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CHIVATE'S PROCEDURE IN THE MANAGEMENT OF HAEMORRHOIDS: A REVIEW

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ABSTRACT

Haemorrhoids (Arsha) are one of the most common anorectal disorders encountered in clinical practice. They are characterized by the dilatation and inflammation of the haemorrhoidal venous plexus, leading to symptoms such as bleeding per rectum, prolapse, pain, and discomfort during defecation. Conventional surgical procedures like haemorrhoidectomy are effective but are often associated with postoperative pain, bleeding, and longer recovery periods. Chivate's procedure is a minimally invasive technique developed as an alternative approach for the management of haemorrhoids. This procedure involves lifting, repositiong, and anchoring prolapsed anal cushions to the rectal muscles using double-interlocked, circumferntial stitches above the dentate line using a specially designed instrument, leading to gradual shrinkage and fibrosis of the haemorrhoidal mass without extensive tissue excision. The technique is simple, cost-effective, and can be performed with minimal complications. It reduces operative time, postoperative pain, and hospital stay while providing satisfactory clinical outcomes. Chivate's procedure has gained importance in proctology due to its effectiveness in controlling bleeding and prolapse in selected grades of haemorrhoids. This review highlights the concept, procedure, advantages, and clinical significance of Chivate's technique in the management of haemorrhoids.

KEYWORDS: Haemorrhoids, Arsha, Chivate's Procedure, Ligation Technique, Anorectal Disorders, Minimally Invasive Surgery.

INTRODUCTION

Haemorrhoids are one of the most common anorectal disorders affecting a significant proportion of the adult population worldwide. They are characterized by the dilatation and inflammation of the haemorrhoidal venous plexus, leading to symptoms such as bleeding per rectum, prolapse, pain, and discomfort during defecation. Factors such as chronic constipation, prolonged straining during defecation, sedentary lifestyle, pregnancy, and low-fiber diet are considered important etiological contributors to the development of haemorrhoids.[1]

In Ayurveda, haemorrhoids are described under the term Arsha, which is considered one of the *Ashta Mahagada* (eight major diseases) due to its chronicity, recurrence, and difficulty in management. Classical Ayurvedic texts describe that vitiation of *Tridosha*, especially *Vata* along with *Pitta* and *Kapha*, leads to impairment of *Agni* and vitiation of *Rakta*, resulting in the formation of Arsha in the anal region.[2] The clinical manifestations of Arsha described in Ayurveda closely resemble the symptoms of haemorrhoids described in modern medicine.

Management of haemorrhoids includes both conservative and surgical approaches depending on the grade and severity of the disease. Modern surgical procedures such as haemorrhoidectomy, rubber band ligation, and sclerotherapy are commonly used; however, these techniques may be associated with postoperative pain, bleeding, and longer recovery periods.[3] Therefore, minimally invasive procedures that are effective and associated with fewer complications are gaining importance in proctology.

Chivate's procedure is one such innovative technique developed for the management of haemorrhoids. It involves lifting, repositiong, and anchoring prolapsed anal cushions to the rectal muscles using double-interlocked, circumferntial stitches above the dentate line using a specially designed instrument, leading to gradual shrinkage and fibrosis of the haemorrhoidal mass without extensive tissue excision. The procedure is relatively simple, cost-effective, and associated with minimal postoperative complications, making it a useful alternative in selected cases of haemorrhoids.[4]

Understanding the principles and clinical utility of Chivate's procedure is important for improving patient outcomes and providing effective management of haemorrhoids with minimal morbidity. Therefore, the present review aims to highlight the significance and clinical application of Chivate's procedure in the management of haemorrhoids.

AIM

To review and highlight the clinical significance, procedure, and therapeutic effectiveness of Chivate's procedure in the management of haemorrhoids.

METHODOLOGY

This study is based on a literary review of classical Ayurvedic texts, modern surgical textbooks, and previously published research articles related to haemorrhoids and Chivate's procedure. Relevant information was collected, analyzed, and compiled to understand the concept, procedure, indications, advantages, and clinical outcomes of Chivate's technique in the management of haemorrhoids.

Review of Literature

1. Concept of Haemorrhoids (Arsha)

Haemorrhoids are dilated vascular structures present in the anal canal which help in maintaining continence. When these vascular cushions become enlarged, inflamed, or prolapsed, they produce symptoms such as bleeding, pain, prolapse, and irritation. In modern medicine, haemorrhoids are broadly classified into **internal and external haemorrhoids** depending on their location in relation to the dentate line.

Internal haemorrhoids originate above the dentate line and are covered by columnar epithelium, while external haemorrhoids occur below the dentate line and are covered by squamous epithelium. Internal haemorrhoids are further classified into four grades based on the degree of prolapse.

- **Grade I:** Bleeding without prolapse
- **Grade II:** Prolapse during defecation but reduces spontaneously
- **Grade III:** Prolapse requiring manual reduction
- **Grade IV:** Irreducible prolapse

Common etiological factors include chronic constipation, straining during defecation, pregnancy, prolonged sitting, portal hypertension, and low dietary fiber intake. These factors increase venous pressure in the haemorrhoidal plexus leading to vascular congestion and enlargement.

2. Concept of Arsha in Ayurveda

In Ayurveda, haemorrhoids are described as **Arsha**. The word *Arsha* is derived from the root *"Hru"* meaning to kill or torment, indicating that the disease troubles the patient like an enemy. Arsha is considered one of the **Ashta Mahagada** because of its chronic nature and difficulty in treatment.

According to Ayurvedic classics, Arsha develops due to **vitiation of Tridosha (Vata, Pitta, Kapha)** along with **Rakta Dushti** and **Mandagni**. Improper dietary habits such as excessive intake of dry, spicy, heavy, and incompatible foods, along with irregular lifestyle and suppression of natural urges, contribute to dosha imbalance. These vitiated doshas localize in the anal region and produce fleshy projections in the rectal canal.

3. Nidana (Etiological Factors)

Ayurvedic texts describe several causes responsible for the development of Arsha:

- Excessive intake of **ruksha, guru, and abhishyandi foods**
- Irregular food habits and indigestion
- Chronic constipation
- Suppression of natural urges
- Prolonged sitting or standing
- Excessive physical exertion
- Genetic predisposition

These factors disturb the digestive fire (*Agni*) and lead to vitiation of doshas which ultimately produce pathological changes in the anorectal region.

4. Samprapti (Pathogenesis)

The pathogenesis of Arsha involves the following sequence:

1. **Nidana Sevana** leads to impairment of **Jatharagni**.
2. This causes vitiation of **Vata, Pitta, and Kapha Dosha**.
3. Vitiated doshas affect **Rakta and Mamsa Dhatu** in the **Gudapradesha**.
4. Due to obstruction in the anal vessels and impaired circulation, fleshy masses develop in the anal canal.
5. These masses gradually enlarge and produce symptoms such as bleeding, pain, itching, and prolapse.

Thus, Arsha is considered a **Tridoshaja disorder with predominance of Vata**.

5. Lakshana (Clinical Features)

The common signs and symptoms of haemorrhoids include.

- **Raktasrava (bleeding per rectum)**
- **Gudapradesha vedana (pain in anal region)**
- **Prolapse of haemorrhoidal mass**
- **Itching and irritation around anus**

- **Mucus discharge**
- **Constipation and discomfort during defecation**

In some cases, complications such as thrombosis, strangulation, and ulceration may occur.

6. Bheda (Types of Arsha)

According to Ayurveda, Arsha is classified into several types based on doshic predominance:

1. **Vataja Arsha** – Severe pain, dryness, and blackish piles
2. **Pittaja Arsha** – Burning sensation and bleeding
3. **Kaphaja Arsha** – Large, pale, and slimy piles
4. **Raktaja Arsha** – Profuse bleeding
5. **Sannipataja Arsha** – Involvement of all three doshas
6. **Sahaja Arsha** – Congenital piles

7. Management of Haemorrhoids

Management of haemorrhoids includes both **conservative and surgical approaches**.

Conservative Management

- High fiber diet
- Adequate hydration
- Laxatives and stool softeners
- Sitz bath
- Topical medications

Surgical and Para-surgical Procedures

- Haemorrhoidectomy
- Rubber band ligation
- Sclerotherapy
- Infrared coagulation
- Stapled haemorrhoidopexy

However, many surgical procedures may cause postoperative pain, bleeding, and longer recovery periods.

8. Chivate's Procedure

Chivate's procedure is a minimally invasive technique developed by **Dr. V. R. Chivate** for the management of haemorrhoids. It is a modification of traditional ligation techniques designed to reduce postoperative complications and improve patient comfort.

Principle

The basic principle of Chivate's procedure is **Dearterilization & Ligation of Haemorrhoidal pedicle.** Chivate's procedure is blocking the blood supply to haemorrhoidal plexus at two distinct levels .(2cm & 4cm proximal to dentate line).As a result, the pile mass undergoes **ischemia, shrinkage, and fibrosis**, eventually resolving without extensive tissue excision.

Procedure Steps

1. The patient is placed in **lithotomy position** under local or spinal anesthesia.
2. The anal canal is exposed using a **proctoscope**.
3. The haemorrhoidal mass is identified.
4. A specially designed **Chivate's needle** (vicryl 2.0 27mm 5/8 circle) is used to pass a suture through the base of the haemorrhoidal pedicle.
5. Specialized proctoscope to apply two circumferential suture lines (usually 2cm and 4cm above the dentate line) to ligate blood vessels and fix the prolapsed mucosa without cutting tissue.
6. The ligated pile mass gradually shrinks and sloughs off within a few days.

9. Indications

Chivate's procedure is mainly indicated in.

- **Second-degree haemorrhoids**
- **Third-degree haemorrhoids**
- Bleeding piles
- Patients unsuitable for major surgery

10. Advantages of Chivate's Procedure

- Minimally invasive technique
- Simple and easy to perform
- Less operative time
- Minimal postoperative pain
- Reduced bleeding
- Short hospital stay
- Cost-effective
- Early recovery and return to daily activities

11. Limitations

- Not suitable for advanced **Grade IV haemorrhoids**
- Requires proper surgical expertise
- Recurrence may occur if ligation is inadequate

12. Clinical Significance

Chivate's procedure has gained importance in proctology due to its effectiveness in controlling bleeding and prolapse with minimal complications. It provides a safe alternative to conventional haemorrhoidectomy, especially in patients who require a **less invasive treatment option with faster recovery**.

DISCUSSION

Haemorrhoids are among the most common anorectal disorders encountered in surgical practice and are characterized by dilatation and distal displacement of the haemorrhoidal venous plexus. The condition commonly presents with symptoms such as bleeding per rectum, prolapse, pain, itching, and discomfort during defecation. Various treatment modalities have been developed for the management of haemorrhoids depending on the severity and grade of the disease. Conservative management is useful in early stages, while surgical procedures are generally required in advanced cases.[5]

Traditional surgical methods such as haemorrhoidectomy are effective but often associated with complications like postoperative pain, bleeding, urinary retention, and longer recovery time. Due to these limitations, several minimally invasive techniques have been introduced in

proctology to reduce operative trauma and improve patient comfort. Among these techniques, ligation-based procedures have gained importance because they effectively reduce blood supply to the haemorrhoidal tissue, leading to shrinkage of the pile mass.[6]

Chivate's procedure is one such innovative and minimally invasive technique developed for the treatment of haemorrhoids. The procedure involves lifting, repositiong, and anchoring prolapsed anal cushions to the rectal muscles using double-interlocked, circumferntial stitches above the dentate line using a specially designed needle or instrument. By ligating the vascular pedicle, the blood supply to the haemorrhoidal mass is interrupted, resulting in ischemia and gradual fibrosis of the tissue. This ultimately leads to reduction in size and resolution of symptoms such as bleeding and prolapse.[8]

The main advantage of Chivate's procedure lies in its simplicity and effectiveness. Unlike conventional haemorrhoidectomy, the technique does not involve extensive tissue excision, thereby minimizing trauma to the surrounding tissues. As a result, postoperative pain and complications are significantly reduced. In addition, the procedure requires minimal instrumentation and can be completed within a short duration, making it suitable for routine clinical practice.[7]

Another important benefit of this technique is its applicability in second- and third-degree haemorrhoids. In these stages, the haemorrhoidal mass is sufficiently developed to allow proper ligation of the pedicle, which effectively controls bleeding and reduces prolapse. By targeting the vascular supply, the procedure addresses the underlying pathophysiology of haemorrhoids, which involves vascular congestion and enlargement of anal cushions.[9]

Furthermore, the reduced postoperative morbidity and shorter hospital stay associated with Chivate's procedure contribute to faster recovery and early return to daily activities for patients. These advantages make the procedure particularly beneficial in resource-limited settings where cost-effective and simple surgical techniques are preferred.[10]

Therefore, Chivate's procedure represents a safe, simple, and effective minimally invasive technique for the management of haemorrhoids. It provides satisfactory clinical outcomes with fewer complications when compared to conventional surgical methods, making it a valuable option in the treatment of selected cases of haemorrhoids.

CONCLUSION

Chivate's procedure is a simple, safe, and minimally invasive technique for the management of haemorrhoids. The procedure works on the principle of dearterilization & ligation of the haemorrhoidal pedicle, which reduces the blood supply to the pile mass leading to its gradual shrinkage and fibrosis. Compared to conventional haemorrhoidectomy, it is associated with less postoperative pain, minimal complications, shorter operative time, and faster recovery. Therefore, Chivate's procedure can be considered an effective and cost-efficient treatment option, particularly in second- and third-degree haemorrhoids.

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