



## POST OPERATIVE PAIN MANAGEMENT IN ANORECTAL SURGERIES THROUGH PANCHAKARMA- A CONCEPTUAL REVIEW

<sup>1</sup>Basavaraj G. Saraganachari and <sup>2\*</sup>Prathibha M.

<sup>1</sup>Professor and Head of Department, Department of Panchakrama, SDM Institute of Ayurveda and Hospital Bangalore.

<sup>2</sup>Assistant Professor Department of Panchakarma, SDM Institute of Ayurveda and Hospital Bangalore.

**\*Corresponding Author: Prathibha M.**

Professor and Head of Department, Department of Panchakrama, SDM Institute of Ayurveda and Hospital Bangalore.

Article Received on 10/11/2020

Article Revised on 30/11/2020

Article Accepted on 20/12/2020

### ABSTRACT

Panchakarma is the super speciality branch of the ayurveda, sometimes even ayurveda is depicted with Panchakarma. These therapies are used to treat wide range of diseases. There are numbers of diseases manifested in the Ano-Rectal region. But generally common people do not have any knowledge of diseases other than piles. The most of the Ano- Rectal diseases are presents complaints like Bleeding per Rectum, Pain during defecation, Discharge, Itching etc. But on the basis of signs and symptoms, clinical examination differentiated all Ano-Rectal diseases. Ayurveda gives promising results in treatment of Ano rectal disorders like, haemorrhoids, fissure in ano, fistula, etc through surgery, Kshara surtra, Ksharapratishara, agnikarma etc. These surgical and para surgical procedure intervention leads to severe post operative pain sometimes which is intolerable. Main cause for pain is due to vitiated vata. Here an attempt has been made to study the effect of panchakarma in vitiated vata in patients of anorectal surgeries by means of framing an ayurvedic protocol for post operative pain main management

**KEYWORDS:** Panchakarma, Fisiure-in-ano, Kshara sutra, Defecation.

### INTRODUCTION

Anorectal diseases like Haemorrhoids, Fissure in Ano, Fistula in Ano are commonly found due to unwholesome diet and life style of may be due to continuous sitting in erect posture. These disorders are increasing progressively day by day in the society and their prevalence is much higher in society than in clinical practice. Sometimes people may not disclose due to shyness or since it is related to intimate area. This leads to complication even before they approach for treatment.

Primary anorectal disorders that may cause perianal irritation include haemorrhoids, fissure, chronic anorectal sepsis proctitis or proctocolitis, skin tag, anal warts, rectal prolapsed, benign and malignant tumours. The cardinal symptoms being pain during defecation sometimes bleeding during defecation and constipation. Sushruta had also mentioned *Arivat Pranam shrinothi* the disease which troubles like enemy is called arsha.<sup>[1]</sup> Pain is the cardinal symptom which ruins the patient. Both the pre and post operative pain management is the task for surgeons to ease the life of patient. Classically Sushruta and other acharyas mention the treatment protocols as Shatra, Kshara Jalouka and Agnikarma.<sup>[2]</sup> In all these cases there will be involment of invasive procedure, which leads to increase of pain, which is the result of vata dusti.

The procedures snehana, swedana, anulomana, sramsana, basti (Sneha basti) jaloukacharchana are having their own advantages in wound healing and also pain management. These procedures help in muscle relaxation, epithelialisation of tissues and improving the fresh blood circulation which in turn helps wound healing. Acharya Charaka has given basic line of treatment in 14th Adhaya of CharAkasambrita as, Abhyanga, Swedan, Dhuma, Avagaha, Lepa, Raktamokshana, Deepan, Pachana, Anulo- mana, Sarpi, Basti, Takra, etc., drugs.<sup>[3]</sup>

As conventional method, we as practitioners follow certain protocols of using antibiotics, analgesics, antacids, supplementary vitamins, etc Pain has adverse clinical implications on post-operative recovery, including prolonging the time to recovery and length of hospital stay. Moreover, the use of opioids in postoperative analgesic regimens results in adverse effects. The main principle of Ayurvedic treatment is to achieved sphincter relaxation and wound healing. Adopting the above mentioned panchakarma treatment protocol can reduce the hospital stay also.

The purpose of this paper is to address the various ayurvedic *panchakarma* techniques to the effective use as multimodal analgesic regimens to optimize postoperative pain control and to summarize the evidence for their use in reducing opioid requirements and side effects. The

procedures can be used for post operative pain management are Avagaha sweda, Matra Basti, Anulomana and sramsana, Use of ointments in the form of lepa, Jaloukacharana.

### TAILA MATRABASTI

Table no. 1

<b>Information of procedure</b>	Drugs are administered into the rectum of the patient. Sensation of Pain is attributed to vitiated Vata Dosha and in order to correct vata dosha dusti Basti is the chief treatment of choice as origin of Vata Dosha is from Pakwashaya and hence, described Ardchikitsa (as treatment of choice for numerous diseases) in Charaka Samhita
<b>Probable mode of action</b>	Open nerve endings causes pain, enema will help by protecting the healthy tissue thus helping in epithelialisation
<b>Ayurveda perspective</b>	Vaat guna – shita , ruksha Taila matrabiasti with jatyadi taila ensures oleation locally, eases defecation process; medicines will have anti inflammatory effect.
<b>Examples</b>	Jatyadi taila , Yasti madhu taila

### TAILA PICHU

Table no. 2

<b>Information of procedure</b>	Application of cotton gauze soaked in oil placed per rectally
<b>Probable mode of action</b>	Open nerve endings causes pain, enema will help by protecting the healthy tissue thus helping in epithelialization Prevents friction of the mucous layer
<b>Ayurveda perspective</b>	Vaat guna – shita , ruksha. This process helps in decreasing the rooksha guna at the site of lesion. Taila pichu dharana ensures oleation locally eases defecation process, medicines will have anti inflammatory effect, since the exposure of the site of lesion to medicine will be more, healing process.
<b>Examples</b>	Jatyadi taila pichu, Yasti madhu taila pichu, Tripahala, Ghritha pichu.

### SRAMSANA, ANULOMANA

Table no 3.

<b>Information of procedure</b>	Laxatives, purgatives, or aperients are substances that are used to treat and prevent constipation. This prevents the mucosal layer injury due to hard stools
<b>Probable mode of action</b>	That loosens stools and increase bowel movements. Avoids constipation.
<b>Ayurveda perspective</b>	Eases defecation process thereby reducing the friction of hard stool on the recently operated surface
<b>Examples</b>	Gandharva hastadi taila with warm water, triphala Choorna with warm water, Manibhadra guda

### JALOUKACHARANA

Table no. 4.

<b>Information of procedure</b>	Application of leech, Also known as bloodletting technique
<b>Probable mode of action</b>	leeches immediately release hyaluronidase and collagenase enzymes to facilitate tissue penetration and spread of their bioactive molecules. These enzymes also support antimicrobial action. This promotes healing process.
<b>Ayurveda perspective</b>	Analgesic and anti-inflammatory effect Increasing blood flow.

### STHANIKA LEPA

Table No. 5.

<b>Information of procedure</b>	Application of medicament on the affected area in the form of paste, ointment for medicinal and treatment purposes.
<b>Probable mode of action</b>	Any local application of medicament makes the healing process faster. Because the contact of wound with medicines are more. This soothes the local area, regeneration of newer tissue becomes faster.
<b>Ayurveda perspective</b>	Vaat is having properties such as shita, ruksha, tikshna. Application of any ointment, lepa with sneha dravya does the snehana karma, and the approach is through Virudhupkrama chikitsa for the vatadosha
<b>Examples</b>	Jatyadi ghritha, Malatyadhi taila, Plilex ointment Etc.

**DISCUSSION**

Anorectal diseases like Piles, fissure, fistula are common in human being due to his erect posture as well as habitat. Sushruta had also mentioned Arsha (Piles) as Arivat Pranana Shrunoti. i.e. harmful like an enemy. So these are the conditions to be treated with much care in order to cure the patient. So there are various treatment modalities described by Ayurveda as well as modern science. But while treating various conditions in these diseases one should consider a particular modality in particular situation. Considering anorectal diseases mainly three-four conditions are elaborated in Samhitas like Arsha, Parikartika and Bhagandar. While in modern science also same pathologies are describe at anorectal region like - Piles - re-sembling Arsha, Fissure in Ano-resembling Parikartika and Fistula in Ano resembling Bhagandar. All these are different entities and require different modalities for treatment. But lack of this awareness miss concepts, patients go for wrong treatment and face many complications.

Sushruta has mentioned four types of treatments in Arsha (Piles) Bhesajya (Oral Medicines) Kshara (Alkali). Agni (Heat-Cauterization, Shashtra (Operative).<sup>[4]</sup> The normal physiology according to Ayurveda depends on the normal habitualness of Vata dosha. Any interruption to the normal circadian of vata leads to the abnormality in anatomy and physiology also. In any shastrakarma there will interruption to the anatomical structures and their functions. Pain is one of the important clinical presentations of disturbed vata. The procedure of snehana, does pain modulation. It is generally seen that the Pain gate can be shut by stimulating nerves responsible carrying the touch signal which enables the pain relief.<sup>[5]</sup>

As the definition of the swedana says it acts as Stambhaghna (Relieves stiffness and contractions), Sheetaghna (Alleviates coldness), Gauravaghna (Relieves heaviness).<sup>[6]</sup> Whenever there is surgical intervention in Ano rectal disorders, there will be contraction of sphincter muscles, and the suturing and rectal muscles. This injury to soft tissue makes the stiffness, contractions etc. The Avagaha swedana in the form of sitz bath may produce hypno-analgesic effect by diverted stimuli. This also has the effect of blocking pain gate there by reducing the post operative pain. The Kshayas used for Avagaha sweda hasten the epithelialisation and wound healing action. This swedana also does the relaxation of sphincter muscles.

Anulomana and sramsana increases the colonic motility, and increases the peristalsis. These medicines bring the softness to stools, there by easing the defecation. This helps in smooth evacuation of bowel there by alleviates the post operative pain of defecation.

Basti is considered as ardhachikitsa, because it is the choice of treatment in treating deranged vata. The basti is administered is the Snehabasti or MAtra basti, this helps

in controlling the vata. Vata being features with ruksha guna, khara guna, sneha dravya being featured with opposite qualities of vata, helps the dusta vata to attain its normal habitualness. The properties of drug and its route of administration affect the bioavailability of drug and so the drug acts. The rectal and intestinal mucosa is highest absorption rate. When the medicines is induced in the form of basti, gets absorbed very fast and has local soothing action also. this also increase the epithelialisation of tissues and increases healing process.

**CONCLUSION**

Post operative pain management is very important task in anorectal surgeries. The procedures of panchakarma are targeted towards controlling vitiated vata there by reducing post operative pain. As conventional method, as practitioners follow certain protocols of using antibiotics, analgesics, antacids, supplementary vitamins, etc Pain has adverse clinical implications on post-operative recovery, including prolonging the time to recovery and length of hospital stay. Moreover, the use of opioids in postoperative analgesic regimens results in adverse effects. The main principle of Ayurvedic treatment is to achieved sphincter relaxation and wound healing. Adopting the above mentioned panchakarma treatment protocol can reduce the hospital stay also.

**REFERENCES**

1. Dr. Ganesh Krushna Gadre; Sarth Vagbhat; Marathi Translataion of Ashtang Hrudaya; Nidansthan Arshasm Nidan Adhyaya 7/1; Reprint; Chaukhamba Surbharati Publication; Varanasi, 2009.
2. Maharshi Sushrut's Sushruta Samhita Part 1, Edited with Ayurveda Tatwa Sandipika, Chikitsasthan, Arshasmchikitsitam Adhyaya, 6/3, Edited by Ambikadatta Shastri, Edition- Reprint, Published by Chaukhamba Sanskrit Sansthan, Varanasi, 2007; 35-36.
3. Agnivesha's Charak Samhita; Revised by Charak and Drudhabala with Ayurved Dipika Comentry of Chakrapanidatta; Edited by Dr. Ghanashyam Pandey; Siddhisthan 14/250-255; Reprint; Acharya Priyavrata Sharma, Part II; Chaukhamba Sanskrit Sansthan, 2006; 375.
4. Dr. Ganesh Krushna Gadre; Sarth Vagbhata; Marathi Translataion of Ashtang Hrudaya; Nidansthan Arshasm Nidan Adhyay 7/1; Reprint; Chaukhamba Surbharati Publication; Varanasi, 2009.
5. Anup jain, Text book of Panchakarma, Jaypee brothers medical Publishers, Second edition, 66.
6. Yadabji trikamji acharya, Agnivesha, Cahkrapani data, Caharaka samhitha, Sutrasthana, Cahukamaba publications, 89.