

CAUSES AND TREATMENT OF PILES (ARSH) A REVIEW

Dr. Amandeep Kaur^{*1}, Dr. Anurag Nagrath², Dr. Om Prakash Sarswat³, Dr. Subhash Upadhyay⁴¹MD Scholar, PG Department of Dravya Guna, SGCAS & Hospital, Tantia University Shri Ganganagar, Rajasthan, India.²MD Scholar, PG Department of Sharir Rachana, SGCAS & Hospital, Tantia University Shri Ganganagar, Rajasthan, India.³Proff. and HOD PG Department of Dravya Guna, SGCAS & Hospital, Tantia University Shri Ganganagar, Rajasthan, India.⁴Proff. and HOD PG Department of sharir Rachana, SGCAS & Hospital, Tantia University Shri Ganganagar, Rajasthan, India.***Corresponding Author: Dr. Amandeep Kaur**

MD Scholar, PG Department of Dravya Guna, SGCAS & Hospital, Tantia University Shri Ganganagar, Rajasthan, India.

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ABSTRACT

Hemorrhoids (*Arsh*) are very common Problem in modern life style. It is very common ailment of rectum affected as much as half of the population by the age 50 year. Hemorrhoids are swollen, inflamed veins and capillaries around the Rectum. This is mainly classified as external and internal piles. In these days many people want to know how to manage piles naturally, easily and fast too. Here in this article we will know the causes that why the disease is so common in today's day to day life & how to manage the disease with minimal interventional procedures such as *Kshar Sutra* Ligation, *Kshar karma* & *Agnikarma*.

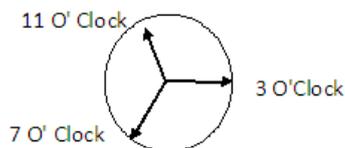
KEYWORDS: Hemorrhoids (*Arsh*), Ayurveda, Causes, Symptoms, Complications, Management.

INTRODUCTION

Hemorrhoids are often described as varicose veins of anus and rectum. These are enlarged, bulging blood vessels in and around anus and lower rectum Hemorrhoids are usually found in three main location.

1. Left lateral
2. Right anterior
3. Right posterior

It may better understand by three positions 3o' Clock, 7o' Clock and 11o' Clock on watch.



They lie beneath the epithelial lining of anal canal and consist of direct arteriovenous communications, mainly between the terminal branches of superior rectal and superior hemorrhoid arteries and to a lesser extent between branches originating from the inferior and

middle hemorrhoid arteries and surrounding connective tissue. They are mainly classified as

1. Internal piles
2. External piles as show in figure 1

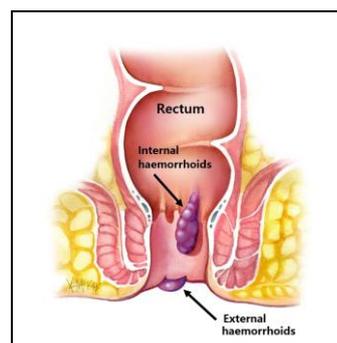


Figure -1

Causes

The exact causes of hemorrhoids are still unknown number of factors that are considered to be the main causes are

1. Lack of exercise or sedative life style.
2. Irregular bowl habits
3. Constipation
4. Low fiber diets
5. Junk food

6. Long staining during defecation
7. During pregnancy fetal pressure and hormonal changes
8. During delivery intra abdominal pressure causes piles.

Classification

(A) On the basis of positions

1. Internal
2. External
3. Interno external

(B) On the basis of symptoms

1. Grade 1= No prolapse, only prominent blood vessels.
2. Grade 2= prolapse upon bearing down but spontaneously reduces.
3. Grade 3= prolapse upon bearing down and require manual reduction.
4. Grade 4= prolapse and cannot be even manually reduced.

Sign and symptoms

The symptoms depend upon the type of piles. Internal hemorrhoids usually present with painless rectal bleeding while external hemorrhoids may produce few symptoms or if it become thrombosed then there will be significant pain and swelling around the anus.

Internal hemorrhoids

In internal hemorrhoids there is no pain only bleeding P/R is the major symptom. The blood typically come with the stool, The condition known as hematochezia, is on the toilet paper, or drops on the toilets. Other symptoms may include mucus discharge, a perianal mass prolapses through the anus, itching, fecal incontinence. Internal piles are usually only painful if they become thrombosed or necrotic.

External hemorrhoids

These are also not painful, however when thrombosed they may be very painful. pain may resolve over 2 to 3 days. Swelling may take few weeks to disappear. Some time there is poor hygiene it may cause itching and irritation too.

Interno-external

There is mixed symptoms of internal and external piles.

Complications

1. Anaemia
2. Thrombosed strangulated piles.

Management

The management of Piles depends upon the degree of Piles i.e. 1^o, 2^o, 3^o & 4^o Piles. In 1 and 2 degree Piles various ayurvedic Preparations are available to cure the disease along with changes in dietary habits The main preparations are:

1. Deepan-Pachan ousad

e.g chitrakadi vati, lavanbhaskar churan, agnitundi vati.

1. Prevention of constipation

Use laxative *e.g Triphla churan, panchskar churan, haritki churan, abhyarisht.*

2. *Arsho Ghan oushadia, arshkuthar ras, Shigru Guggulu.*

Hot sitz bath- *e.g tanakbhasam, Saphatic Bhasam, Triphla Kawath.*

3. Rakta stambhak- bol Parpati, Kukutandatwak Bhasam, Praval Pisthi.
4. Vran Ropak- Jatayadi Tail, Nirgundi tail.
5. Vedna har- Madhuyastyadi Tail, Triphla Guggul.

Apart from the conservative treatments various procedures like electro cautry, Infra-red coagulator are used to cure the disease but they all are the modified form of Agnikarm Which was described by Acharya Sushruta decades ago.

In 3 and 4 degree Piles the following ayurvedic treatments are available.

1. **Kshar sutar ligation-** it is a very effective procedure for hemorrhoids in which the medicated herbal coated thread is ligated on the external and internal piles mass. And after 5 to 7 days piles mass falls off. Success rate is 97%
2. **Kshar karam-** in this procedure kshar is applied on the pile mass and washed with the lemon water. The sclerosing agent like *Apamarg Kshar* and *Snuhi Kshar* is use to do the procedure. success rate is 70%
3. **Agnikarm-** this procedure can be done with the electro cautri, infra red radiation, laser surgery, cryo surgery is done in first and second degree. In the third and fourth degree there is re occurrence chances.
4. **Chedan karam-** this is used if conservative treatment fails. There are number of surgical excision techniques which are used for piles. All are associated with some degree of complication like infection, bleeding, anal strictures, and urine retention. There may be small risk of fecal in continence.

Benefit of kshar sutra therapy

1. Day care surgery does not need admission.
2. Useful in all ages and even in cardiac patients.
3. Simple procedures, safe and sure treatment
4. No Complications
5. No Re-Occurrence
6. Very High success rate
7. Not very costly
8. No antibiotics required

Pathya

Non suppression of natural urges, green vegetables, low fat milk, butter, ghee, wheat, rice, green vegetables, regular sleep, regular diet. Etc.

Apathya

Chilies, fried food, junk food, maida products, non-veg, constipating foods, seadative life style, excessive pressure during defecation etc.

CONCLUSION

Ayurved has every procedure for pile management. Conservative as well as surgical Patient should not hesitate to share the problem with the ayurvedic physician and not prolong the problem. Kshar sutra ligation is the most effective treatment of pile that takes less time it can be perform in those patient which may suffer from different heart diseases also does not require any admission and economic too. So *Kshar Sutar* much more beneficial in comparison with hemorrhoidectomy

REFERENCES

- Johanson JF, Sonnenberg A. The prevalence of hemorrhoids and chronic constipation. An epidemiologic study. *Gastroenterology*. 1990; 99: 1856-1857.
- Smith LE. Hemorrhoids. In: Fazio V, editor. *Current Therapy in Colon and Rectal Surgery*. St. Louis, MO: Mosby; 2004; 11-18.
- Aigner F, Gruber H, Conrad F, et al. Revised morphology and hemodynamics of the anorectal vascular plexus: impact on the course of hemorrhoidal disease. *Int J Colorectal Dis.*, 2009; 24(1): 105-113.
- Greenspon J, Williams SB, Young HA, Orkin BA. Thrombosed external hemorrhoids: outcome after conservative or surgical management. *Dis Colon Rectum*. 2004; 47(9): 1493-1498.
- Bat L, Melzer E, Koler M, Dreznick Z, Shemesh E. Complications of rubber band ligation of symptomatic internal hemorrhoids. *Dis Colon Rectum*, 1993; 36(3): 287-290.
- Lee HH, Spencer R J, Beart RW, Jr Multiple hemorrhoidal bandings in a single session. *Dis Colon Rectum*, 1994; 37(1): 37-41.
- Pilkington SA, Bateman AC, Wombwell S, Miller R. Anatomical basis for impotence following haemorrhoid sclerotherapy. *Ann R Coll Surg Engl*, 2000; 82(5): 303-306.
- Faucheron J L, Gangner Y. Doppler-guided hemorrhoidal artery ligation for the treatment of symptomatic hemorrhoids: early and three-year follow-up results in 100 consecutive patients. *Dis Colon Rectum*, 2008; 51(6): 945-949.
- Person B, Wexner SD. Novel technology and innovations in colorectal surgery: the circular stapler for treatment of hemorrhoids and fibrin glue for treatment of perianal fistulae. *Surg Innov*, 2004; 11(4): 241-252.
- Holzheimer RG. Hemorrhoidectomy: indications and risks. *Eur J Med Res.*, 2004; 9(1): 18-36.
- Bleday R, Pena JP, Rothenberger DA, Goldberg SM, Buls JG. Symptomatic hemorrhoids: current incidence and complications of operative therapy. *Dis Colon Rectum*, 1992; 35(5): 477-481.
- Khan S, Pawlak SE, Eggenberger JC, et al. Surgical treatment of hemorrhoids: prospective, randomized trial comparing closed excisional hemorrhoidectomy and the Harmonic Scalpel technique of excisional hemorrhoidectomy. *Dis Colon Rectum*, 2001; 44(6): 845-849.
- Shastri A. *Sutra Sthana*. 4. Vol. 33. Varanasi: Chaumbika Sanskrit Sansthan. Sushrutacharya, Sushruta Samhita, Ayurved Tatva Sandipika, 2001; 126-7.
- Shastri A. *Chikitsa Sthana*. 11th ed. 03. Vol. 6. Varanasi: Published Chaukhamba Sanskrit Sansthan. Sushrutaacharya, Sushruta Samhita Dalhanacharya Kaviraj 1953; 35. [last accessed on 2009 Dec 10]. Available from: <http://www.haemorrhoidshemorrhoids.com>.
- Goligher J, Duthie H, Nixon H. *Surgery of the Anus, Rectum and Colon*. 5th ed. A.I.T.B.S. Publishers and Distributors, 2002; 131-34.
- Shastri A. *Chikitsa Sthan*. 5. Vol. 6. Varanasi: Chaumbika Sanskrit Sansthan. Sushrutacharya, Sushruta Samhita, Ayurved Tatva Sandipika, 2001; 36.
- Sharma SK, Sharma KR, Singh K. *Kshara Sutra, Therapy in fistula-in-ano and other anorectal disorders*. Rashtriya Ayurved Vidyapeeth (National Academy of Ayurveda): RAV Publication, 1994-95; 48-52.
- Sharma SK, Sharma KR, Singh K. *Kshara Sutra Therapy in fistula-in-ano and other anorectal disorders*. Rashtriya Ayurved Vidyapeeth (National Academy of Ayurveda): RAV-Publication, 1994-95; 161-167.
- Shastri A. *Chikitsa Sthana*. Varanasi: Chaumbika Sanskrit Sansthan; Sushrutacharya, Sushruta Samhita, Ayurved Tatva Sandipika, 2001; 36(8): 47.
- Farquharsons M, Moran B. *Farquharsons, Text Book of Operative General Gurgery*. 9th ed. Published by International Student, 2005; 439-441.
- Sharma SK, Sharma KR, Singh K. *Kshara Sutra Therapy in fistula-in-ano and other anorectal disorders*. Rashtriya Ayurved Vidyapeeth (National Academy of Ayurveda): RAV Publication, 1995; 44-45.