JALAUKAVACHARANA (HIRUDO MEDICINALIS) IN THE MANAGEMENT OF SHOPHA YUKTA BAHYA ARSHAS (EXTERNAL THROMBODE HAEMORRHHOIDS) - A CASE STUDY

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ABSTRACT
Arshas or haemorrhoids is included under the category of Mahagadas as it significantly disturbs the normal activities of the body like an enemy, affects all economical groups of population. A thrombosed haemorrhoids is a variety of external haemorrhoid in which there is a painful swelling in the anal tissues caused by a clot in one or more of the small veins in the anal skin. It becomes worse after strangulation of the pile mass. Venous return of strangulated pile mass decreases and severe oedema takes place along with severe pain. Acharya Sushruta had advocated to carryout Raktamokshana in shopha chikitsa (inflammatory swelling), so here Shopha Yukta Shushkarshas is taken for Jalauckavacharana. Jalauckavacharana is known to be effective in thrombosed haemorrhoids as it relieves venous pooling of blood in that area by dissolving the clotted blood (thrombolytic action) which contributes in re-establishment of circulation. In present case study, a patient aged 30 years of external thrombosed haemorrhoids was successfully treated with Jalauckavacharana with no recurrence or any complication.

KEYWORDS: Arshas, haemorrhoids, Jalauckavacharana, thrombosed piles.

INTRODUCTION
Haemorrhoids (Arshas) is considered as Mahagada in Ayurveda. It is a one of the most common disease of anal canal. Acharya Charaka believes that vitiated doshas follow banya and abhyantara rogamarga to produce Arshas. Sushruta has described Arshas as Rakta-Mamsa pradoshaj Vyadhi.

Bleeding and mass coming out per-anum are common complaints of haemorrhoids. In Ayurveda, Kshara Karma and kshar sutra ligation is a preferred surgical treatment in advanced stage of Arshas. But in some condition, parasurgical procedure Raktamokshana in Shopha Yukta Bahya Arshas is a good alternative treatment available.

It has been explained that, in prolapsed (Nirgatani) and thrombosed (Doshapurnani) piles; Raktamokshana is the choice of treatment, which relieves pain and swelling.

Acharya Charak has mentioned Jalauckavacharana in Raktarshas (Bleeding pile mass). Vagbhata has also advised bloodletting in sanchit dushta rudhira (Thrombosed), shotha (swelling) and kathin (hard) Arshas (pile mass). Surgery is immediately contraindicated if the haemorrhoids are associated with secondary complications like thrombosis.

In this case of thrombosed haemorrhoids, Jalauckavacharana followed by Awagahana sweda for 3 days (3 sitting consecutive days) was done. In this case, Jalauckavacharana shows effective resolution of the pile mass.

CASE REPORT
A 30 years male patient came with complaints of:
- Severe pain and burning sensation at anal verge
- Mass per rectum
- Difficulty in passing stools from 5 days at Shalya Tantra OPD.

History of present Illness
Patient was apparently healthy 5 days back, then suddenly developed with pain and burning sensation at the anal verge and gradually developed mass at the anal verge. He consulted nearby allopathic physician & was given medication for the same. But patient did not got relief from the medication. Later he came to our hospital for further management.
Past History
No history of Hypertension, Diabetes Mellitus, Bronchial Asthma or any surgical intervention.

Family History
No relevant family history found.

Personal History
Appetite – Good
Urine – 4 to 5 times per day
Stool – Constipated bowel once in 2 days
Sleep – Disturbed due to pain

Drug History
No drug history found.

General Examination
GC - Fair, afebrile
P.R – 72/min
B.P – 130/90 mmHg
No pallor, No icterus, No cyanosis.
CVS – S1 s2 heard, no murmur present
R.S – Chest clear, B/L air entry adequate.
CNS – Conscious & oriented.
P/A – Soft, no organomegaly, bowel sounds present, no tenderness

Per Rectal Examination
On Inspection
a) Perianal area:- Dry
b) Perianal skin:-
   - External thrombosed haemorrhoids present at 3,7 & 11’o clock position.
   - Oedema in perianal skin- Present.
   - No pus discharge seen.
   - No external opening seen.

Palpation
Moderate to severe tenderness present on palpation of all three mass

Digital Rectal Examination
- Sphincter Tone – Hypertonic
- No any thickening of wall of anal canal
- Rectal mucosa – smooth, regular & mobile.
- No scybalous stools

Examination of Prostate
- Consistency – Rubbery,
- Medial sulcus – felt, not obliterated
- Rectal mucosa – sliding over the gland

Proctoscopy: Not done due to severe pain.

Blood Investigations
- Hb: 13 gm/dl
- TLC: 7,600/cumm
- RBC count : 3.33 millions/cmm
- PCV: 39%
- MCV : 80FL
- MCHC : 32.5 gm/dl
- MCH : 25.8 picogram
- Platelet Count : 2 Lakh/cmm
- Bleeding Time 01 min 30 sec
- Clotting Time 04 min 10 sec
- Blood Sugar Random : 102 mg/dl
- Hepatitis B Surface Antigen (HbsAg) Non-Reactive
- HIV 1 (Antibodies) Non-Reactive
- HIV 2 (Antibodies) Non-Reactive

Treatment Executed
After proper investigation, leech therapy was planned as a first line treatment in this case.

On first day after taking written consent of patient, he was kept in lithotomy position. Two leeches were applied at anal verge on each side of prolapsed mass.

Consecutive second sitting of leech application was done on next day and third sitting on 3rd day. Patient was discharged after 3 days with complete recovery.

Leech application
1. Purva Karma: The application site was cleaned and dried.
2. Pradhana Karma: Leech was made to catch on the place of pile mass.
3. Paschat Karma: The part was cleaned with cold water followed by application of haridra with dressing.

OBSERVATIONS AND RESULTS

<table>
<thead>
<tr>
<th>Variables</th>
<th>Before Treatment</th>
<th>After 1st sitting</th>
<th>After 2nd sitting</th>
<th>After 3rd sitting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pain</td>
<td>VAS 6</td>
<td>VAS 3</td>
<td>VAS 0</td>
<td>VAS 0</td>
</tr>
<tr>
<td>Burning sensation</td>
<td>+++</td>
<td>+++</td>
<td>+</td>
<td>-</td>
</tr>
<tr>
<td>Condition of pile mass</td>
<td>Severe oedematous and engorged</td>
<td>Mild reduction in oedema</td>
<td>Marked reduction on oedema</td>
<td>&gt;90% reduction in oedema</td>
</tr>
<tr>
<td>Difficulty in defecation</td>
<td>+++</td>
<td>++</td>
<td>-</td>
<td>-</td>
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</tbody>
</table>
As soon as the leech application was started, patient got relieved of pain. His agony and discomfort level was also reduced. After 2nd sitting, size of prolapsed haemorrhoids was also reduced. After 3rd sitting, he was completely relieved of the pain and burning sensation. Difficulty in defecation was also resolved at the end of 3rd sitting. So, he was discharged after giving proper diet instructions.

**DISCUSSION**

Thrombosed external haemorrhoids imply a thrombosis of blood in the veins of external or subcutaneous haemorrhoidal plexus. 

*Raktamokshana* (Blood letting) is an unique procedure mentioned in Ayurveda which especially addresses the abnormality of *rakta dhatu*.[8]

In thrombosed haemorrhoids, *Jalaukavacharana* shows thrombolytic action which contributes in re-establishment of circulation and finally resolution of pain and swelling.

In this case application of leeches results in the reduction of inflammation & pain due to anti inflammatory substances present in its saliva like hyaluronidase,

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*Figure 1: Day of Admission*  
*Figure 2: 1st sitting of Jalaukavacharana*  
*Figure 3: 2nd sitting*  
*Figure 4: 3rd sitting*  
*Figure 5: On the day of discharge*  
*Figure 6: Follow up after 3 days*
hirudin. So there was significant reduction in size of swelling. [9]

CONCLUSION

Hence, Jalaukavacharana (Hirudo medicinalis) can be a promising alternative in the management of thrombosed haemorrhoids without surgical intervention.

REFERENCES

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