

Role of *Panchtikta Ghrit matra basti* in Milligan-Morgan haemorrhoidectomy. - A Case Report

Dr. Kiran Pundlikrao Mendhekar¹ Dr. Sanjeev R. Yadav²

¹Department of Shalyatantra P.D.E.A.'s College of Ayurved and Research Centre, Nigdi, Pune

²Department of Shalyatantra, Dr. G. D. Pol Foundations, Y. M. T. Ayurvedic Medical College and P.G. Institute, Kharghar, Navi Mumbai

Corresponding Author:

Dr. Kiran Pundlikrao Mendhekar

Email id- doctor.kiran.mendhekar@gmail.com



Abstract:

Introduction: Arsh (Haemorrhoids) is a commonly faced disease in the society which has capability to put an adverse impact on once routine life. Arsh (Haemorrhoids) is abnormal tortuosity of dilated haemorrhoidal venous plexus along with abnormally displaced enlarged anal cushion, characterized by inflamed or prolapsed pile mass, bleeding per rectum and some discharge from anus. Ayurveda has a tremendous potential to overcome the disease *Arsh* as per *Sushrutacharya* with the help of *Bheshaj* (medicine), *Kshar* (application of alkali), *Shastra* (surgery) and *Agnikarma* (cauterization). It has potential to cure the disease with less tissue damage, less post-operative pain and discomfort. The modern surgical procedure like Milligan Morgan haemorrhoidectomy is the gold standard technique to cure the disease but it leaves the patient in tremendous post operative pain observed in various associations of colorectal surgeon. The problem will land up patient in severe pain, discomfort associated with prolonged exposure to analgesics and hospital stay.

Material Methods: *Panchatikta Ghrit matra basti* (enema) has been administered along with internal ayurvedic formulations chandraprabhavati, triphala guggulu in continuation with post operative care. Effectivity of Ayurveda over routine post-operative outcome has been observed and studied.

Result and Discussion: *Ayurvedic* formulations along with *Basti chikitsa* proved effective in treatment and significant regression in post-operative pain in Milligan Morgan Haemorrhoidectomy with better wound healing.

Conclusion: Milligan Morgan haemorrhoidectomy along with lateral sphincterectomy followed by the advice of kegel's exercise will helps to prevent post haemorrhoidectomy formation of anal stricture with faecal incontinence and *Panchtikta Ghrit matra basti* will add on the effect of regression in pain and rapid healing at the post-operative wound with strengthening anal sphincters.

Key words: Arsh, Milligan Morgan Haemorrhoidectomy, *Panchatikta ghrit matra basti*, *Pittaj Arsh*.

Introduction :

Ayurveda is a science of life. Since the time immemorial, *Ayurveda* has been showing the ideal way of leaving, which promises a disease free, happy and long life. *Shalyatantra* is the prime branch of *Ayurveda*. It has an ability to create miracles when the problem is beyond the medicinal repair. As we know, *Arsh* i.e. haemorrhoids has become a worldwide problem observed in the community. Even World Health Organization has declared 20th of November as “World Piles Day” because of its increased prevalence upto 44% in ten million people covering prevalence age of 20 years to 65 years irrespective of its awareness in the society.⁽¹⁾ *Arsh* has been explained by *Sushrutacharya* amongst one of the *Ashtaumahagad* which can be treated with great efforts. The etiological factors contributing to increase the disease are modified life style, faulty diet intake, occupational habits like prolonged standing and sitting, chronic constipation which put the great impact on (digestive system). *Jatharagni* leading to vitiation of *Tridosha* with predominance of *Vata Dosh*⁽²⁾

These vitiated *Doshas* get localized in *Guda Vali* (anal sphincters) and *Pradhana Dhamani* (major artery)⁽³⁾ which further vitiates *Twak* (skin), *Mansa* (muscle), and *Meda Dhatus* (adipose tissue) due to *Annavaha shrotodushti* (gastro-intestinal tract) leads to development of *Arsha* (haemorrhoids)⁽⁴⁾. Now a days, lifestyle following hurry, worry and curry become more responsible to keep this disease condition ignored which make patient reach to a medical help at the stage of third and fourth degree haemorrhoid. The condition is having a gold standard treatment procedure called as Million Morgan Haemorrhoidectomy in which patient have to face tremendous post-operative pain. The procedure is extensively invasive which makes impact on patients physical as well as psychological health. It simultaneously increases duration of his exposure to analgesics along with prolonged stay in the hospital. In such scenario, *Ayurveda* has a potential benefit to induce the rapid healing and to reduce the post-operative pain with the help of delivering the

Case Report

classical *Panchtikta Ghrit* in the anal canal in the form of *Matra Basti*. The current Case report is an attempt for the same where management of post-operative pain is prime importance in the field of *Shlyatantra*.

Case report:

A 48 year old male patient came to the OPD of college of Ayurved and research centre, Pune with complaining of indigestion and painful defecation since 3 months associated with bleeding PR since 15 days. Patient was hospitalized because of excruciating pain and discomfort which was hampering his daily routine work. Patient was not received only conservative treatment in the past and got symptomatic relief for short duration. The current episode was landed patient in tremendous pain. So, patient was hospitalised. His complete physical and clinical examination was done. P=84/min, RR=18/min, BP= 130/80mmhg, wt=74kg. Systemic examination was within normal limits. P/A = Gaseous distention with constipation.

Per rectal examination=

Inspection – Acute on chronic fissure in ano with 3rd degree prolapsed thrombosed externo-internal haemorrhoids having multiple external component in association with sentinel tag was observed. **Digital examination** was done after lubricating the anal verge with lox 2% jelly. Patient found to have 3rd degree internal haemorrhoids at 7 and 11 o'clock position and thrombosed pile mass at 3 o'clock position in association with external components. These are the clinical features of *Pittaja arsh* which has been mentioned by Acharya Sushruta.⁽⁹⁾

Considering all the above findings, patient was chiefly investigated with necessary laboratory investigation's including haematological, serological test and then planned for definitive treatment. Intraoperatively Milligan Morgan open haemorrhoidectomy at 3,7,11 O' Clock position was done. 3rd degree pile mass was transfixated and ligated along with drainage of multiple chronic haematomas in every haemorrhoidal pile mass. (Fig 1) Excision done with transfixation and ligation of pedicle. Lateral Sphinctrectomy was done to prevent post haemorrhoidectomy anal stricture. Procedure was uneventful. But, after recovery from anaesthesia patient has undergone tremendous post-operative pain which was initially managed by analgesics. The fear factor associated with post-operative pain in patient has produced the greater impact even on the act of defecation. So, it was decided to start with *Panchtikta Ghrit matra basti* to manage pain and to induce rapid healing and ultimately to facilitate easy bowel evacuation in post-operative period.



Figure. 1 - 3rd Degree Externo-Internal haemorrhoids

Material Methods :

Abhyantar chikitsa as per Ayurved: *Panchtikta ghrit*: as per reference in *Bhaishjya Ratanavali (Patol (Luffa Acutangula Linn.), Vyghri (Solanum xanthocarpum Linn.) Nimba (Azadiracta Indica Linn.), Vasa (Adhatoda Vasica Linn.)* each 480gm, *Phaltrik-Haritaki*-(*Terminalia chebula Linn.*) + *Vibhitaki* (*Terminalia bellirica Linn.*) + *Amlaki* (*Embellica officinalis Linn.*) *Chinmaruha* (*Tinospora cordifolia Linn.*) 128 gm each; *Cow ghee* 768ml; water for decoction 12.888 liters boiled and reduced to 3.072 liters, Dose of administration 1 tsf *rasayan kali* (morning empty stomach) with hot water per orally.⁽¹⁰⁾ *Chandraprabhavati*: 2 tablets (1 tablet -250mg) three times a day with leukwarm water given for 14 days.⁽¹⁰⁾ *Triphala guggulu* : 2 tablets (1 tablet-250 mg) three times a day with leukwarm water given for 14 days.⁽¹¹⁾ *Matra Basti- Panchtikta ghrit Matra basti* 30 ml HS given for 14 days.

Internal medication as per modern science to prevent post-operative wound sepsis has been given for 3 days Inj. Monocef 1 gm IV twice a day ,Inj Pan 40 mg IV twice a day Inj Paracetamol 1 gm (100ml) IV three times a day.

Methodology :

Panchatikta ghrita matrasthi was administered daily after post-operative day 2 till 14th day using a 20cc syringe and feeding tube no.10. The dose administered was 30 ml and length of catheter introduced inside the anal canal and rectum was upto 10 cm. *Basti* was administered after dinner at the bed time and the patient was asked to maintain the prone position for 10-15 minutes after basti.

Observation and result:

It was observed that significant post-operative reactionary oedema has occurred on post-operative day 1 with tremendous pain with reference to open haemorrhoidectomy at 3rd degree prolapsed thrombosed piles at 3, 7, 11 O' Clock position while defaecation. Internal Medication with host Seitz bath has been continued to minimise post-operative discomfort of the patient.(Fig 1.1) On post-operative day 2, *Panchtikta Ghrit matra basti* administration was started at

bed time. Internally antibiotics and analgesic medication has been continued for 3 days along with *Ayurvedic* herbo-mineral formulation

On 5th day, there was complete resolution of post-operative reactionary oedema. Patient was having 50% pain relief with easy evacuation of a bowel while defecation.

On post-operative day 10, pain was reduced significantly upto 80% with minimum post-operative discomfort along with fall off of one of the post-operative haemorrhoidal pedicle. (Fig 1.2) On post-operative 14th day, patient achieved his normal and healthy wound with fall off of remaining two post-operative haemorrhoidal pedicles without any scarring and any anal stricture. (Fig 1.3) During the complete course of treatment, patient was advised to do Kegel exercise regularly after taking hot Seitz bath for 10 minutes.



Fig 1.1 Post-operative day 1

Fig 1.2 Post-operative Day 10

Fig 1.3 Post-operative Day 14th

Discussion:

Ayurvedic herbo-mineral formulations together when given with *Panchkarma chikitsa* have an ability to give wonderful results in *vyadhi shaman* (relieving the disease) Post-operative wound i.e. *sadya vrana* needs a complete wound care along with good pain management. *Tikta rasa* have an ability to act as *krimighna* (anti-microbial action) and can reduce *daha* produced because of vitiated local *apan vata* with *pitta dosha* (local postoperative burning pain) and subsequently reducing post-operative inflammatory reaction at the site of haemorrhoidectomy wound which results in *vrana ropan* in better way.⁽⁵⁾ *Panchatikta ghrta* is one of the best medicines for *Pitta dosha*. It is *Vranropak* and *pittashamak*. *Ghrta* plays act as *yogvahi* and increases the efficiency of the constituents of the *Panchatikta ghrta*⁽⁶⁾ The *Sneha Dravyas* in *Panchatikta ghrta matra basti* includes *Ghrta* having its specific properties which yields its beneficial effects. *Sneha* in general is *Vatahara*, *Mridukara* (produces softness in the channels and tissues, in turn helps for easy elimination of waste substances) and removes the obstruction in the channels produced by the *Mala* i.e. *Malanam Vinihanti Sangam*.⁽⁷⁾

Basti is said to be the prime treatment modality for *Vata* as said by Acharya *Charaka* “*Bastihi Vataharanam*”. *Basti* drug

when delivered first reaches to the *Pakvashaya* (large intestine) which is the *Pradhan sthan* (prime location) of *Vata dosha*. Thus, by its action on the chief site, *Basti* gets control on *Vata* all over the body. *Pakvashaya* is the *moolasthan* (site) of *Purishadharakala*⁽⁴⁾⁽⁸⁾ *Ghrta* helps in lubricating the anal canal and thus helps for easy evacuation of the faecal material without putting much pressure in anal mucosa.

According to pharmaco-kinetics, drug given in rectal route will have faster absorption and higher bio availability. Due to rapid absorption from the rectum *panchtikta ghrta* helps to regulate the digestive mechanism with *Agni-deepan* and prevent chronic constipation by reducing *kleda* in *styan mala* due to vitiated *kapha dosha*.

Shilajatu is potent drug in *Ayurvedic* formulation having *medoghna* and *kledoghna* action on wound.⁽⁹⁾⁽¹²⁾ *Guggulu* act as *shothaghan* (anti-inflammatory property)⁽⁹⁾. Over all contents of *Chandraprabhavati* stimulates rapid wound healing by correcting *dhatopariposhan* in the patient as well as in post-operative wound.⁽¹⁰⁾ *Suvarna makshik* and *loha* stimulates vascularization in the post-operative wound.⁽¹¹⁾

Conclusion:

In this advance era, some diseases like *Pittaja Arsha* i.e. 3rd degree thrombosed externo-internal haemorrhoid must need the surgical intervention for better outcome. A multidimensional approach to treat the disease in post-operative period of Milligan Morgan haemorrhoidectomy will give complete solution to such painful disease.

Potentially active *Ayurvedic* drugs should be used judiciously where modern allopathy medicines have restrictions in such cases where post-operative pain is aggressive and unbearable to the patient. Milligan Morgan haemorrhoidectomy along with lateral sphincterectomy followed by the advice of kegel's exercise will helps to prevent post haemorrhoidectomy formation of anal stricture with faecal incontinence and *Panchtikta Ghrta matra basti* will add on the effect of healing at the post-operative wound with strengthening anal sphincters. In this situation, *Panchatikta Ghrta matra basti* along with *Ayurvedic* herbo-mineral formulations will expose patient towards less post-operative discomfort, pain and rapid recovery with early resume to work. This ultimate outcome of the management will result in minimal hospital stay with highest cost and benefit ratio.

References:

1. Ashish P. Shalya Vidnyan vol-2 1st Ed.2020,Choukhamba Surbharati Pakashan,Varanasi pg.no 214
2. Chaturvedi G. N. & Shastri K. Charak samhita (Chikitsa sthana) Chaukhambha Bharati Academy; Varanasi:Ed 2011. Pg.no. 419.

Case Report

3. Shastri K. AmbikaduttaShastri Sushruta samhita (Nidana Sthaana), Chaukhambha Sanskrit Sansthan; Varanasi: Ed 2010. Pg.no.306.
4. Chaturvedi G. N. and Shastri K. Charak samhita (Chikitsa sthana).Chaukhambha Bharati Academy; Varanasi: Ed 2011. Pg.no. 417.
5. P. V. Sharma Tikta Rasa- Ashtang hridayam by vagbhata, chaukhambha orientalia Varanasi Ed 2010 pg.no 176
6. Govind D. Panchtiktak ghrit-Ambikadatta Shastri , Bhaishajya Ratnavali, , Choukhamba Prakashan 2nd Ed, Varanasi 2015, pg. no 937
7. Brahmanand T. , Agnivesha, Charak Samhita, Siddhi sthan1/7,Vol -2, Chaukhamba Surbharati Prakashan, Varanasi 2007,. Pg.26–28.
8. Kasutre H. S, Ayurvediya Panchakarma Vijnana. 6th Ed Pg no.471
9. Gangadharshastri G., Ayurvediya Aushadhigundharma Shastra,2nded, Viadyak granth bhandar , Ed 2008 Pune, Pg.no.311
10. Govind D., Ambikadatta Shastri, Bhaishajya Ratnavali *Kusthaadhikara* pg no.114-116, 2nded, Choukhamba Prakashan Varanasi 2015
11. Govind D. Ambikadatta, Bhaishajya Ratnavali, 2nded Choukhamba Prakashan, Varanasi 2015, pg. no.849.
12. P.V.Sharma Dravyaguna Vidnyan-Vol 1-2(series3) Choukhamba surbharati publications. Varanasi 2015