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Post-operative Pain Management with *Bala Taila Matra Basti* after Haemorrhoidectomy-A Case Study

Akhi Radhakrishnan^{1*}, Rakesh R N² and Aswin Haridas³

¹⁻³Dept of Shalya Tantra, Sri Dharmasthala Manjunatheshwara College of Ayurveda and Hospital, Udipi, KA, India

ABSTRACT

Haemorrhoids are one of the most common ailments of the anorectum. It is estimated that more than 50% of the males and females would suffer from hemorrhoids before they are of 50 years of age. Haemorrhoidectomy is one among the treatment of choice, the operation becomes notorious of being associated with a great deal of post-operative pain. NSAIDs and opioids help to a certain extent for post-operative pain reduction, but they have their limitations along with adverse effects like gastric irritation and constipation. The aim of post-operative pain management is to reduce or eliminate pain with a minimum of side effects. In Ayurveda Arshas can be considered as Haemorrhoids. After the Sastra karma of Arshas, sadyo vrana is one of the outcome. In Sadyo vrana, for the pain reduction basti is considered as the best treatment. Matra Basti is a type of Sneha Basti. Taila is the drug of choice in the pain due to vata dosha. The present study deals with the use of Bala taila which is having vataghna property in the form of matra basti. Bala taila is mentioned by Acharya Susrutha for post operative pain management.

KEYWORDS

Haemorrhoidectomy, Post operative pain, Matrabasti, Bala Taila, Arshas



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INTRODUCTION

Haemorrhoids are a very common anorectal disease defined as the dilated plexus of superior haemorrhoidal plexus, in relation to anal canal. Worldwide, the overall prevalence of haemorrhoids in the general population is estimated to be 4.4%. Famous Surgeon John Goligher opines that, 50% of the people over the age of 50 years, upon careful examination may be found to have haemorrhoids¹. Despite its prevalence and low morbidity haemorrhoid disease has a high impact on quality of life, and can be managed with a multitude of surgical and non surgical treatments.

Haemorrhoids that cause problems are found in 2:1 ratio of men and women. The disease haemorrhoids is dealt rationally under the concept of *Arshas*. The word *Arshas* is self explanatory by itself indicating that the disease hunts a person like enemy², and it is considered as one among *Ashta Mahagada* according to *Ayurveda*³. The three main complaints observed in patients of *Arshas* is bleeding, pain and protruding mass. It is manifested due to improper diet, prolonged standing and faulty habits of defecation causing derangement of *Tridosha* mainly *vata dosha*. Vitiating *dosha* localizes in *guda vali, pradhana dhamani, mamsa, meda and raktha* and leading to *arshas*.

Haemorrhoidectomy is the treatment of choice and is only method to give permanent relief. Post operative pain management after haemorrhoidectomy poses problems due to spasm of the muscles and possible injury to the muscles. In contemporary science, *Acharya Susruta* explained various surgical procedures along with different techniques of post-operative pain management like *seka, Lepa, Dhoopana, Swedana, Rakthamokshna, Avagaha* and *Basti* for *vedana shamana in vranitha*. *Vedana* being *vata pradhana lakshana* observed after haemorrhoidectomy cases, were as *Basti chikitsa* is considered as principle line of treatment for *Vatadosha*⁴. *Basti* is having *anulomana* property also. *Acharya Susruta* mentions use of *Bala Taila* in post-operative care and management of *Mudagarba*⁵. With this the idea of using *Bala Taila* in the form of *Matra basti* for post operative pain management after Haemorrhoidectomy came forward. *Triphala Guggulu, Gandhaka Rasayana, Asanadi kwatha* are well studied drugs in post operative wound and pain management but many times are not sufficient to produce pain relief. Hence the study is intended to evaluate the efficacy of *Bala Taila Matra basti* in combination with above said drugs for the post operative pain management after haemorrhoidectomy.



CASE REPORT

A 46 year old male patient with OPD No:346580 came to Shalya Tantra outpatient department of SDM College of Ayurveda and Hospital on 24/09/19 for the complaints of mass per anum, bleeding after defecation and burning sensation since 1 week.

History of present illness revealed that the patient was apparently normal before 4 years. Gradually he developed constipation. Later he noticed mass protruding through anus during defecation. He consulted an Ayurvedic doctor and got symptomatic relief. Later he developed pain and bleeding after defecation, associated with burning sensation. On taking non-veg items symptoms got aggravated. He also noticed mass protruding through anus along with bleeding, so he came to our hospital for further management.

Personal history revealed that patient is a non-vegetarian with good appetite, irregular food habits, more intake of spicy and junk foods, disturbed sleep, frequency of micturition 3-4 times in a day, straining to pass stools and had addiction to alcohol. The patient has a daily routine of bike riding. There was no genetic linkage of the disease noticed in the family.

General examination of the patient showed pallor. Vitals were stable. On local

examination skin of anal verge was found indurated. There were haemorrhoidal masses at 3 o'clock, 7 o'clock and 11 o'clock position (**Figure 1**) and with 4th degree prolapse.



Figure 1 General Examination

On digital examination tone of the anal sphincter was hypertonic. Proctoscopic examination confirmed 4th degree internal haemorrhoids at 3 o'clock, 7 o'clock and 11 o'clock position. Blood discharge per anum was seen. Based on all these features, the patient was diagnosed as Interno-external haemorrhoids. According to *Ayurveda* patient was diagnosed as *Rakthaja Arshas*.

The patient was advised for Haemorrhoidectomy procedure on 25/09/19 followed by *Matra basti* with *Bala Taila*. A complete blood count and other tests were done to rule out conditions



such as anaemia, clotting disorder, diabetes mellitus, HIV other infectious disorder.

Treatment:

Pre-operative Preparation:

Patient's consent was taken prior to surgery. Part preparation was done. Bowel preparation was done with soap water enema and the patient was kept fasting for 12hr before surgery. Injection TT was administered IM for prophylaxis. Lignocaine sensitivity test was done before surgery.



Figure 2 Operative Procedure

Operative Procedure (Figure 2)

1.The patient was placed in lithotomy position. Painting and draping was done. Hemorrhoidal plexus blocked with liberal local infiltration of 2% lignocaine was given thereafter.The pile masses at 3 o'clock, 7'o'clock and 11'o'clock positions were identified. Gentle digital anal stretching of more than 6 (3+3) fingers was done. Intracanal packing was given to avoid soiling during operation.

2.Revelation of triangle of exposure. The skin covered component of each of the main pile was seized with allis tissue holding forceps in 3 o'clock, 7'o'clock and 11'o'clock positions and retracted outward, keeping the Allis tissue forceps in anatomical position. This revealed the triangle of exposure.

3.The base of the pedicle of internal haemorrhoidal mass at 11'o'clock was transfixed and ligated and excised. Similarly pile mass at 3 o'clock and 7'o'clock position is excised.

4. Complete haemostasis maintained

5.Dressing was done

6.Patient was shifted to post-operative ward.

Post-operative management:

1.NBM for 2 hrs followed by sips of water.

2.Monitor TPR,BP every ½ hourly for 2 hours. Later every hourly for 4hrs followed by fourth hourly.

3.Watch for soakage.

Intervention:

After operation, the following medicines has been given,

1.Tab Triphala guggulu 1-1-1

2.Tab. Gandhaka Rasayana 1-1-1

3.Asanadi kwatha 40ml-0-40ml

After 6 hours of surgery, *Matra basti* with 30ml *Bala Taila* was administered P/R (**Figure 3**)



Assesment of pain is done using and Visual Analogue test before and after *Matra basti*. Patient was observed for 3 days. After discharge, patient was asked to continue oral medication. The follow up was done on the 10th day of post- operative period.



Figure 3 *Matra Basti*

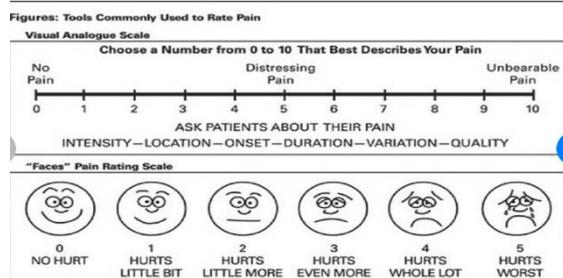
Observation Period:

The patient was observed and assessed daily for 3 days.

Follow up was carried out on the 10th day of post-operative period.

Assessment Criteria:

Assessment was done on subjective and objective parameters before and after the treatment.



Subjective:

- Pain(Visual Analogue scale) (**Figure 4**)
- Itching
- Burning sensation
- Pain during defecation
- Ease of passing stools

Objective:

- Face pain rating scale (Visual Analogue scale)
- Srava

The above criteria were graded arbitrarily as follows

Subjective:

- 1.Itching: As per patients description
 - 0- No itching
 - 1-Mild itching
 - 2-Moderate itching
 - 3-Severe itching
 - 4- Extreme itching
- 2.Burning sensation:
 - 0- no burning sensation
 - 1-Mild burning sensation
 - 2-Moderate burning sensation
 - 3-Severe burning sensation
 - 4- Extreme burning sensation
- 3.Pain during defecation:
 - 0- No pain during defecation
 - 1- Mild pain during defecation
 - 2- Moderate pain during defecation
 - 3- Severe pain during defecation
 - 4- Extreme pain during defecation
- 4.Ease of passing stools-
 - 0- Stools passed without discomfort



- 1- Stools passed with uneasiness
- 2- Stools passed with discomfort
- 3- Stools passed with difficulty
- 4- Patient avoids going to toilet

2. One layer of gauze is wet
3. Two layer of gauze is wet
4. Dressing has been changed more than once in a day

Objective:

1.Face pain rating scale

1.Srava

1- No discharge

OBSERVATIONS

(Table 1)

Table 1

Symptoms	Day 1	Day 2	Day 3	Day 10
Pain	4	2	1	0
Itching	0	0	0	0
Burning Sensation	3	2	1	0
Pain during defecation	Bowel-not passed	Bowel-not passed	Bowel-not passed	2
Ease of passing stool	-	-	-	1
Srava	3	2	1	0
Time of onset of pain	3.30pm on 25/09/19	7am on 26/09/19	6.30 am on 27/09/19	-
Time of matra basti	4pm on 25/09/19	8am on 26/09/19	7.30am on 27/09/19	-
Time of onset of pain relief	½ hour after giving matra basti	1hr after giving matra basti	20min after giving basti	-
Duration of pain relief	6hrs	10hrs	12hrs	-
Duration of retention of basti dravya	10 hrs	10hrs	12hrs	-
Incidence of use of Analgesic	Inj Diclo 1 amp	-	-	-

RESULTS

There was significant relief in pain and burning sensation one day after giving *matra basti*. From the above table it is evident that incidence of use of analgesics was minimal. With *matra basti*, pain and burning sensation got reduced. It was observed that there was no severe pain after 3 days of treatment. And on the 10th day of post operative period there was only slight

pain during defecation. There was no adverse effect observed during the period of study.

DISCUSSION

Probable action of *Bala Taila Matra basti*

After *sastra karma* pain is the outcome which is produced due to *vata dosha*. *Acharya Susrutha* mentioned use of *basti* in



case of painful *vrana*. *Taila* has properties of *vata shamana*. Ingredients of *bala taila* like *Bala*, *Dashamoola*, *Yava*, *Kola*, *Kulatha*, *Dugdha* along with *prakshepaka dravya* have *tridosha* effect. *Bala Taila* in this study showed effect on pain and burning sensation. Oral medicines had limitation in acute pain management. Here *Bala taila matra basti* can be used for post-operative pain management with oral medicines. *Matra basti* don't have specific contraindications and can be given during day and night⁶.

CONCLUSION

Arshas explained in Ayurvedic classics denotes a group of diseases manifesting in the ano-rectum. And in general it can be correlated with haemorrhoids. Post-operative Pain Management can be done completely based on Ayurveda. *Bala taila matra basti* gives better analgesic effect along with combination of *Triphala Guggulu*, *Gandhaka Rasayana*, *Asanadi Kwatha*. Dependency on allopathic analgesic drugs reduces considerably for Post-operative Pain management with *Bala taila matra basti* after Haemorrhoidectomy. *Matra basti* can be given in both day and night time.

Declaration of Patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient has given consent for her images and other clinical information to be reported in the journal

Source of Support

Nil

Conflicts of interest

There are no conflicts of interest.



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