



Ayurvedic And Modern Comparative Study Of Treatment In Anorectal Disorders- A Review.

Dr. Rohit Shankar Nikhade¹, Dr. L.M. Narhare²

¹ P.G. Scholar, Department of Shalyatantra, Yashwant Ayurvedic College, Post Graduate Training & Research Center, Kodoli, Maharashtra.

² Professor, Department of Shalyatantra, Yashwant Ayurvedic College, Post Graduate Training & Research Center, Kodoli, Maharashtra

ABSTRACT

Anorectal disorders mainly deals with the diseases related to anal canal and rectum. Now days in the field of surgery the routinely faced problems are anorectal diseases. Due to change in lifestyle the prevalence of anorectal diseases is rising. The main anorectal disorders are Piles, Fissure and fistula. Due to lack of awareness about the treatment many patients may undergo wrong treatment. Sometimes due to negligence of patients towards the symptoms disease may get worsens and land up into difficult complications. In this article main focus is on the treatment of anorectal disorders described in Ayurvedic samhitas and Modern science. This article will help patient in choosing the better treatment according to the symptoms.

Keywords: *Anorectal disorders, Ksharsutra, Piles, Arsha, Laser therapy.*

INTRODUCTION

In routine anorectal clinical practice many doctors deals with disorders like Piles, Fissure and Fistula. For most people, anorectal disorders are a source of worry and embarrassment as well as causing physical pain and discomfort. Acharya sushrut mentioned about the anorectal disorders. Acharya vagbhat had mentioned arshas (Piles) as arivat pranino i.e. harmful like enemy. So this disorders should be treated very carefully. There are various treatments described in Ayurvedic samhitas as well as in modern science. But one have to choose the best type of treatment for being safe from the further complications. While considering the ano rectal disorders Ayurveda mainly elaborated three-four disorders like Arshas, Parikartika and Bhagandar. In modern science while describing the pathologies of ano rectal disease many disease resembles as described in Ayurveda for ex. Piles resembles as *Arsha*, For Fissure in Ano *Parikartika* can be correlated, Fistula in Ano resembles *Bhagandar*. Ayurveda as well as modern science described about the pathology and various treatment

modalities of this diseases. This article will help the patient to choose the better treatment option for his condition as well as comparing the treatment modalities of both the pathies.

Management of ano rectal disorders by Ayurveda :-

- a) *Arshas*(Piles) – *Acharya Madhav* described *arsha* as *arivat pranana shrunati* i.e. harmful like enemy¹. *Vagbhata* says *Arsha* is swelling in anal canal which obstructs anal canal and troubling patient like enemy². *Acharya sushruta* described the pathology of *arsha* (piles) as due to the etiological factors accumulated doshas along with the Rakta dhatu (blood) collects in the *Pradhan Dhamanis* (main vessels) in the body and goes downwards towards the anal opening and creates swelling (*Ankur*)³. *Sushruta* says that *arshas* are common in patient who have *mandagni* (poor digestive health). *Sushruta* described mainly four types of treatments for *arshas* in which *bhesaj* (oral medicine) is the first line of treatment.

The four types of treatment mentioned by *sushruta* in *Arshas* (Piles)⁴ are-

1. *Bhesaja* (Oral Medicines)
2. *Kshar* (Alkali)
3. *Agni* (Heat- Cauterization)
4. *Shashtra* (Operative)

1. Treatment of *Arshas*(piles) by *Bhesaja*(Oral Medicines) :

Piles which are not chronic, having mild aggravation of *dosas*, symptoms and complications (secondary diseases) are treatable with medicines. *Acharya charaka* has mentioned basic line of treatment in *charak samhita*⁵ as i.e. *Abhyang, Swedan, Dhum, Avgahan, Pralep, Raktmokshan, Deepan, Pachan, Anuloman, Samshman yoga, Sarpi, Basti* etc. *Shushruta* has advised Panchakarma treatment in piles having predominance of *vata, Virechan* (purgation) in *Pitta pradhan arsha* and *rakta pradhan arsha*. *Kaphaj arsha* can be treated with *sringvera* (*Zingiber officinale*) and *kulattha* (*Macrotyloma Uniflorum*)⁶. *Vagbhata* has told that checking *Agni* (Digestion) of patient is very important in *Arsha, Atisar* and *Grahani* diseases as these are inter dependent diseases. As per *Vagbhata* use of *Bhallatak* (*Aconitum ferox*) in non bleeding piles is very effective, while bleeding piles can be treated with *Vatsak* (*Holearhena Antidysentrica*). Use of *Takra* (Butter Milk) is also beneficial in *Arsha* (piles)⁶.

2. Treatment by *Kshar*:

Piles which are soft, broad, deep and bulged up are to be treated with *Kshara* (alkali). *Sushruta* has told to use *kshar* in rakta and pitta dominant *arsha* (piles). *Kshar* karma should be done in patient who is *Balwan* (Strong). After giving proper position lubricate the anus with *Ghee*, instrument smeared with *ghee* is pushed into the anus. After applying the *Kshar* the mouth of the speculum is kept closed by the hand for the period of one hundred mantra (time required to pronounce 100 vowels) and close *Ashoyarika* the color of *Arsha* should be like ripen *Syzygium* (*Pakwajambuphala*). When this sign is achieved wash pile mass with *kanji* or curd or *phalamla* (juice of sour fruits) bathed with *ghee* mixed with *Yasthimadhuka* (*Glycyrrhiza*

labra) and then speculum is taken out. After this treatment patient should be advised to take proper diet and treatment should be repeated after seven days if required⁷.

3. Treatment by Agni :

As per Sushruta Agni chikitsa (Treatment with thermal cautery) is advised in the pile mass which are rough, immovable, big and hard. Arshas (piles) which are produced by vata and kapha should be treated with agni⁷.

4. Treatment by Shastra :

As per Sushruta Shastra karma (Operative treatment) is indicated in piles which have thin root, bulged up and exuding (fluids). Sushruta has mentioned to excise such piles with the help of instrument and should be cauterized immediately⁷.

b) **Parikartika (Fissure in ano)**- Parikartika is assumed as cutting pain. In today's era Parikartika (Fissure in ano) is a separate disease but in ancient samhitas it is mentioned as a complication of some other disease or Vyapad of ayurvedic procedure like Basti. Acharya Charaka described Parikartika in Virechan (purgation) Vyapad (complication) as well as in Basti Vyapad also⁸. Kashyap has described Parikartika as a complication in pregnancy⁹. Sushruta described Parikartika as a complication of basti and resembles it as kshatgud. While treating the Parikartika the main aim is to relax the sphincter. Sushruta advised to treat this condition using picchabasti (enema with slimy materials) containing yastimadhuka, paste of krusnatila, honey and ghee¹⁰. Charaka has advised a milk diet and also basti (enema) containing herbs with milk. As per Acharya Kashyap oral medicines to be used in Parikartika should be prepared by Madhuka (Glycyrrhiza Glabra) Kantakari (Solanum Surattense) Shwadanshra (Tribulus Terrestris) etc. according to Dosha Pradhanya.

c) **Bhagandar (Fistula in Ano)** : Sushruta described bhagandar as a disease in which there is Daran (deformity) of Bhag (pubis), Guda (anus), and Basti. Sushruta has described about five types of bhagandar and also described about the Bhagandar pidka (sinus)¹¹. While treating Bhagandar Sushruta asks to treat the bhagandar pidka first by administering all the 11 therapies commencing with aptarpana (fasting) and ending with virechana (purgation) described in chapter 1 of sushrut chikitsa sthana. Yoga Ratnakar has described various treatments for Bhagandari Pidaka as Raktamokshana (Bloodletting), Agnikarma (cauterization) and various types of Lepa (local applications). Sushruta has described Kshar sutra vidhi for Bhagandar in sushruta samhita chikitsa sthan chapter naming Visarpa Nadi Stana Rog Chikitsitam¹². The surgeon should cut open the sinus by using kshara threads (threads soaked in caustic alkalies), this sinus is probed using eshani (probe), then introduce the needle (blunt) having kshar sutra, the end of the thread is pulled out and knot is tied. This procedure should be repeated till the track is fully cut. For multiple fistula opening (shataponak) Sushruta has advised not to cut all fistula at a time, if a surgeon makes many cuttings then he will create a wide wound causing tearing of rectum/anus. Sushruta described four types of incision ardhlanglika, langlika, sarvatobhadra or gotirthaka¹³. Discharging fistulae are to be cauterized or Kshar to be applied on Stravi (Discharging) fistulae. If there is pain at site of operative Anutail (oil) should be applied.

Management of anorectal disease by Modern science :

a) **Piles (Haemorrhoids)** :- As per modern science piles are divided into two categories i.e. internal and external. Internal piles are within the anal canal and internal to the anal orifice. The external piles is situated outside the anal orifice and is covered by skin. Internal Hemorrhoids are further classified in four stages according to severity¹⁴.

First Degree- Haemorrhoids does not come out of the anus.

Second Degree- Haemorrhoids come out only during defaecation and is reduced spontaneously after defecation.

Third Degree- Haemorrhoids come out only during defecation and need to reduce manually and they stay reduced.

Fourth Degree- Haemorrhoids permanently prolapsed and remain outside the anal verge.

The treatment of piles divided in two category mainly non operative and operative.

1- Non operative or conservative -

A) Palliative Treatment: Bowel regulation – Many haemorrhoidal symptoms can be relieved by avoiding excessive defaecation straining. This can be done by advising high residue diet and mild laxatives. Medicines like calcium Dobesilate are also believed to be effective in management of first degree hemorrhoids to some extent.

B) Injection Therapy – Sclerosant injection has been the method of treatment of small vascular haemorrhoids. The commonly used sclerosant is 5% phenol in almond oil in upper and of hemorrhoid above level of anorectal ring. This injection causes fibrous tissue reaction in the submucosa of anal canal. This treatment is suitable for the 1st and 2nd degree of haemorrhoids.

C) Barron Band Ligation – In this method each haemorrhoid is grasped at its base by the grasping forceps. It is important that the point selected for application of the forceps at least 6mm above the Dentate Line. When the bands are seen in position, then banding instruments are released and removed. This treatment indicated in the case of 1st and 2nd degree of internal haemorrhoids.

D) Cryo surgery -Liquid nitrogen or carbon dioxide is applied to the hemorrhoid .This produces a liquefactive necrosis of tissue. Problems with cryosurgery are poor control of depth of freezing and profuse seropurulent discharges¹⁵.

2) Operative Treatment –

A) Haemorrhoidectomy – This is operative method indicated for third and fourth degree Piles. It is of two types

a) Open haemorrhoidectomy (Milligan- Morgen)

b) Closed haemorrhoidectomy

B) Stapled Haemorrhoidectomy - Stapled Hemorrhoidectomy is one of the newer surgical technique for treating haemorrhoidal artery ligation it has rapidly become the treatment of choice for third and fourth degree hemorrhoid. Since the surgery does not remove the hemorrhoids but rather the abnormally lax and expanded haemorrhoidal supporting tissue that has allowed the hemorrhoids to prolapse down, is tightened.

C) Laser Haemorrhoidectomy - This is recent advancement in the surgical technique of haemorrhoids. The diode laser is used in proctology procedure. It induces protein denaturation leading to shrinkage of vessel wall, hence sealing of blood flow¹⁶.

b)Fistula in Ano : Abnormal communication of unhealthy granulation tissue between anal canal/ rectum with external perianal skin is known as fistula in ano¹⁷. Management of fistula includes two types 1.Conservative 2.Surgical

1.Conservative: In acute stage antibiotic should be given after pus culture and sensitivity test, warm Sitz's bath Laxatives and Analgesic may also be provided.

2. Surgical: A)Fistulotomy : It includes the incisions of the track lying open followed by curettage of underlying tissues with curator) Fistulectomy : In this technique whole fistula track is excised and wound is treated with regular dressing.

C) LIFT Procedure : Recent reports from Chulalongkorn University, Bangkok, Thailand, have described a novel technique called LIFT for the treatment of anal fistula. This technique prevents the entry of fecal material into the fistula tract and eliminates the formation of a septic nidus in the intersphincteric space to allow healing of the anal fistula¹⁸.

D) IFTAK : IFTAK (Interception of Fistulous tract and application of *Ksharsutra*) technique seems to overcome the limitations and consequences of conventional method. IFTAK is a safe, effective and advanced technique which minimizes the post-operative time along with betterment in mild post procedural pain and minimum scar mark.

E) EXPANDED ADIPOSE DERIVED STEM CELLS(ASCs): An advantage of using stem cells to treat an anal fistula is that, because tract resection is not required, the treatment does not injure the anal sphincter

C.Fissure in Ano : It's an longitudinal ulcer in the lower end of anal canal caused mostly due to constipation. Mainly two treatments are described for fissure A)Conservative B)Surgical

A) Conservative Management : 1-Breaking the cycle of hard stool, pain and spasm is primary aim of treatment by adequate fluid, fiber and if necessary stool softeners Fiber supplementation and sitz baths have been shown to reduce pain in comparison with topical anesthetics. 2 – Medical management : Local anesthetics in jelly form are applied. Mainly two topical agents, Nitrates and calcium channel blockers and one injectable agent, Botulinum used for fissure in Ano¹⁹.According to studies, pharmacological treatments can heal around 50% of chronic anal fissures, with recurrence rates of 18.6%. If above treatments fail to heal the fissure Surgical intervention is needed.

B) Surgical management : The main aim of fissure surgery is to relieve internal anal sphincter spasms, reduce maximum anal resting pressure, cure ischemia, and heal ulcers.

1. **Stretching of Anal canal i.e. Anal dilation-** Lords procedure of anal dilation is the easiest method to dilate the sphincter of anal canal under anesthesia. The aim of procedure is to reduce sphincter tone. by controlled manual stretching of internal sphincter. There be some faecal incontinence²⁰.

2. **Fissurectomy** – This procedure done under anesthesia. A triangular incision is made starting from anal margin on each site of the fissure. The triangular flap of skin dissected with scissors and excises the entire fissure. Anal stricture is the complication of this procedure²¹.

3. **Lateral Internal Sphincterectomy** - Lateral internal sphincterotomy (LIS) is the surgical treatment of the choice for refractory anal fissures and may be offered as the first-line management option, according to the practice parameters by the ASCRS. The procedure can be performed using either an open or closed approach. Upon failure of pharmacological therapy, LIS is the most acceptable surgical technique as per ASCRS (strong recommendation)²².

4. **Laser Surgeries** - Laser treatment of anal fissures is a non-contact method that often results in less bleeding, pain, and discomfort for the patient. Using CO2 laser for chronic anal fissures surgeries has the additional advantage of minimal blood loss and thereby better vision of the site of operation to the naked eye. A laser sphincterotomy and fissurectomy have proven to be very successful therapeutic options since the development of the CO2 laser²⁷.

DISCUSSION

Ano rectal diseases like Piles, Fissure and Fistula are very common nowadays due to the lifestyle changes. Some of these diseases have more recurrence rates. Various types of treatment are available for this condition. Each treatment is designed in order to achieve minimal complications and recurrence of the disease. In this review article, a detailed study of various treatment modalities was done as per Ayurveda and modern science. Ayurveda considers Arsha as a systemic disease and a separate chapter is mentioned for diagnosis and treatment of Arsha (Piles). Four types of treatment are mentioned for Arsha (Piles) i.e. Bhesaj, Kshar, Agni, Shashtra. Acharya Sushruta has told the surgery as the last tool for treating piles. According to Sushruta, piles is a disease of Rakta dhatu, vitiated with *Tridoshas* and collected at *Dhamanias* (veins) at the anal canal. While in modern science, Piles is considered as a local entity and local or surgical intervention is required. In conservative treatment, modern science mainly focuses on relieving constipation. Ayurveda focuses on *Agni chikitsa* which automatically relieves *Malbadhatta* (Constipation). Sclerotherapy and band ligation resemble ksharsutra

ligation at the base of pile mass, in both therpaies stopping of blood low in pile mass (dilated haemorrhoidal veins) is achieved. In cryosurgery freezing of pile tissue is desired. This treatment can be compared with Kshar application described Sushruta. Laser ablation of piles can be related with agnikarma chikitsa as described by sushruta. The second most common disease is fistula in ano which is described as *Bhagandar* in Ayurveda. Sushruta has advised medical treatment in *Bhagandari Pidaka* (Perineal abscess) and if it bursts one should treat it as *Vrana (Shasthi Upkrama)* (Wound management). In modern science the focus is on treating abcess in early stage by giving proper antibiotic. Sushruta has described very important treatment for Fistula in Ano i.e. *Ksharsutra* in which application of thread incorporated with Kshar is applied in Fistula track and replaced frequently in order to achieve cutting and spontaneous healing of track. Modern science described about fistulotomy and fistulectomy surgical procedure for treating fistula in ano. In this surgeries there is chance of incontinence. Modern science also described the use of seton in treating fistula in ano. This *seton* resembeles *ksharsutra* but it is not medicated thread like *ksharsutra*. As far as fissure in ano is concerned Ayurveda not described it as separate disease but mention it in complication of any other disease or complication of any procedure. The main aim of Ayurvedic treatment is to achieved sphincter relaxation and avoid recurrence. Same principle are described in modern science , but beyond that additional treatment like use of Glycerin Trinitrates, calcium channel blockers Botulinum- A toxin injection are also described.

CONCLUSION

Ano rectal disorders causes' sometimes serious complication. So in order to overcome this one should decide the proper treatment. Many of the treatment principle of ano rectal disease like piles, fissure, fistula in Ayurveda and Modern science are same. Ayurveda considers about removing the basic cause of the disease while modern science focuses on local entity of the disease. In Ayurveda various treatment for the single ano rectal disease is described. In modern science daily new upgradation is seen in the treatment of ano rectal disease. This article mainly focuses on the treatment portion of the disease of both the science in order to choice better option for treatment. Ayurveda describes various option in samhitas. So in order to achieve complete cure one should think about operative method of modern science as treatment of Ayurveda to achieve the goal of better disease free life.

REFERENCES

1. Ayurvedacharya Shree Yadunandanopadhyay, Mahamatishree Madhavkarvirachit MADHAVNIDANAM Madhukosh Vyakhya Vibhushitam , Chapter 5 Arshonidanam, Publication – Chaukhamba Prakashan, Varanasi, Page no 194
2. Dr. Ganesh Krushna Gadre; Sarth Vagbhat; Marathi Translataion of Ashtang Hrudaya; Nidansthan, Arshasm Nidan Adhyay 7/1; Reprint; Chaukhamba Surbharati Publication ; Varanasi; 2009.

3. Vaidya P.G. Athavale;Drustarth Sushrut Chintan;Marathi translation of Sushrut Samhita;Nidansthan,Arsha Nidan Adhyay 2/4;Godavari Publication;Nagpur;2008
4. Prof. K.R.Srikantha Murthy;Illustrated Susruta Samhita;Chikista Sthan,Arsha Chikitsa Adhyay 6/3;Chaukhamba Orientalia ;Reprint 2010
5. Acharya Vidyadhar Shukla , Prof. Ravi Dutt Tripathi ; Foreword by Acharya Priy Vrata Sharma;Caraka Samhita of Agnivesa; Elaborated by Caraka & Redacted by Drudhbala ;Volume 2; Edited by Vaidyamanorama Hindi Commentary;Chikitsa Sthan 15/249-255; Chaukhamba Sanskrit Pratisthan Delhi; Reprint 2015
6. Dr. Ganesh Krushna Gadre; Sarth Vagbhat; Marathi Translataion of Ashtang Hrudaya; Chikitsasthana Arshasm Chikitsitam Adhyay 8/164; Reprint; Chaukhamba Surbharati Publication; Varanasi; 2009: page 261.
7. Prof.K.R.Srikantha Murthy;Illustrated Susruta Samhita;Chikista Sthan,Arsha Chikitsa Adhyay 6/3-7;Chaukhamba Orientalia ;Reprint 2010
8. Prof. Y.G.Joshi ;Charak Samhita;Shree Chakrapanidatta virachit AyurvedDipikha Commentary;Marathi translation; Volume 2;Siddhisthan Adhyay 6/61,62;Pune Sahitya Vitaran.
9. Vridhhajivak; Kashyap Samhita; revised by Vatsya; Sanskrit introduction by Pandit Hemraj Sharma; Reprint; Chaukhamba Publication: Varanasi; 2009: page 299
10. Prof.K.R.Srikantha Murthy;Illustrated Susruta Samhita;Chikista Sthan,Vaman Virechan Vyapat Chikitsa Adhyay 34/5;Chaukhamba Orientalia ;Reprint 2010
11. Vaidya P.G. Athavale;Drustarth Sushrut Chintan;Marathi translation of Sushrut Samhita;Nidansthan,Bhagandar Nidan Adhyay 4/3;Godavari Publication;Nagpur;2008
12. Prof.K.R.Srikantha Murthy;Illustrated Susruta Samhita;Chikista Sthan,Visarp Nadi Stan Roga Chikitsa Adhyay 13/29-33;Chaukhamba Orientalia ;Reprint 2010
13. Prof. K.R.Srikantha Murthy;Illustrated Susruta Samhita;Chikista Sthan,Bhagandar Chikitsa Adhyay 8/9-10;Chaukhamba Orientalia ;Reprint 2010
14. Somen Das; A concise text book of Surgery; Eleventh Edition; Publisher- Dr. S. Das; Kolkata 2020.
15. Kanchan Shekokar Vaidya Anantkumar shekokar,Vaidya;ShalyaTantra Part 2; Revised edition-Sept 2014
16. Laser hemorrhoidoplasty versus LigaSure™ hemorrhoidectomy versus diathermy hemorrhoidectomy in treatment of grade III and IV Hemorrhoids: A non-randomized prospective trial Mohammad Ashour Khadr, Walid Galal El Shazly, Mohamed Mazloum Zakria, Ahmed Mohamed Moaz.
<https://doi.org/10.1016/j.soda.2024.100129>
17. Kanchan Shekokar Vaidya Anantkumar shekokar,Vaidya;ShalyaTantra Part 2; Revised edition-Sept 2014
18. National library of Medicine J Korean Soc Coloproctol. 2012 Feb; 28(1): 7–12. Published online 2012 Feb 29. doi: [10.3393/jksc.2012.28.1.7](https://doi.org/10.3393/jksc.2012.28.1.7)New Techniques for Treating an Anal Fistula

19. Somen Das; A concise text book of Surgery; Eleventh Edition; Publisher- Dr. S. Das; Kolkata 2020.
20. Kanchan Shekokar Vaidya Anantkumar shekokar,Vaidya;ShalyaTantra Part 2; Revised edition-Sept 2014,Page No 165
21. Kanchan Shekokar Vaidya Anantkumar shekokar,Vaidya;ShalyaTantra Part 2; Revised edition-Sept 2014,Page No 176
22. Beaty JS, Shashidharan M. Anal fissure. Clin Colon Rectal Surg. 2016;29(01):030-7.
23. Alawady M, Emile SH, Abdelnaby M, Elbanna H, Farid M. Posterolateral versus lateral internal anal sphincterotomy in the treatment of chronic anal fissure: a randomized controlled trial. Int J Colorectal Dis. 2018;10:1461-7