

Effect of Leech application in Prolapsed thrombosed hemorrhoid: A case study

Case Report

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Abstract

Prolapsed hemorrhoid is an emergency condition. The condition becomes worse after thrombosis and strangulation of the pile mass. Urgent surgical intervention is required in all the cases. Venous return of strangulated pile mass become very low and severe edema takes place along with serious painful condition. Hemorrhoidal mass is not able to reduce further in anal canal. Patient struck in serious woe and seeks urgent surgical attention. Leeches can be used as a successful tool in this situation by relieving venous pooling of blood and also by liquefying the clotted blood in pile mass. In present case study, a patient of grade IV hemorrhoid was cured by leech application.

Keywords: Leech therapy, Prolapsed hemorrhoid, *jalaukavacharana*, *Arsha Chikitsa*.

Introduction

Hemorrhoid or *Arsha* is considered as *Mahagada* in *Ayurveda* (1). It is a common disease of anal canal. *Charak* believes that vitiated *doshas* follow *bahya* and *abhyantar rogamarga* to produce *Arsha* (2). *Sushruta* has described *Arsha* as *Rakta-Mansa pradoshaj Vyadhi* (3). Bleeding and mass coming out per-anum are common complaints. Complication of *Arsha* include *trishna* (thirst), *aruchi* (anorexia), *shoola* (severe pain), *shonit prasruti* (excessive bleeding), *shofa* (odema), *atisara* (diarrhea) as per the *Sushruta* (4). In *Ayurveda*, *kshar sutra* ligation is a preferred surgical treatment in advance stage of *Arsha*. But, in some situation, where surgery is not possible, due to patient condition, "Leech Therapy" is a good alternative treatment available. However, *Sushruta* has contra-indicated bloodletting in *Arsha* (5). But in certain critical situation of hemorrhoids, it is advisable (6). *Charak* has mentioned *Jalauka Karma* in *Raktasha* (Bleeding pile mass) (7). *Vagbhata* has also advised bloodletting in *sanchit dushta rudhira* (Thombosed), *shoon* (swelling) and *kathin* (hard) *Arsha* (pile mass) (8). The present study is a case report of a grade IV Hemorrhoid patient, which was treated successfully with leech application.

Aim

The aim of this case study was to find out the results of Leech application in a case of prolapsed and thrombosed Hemorrhoids.

Case report

A female patient named Mewa Devi, W/o Sh.

Teki, age 60 years, r/o Bakner, Delhi, OPD registration no 87256 came in OPD no. 16 of *shalya* department in Ch. Brahm Prakash Ayurved Charak Sansthan, New Delhi on 23-08-2016 at 11.23 AM in a very panic and emergency like situation. Her face was in agony and she was seeking medical attention in urgent need. She had the following complains since 2 days:

- Severe pain and burning sensation in anal region
- Big mass coming out from anal verge
- Bleeding per rectum
- Difficulty in passing stool
- Constipation

She had not taken any medical advice and she directly came here for treatment.

Past History:

She had a past history of surgery of hemorrhoids at an allopathic hospital about seventeen years back. She had no history of diabetes, hypertension, coronary heart disease, cerebro-vascular accident or Koch's.

Examination:

Patient was examined in lithotomy position. She was having a severe necrotizing, foul smelling, black mass coming out from her anal verge. After proper examination, it was found that there was a large prolapsed, thrombosed pile mass at 11 O'clock, one prolapsed mass at 3 O'clock and one at 5 O'clock. It was tried to reduce the mass after applying *jatyadi taila*, but it could not be possible. So, it was diagnosed as a case of Grade IV Hemorrhoid. The patient was admitted in female surgical ward no. 6, bed no. 156, IPD registration no. 5421.

Systemic Examination:

Patient was conscious, well-oriented and with good general condition. Her vitals were recorded normal. Blood pressure was 120/80, pulse rate was 94 and temperature was 99⁰F.

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Blood Investigations: (Dated: 26.08.2016) Lab no: 680

- Hb: 11.6 gm/dl
- TLC: 4,600/cumm (N:77,L:19,M:02,E:02,B:0)
- RBC count 4.33 millions/cmm
- PCV/Hematocrit 34.6%
- MCV 79.9fL
- MCHC 33.5 gm/dl
- MCH 26.8 picogram
- Platelet Count 1.91 Lakh/cmm
- Bleeding Time 01 min 50 sec
- Clotting Time 05 min 10 sec
- Blood Sugar Random 94 mg/dl
- Hepatitis B Surface Antigen (HbsAg) Non-Reactive
- HIV 1 (Antibodies) Non-Reactive
- HIV 2 (Antibodies) Non-Reactive

Methodology:

After proper investigation, leech therapy was planned as a first line treatment in this case. Patient was febrile on the day of admission. So, *Jwarnashak Chikitsa* was given with *Sanjeevani vati* and *Sudarshan ghan vati* for first two days along with the *Ayurvedic* management for *Arsha*. Fever was relieved on third day (Figure 1). On fourth day, leech therapy was advised.

After taking written consent of patient, she was kept in lithotomy position. Two leeches were applied at anal verge on each side of prolapsed mass on 27-08-2016. Consecutive second sitting of leech application was given on 29-08-2016 and third sitting on 01-09-2016. Patient was discharged on 03-09-2016 morning after complete recovery.

Oral Medication:

Arsh Kuthar Ras 2 tablets BD, *Abhayarisha* 4 tsf BD, *Haritaki Churna* 10 gm HS. *Anupana* was Luke warm water in sufficient quantity.

Local application:

Hot Sitz bath with *Tankan Bhasm*, Local application of paste (*pralepa*) of *Madhuyasti churna* with *Jatyadi oil*.

Observation

Symptoms were taken into consideration under grading system according to their severity.

- No symptom = 0
- Mild = 1
- Moderate =2
- Severe =3

Observation was done after every sitting of leech application and tabulated as below in Table 1.

Table 1

Variables	BT	1 st Sitting	2 nd Sitting	3 rd Sitting
Pain	3	3	2	0
Tenderness	2	1	0	0
Burning Sensation	3	2	0	0
Bleeding	3	2	1	0
Mucous Discharge	2	1	1	0
Mass Prolapsed	3	3	2	1
Difficulty to pass stool	3	2	1	0

Result

As soon as the leech application was started, patient got relieved of pain and heaviness. Her agony and discomfort level was also reduced. After second sitting, size of prolapsed hemorrhoid was also reduced. Mass was also able to reduce in anal canal after proper lubrication with *Jatyadi* oil. After third sitting, she was completely relieved and satisfied with the treatment. So, she was discharged after giving proper diet instructions (Figure: 2, 3).

Follow-up

Patient was called for follow-up after 5 days in OPD. She was very happy and satisfied. On examination, it was observed that hemorrhoid mass was shrink in size. No bleeding or pain was observed during per-rectum examination.

Discussion and conclusion

In the past, leeches were used for a variety of applications as a medical tool. Their mechanism of action was not understood. All that counted was curing or relieving the problem. Today, scientific studies concerning the active substances in leeches have given us a better understanding of how they work and have given credit to their use. In traditional medicine, a lot of the old applications are still used, although our degree of understanding has evolved. Due to the qualities of its anticoagulant, vasodilator, thrombolytic, anti-inflammatory and anaesthetizing substances, leeches has been proved as a medical device (9). Through their sucking effect, leeches stimulate circulation of cells at risk of necrosis and maintain oxygenation of the tissue. They therefore promote restoration of capillary anastomosis. They accelerate the hematoma decongestion process (10). They ensure drainage and, by partially or totally replacing venous return, they can be used in venous disorders. The benefit of leeches is that they are particularly attracted to deoxygenated blood.

In the present study, the successes story of leech therapy was pragmatic in an emergency condition of hemorrhoid. Leeches can be used to restore blood circulation in blocked veins by removing pooled blood.

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Figure 1:

Temperature Charting

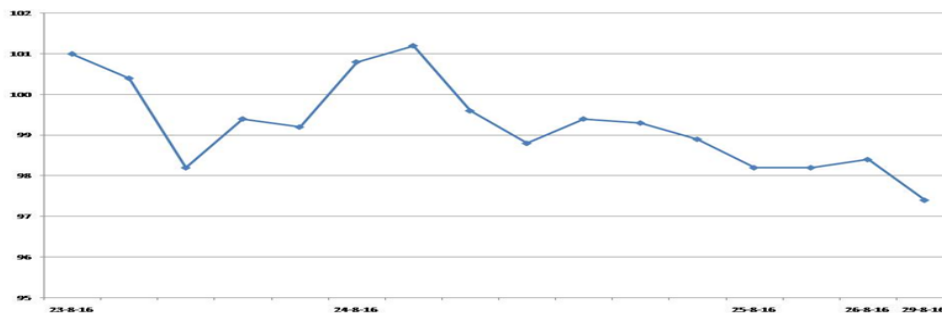


Figure 2:

Figure 3: