



ROLE OF MOOL BANDHA (ROOT LOCK) IN THE MANAGEMENT OF NON BLEEDING HAEMORRHOIDS W.S.R. TO ARSHA – A CONCEPTUAL STUDY

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ABSTRACT

Haemorrhoids are most common anorectal disorder. The peak prevalence occurs between 45 and 65 years of age. Haemorrhoids are presented clinically by a prolapsed lump which may require manual reduction or is constantly prolapsed. Other clinical manifestations include painless bleeding, discomfort, discharge, hygiene problems, soiling, and pruritus. On the basis of clinical features disease under consideration can be correlated with *Arsha* mentioned in ancient classics of Ayurveda. *Acharya Sushruta* has mentioned four modalities of treatment for *Arsha*- *Bheshaja Chikitsa* (palliative treatment), *Kshara Karma* (Chemical Cauterisation), *Agnikarma* (Cauterisation by heat), *Shashtra Karma* (Excision by operative procedure). In modern medicine, few conservative measures such as anti-inflammatory, analgesic, laxatives and local application ointments are advised. Patient not responding to conservative treatments are subjected to appropriate operative procedures. With most accepted sliding anal canal lining theory as centre of thought a conceptual study is planned with *Mool Bandha* (root lock) procedure in the management of non bleeding haemorrhoids. The procedure enhances strength and tonicity of pelvic and perineal musculature thus leading to prevention of prolapse of haemorrhoids. This is non invasive, non-medicinal measurement with no financial cost. So a clinical study can be planned.

KEY WORDS: *Arsha*, Haemorrhoids, *Mool Bandha*, Root lock.

INTRODUCTION

Haemorrhoids are most common anorectal disorder with prevalence rate of 4.4% up to 36.4% of general population.^[1] The peak prevalence occurs between 45 and 65 years of age.^[2] Haemorrhoids also called as piles are dilated anal cushions. Haemorrhoids are presented clinically by a prolapsed lump which may require manual reduction or is constantly prolapsed. Other clinical manifestations include painless bleeding, discomfort, discharge, hygiene problems, soiling, and pruritus.^[3,4,5] On the basis of clinical features disease under consideration can be correlated with *Arsha* mentioned in ancient classics of Ayurveda. In Ayurveda, *Acharya Susruta* mentions this disease under the heading of *Mahagadas*.^[6] The meaning of word *Arsha* as per *Sanskrita* means one which troubles like enemy.

CAUSATIVE FACTORS

➤ **As per Ayurveda:**^[7]

- Dietary factors

Incompatible diet, excessive or less intake, irregular intake and lacks of fibre etc. lead to constipation.

- Habits

Excessive sexual indulgence, suppression of natural urges causes vitiation of *Vata*.

Prolong sitting or standing, improper sitting, horse riding, local touching with hard and rough objects etc. increases pressure on anal canal.

➤ **As per Contemporary Science:**^[8]

- ❖ Primary causes
 - The common reason for haemorrhoids to develop is because of chronic constipation, passing hard stools, and straining at the toilet due to repeated pressure in the rectal or anal veins.
 - Over purgation, diarrhoea, colitis, dysentery, IBS, enteritis, straining due to heavy work, chronic cough.
 - Hereditary.
- ❖ Secondary causes
 - Pregnancy
 - Abdominal tumours
 - Carcinoma of rectum
 - Portal hypertension

CLASSIFICATION

➤ **According to location**^[9]

- ◆ Internal haemorrhoids - located above the dentate line and covered by columnar epithelium.
- ◆ External haemorrhoids- located below the dentate line and covered with squamous epithelium.

- ◆ Mixed haemorrhoids are known as “interno-external” haemorrhoids and are located both above and below the dentate line.

➤ According to degree of prolapse^[10]

Internal haemorrhoids are further graded according to Goligher’s classification which depends on the degree of prolapse into:

- ◆ **Grade I haemorrhoids:** Anal cushions bleed without prolapsed.
- ◆ **Grade II haemorrhoids:** Anal cushions prolapse on straining but reduce spontaneously.
- ◆ **Grade III haemorrhoids:** Anal cushions prolapse on straining or exertion and require manual reduction
- ◆ **Grade IV haemorrhoids:** The prolapse is irreducible and remains out all the time.

TREATMENT

➤ *Acharya Sushruta* has mentioned four modalities of treatment for *Arsha*.^[11]

- ◆ *Bheshaja Chikitsa* (Palliative treatment)
- ◆ *Kshara Karma* (Chemical Cauterization)
- ◆ *Agni Karma* (Cauterization by heat)
- ◆ *Shashtra Karma* (Excision by operative procedure)

➤ In Contemporary science

- ◆ Conservative measures such as anti-inflammatory, analgesic, laxatives and local application ointments are advised.
- ◆ Patient not responding to conservative treatments are subjected to appropriate operative procedures like sclerotherapy, rubber band ligation or haemorrhoidectomy.^[12]

NON-MEDICINAL APPROACH

In cases of non bleeding haemorrhoids where prolapse of mass per anum is chief complaint patient can be advised to perform *Mool Bandha*. The Sanskrit word *Moola* means “root, source, basis, lowest part or bottom, foundation.” *Bandha* means “lock, restrain, shut or close.” *Mool Bandha* (root lock) is a most important part of the *Hatha Yoga* tradition.

➤ Procedure of *Mool Bandha*.^[13]

- ◆ Ask the patient to seat in *Padmasana* (Lotus pose).
- ◆ Hands should be placed on knees.
- ◆ Ask the patient to close eyes and relax.
- ◆ Then advise to focus on breathing along with focus on genital -anal openings.
- ◆ Next step is to inhale deeply and hold the breath as much as possible with contraction of pelvic floor muscles and urogenital area.
- ◆ Patient is advise not to overstrain.
- ◆ Then exhale slowly while relaxing pelvic floor muscles.
- ◆ This is one cycle of procedure.
- ◆ Repeat this procedure 10-15 times for 10 minutes twice a day.

Along with this non medicinal measures such as consumption of fibre rich diet, consumption of lukewarm water can be advised which helps in regulation of bowel routines.

DISCUSSION

Probable mode of action of *Moola Bandha*

- ◆ Action of *Moola Bandha* is multifactorial.
- ◆ It regularises intestinal peristalsis and relieves constipation which is one of the common cause of haemorrhoids.
- ◆ It stimulates autonomic nervous leading to pelvic floor muscle stimulation thus increasing strength and tonicity of pelvic as well as perineal musculature.
- ◆ The sliding anal canal lining theory, which is the most accepted theory, stated that haemorrhoidal disease develops upon disintegration of the supporting tissues of anal cushions leading to their downward displacement.^[14] Strengthening of pelvic and perineal musculature by *Mool Bandha* leads to improvement in holding capacity of supportive tissues and hence preventing prolapse of haemorrhoids.

CONCLUSION

This is non invasive, non-medicinal measurement with no financial cost. So a clinical study can be planned in patient suffering from non bleeding haemorrhoids.

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