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## *THE CONCEPTUAL STUDY OF HAEMORRHOIDS AND ITS MAJOR CAUSES DURING PREGNANCY AND ITS AYURVEDIC MANAGEMENT*

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### **Abstract:**

Haemorrhoids (*arsha*) are one of the most common ailments of the rectum, women may have internal haemorrhoids prior to pregnancy without any noticeable symptoms, but then develop symptoms when they are pregnant. Suffering from hemorrhoids is not only painful but embarrassing as well. Haemorrhoids are swollen, inflamed veins and capillaries around the rectum. They may be classified as either internal or external. The author also reviews the role of Ayurveda in the management of haemorrhoids (*arsha*). It has been proved by scientific studies that botanicals improve microcirculation, capillary flow, and to strengthen the surrounding connective tissue of anus and lower rectum. Hemorrhoids which occur for the first time in pregnancy can be managed with simple measures, as most will go away after the baby is born.

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## **INTRODUCTION**

Piles also known as “hemorrhoids” as swollen tissues that contain veins<sup>1</sup>. It is described as *Arsha* or *Durnam*, in *Ayurvedic Samhitas*. Vitiated *Vata dosha* is the main reason for many physical and psychological abnormalities in pregnant woman. Pregnancy is the state in which *kapha dosha* is increased normally because of *Rasa vridhhi* and *Kapha-vardhak Ahar-Vihar*. Only a little change in *ahar-vihar* leads to alter the *doshas* state. *Vata vardhak ahar-vihar*, *Ratri jagran* (less sleep common in pregnancy), seasonal changes, *alpa ahar*, vomiting etc. leads to vitiates the *Vata dosha*. Evidence for these associations, however, is poor. During pregnancy, pressure from the fetus on the abdomen and hormonal changes cause the haemorrhoidal vessels to enlarge. Delivery also leads to increased intra-abdominal pressures. Surgical treatment is rarely needed in those who are pregnant, as symptoms usually resolve post-delivery<sup>2</sup>. Haemorrhoids (also known as “piles”) are varicose veins in the rectum and anus (“back passage”). They can be internal, external or a combination of both. Internal haemorrhoids may bleed a little, but are usually painless. If the vein becomes enlarged or swollen, it can protrude to become an external haemorrhoid with itching, burning, bleeding and painful bowel movements. It is important to see a doctor to confirm the diagnosis as there are other medical conditions which have similar symptoms. Haemorrhoids occur more frequently in women in their reproductive years. During pregnancy, they are most common in the second and third trimesters and are caused by hormonal changes, pressure from the growing uterus, changes in blood flow and constipation.

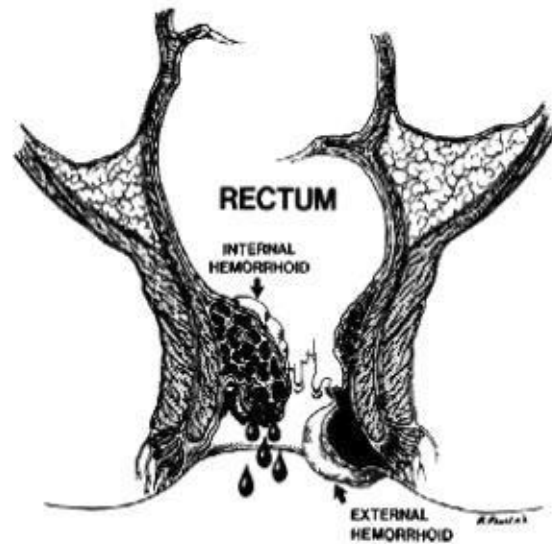
### **Causes<sup>3</sup>:**

The exact causes of symptomatic haemorrhoids are unknown. Many factors are believed to play important role including;

1. Irregular bowel habits (constipation or diarrhoea).
2. Lack of exercise.
3. Nutritional factor (a low-fibre diet).
4. Increased intra-abdominal pressure (prolonged straining, an intra-abdominal mass, or pregnancy), genetics, and absence of valves within the haemorrhoidal veins.
5. Aging.

6. Other factors that are believed to increase the risk include

- Obesity
- Prolonged sitting
- Chronic cough
- Pelvic floor dysfunction.



**Classification:**

A. Based on position-

- a) Internal.
- b) External
- c) Interno-external

B. Based on symptoms-

- a) Grade I: No Prolepses. Just prominent blood vessels.
- b) Grade II: Prolepses upon bearing down but spontaneously reduce.
- c) Grade III: Prolepses upon bearing down and require manual reduction.
- d) Grade IV: Prolapsed and cannot be manually

**Sign & Symptoms<sup>4</sup>:**

The symptoms of pathological haemorrhoids depend on the type present. Internal haemorrhoids usually present with painless rectal bleeding while external haemorrhoids may produce few symptoms or if thrombosed significant pain and swelling in the anus.

**Internal:**

Internal haemorrhoids usually present with painless, bright red, rectal bleeding during or following a bowel movement. The blood typically covers the stool, a condition known as hematochezia, is on the toilet paper, or drips into the toilet bowl. The stool itself is usually of a normal colour. Other symptoms may include mucous discharge, a perianal mass if they prolapsed through the anus, itching, and fecal incontinence. Internal haemorrhoids are usually only painful if they become thrombosed or necrotic.

**External:**

If not thrombosed external haemorrhoids may cause little problem. However, when thrombosed they may be very painful with this pain typically resolves over 2 to 3 days. The swelling may take a few weeks to disappear, and after healing a skin tag may remain. If they are large and causing issues with hygiene, they may produce irritation of the surrounding skin and thus causes itching around the anus.

**Complications<sup>5</sup>:**

- a) Anemia
- b) Thrombosed strangulated piles

**Management<sup>6</sup>:**

➤ *Pathya-Apathya.*

- **Apathya:** - Chilies, Fried Foods, Maida product, Non-Veg, Paneer, Constipating foods, Constant sitting, Excessive Pressure in defecation. etc.
- **Pathya:** - Cow milk, Butter, Buttermilk, Wheat, Ghee, Rice, Green vegetable, regular sleep, Exercise, Regular diet, Non-suppression of natural urges etc.

➤ **Procedure<sup>7</sup>:**

- **Kshar sutra ligation:** It is a procedure in which medicated herbal coated thread are applied onto internal and external piles mass within 5-7 days withered piles mass falls off. Cure rate- 97%.
- **Chedan karma:** Several surgical excision techniques may be used if conservative management and simple procedures fails. All are associated with some degree of complications including bleeding, infection, anal strictures and urinary retention, due to the close proximity to the rectum to the nerves that supply the bladder. There may also be a small risk of fecal incontinence, particularly of liquid, with rates reported between 0-28 percent.
- **Agni karma:** Many cauterization methods have been shown to be effective for haemorrhoids, but are usually only used when other methods fail. This procedure can be done using electrocautery, infrared radiation, laser surgery, or cryosurgery. Infrared

cauterization may be an option for grade 1 or 2 disease. In those with grade 3 or 4 disease re-occurrence rates are high.

- **Kshar karma<sup>8</sup>**: Involves the applying of a sclerosing agent, such as *apamarg kshar snuhi kshar*, into the haemorrhoid. This causes the vein walls to collapse and the haemorrhoids to shrivel up. The success rate four years after treatment is ~70%. Benefits of kshar sutra therapy  
Simple safe and sure treatment No complications No recurrence Very economic Very high success rate No antibiotic required Day care surgery Useful in all age and cardiac patients.

➤ **Conservative.**

Prevention of constipation (Uses Laxative)<sup>9</sup>:

1. *Triphala churna*
2. *Panchasakar churna*
3. *Haritaki churna*
4. *Abhayaarishta.*

*Deepan Pachan:*

1. *Chitrakadi vati*
2. *Lavan baskar churna*
3. *Agnitundi vati*

*Arshoghna:*

1. *Sooranpak*
2. *Arshakuthar ras*
3. *Shigru guggulu.*

Hot sitz bath:

1. *Tankan bhasma*
2. *Sphatic bhasma*
3. *Triphala kwath*
4. *Panchawalkal kwatha*

*Rakta-stambhak:*

1. *Bol baddha rasa*
2. *Bol parpati*

3. *Kukutandatwak bhasma*

4. *Praval pisthi.*

*Vran-ropak:*

1. *Jatyadi tail*

2. *Nirgundi tail.*

*Vednaha<sup>10</sup>:*

1. *Madhuyastyadi tail*

2. *Triphala guggulu.*

### **CONCLUSION**

*Ayurveda* has immense potential to solve many challenging and unresolved problems of the medical world. Haemorrhoids during pregnancy result from blood vessels in the rectal area or vagina that become overly swollen. Haemorrhoids are simply another form of varicose vein that women are susceptible to during pregnancy<sup>11</sup>. They may be small or quite large, itchy or for some even painful. Some women experience rectal bleeding along with haemorrhoid pain. Other women with haemorrhoids might also experience mild varicose veins in the leg calf. Management of Piles (*Arsha chikitsa*) may be divided into preventive measures and curative measures. Again curative measures are divided into medical, para surgical and surgical. Even the treatments of palliative and surgical measures are the same. But *Ayurveda* has got better planning and avoids immediate surgery. *Ayurveda* maintains a unique order in the management of *arsas* with the employment of, *Aushadha chikitsa* (Medical management), *Kshara chikitsa* (Alkaline management), *Agni chikitsa* (Thermal cauterization) and 4) *Shahstra chikitsa* (Surgical management)<sup>12</sup>.

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