rectal discharge or bleeding, Constipation, Fatigue, Fever, Swelling around anus, Chills.

### Anal Fistula

भगगुदबस्तिप्रदेशदारणाच्च 'भगन्दरा' इन्दुः च्यन्ते।।। (सु० नि०४/ ४)

An anal fistula, also called fistula-in-ano, is an abnormal passage that forms between the anal canal and the skin near the anus. The primary cause of anal fistula is an anal gland that develops a pus-filled infection (abscess). It can also occur with conditions such as Crohn's disease, radiation therapy for cancer, or an injury to the anal canal. Sometime the opening of the fistula at the skin surface constantly discharges pus or bloody fluid. In other cases, the opening of the fistula closes temporarily, causing the old anal abscess to flare up again as a painful pocket of pus. Experience the following symptoms of anal fistula, Fever and chills, Pain and swelling around the anus, Redness, soreness, or itching around the anal opening, Pus drainage near the anal opening.

**Faecal Incontinence:** Faecal Incontinence is a debilitating, embarrassing, and potentially devastating disorder. It is common and affects up to 24% of the general population.

**Proctalgia Fugax:** Proctalgia fugax is a functional gastrointestinal disorder characterized by severe and self-limiting anorectal pain. Attacks last from 5 seconds to 90 minutes, occur any time of the day, and sometimes wake patients from sleep.

**Pruritus Ani:** Pruritus ani affects between 1% and 5% of the population and has a male predominance. The condition is characterized by itching or burning in the perianal area. The causes of pruritus ani are numerous and include topical irritants such as soaps or laundry solutions; some foods such as coffee, chocolate, and citrus; certain sexually transmitted diseases; medications such as colchicine or neomycin; mechanical factors such as faecal soiling or haemorrhoids; infections; dermatologic disorders, including psoriasis or atopic dermatitis; systemic disorders; or malignancy.

**Anal Condyloma:** Anal condyloma or anal warts are growths on the skin around the rectal opening caused by the human papillomavirus (HPV). The symptoms of anal condyloma are rare but may include Pain or discomfort, Itching, Bleeding, Discharge from the anus, Lump in the anal area.

**Anal Cancer:** Cancer starts when abnormal cells mutate and grow out of control. These changed cells form a lump called a tumour. Anal cancer is a relatively rare cancer of the gastrointestinal tract. Anal cancers usually start in the cells that form the lining of the anus. It can spread to other layers of the anus and the sphincter muscles with time. The majority of anal cancers are squamous cell carcinomas, arising from below the dentate line. The remainder (~10%) are adenocarcinomas arise from the upper anal canal epithelium and the crypt glands. Rarer anal tumours include melanomas and anal skin cancers. The risk factors for developing anal cancer include HPV infection (accounts for 80-90% of cases, especially HPV-16 and HPV-18), HIV infection, increasing age, smoking, immunosuppression, or Crohn's disease. The symptoms of anal cancer include Pain or pressure around the anus, Leakage of fluid from the anus, Bleeding, A lump, swelling, or itching around the anus, Changes in bowel movements, Swollen lymph nodes in the anal area.

### **MULTIPLE TREATMENT APPROACHES**

Including adjustments in your lifestyle habits ,Adding a fiber supplement to diet, Applying topical ointments or creams, Avoiding sitting for long periods, BOTOX injections, Drinking more water, Increase fiber intake by eating more fruits and vegetables, Increasing level of physical activity, Taking over-the-counter medications, such as a stool softener, Taking sitz baths, especially after a bowel movement, In some cases, doctor may recommend colorectal surgery for anorectal disorders that are more pronounced, or that haven't responded to other treatments.

**Anal Fissure:** For an acute fissure, your doctor may recommend that you follow the suggestions for relieving constipation that are described in the Prevention section above. He or she also may tell you to apply a medicated ointment to the fissure, and to soak the anal area in warm water for 10 to 15 minutes several times a day ("sitz bath"). For chronic fissures, surgery can correct the problem in more than 90% of cases.

**Anal Abscess:** An anal abscess must be opened or lanced by a doctor to drain the pus. This procedure is called incision and drainage, or I&D. This usually can be done as an outpatient

procedure, especially if you are young and generally healthy, and your abscess is close to the anal opening.

**Anal Fistula:** Surgery to unroof the fistula track ("fistulotomy"), is the most effective therapy. Your doctor opens the infected canal and scrapes away any remnants of the old anal abscess. The wound is left open to heal from the bottom up. If the fistula is associated with Crohn's disease, treatment is directed toward the Crohn's disease with anti-inflammatory medications combined with an antibiotic.

**Thrombosed External Haemorrhoid:** Usually this will slowly disappear on its own. The process can be hastened by taking a fiber supplement to soften the stool, as well as by taking frequent warm water soaks ("sitz baths"). If the haemorrhoid is unusually painful, the doctor may carry a minor surgical procedure under local anaesthesia to remove the clotted haemorrhoid.

#### **TYPES OF ANORECTAL SURGERY**

Anorectal surgery encompasses procedures to treat disorders of the anus and rectum, including haemorrhoids, fissures, fistulas, abscesses, and anal stenosis, aiming to relieve symptoms and restore normal function.

**1. Haemorrhoidectomy, Stapler surgery for pile, Endoscopic Ablation for piles:** Surgical removal of hemorrhoidal tissue for severe or persistent haemorrhoids that do not respond to conservative treatments.

**2. Anal Fissure Surgery (Lateral Internal Sphincterotomy):** Cutting a portion of the anal sphincter to relieve spasms and promote healing of chronic fissures.

**3. Fistula Repair:** Closing abnormal connections between the anal canal and perianal skin to prevent ongoing infection and discharge.

**4. Anoplasty:** Reconstruction or repair of the anus, often for anal stenosis (narrowing) or congenital malformations.

**5. Abscess Drainage:** Incision and drainage of pus collections in the anorectal area to relieve pain and prevent infection.

Several advanced procedures or surgeries can be used to treat anorectal conditions like.

**MINIMALLY INVASIVE PROCEDURES** – Laparoscopic or robotic-assisted techniques for complex anorectal conditions, reducing recovery time and surgical trauma. Indications, Anorectal surgery is indicated for conditions that cause significant pain, bleeding, infection, or functional impairment, including, Chronic or severe haemorrhoids, Anal fissures resistant to medical therapy, Anal fistulas or abscesses, Anal stenosis or strictures, Congenital anorectal malformations, Tumors or polyps in the rectum or anus.

### **PRE-OPERATIVE**

evaluation may include anoscopy, colonoscopy, flexible sigmoidoscopy, biopsy, or imaging (ultrasound/MRI) to assess the anorectal anatomy and plan surgery.

### **POST-OPERATIVE CARE FOCUSES ON PAIN MANAGEMENT, WOUND CARE, AND BOWEL REGULATION**

Bowel movements should be soft and regular to avoid trauma to surgical sites; constipation or diarrhea can worsen pain and delay healing.

Sitz baths or warm tub baths for 10–15 minutes, several times a day, help reduce discomfort and promote healing.

Topical treatments and perianal pads can relieve pain and manage minor bleeding.

Dietary adjustments with fiber and hydration support regular bowel movements.

Activity should be gradually resumed, avoiding heavy lifting or straining until cleared by the surgeon.

### **RECOVERY AND OUTCOMES**

1. Recovery varies by procedure and patient factors but generally includes:
2. Mild to moderate pain for several days to weeks
3. Possible minor bleeding or discharge for 2–4 weeks
4. Gradual return to normal bowel function and daily activities
5. Follow-up visits to monitor healing and prevent complications

Anorectal surgery, when performed by experienced colorectal surgeons, can significantly improve quality of life by relieving pain, bleeding, and functional issues while minimizing complications through modern surgical techniques.

## **ANORECTAL SURGERY**

Anorectal refers to the medical conditions related to the anus and rectum. The anorectal conditions are primarily caused due to abnormal growth of the tissues in the anus and rectum region. While these conditions are little discussed and can be embarrassing, living with them can be extremely painful. Every year, anorectal conditions affect millions of people. The anus and rectum are vital parts to dispose of waste from the body. This is why anorectal conditions affect day-to-day activities like going to the bathroom. Surgeons perform anorectal surgery to treat these conditions by removing a portion of the anus, rectum, or part of the sigmoid colon.

## **BENEFITS OF ANORECTAL SURGERY**

The Benefits of Anorectal surgery helps one, Respite from pain due to Piles, Anal Fissure, Anal Fissure, Anal Fistula, Perianal Abscess problems, These help one get respite from anaemia (blood loss) like condition, which is frequent in Pile.

## **CONCLUSION**

Anorectal conditions can cause severe pain and discomfort in both men and women. However, your healthcare providers can help you get relief from these conditions by performing advanced anorectal surgeries. Consult your doctor when you experience the symptoms of the aforementioned conditions and discuss the treatment approaches for the same.

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