JALOUKAVACHARAN IN THE MANAGEMENT OF THROMBOSED HAEROMRHOIDS – A CASE STUDY

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ABSTRACT

Haemorrhoids, also known as Arsha, are classified as Mahagadas because they greatly disrupt the body's regular processes or activities, much like an adversary. It is a Gudagata mamsa vikara that has happened in three ano-rectal vallys. Internal and external haemorrhoids are the two types of haemorrhoids. A thrombosed hemorrhoid is a type of external haemorrhoid in which a clot in one or more of the tiny veins in the anal region causes a painful swelling in the anal tissues. Thrombosed hemorrhoid is a life-threatening disorder caused by excessive venous pressure, which is accompanied by acute anal pain and edema. It's possible that it'll get worse after the pile mass has been strangulated. In such circumstances, immediate surgical intervention is essential. The venous return of a strangulated pile mass is severely reduced as a result of strangling, resulting in acute edema and a painful condition. Because of the underlying clot, the enlarged tissues can have a distinctive bluish appearance. The use of leeches on thrombosed haemorrhoids is reported to be particularly helpful because it relieves venous pooling of blood in the area by dissolving the clot. A case study was conducted to assess the efficacy, in which a 46-year-old male patient with severe discomfort and swelling...
in the anal region was clinically diagnosed as having thrombosed hemorrhoid. The Jalaukavacharan application was used to treat this patient. Pain, edema, and tenderness in the anal region were examined for prognosis. The therapy's overall effect has provided great relief from the signs and symptoms. And, thanks to its antibacterial, mucolytic, and thrombolytic properties, Jalaukavacharan therapy was found to be safe and beneficial in the treatment of thrombosed hemorrhoid in this observational case study.

KEYWORDS: Thrombolytic property, Leech therapy, Jalaukavacharana, thrombosed hemorrhoid.

INTRODUCTION
According to Ayurveda, Arsha (haemorrhoids) is characterised as Maanski (External haemorrhoids), which obstructs anal opening and causes extreme agony during faeces. In the Ashtamahagada, Acharya Sushruta, renowned as the "Father of Surgery," considered Arsha (haemorrhoids). The occurrence of haemorrhoid is widespread among people of all economic strata. Though the condition is manageable, it comes with its own set of problems, such as bleeding, strangling, and thrombosis.\(^1,2\) As a result, it must be managed in the early stages. In this excruciating situation, Acharya Sushruta recommended Jalauka-vacharan (Rakta-mokshana) as the treatment of choice.\(^3-5\) This application gives the patient with local analgesic, thrombolytic, and anti-inflammatory effect, as well as significant symptomatic relief.

Types of Leeches
Leeches are divided into poisonous and nonpoisonous varieties in Ayurvedic scriptures based on their toxicity. Swelling and itching in the bitten area, as well as fainting, fever, burning sensations, vomiting, drunkenness, and myalgia, can all result from the usage of poisonous leeches.\(^6\) The use of non-poisonous leeches during bloodletting generates no consequences. Bloodletting is routinely done with Hirudinaria medicinalis. These leeches have six longitudinal stripes and are black in colour. Their bodies are 2 to 3 inches long, convex, and wrinkled transversely\(^7\), with tapering ends. There are 12 different types of leeches, each with its own Sanskrit name.\(^8-11\)

Non-poisonous Leech (Nirvisha Jalauka), Hirudo medicinalis
A) Kapila Jalauka - The flanks are dark brown with a slightly reddish tone; the back is oily with a somewhat green colour.
B) Pingalla Jalauka – Reddish brown with a round body and a rapid movement.

C) Sankumukhi Jalauka- Brown tint, fast sucking blood, large and pointed mouth

D) Mushika jalouka- Recembles the shape of mice, brown color, unpleasant odor

E) Pundarik mukhi jalouka- Greenish color with broad mouth.

F) Savrika jalouka - It has a reddish pink tint, a longer body than others, and is oily in nature, making it ideal for treating cattle.

**Poisonous Leech (Savisha Jalauka), Hirudo detrimental**

1. Krishna Jalauka: Black in color, large headed
2. Karbura Jalauka: Grey in color, resembles a fish, abdomen segmented and bulging.
3. Algarda Jalauka: Hairy with large flanks
4. Indrayudha Jalauka: Stripes on the back
5. Samudraka Jalauka: Blackish yellow, flowery patterns on the body.
6. Gocandana Jalauka: The lower body is separated into two sections and has a small mouth.

**Rearing of Leeches**

The greatest time to harvest leeches is during the autumn or rainy season. They should be kept in fresh water in a large jar and fed algae and dried aquatic animal meat powdered. Straw and aquatic plants help to establish a suitable environment for them in these jars. Every three days, the water should be changed and the food residue cleansed. Once a week, transferring the leeches to another jar appears to be useful.

**Indication for leech therapy**

1. Haemorrhoids
2. Ulcers
3. Skin Disease – like, dermatitis ,psoriasis, alopecia
4. Gout
5. Diseases of throat
6. Diseeses of eye
7. Infected cysts

**AIMS AND OBJECTIVES**

To study the effect of Jalaukavacharan in the management of thrombosed piles.
CASE STUDY
A male subject of 46yrs old, a farmer by occupation of Amravati came to our hospital of our Shalyatantra Department(OPD No.1084) complaining of severe pain, swelling over anal region, constipation, difficulty in defecation and hard stool with bleeding per rectum from 2 days at anal region. The personal history of patient revealed mixed diet, normal sleep pattern, addiction of alcohol since 10year, bowel habit was irregular with constipation.

The patient was hemodynamically stable having pulse- 82/min, RR 22/min, BP- 130/70mm Hg. On local examination swelling was observed over anal verge. There was bluish coloured bulge with mild raised local temperature with no bleeding Hence clinically diagnosed for Thrombosed Hemorrhoids.

GENERAL EXAMINATION
No h/o any major illness.

O/E
TEMP – 98° F; Pulse – 82/min; BP–130/80 mmHg; RR - 22/min
CVS – S1S2+
RS – AEBE
CNS-Conscious, well oriented,
Height: 5.6 feet, Built – Lean Weight – 55

Investigations
Hb-11.9gm%; TLC-9,300/cmm; PLT-2,80,000/cmm; RBS – 98mg/dl
ESR-17 mm/hr; S.Urea-15mg/dl; Sr.creatinin-0.8mg/dl, BT – 3min; CT – 5min;
HBsAg – Negative; HIV – Non Reactive;
Na+ - 134.3 mEq/L; K+ - 4.1 mEq/L; S.Chloride - 101.2 mEq.
Urine Examination-
Protein- +, Pus cells- 3-5/hpf Epithelial cells- 6-8/hpf, RBC’s-Nil

MATERIAL AND METHODS
Material
1. Two small plastic jars, kidney tray, one big glass bowl and turmeric powder.
2. Sterile gauze, swab, gloves, normal saline with dressing material.

Jalaukavacharan (leech therapy- 3 sittings given at interval of 5 days) locally.
Jalauka were collected in the earthen pot containing water. Water was changed at the frequent interval of 3 days.

The Jalaukavacharan therapy procedure was divided in 3 steps.

**A) Purvakarma:- (Pre-operative procedure)**

In this procedure, leeches were filtered using a turmeric powder and regular water mixture. Then it's maintained in fresh water until it's time to use it.

**B) Pradhan karma:- (Operative procedure)**

Anal verge was washed with tapwater after the patient was positioned in lithotomy position. For 40 minutes, jalauka was administered to the anal region above the swelling.

**C) Paschat karma:- (Post-operative)**

The leeches either slip off the site naturally after 400 minutes of blood sucking or can be eliminated by spraying turmeric powder into its mouth. The bleeding spot was then covered with a pressure bandage containing turmeric powder. The blood was then extracted from the leech by squeezing it slowly and gently from the tail to the mouth.

**OBSERVATIONS AND RESULT**

The observations and outcomes are listed below. Pain eventually decreased from severe to mild, sensitivity dropped from moderate to mild, and swelling diminished. As a result, after the second application of the leech, the patient had complete relief from pain and soreness. Similarly, the size of a thrombosed haemorrhoid was reduced on local examination. On day 6, the patient returned for a follow-up appointment (after the second leech application) and it was noted that the swelling had decreased on its own and that the pain had decreased as well, so the wound was gently dressed. On the 11th day, the patient returned, and the same treatment regimen was followed because there was slight swelling over the anal margin. After the third sitting of leech therapy, the patient was completely relieved, and finally, a gentle pressure was applied with the index finger along with a local application of lignocaine jelly to reduce the remaining swelling, and the swelling completely subside, so only palliative medicine was recommended for a smooth act of defecation.
Table: Showing the relief after Jalauka Application.

<table>
<thead>
<tr>
<th>Day</th>
<th>Pain</th>
<th>Swelling</th>
<th>Tenderness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Day 1 (1&lt;sup&gt;st&lt;/sup&gt; setting)</td>
<td>++</td>
<td>+++</td>
<td>+++</td>
</tr>
<tr>
<td>Day 6 (2&lt;sup&gt;nd&lt;/sup&gt; setting)</td>
<td>+</td>
<td>++</td>
<td>+</td>
</tr>
<tr>
<td>Day 11 (3&lt;sup&gt;rd&lt;/sup&gt; setting)</td>
<td>Nil</td>
<td>+</td>
<td>Nil</td>
</tr>
<tr>
<td>Follow up on Day 16&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Nil</td>
<td>Nil</td>
<td>Nil</td>
</tr>
</tbody>
</table>

Fig. 1 – day 1

Fig. 2 - 1<sup>st</sup> setting of Jaloukavacaharan

Fig. 3 – after 30 mins

Fig. 4 - Pressure bandage after C&D

Fig. 5 – After 5 days

Fig. 6 - 2<sup>nd</sup> setting of Jaloukvacharan
Pathya

Laghu and Deepniya ahara should be given to the patient after Raktamokshana. Snigdha and Shonitavardhaka ahara were advised by Acharya Vagbhata. The patient is then instructed to take sitz baths twice day and to take Haritaki choorna 10 gms with hot water before going to bed.

Apathya

Vyayama, Maithuna, Raag, Diwaswapa, Kshar Amla, Lavana, and Katu ahara sevan should be avoided by the patient.

DISCUSSION

Bloodletting in the condition of thrombosed hemorrhoid was described by Acharya Dalhana and Acharya Vagbhatt. Due to leech application at clotted blood that can be dissolved by hirudin, leeches were chosen for the purpose of bloodletting in this investigation. Pain was eased within 5 days of leech administration, and edoema, discolouration, and soreness were
reduced in the patient after 15 days of leech therapy. In all of the criteria, the leech application was determined to be extremely important. In a thrombosed external hemorrhoid, a hemorrhoidal vessel is engorged with acute swelling, allowing blood to pool and clot, resulting in a bluish-purplish colouring and extreme pain. In Ayurveda, leech application is one sort of Raktamokshana (bloodletting). Hirudin, which is found in the saliva of medicinal leeches, inhibits blood clotting. Active substances found in the saliva glands of medicinal leeches can restore blood circulation in the nidus of inflammation, remove ischemia of organs, and provide capillary tissue exchange, as well as transport chemical drugs into the nidus of inflammation. It probably increases edema reduction, disintegration of organised blood clots, and cosmetic impact due to the action of hirudin and hyaluronidase. The use of leeches also stimulates the development of local immunity. The analgesic impact of the leech component is supported by the effectiveness of the leech application in relieving pain. The application of a leech to thrombosed piles has thrombolytic properties. Leech application also reduces mucous discharge; this effect is attributable to the antibacterial and mucolytic characteristics of the leech.

CONCLUSION
This specific treatment of Jalaukavacharan (locally) provides great alleviation in the management of thrombosed haemorrhoids such as discomfort, soreness, and swelling in the Anal area, according to the findings. Because this treatment has no negative effects, we can conclude that Jalauka (Hirudina medicinalis) bloodletting provides complete cure from thrombosed haemorrhoids. It has antibacterial, mucolytic, and thrombolytic effects, among other things.

REFERENCES
5. Dr. Ambika Data Shastri, Sushruta chikitsa sthan, 46.


