Haemorrhoid and its Management

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Abstract: Hemorrhoids are a condition where the anal cushion becomes prolapsed, potentially leading to rectal or anal canal pain and bleeding. It is noted as the fourth most common gastrointestinal diagnosis among outpatients. Modern medicine offers a range of treatment options, including dietary and lifestyle modifications, sclerotherapy, banding, and LASER ablation in the early stages. For more advanced cases, surgical procedures like hemorrhoidectomy and MIPH are employed, with varying prognoses. In Ayurveda, hemorrhoids can be correlated with the condition known as Gud-Arsha. Ayurvedic literature outlines a fourfold approach to treating Arsha: Bheshaj (medicinal therapy), Kshar karma (application of herbal caustic paste), Agnikarma (therapeutic cauterization), and Shastra karma (surgical intervention).

Keywords: Haemorrhoid, Bheshaj Chikitsa, Kshar Sutra, Kshar Karma, Laser Ablation; Hemorrhoidectomy etc.

INTRODUCTION

Arsha (piles) is one of the most prevalent conditions affecting the ano-rectal area, classified among the Asthamahagada (eight major diseases). It has been recognized for thousands of years and has the highest prevalence among all anorectal disorders. Key factors contributing to this condition include improper dietary habits, lifestyle choices, anatomical abnormalities, and genetic predispositions. It is estimated that nearly half of the population will experience at least one episode of hemorrhoids in their lifetime. Arsha (hemorrhoids) is characterized by the swelling of the hemorrhoidal venous plexus and an abnormally positioned enlarged anal cushion, often presenting with inflamed or prolapsed piles, rectal bleeding, and some discharge from the anus. In contemporary medical practice, several procedures exist for treating hemorrhoids, with hemorrhoidectomy being the most frequently chosen by surgeons. However, there is a significant risk of recurrence after the procedure. In Ayurveda, the treatment of Arsha includes various methods such as Bheshaj, Kshar Karma, Agnikarma, Shastra Karma (Chedana), and Kshar sutra, depending on the chronicity and specific characteristics of the condition.

Causes:
The exact causes of symptomatic hemorrhoids are not fully understood, but several factors are believed to play a significant role, including:

1. Extended periods of sitting
2. Advancing age
3. Genetic factors, such as the absence of valves in the hemorrhoidal veins
4. Irregular bowel patterns (either constipation or diarrhea)
5. Increased pressure in the abdominal area (resulting from prolonged straining, abdominal masses, or pregnancy)
6. Sedentary lifestyle
7. Dietary issues (particularly a low-fiber intake)
8. Congenital: Genetic defects present at birth.
9. Anatomical: Lack of firm support for the gastrointestinal tract in the pelvic floor.
10. Sedentary Lifestyle: Leads to engorgement of blood vessels due to prolonged inactivity.
11. Alcohol Consumption,Constipation,Enlargement of Prostate,Asthma / Weight Lifting,Distinct Factors in Females,Pregnancy,Labor Phase,Uterine Fibroids

Classification of Arsha (Piles)
Acharyas have proposed various classifications for Arsha based on different criteria:

1. Based on Prognosis:
   - Sadhya (Curable): Conditions that can be effectively treated.
   - Yapya (Palliative): Conditions that require management but are not fully curable.
   - Asadhya (Incurable): Conditions that cannot be cured.

2. Based on Dosha Predominance:
   - Vataj: Piles primarily influenced by Vata dosha.
   - Pittaj: Piles mainly related to Pitta dosha.
   - Kaphaj: Piles predominantly caused by Kapha dosha.
   - Raktaj: Piles arising from the vitiation of blood.
   - Sannipataj: Piles resulting from a combination of all three doshas.
   - Sahaj: Congenital or hereditary piles.
3. Based on the Nature of Bleeding:
   - Ardra (Sravi): Bleeding piles caused by the vitiation of Rakta and Pitta doshas.
   - Shushka: Non-bleeding piles due to the vitiation of Vata and Kapha doshas.
4. Based on Origin:
   - Sahaja: Piles that are congenital or present from birth.
   - Janmottarakalaja: Piles that develop later in life.
5. On the basis of Position

Internal Hemorrhoids:-

- Internal hemorrhoids develop within the rectum and are essentially varicosities of veins associated with the branches of the superior rectal arteries. Because this area lacks pain receptors, internal hemorrhoids typically do not cause discomfort, and many individuals may be unaware of their presence. However, they can bleed when irritated, often due to factors like constipation.

External Hemorrhoids:-

- External hemorrhoids occur outside the anal verge, which is the distal end of the anal canal. These are varicosities of the veins draining the area served by the inferior rectal arteries, branches of the pudendal artery. External hemorrhoids can be painful and may be accompanied by swelling and irritation. They are also susceptible to thrombosis; if a vein ruptures or a blood clot forms, the hemorrhoid can become a thrombosed hemorrhoid.

6. On the basis of symptoms:-

 Grade I: There is no prolapse; only prominent blood vessels are observed.

 Grade II: Prolapse occurs during straining (bearing down) but returns to its original position spontaneously.

 Grade III: Prolapse occurs with straining and requires manual intervention to return to its original position.

 Grade IV: The hemorrhoid is prolapsed and cannot be manually reduced.

Pathophysiology of Hemorrhoidal Disease:-

The exact mechanisms behind the development of hemorrhoids remain unclear. For many years, the theory that linked hemorrhoids to varicose veins in the anal canal was widely accepted; however, this view has since been revised. Research has established that hemorrhoids and anorectal varices are distinct conditions. Currently, the prevailing theory is that of the sliding anal canal lining, which suggests that hemorrhoids arise when the supportive tissues of the anal cushions deteriorate or break down. Consequently, hemorrhoids are characterized as the abnormal downward displacement of these anal cushions, leading to venous dilation.

There are typically three main anal cushions located in the right anterior, right posterior, and left lateral sections of the anal canal, along with several minor cushions in between. In individuals suffering from hemorrhoids, these anal cushions exhibit significant pathological alterations. These alterations include abnormal venous dilation, vascular thrombosis, degeneration of collagen fibers and fibroelastic tissues, and distortion or rupture of the anal subepithelial muscle. Furthermore, histological examinations of hemorrhoidal specimens reveal a marked inflammatory response affecting the vascular walls and surrounding connective tissue, often accompanied by mucosal ulceration, ischemia, and thrombosis.

Signs & Symptoms:-

1. Rectal Bleeding: Blood seen during bowel movements.
2. Protrusion: A mass-like bulge emerging from the anal canal.
3. Painful Defecation: Discomfort or pain during bowel movements.
4. Itching: Itching in the anal region.

Associated Prodromal Features

1. Indigestion: Difficulty in digesting food.
2. Low Digestive Fire: Reduced digestive capacity.
3. Obstructive Syndrome/Constipation: Difficulty in passing stool.
4. Anal Fissure: Cracks or tears in the anal lining.
5. Rectal Prolapse: Slipping of the rectum through the anus.
6. Irritable Bowel Syndrome (IBS): A disorder affecting the large intestine.
7. Liver Dysfunction: Conditions such as hepatitis and portal hypertension affecting liver function.

Prevention:-

- Hydration: Increasing fluid intake is essential. Aim to drink plenty of water throughout the day.
- Dietary Fiber: Incorporate more high-fiber foods, such as fruits, vegetables, and whole grains, to promote healthy digestion and prevent constipation.
- Regular Exercise: Engage in regular physical activity to improve circulation and bowel function.
- Posture
- Avoid Tight Clothing
- Menstrual Considerations
- Hygiene
- Dietary Awareness

Management of Hemorrhoidal Disease

The management of hemorrhoids varies from dietary and lifestyle changes to more invasive surgical procedures, depending on the severity and nature of the symptoms.

Dietary and Lifestyle Modifications

A higher fiber intake adds bulk to the diet, which can help reduce straining during bowel movements.

In addition to dietary changes, lifestyle modifications are crucial for all patients experiencing any level of hemorrhoids. Recommended changes include:

- Increasing dietary fiber and fluid intake.
- Reducing fat consumption.
- Engaging in regular physical activity.
- Improving anal hygiene.
- Avoiding straining and reading while on the toilet.
- Steering clear of medications that could cause constipation or diarrhea.

These modifications not only aid in treatment but also serve as preventive measures against future occurrences.

Management of External Hemorrhoids:-

Acute Stage Management (Within 48 Hours)

When a patient presents with severe pain and a hematoma, the following treatment options are recommended:

1. Medications:
   - Analgesics: For pain relief.
   - Anti-inflammatory Drugs: To reduce inflammation.
   - Xylocaine Ointment: For local pain relief.
2. Sitz Bath:
   - Hot Water Sitz Bath with KMnO4: This can help soothe the area and promote healing.
3. Laxatives: To ease bowel movements and prevent straining.
4. Antibiotics: May be prescribed as an adjunct treatment to prevent infection.

Management of Internal Hemorrhoids

The treatment for internal hemorrhoids is based on the severity of symptoms and how well the patient responds to conservative measures. Various treatment options can be categorized as follows:

1. Sclerotherapy:
   - This involves injecting sclerosing agents, such as polidocanol, quinine, urea, or 5% phenol in vegetable oil, into the ano-rectal submucosa at the base of the hemorrhoid, just above the dentate line.
   - The procedure decreases blood flow to the hemorrhoid and promotes fibrosis, which helps anchor the mucosa to the muscle and prevents prolapse.
   - Sclerotherapy is effective in about 60–80% of cases involving first and second-degree internal hemorrhoids but is less effective for large prolapsing hemorrhoids.
   - Rare complications can include mucosal sloughing, injection reactions, and secondary infections.

2. Barron's Rubber Band Ligation:
   - In this procedure, a rubber band is placed around the mucosal-covered portion of the internal hemorrhoid using a proctoscope and a Barron's pile gun.
   - The banding causes necrosis and sloughing of the hemorrhoid tissue, followed by ulceration and fibrosis, which helps fix the tissue to the underlying sphincter muscle, preventing further sliding of the anal mucosa.
   - This method is effective in 65–75% of cases with first and second-degree internal hemorrhoids. While less effective for third-degree hemorrhoids, it can still be considered for patients looking to avoid surgery.

3. Doppler Guided Hemorrhoid Artery Ligation (DGHAL):
   - This procedure utilizes a modified proctoscope equipped with a Doppler probe, which is inserted into the anal canal to locate the hemorrhoidal arteries.
   - Sutures are placed at the sites of arterial signals through an opening in the proctoscope, effectively ligating the arterial supply to the hemorrhoids and pexying the mucosa to reduce prolapse.

- Complications are rare, with infection and hemorrhage rates below 1%. Recurrence rates are comparable to those seen with traditional hemorrhoidectomy.

4. Infrared Coagulation:

- This technique involves the application of infrared radiation to coagulate the mucosa, yielding results similar to banding and sclerotherapy.
- The treatment is directed at the apex of each hemorrhoid at the top of the anal canal, coagulating tissue proteins and dehydrating cells.
- It causes burns down to the submucosa, resulting in tissue destruction and inflammation, which ultimately leads to scarring. If performed correctly, it is relatively painless, and complications are minimal.

5. Hemorrhoid Laser Procedure:

- This method uses Doppler-guided laser coagulation to halt the arterial flow to the hemorrhoidal plexus.
- While popular among patients, laser photocoagulation does not offer significant advantages over other treatment options. It tends to be more expensive and poses a higher risk of complications due to potential unrecognized deep tissue damage.

6. Anal Dilation and Sphincterotomy:

- The underlying principle is to reduce increased anal sphincter tone, thereby preventing engorgement of the vascular cushions.
- Manual dilation disrupts fibrotic bands and muscle fibers contributing to heightened anal tone. However, complications can include mucosal tears, prolapse, and incontinence.
- Surgical sphincterotomy also lowers canal pressures and is usually performed alongside other procedures. During this procedure, the internal sphincter is partially divided under direct visualization, allowing for a more controlled reduction of anal pressure compared to manual dilation.

7. Hemorrhoidectomy:

- Surgical hemorrhoidectomy can be performed in two ways: open and closed.
- In open hemorrhoidectomy, the pile pedicle is excised, leaving a raw wound surface, whereas in closed hemorrhoidectomy, the excised pile mass is closed with a mucosal flap.
- To enhance outcomes, lateral sphincterotomy may be performed after hemorrhoidectomy to alleviate discomfort and reduce the risk of post-operative fissure formation.
- This surgery is indicated for grade III and IV hemorrhoids and for grade I and II hemorrhoids that have not responded to conservative treatments.
- One or all three hemorrhoidal complexes can be removed under local or spinal anesthesia. Hospitalization is necessary if spinal anesthesia is used.

Ayurvedic Management of Hemorrhoids:-
Conservative Approaches

1. Prevention of Constipation:
   - Laxatives: Utilize formulations like Triphala Churna, Panchasakar Churna, Haritaki Churna, and Abhayaarista.
2. Digestive Support:
   - Deepan Pachana: Incorporate remedies such as Chitrakadi Vati, Lavan Bhaskar Churna, and Agnitundi Vati to enhance digestion.
3. Hemorrhoid Relief:
   - Arshoghna: Employ formulations like Sooranpak, Arshakuthar Ras, and Shigru Guggulu to alleviate hemorrhoidal symptoms.
4. Hot Sitz Bath:
   - Prepare baths with Tankan Bhasma, Sphatik Bhasma, Triphala Kwath, or Panchawalkal Kwath for soothing relief.
5. Hemostasis:
   - Use preparations like Bol Baddha Rasa, Bol Parpati, Kukutandatwak Bhasma, and Praval Pishti to control bleeding.
6. Wound Healing:
   - Apply Jatyadi Tail and Nirgundi Tail for their wound-healing properties.
7. Pain Relief:
   - Consider Madhuyastyadi Tail and Triphala Guggulu to manage pain associated with hemorrhoids.

These Ayurvedic treatments focus on holistic management, addressing both symptoms and underlying causes.

Ayurvedic Procedures for Hemorrhoids

1. Kshar Sutra Ligation:
   - This contemporary Ayurvedic technique is gaining popularity for treating hemorrhoids, as documented in ancient texts. It boasts a high success rate with minimal recurrence. The procedure, performed by experienced practitioners, involves applying a Kshar Sutra to the hemorrhoids under

local or general anesthesia. The hemorrhoidal tissue typically detaches within seven to ten days with stool passage.

2. Chedana Karma:

- This procedure involves excision using sharp instruments such as Mandalagra, Karapatra, Nakhashstra, Mudrika, Utpalapatra, and Ardhadhara, typically executed in a semilunar incision. If necessary, Agnikarma is applied post-excision to address any residual tissue, control active bleeding, or manage secondary oozing from blood vessels. This method closely resembles conventional open hemorrhoidectomy, including ligation and excision.

3. Agni Karma:

- Various cauterization techniques are effective for hemorrhoids, primarily utilized when other treatments are ineffective. This can involve methods such as electrocautery, infrared radiation, laser surgery, or cryosurgery.

4. Ksharkarma:

- This procedure entails the application of a sclerosing agent, such as Apamarg Kshar or Snuhi Kshar, directly into the hemorrhoid. This causes the walls of the veins to collapse, leading to the shrinkage of the hemorrhoids.

These Ayurvedic procedures provide alternative options for managing hemorrhoids, emphasizing minimal invasiveness and traditional practices.

Apathya in Arsha:-
Chilies, Fried Foods, Maida product, Non-Veg, Paneer, Constipating foods, Constant sitting, Excessive Pressure
in defeacation etc.

Pathya in Arsha:-
Cow milk, Butter, Buttermilk, Wheat, Ghee, Rice, Green vegetable, Regular sleep, Exercise, Regular diet, Non
suppression of natural urges et

CONCLUSIONS

While hemorrhoids may seem like a localized issue, they often reflect underlying disturbances in the gastrointestinal system, such as a weak digestive fire (mandagni) that leads to poorly formed stools. These difficult-to-excrete stools can cause unconscious straining by the individual. Ayurveda addresses these root causes by focusing on the vitiated Agni and the digestion process.

To enhance digestive fire and improve stool formation, Ayurvedic practices utilize deepan dravya (appetizers) followed by pachan dravya (digestives). Additionally, anuloman dravya aids in the digestion and elimination of stools, with Haritaki serving as a prime example.

Depending on the severity of constipation symptoms, the Sharangdhar Samhita outlines further treatment options for stool expulsion, such as Sansran, Bhedan, and Rechan, tailored to individual body constitutions (prakruti) and the manifestation of the disease.

Hemorrhoids associated with conditions like ulcerative colitis, irritable bowel syndrome, and Crohn's disease fall under the categories of Grahani and Atisar in Ayurveda, warranting a separate research focus due to the complexity of these topics. Additionally, hemorrhoids stemming from alcoholic liver disease, portal hypertension, or ascites should be viewed as symptoms of those underlying conditions rather than separate diseases, and thus are not covered in this article.

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