



## Case Study

ROLE OF *JALOUKAVACHARAN* IN THROMBOSED HEMORRHOIDS- A CASE STUDYSingh Sarika<sup>1\*</sup>, Kedar Nita M<sup>2</sup>, Raut Subhash Y<sup>3</sup>, Lakhapati Arun M<sup>4</sup>

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## ABSTRACT

Today's fast and developing age blessed us with many improved life aids. But along with this today's lifestyle given us many ailments. Hemorrhoids are one of them which affect all economical groups of population. Hemorrhoids are dilatation of rectal veins. Thrombosed Hemorrhoid is a very painful and extremely uncomfortable condition. This condition worsen when strangulation develops that cut-offs blood supply. Typically a clot of blood making it very painful.

According to *Ayurveda Arsha* (hemorrhoids) is defined as *Maanski (External hemorrhoids)* that obstructs anal opening causing severe pain during defecation like an enemy. *Aacharya Sushruta* mentioned *Jaloukavacharan* as treatment of choice in this painful condition. In the presented case we applied *Jalouka* on thrombosed hemorrhoids. This application provides local analgesic, thrombolytic and anti-inflammatory action along with significant symptomatic improvement to the patient.

**KEYWORDS:** Hemorrhoids, *Arsha*, Thrombosis, *Raktamokshan*, *Jaloukavacharan*.

## INTRODUCTION

According to *Ayurveda*, *Arsha* is a *Maharoga* (major disorder)<sup>[1]</sup> described as *Dirghanubandhi* (chronic) and *Dushchikitsya* (difficult to treat) in nature along with *Tridoshik* (vat-pitta-kapha) and *Marmashri* (vital weak spots) (*Guda* and *Bhaga*) conditions. Out of which *Guda* is a *Sadyapranahar marma*<sup>[2]</sup> so *Shashtrakarma* should be avoid. Thrombosed hemorrhoids are clot forming engorgement of blood vessels at anal orifice. This condition worsen and strangulation develops which cut-offs blood supply, typically a clot of blood making it usually very painful and extremely uncomfortable resulting in thrombosed hemorrhoids. Surgically excision is the treatment of choice in this condition. It is having complications like portal hypotension, excessive bleeding per rectum, strangulation, gangrene and fibrosis etc. if remains untreated for long time. When patient is not willing for surgery, and if it is contra-indicated then we used *Jaloukavacharan* as line of treatment<sup>[3]</sup> and patient got relief from signs and symptoms of thrombosed hemorrhoids.

Hirudin, Calin and Factor X<sub>a</sub> which are present enzymes in saliva of leech act as anti-coagulant and prevent clot formation, Bdelin acts as anti-inflammatory agent thereby maintaining normal circulation<sup>[4]</sup>.

As patients are afraid of surgery, they were not willing for operative procedure, having complications like HTN, DM, carcinoma, immune-compromised, etc. we can use above treatment.

So we preferred *Jaloukavacharan* in this case study.

## CASE REPORT

A 60yrs old male presented with severe pain during and after defecation since 1 month along with complaint of mass at anal region and per rectal bleeding. He gave history of constipation intermittently since 12yrs. On examination there was tenderness and bluish discolored hemorrhoids seen at 3, 7 and 11 O'clock position with severe sphincter spasm. The diagnosis was confirmed as thrombosed hemorrhoids. *Jaloukavacharan* was decided as a choice of treatment.

## SETTING FOR THE STUDY

The selected patient diagnosed as thrombosed hemorrhoids from O.P.D. of *Shalyatantra* Department of Government Ayurveda College Hospital, Nagpur was admitted to I.P.D. on 17/12/2012 with OPD/IPD No. 9294/5028 Base line data collection and laboratory investigations were done before and after *Jaloukavacharana* and during follow up.

## PLAN OF STUDY

Prior to the commencement of the therapy in the selected patient, general information of both the patient and the disease were made as below:

- a) A complete history of the disease along with complaints was recorded as per the specially prepared proforma for the ano-rectal disorders.
- b) General systemic and local examinations were carried out.  
The findings of the local examination were studied under the following headings.

### 1. Inspection

- i. Condition of the perianal skin including colour.
- ii. Number of externally thrombosed piles along with clockwise position.
- iii. Other associated lesions like fissure, fistula, and piles.

### 2. Palpation

It includes tenderness, indurations, swelling etc.

### c) Laboratory investigations

Blood investigations – bio-chemical and pathological

Bleeding time and clotting time.

Stool and urine pathological examination - microscopic and routine.

## PROCEDURE OF JALOUKAVACHARANA

As the patient was belonging to the emergency conditions assessed on the basis of signs and symptoms, respiration, pulse, blood pressure, apprehensive look, anxiety etc. Hence, it was not possible to put the patient, the known procedures of *Purvakarma* for leech application. Therefore patient was subjected to the application of leech to the relief to the patient.

## Materials required

Leeches

Warm and cold water

Bowls 3 – 4 in number

Gloves

Gauze pieces

Cotton pads

*Haridra* (turmeric) powder

Bandages

## PURVAKARMA FOR LEECH

To activate the leeches, they were put in a bowl containing a solution of *Haridra* (turmeric) and water for a period of 10 - 15 minutes; later on leeches were cleaned by keeping them in another bowl of pure water for 5 to 10 minutes.

## POSITION

The patient was advised to lie down in lateral (left or right) position depending on the convenience of the patient, as well as, severity of symptoms.

## PRADHNA KARMA

The posterior sucker of the leech was held in one hand and anterior sucker was placed at the site of application, where the leech was expected to be fixed. Thereafter, the posterior sucker was released from the hand and attaches to the surrounding perianal region. It was applied over the most prominent part of the swelling. Thereafter, the leeches were covered with a gauze piece to keep it moist over the gauze piece; few drops of water were poured on and often. As soon as the leeches showed the signs of elevated head and pumping action of the anterior sucker region, the time was noted, when the leeches got detached at their own or otherwise, the time was once again noted.

## PRECAUTIONS DURING APPLICATION

- Due care was taken, so that the leeches do not enter the anal canal.
- With the onset of symptomatology like burning, itching, pain etc. The leeches were removed by sprinkling *Haridra* (turmeric) powder.

## PASHCHAT KARMA

Some after the leeches got detached; the site of application was cleaned with *Triphala Kwatha* (freshly prepared). Thereafter sprinkling of *Haridra* (turmeric) powder was done, followed by a "T" bandage. Patients were kept under observation in IPD. Reduction in the size of the pile mass, local swelling bleeding (persistent) and other signs were recorded.

Further, blood pressure, pulse, temperature, respiration and general condition of the patient was observed and thereafter the patient was instructed to have *Triphala Kwatha* – Sitz bath every 12 hourly. *Jaloukavacharan* was done daily for 5 days (17/12/13 to 21/12/13) on IPD basis without any internal medicine. Patient was observed for 10 days (Fig 1,2,3,4).

#### DISCUSSION AND CONCLUSION

Severe tenderness and bluish-black discoloration are the characteristic features of thrombosed pile mass. Bdelein present in the saliva of leech acts as anti-inflammatory agent thereby reducing inflammation, maintains normal circulation and recovering discoloration. Anesthetic gel present in saliva of leech reduces pain and tenderness and giving symptomatic relief.

In this case study it was observed that *Jaloukavacharan* was found to be very effective in thrombosed hemorrhoids. Patient completely relived after 10 days without any internal

medication. Hence *Jaloukavacharan* can be an alternative treatment in the management of thrombosed hemorrhoids in which surgery is advised and patient is not willing for same.

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**STUDY PHOTOGRAPHS**



**Figure 1: Before Jaloukavacharanon 17/12/2013**



**Figure 2: During Third sitting on 19/12/2013**



**Figure 3: After 4<sup>th</sup> sitting on 20/12/2013**



**Figure 4: After 5<sup>th</sup> sitting on 21/12/2013**