

Post Operative Pain Management with *Matrabasti* (Enema with medicated oil) in Haemorrhoidectomy - A Case Study

Case Report

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Abstract

Post operative pain management is always a challenge for ano-rectal surgeons. Haemorrhoidectomy is often involved with severe post operative pain and discomfort during defecation. *Ayurvedic* surgeon most of the time depends of contemporary medical science and uses analgesics, which has its own adverse effects. Many times mere oral *ayurvedic* medicines are not sufficient to manage post operative pain. *Basti* (enema with medicines) is regarded as best treatment for *vata dosh* vitiation. *Vata dosh* vitiation is the main cause for the pain. In post operative wounds also, trauma and blood loss lead to *vata* vitiation and causes pain. There are different types of *basti's* explained in the classics. *Matrabasti* (enema with medicated oil) is a type of *Sneha Basti* which can be given in all seasons without any strict regimen of Diet. It is a procedure where a minimal quantity of medicated oil or medicated ghee is used in the form of enema. Post operative wound will aggravate *vata* and lead to pain. Hence *matrabasti* which is having minimal medicine is tried in post operative cases of haemorrhoidectomy. This increases time taken for the onset of pain after haemorrhoidectomy and also helps in easy evacuation of stools in post operative period.

Key Words: *Haemorrhoidectomy, Ayurveda, Postoperative pain, Matrabasti.*

Introduction

At least 50% of the people above the age of 50yrs suffer with one or other complaints of haemorrhoids.(2). Haemorrhoidectomy surgery is the curative treatment for the haemorrhoids. This is indicated when all other treatment modalities fail. (3). Till now among all surgical procedures Milligan-Morgan method is considered as gold standard surgical procedure (4). Post operative pain in haemorrhoidectomy always a challenging task for the surgeons. *Ayurvedic* surgeons always face problems while dealing with post operative pain management. Most of the time we depend upon contemporary medical science and use analgesics. Post operative pain in case of haemorrhoidectomy is so severe that it often makes patients to avoid surgery. A case of prolapsed thrombosed haemorrhoids was taken for the study and we tried *Matrabasti* using *Chandanadi ropan tail* 40ml to manage the post operative pain.

Case Report

A male patient aged 55 yrs presented on 9th March 2020, with complaints of pain in the anal region,

mass per rectum, bleeding per rectum for 4 days. He has these complaints since many years and use to take treatment from local doctors. He used to feel better with medicines and mass was reducible earlier. This time mass was irreducible and more painful.

On per rectal examination it was diagnosed as prolapsed thrombosed haemorrhoids in all 3 positions 3, 7, and 11 O clock positions. Patient was advised haemorrhoidectomy surgery. Written consent was taken for the surgery. All required investigations were done and were in normal limits.

Diagnostics

Date	Type	Value	Unit
2020-03-09	Hb (hemoglobin)	14	g/dL
2020-03-09	BP (blood pressure)	130/80	mmHg
2020-03-09	Glucose	130	mg/dL
2020-03-09	HIV	Non reactive	
2020-03-09	HbsAg	Negative	

Procedure Details

Patient came to S.S, Ayurvedic medical college hospital Haveri on 9th Mar 2020, after all clinical examinations and investigations patient was admitted in the hospital. Patient was advised for haemorrhoidectomy under local anaesthesia and sedation. (5). Patient was posted for haemorrhoidectomy on 10th Mar 2020. Patient was made to lie in lithotomy position on the operation table. Patient was given Inj. Calmpose 2ml diluted in 2ml of distilled water for injection through IV route.

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Injection Xylocaine 2% with adrenaline was used for local infiltration. Milligan-Morgan method of haemorrhoidectomy was followed. Patient was having prolapsed haemorrhoids at 3, 7, and 11 O clock positions. All the 3 pile masses were dissected and excised after transfixation with cotton thread at the base of the haemorrhoids (6). Soon after haemorrhoidectomy procedure, 40ml of Luke warm *Chandanadi ropan tail* was given in the form of enema. Using 50ml syringe and red rubber catheter oil was pushed in the anal canal. A small pad dipped in same *Chandanadi ropan tail* was kept as pack in the anal canal. Haemorrhoidectomy procedure took 25minutes time, surgery started at 10am and completed at 10.25am. After haemorrhoidectomy patient shifted to post operative ward. Patient was under observation for the onset of post operative pain.

- Heamorrhoidectomy started – 10 AM
- Heamorrhoidectomy completed at – 10.25AM
- *Matra Basti* with *Chandanadi Ropan Tail* (40ml) given at – 10.25AM.
- Onset of post operative pain - 5.30PM
- Total time taken for the onset of post operative pain is – 7 hours.

Generally, patients undergoing haemorrhoidectomy under local anaesthesia start feeling pain after 2 to 3 hours. In this case patient started feeling pain after 7 hours, i.e., at 5.30pm. Patient complained the onset of moderate pain, but he was comfortable he was not in need of analgesics injections.

Drug

Chandanadiropan tail is medicated oil mentioned in *Sushrut samhita* (7) in the context of *sadyovranachikitsa* (chapter which deals with traumatic wounds) chapter. He mentions that this is best oil for the *sadyo vrana*, i.e Post operative wound. This *tail* (oil) contains ingredients as follows

- *Chandan.* (*Santlum Album* L.)
- *Uthpahal.* (*Nymphaea stellata* Willd.)
- *Priyangu.*(*Callicarpa Macrophylla* Vahl.)
- *Padmaka* (*Prunus puddum* Franch.)
- *Haridra.* (*Curcuma longa* L.)
- *Yashtimadu* (*Glycyrrhiza glabra* L.)
- *Lodra.* (*Symplocos racemosa* Roxb.)
- *Ksheera.* (Cow milk)

Most of these drugs are having *pitta shamaka* properties and thus helps in controlling inflammation at the wound site. This oil when used in the form of *Matrabasti* with minimal quantity 40ml and in Luke warm temperature it controls *vata dosh* also. Thus, we can control *vata* vitiation due surgical trauma and also *pitta* vitiation

This *tail* was prepared using *tila tail* (Sesame oil) as the base at S.S.Ayurvedic medical college. Haveri Karnataka pharmacy and used for the study.

Discussion

As per principles *Ayurveda* pain is always due to vitiation of *vata dosh*. *Vata dosh* gets aggravated due to many reasons and ends up with pain in different pathological conditions. In post operative cases pain is

due to surgical wound. Surgical trauma and the bleeding during surgery, vitiates *vata dosh* and leads to post operative pain. (8) *Basti* treatment is the ideal and the best treatment for *vata* disorders. *Tail* also is the best medicine to control *vata dosh*.

There are different types of *basti* explained in *Ayurveda*. Among them *Matrabasti* is one type of *sneha basti*. This can be used in many cases of *vata* vitiation without any specific contra indication.

In *Matrabasti* which is a *sneha basti* is advised in the management of *sadyo vrana* (post operative wound). (9). Here we use very minimal quantity of medicine which is administered through anal canal. It can be used in all type of the patients and does not require admission to the hospital. There are no specific contra indications for *matra basti*. So *Matrabasti* is selected to use in post operative cases for the pain management. *Matra Basti* helped in extending the time taken for the onset of post operative pain. Here both, the procedure *matra basti* and *taila* (oil) will help in reducing vitiated *Vata* and thus help in managing pain. It also helped in the easy evacuation of stools also. This reduced the usage of analgesics in hemorrhoidectomy cases. Thus, helped in preventing undesired well known adverse effect of these analgesics like gastric irritation and constipation.

The other oral medications given in this case were.

Sl.no	Name of the drug	Dosage	Anupan
1	<i>Triphala guggulu</i>	500mg Thrice a day for 10 days	Warm water
2	<i>Gandak rasayan</i>	250mg Thrice a day for 10 days	Warm water
3	<i>Avipattikar choorna</i>	Half Tea Spoon twice	Warm water
4	<i>Chandanadi Ropan tail</i>	External application after each defecation	

Conclusion

Time taken for the onset of post operative pain after haemorrhoidectomy extended by 4 hours, i.e, pain started after 7 hrs of the surgery, which is usually 2 to 3hrs.

Bowel evacuation on the second post operative day was very smooth, along with the medicated oil which was given in the form of *matrabasti*, patient passed the stools without much trouble.

The study needs to be conducted over a greater number of cases to establish its efficacy in the post operative pain management of haemorrhoidectomy cases. This is in progress now.

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