

## EFFECT OF JALAUKAVACHARAN IN PROLAPSED THROMBOSED HEMORRHOID- A CASE STUDY

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### ABSTRACT

Hemorrhoid is a very common Ano-rectal condition defined as the symptomatic enlargement and distal displacement of the normal Anal cushion. Hemorrhoid (Arsha) is an ailment that affects all the economic groups of population. The disease has its own complications like severe hemorrhage, inflammation and thrombosis which lead to severe pain disable to perform routine work. Prolapse hemorrhoid is an emergency condition. The condition become worse after thrombosis and strangulation of the pile mass. Urgent surgical intervention is required in all the cases. Venous return of strangulated hemorrhoid mass become very low and severe edema takes place along with serious painful condition. Hemorrhoidal mass is not able to reduce

further in Anal canal. Patient struck in serious, urgent surgical attention. Jalauka can be used as a successful tool in this situation by relieving venous pooling of blood and also by liquefying the clotted blood in hemorrhoidal mass. In present case study, a patient of grade 4 hemorrhoid was cured by Jalaukavacharan.

### INTRODUCTION

Ayurveda, the Indian system of medicine comprises of eight different specialities in which Shalyatantra, the surgical school of thoughts has got prime importance. Acharya Sushruta father of surgery has considered Arsha in Ashta mahagada. In Ayurveda.

- 1). It is a common disease of anal canal. Acharya Charak believes that vitiated doshas follow bahya and abhyantar rogamarga to produce Arsha.
- 2). Acharya Sushruta has described Arsha as rakta-mansa pradoshaj vyadhi common complaints. Complication of Arsha includes trishna, aruchi, shoola, raktastrava, shofa, atisara as per the Acharya Sushruta.
- 3). In Ayurveda, Kshar sutra ligation is a preferred surgical treatment in advance stage of Arsha. But in some situations, where surgery is not possible, due to patients complication, “Jalaukavacharan” is a good alternative treatment available. However Acharya Sushruta has contraindicated bloodletting in Arsha.
- 4). But in certain critical situation of hemorrhoids, it is advisable.
- 5). Acharya Charak has mention Jalauka karma in Raktaarsha(bleeding piles).
- 6). Acharya Vagbhata has also advised bloodletting in sanchit dushta rudhira(thrombosed), shoona(swelling), and kathin(hard) Arsha.
- 7). The present study is a case report of a grade 4<sup>th</sup> hemorrhoid patient, which was treated successfully with Jalaukavacharan.

Hirudin, calin and factor X<sub>a</sub> which are present in salive of leech act as anti-coagulant and prevent clot formation, bdellin B-3 act as anti-inflammatory agent there by maintaining normal circulation.

## AIM

The aim of case study was to find out the result of Jalaukavacharan in case of prolapsed and thrombosed hemorrhoid.

## CASE REPORT

A 41yr old male patient, OPD registration no. 4711/168 come to OPD of Shalya dept. 25/5/2021 in a very panic and emergency situation. He had the following complaints since 5 yrs on and off symptoms.

- Sever pain and burning sensation in Anal region.
- Two big mass out side the Anal verge.
- Bleeding per rectum
- Difficulty in passing stool
- Constipation

**Past History**

He had a past history of surgery of hemorrhoids at an Allopathic hospital taken injection sclerotherapy before 3yrs back.

He had no history of DM, HTN, CHD or Koch's.

**Examination**

Patient was examined in lithotomy position. He has bluish blackish mass coming out from his anal verge. After proper digital examination it was found that there was a large prolapsed, thrombosed pile mass at 3 & 11 o'clock. It was not reducible pile mass at site so, it was diagnosed as case of grade 4<sup>th</sup> hemorrhoid. The patient was admitted in male surgical ward Reg. no. IPD 168.

**Systemic Examination**

Patient was conscious, oriented and good general condition. His vitals were recorded normal. B.P.- 130/80 mm of Hg, P.R.- 82/min. Temp. - 99 F. Baseline data collection and laboratory investigation were done on 25/5/2021 before Jalaukavacharan.

**Blood Investigation**

**25/5/2021**

Hb - 9.8 g/dl	MCHC - 31.2g/dl
TLC - $8.8 \times 10^3/\mu\text{l}$	MCH - 23.9 Pg
RBC - $3.94 \times 10^6/\mu\text{l}$	Platelet count - 1.74 lakh
PCV - 30.1%	
MCV - 76.4fL	B.T.- 1Min.,50sec
N - 6.3 %	C.T. - 5Min, 10sec.
L - $0.8 \times 10^3/\mu\text{l}$	P-LCR - 31.3%
BSL -® - 90 mg/dl	ECG - normal
HbsAg - Non-reactive	HIV - Non-reactive
Chest X-ray PA view- Normal	

**METHODOLOGY**

Patient was admitted to Shalya IPD in male ward taking written consent of patient of patient.

**Procedure of Jalaukaavacharan**

As the patient was belonging to the emergency conditions assessed on the basis of signs and symptoms, respiration, pulse, blood pressure, apprehensive look, anxiety, etc. Hence it was not possible to put the patient, the known procedures of purvakarama for Jalauka application. Therefore patient was subjected to the application of Jalauka to the relief to the patient.

**Material Required**

- 1). Jalauka
- 2). Warm and cold water
- 3). Gloves
- 4). Gauze pieces
- 5). Cotton pads
- 6). Haridra churna
- 7). Bandages

**Purvakarama for jalauka**

To activate the Jalauka, they were put in a bowel containing a solution of haridra and water for 10-15min. later on Jalauka were cleaned by keeping them in another bowel, of pure, water for 5-7min.

**Position**

The patient was advised to lithotomy position for better exposure of anal region.

**Pradhan Karma**

Jalauka was applied over the most prominent part of the swelling at 11 & 3 o'clock. There after the Jalauka were covered with a gauze piece to keep it moist over the gauze piece, few drops of water were poured on and often. As soon as the Jalauka showed the signs of elevated head and pumping action of the anterior sucker region, the times was noted, when the Jalauka got detached at their own.

**Procedure during application**

Due care was taken, so that the Jalauka do not enter the anal canal.

With the onset of symtomatologies like burning, itching, pricking pain. The Jalauka were removed by sprinkling haridra powder.

**Paschat karma**

Some after the Jalauka got detached, the site of application was cleaned and after that sprinkling of haridra churna was done followed by a 'T' bandage. Patient were kept under observation in IPD. Reduction in the size of the pile mass, local swelling bleeding and other signs were recorded.

Jalaukavacharan 3 setting done on alternate days. First setting on.

1<sup>st</sup> setting on 27/6/2021

2<sup>nd</sup> setting on 29/6/2021

3<sup>rd</sup> setting on 31/6/2021

After that patient was observed for 10 days.

**Oral medication**

Tab. Arsh kuthar ras 2 tablet BD.

Gandharvahrutaki churna 10gm HS with koshana jala at night.

**Local Application**

Hot sitz bath with Triphala curna kwath BD

Matra basti of Jatayadi taila 5ml at night.

**Observation**

Symptoms were taken into consideration under grading symptoms according to their severity

No symptoms – 0

Mild – 1

Moderate – 2

Severe – 3

**Observation Table**

Symptoms	Before treatment	1 <sup>st</sup> setting	2 <sup>nd</sup> setting	3 <sup>rd</sup> setting
Pain	3	3	2	0
Tenderness	3	2	1	0
Burning Sensation	3	2	1	0
Bleeding	3	2	1	0
Mass Prolapsed	3	3	2	1
Constipation	3	2	1	0

## RESULT

- As the Jalaukavcharana was started patient got relieved of pain and tenderness discomfortness level was also reduced.
- After 2<sup>nd</sup> setting size of prolapsed hemorrhoid was also reduced.
- After 3<sup>rd</sup> setting he was completely relieved and satisfied with the treatment only painless tag like structure is left in anal verge.
- He was discharged after giving proper diet instruction.
- Patient follow up after 7 days in OPD on examination observed that hemorrhoid mass was shrink in size.
- No bleeding or pain or tenderness was observed during per-rectum examination.

## DISCUSSION AND CONCLUSION

Severe tenderness and bluish-black discolouration are the characteristics features of thrombosed pile mass. Bdelein present in the saliva of Jalauka act as anti-inflammatory agent there by reducing inflammation, maintains normal circulation and recovering discoloration. Anesthetic gel present in saliva of Jalauka reduces pain and tenderness giving symptomatic relief. Due to qualities of Jalauka anti-coagulant, vasodilator, thrombolytic, anti-inflammatory and anaesthetizing substances. Jalauka has been proved as a medical device. Though their sucking effect, Jalauka stimulate circulation of cells at risk of necrosis and maintain oxygenation of the tissue. They accelerate the hematoma congestion process. They ensure drainage and by partially or totally replacing venous return, they can be used in venous disorders. They benefit of Jalauka is that they are particularly attracted to deoxygenated blood.

In this case study it was observed that Jalaukaavcharan was found to be very effective in thrombosed hemorrhoids. Patient completely relieved after 7 days. Hence Jalaukavacharan can be an alternative treatment in the management of thrombosed hemorrhoids in which surgery is advised and patient is not willing for same.

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