



MANAGEMENT OF BLEEDING HEMORRHOID BY FGHAL – A CASE REPORT.

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ABSTRACT:

A 28yrs old male patient, came to SGAK hospital OPD with complaints of bleeding per rectum during defecation since 2 months. The case was diagnosed as '*Rakatarsha*' (2nd degree internal hemorrhoid) caused due to vitiation of Pitta and Rakta. Patient had no other significant medical/surgical comorbidity and was vitally stable. FGHAL was performed in this case under SA. The pile mass and per rectal bleeding reduced in 7 days. The patient was relieved from all the symptoms in 15 days. No major complains were received after the procedure. Proctoscopic examination was done every week for 2 weeks which did not reveal any complications.

INTRODUCTION:

Arsha is commonly referred to as Hemorrhoid in contemporary sciences, stands as a significant focus within Ayurvedic literature, where its severity is depicted by the etymology, meaning "as violent as an enemy". Ayurvedic text including all the *Bruhattraiyi's* have given extensive insights on its causes, pathophysiology, symptoms and treatment. Owing to present day hurry, worry and curry lifestyle prevalence of *Arsha* has significantly risen. Sedentary lifestyle choices, lack of exercise, stress, irregular sleep pattern, suppression of natural urges leads to vitiation of *Tridosha's* especially *Apana vayu*. These vitiated *Dosha* get localized at *Gudavali* and *Pradhandhamini*, affecting *twak*, *mamsa*, *meda* and *rakta Dhatu*.

In accordance with the Ayurvedic principle of "Prevention is better than Cure," the management of *Arsha* emphasizes on preventive measures such as improving digestive fire, and modifying dietary habits to mitigate the risk of hemorrhoids. Acharya Sushruta also mentioned following four type of treatment modalities in *Arsha Chikitsa*: *Bheshaj Chikitsa*, *Kshara Chikitsa*, *Agnikarma Chikitsa* and *Shashtra Chikitsa*.

Hemorrhoidal disease is one of the most common encountered problem in surgical OPD. The main pathogenic cause for hemorrhoidal disease is increased intraluminal blood pressure of the distal rectum. This results in an imbalance between arterial inflow and venous return. Reasons for the increase in intraluminal blood pressure are multifactorial and most probably individually different.

In past few years, haemorrhoidal artery ligation (HAL), first described by Morinaga in 1995, has become universally accepted for the treatment of hemorrhoids. The rationale for this procedure is based on the assumption that arterial blood flow is mainly responsible for the enlargement of the haemorrhoidal plexus due to the absence of capillary interposition between the arterial and venous systems within the anal canal.

After studying the vascular nature of hemorrhoids, Aigner et al^{2,3} in 2006 postulated that there was three times increased blood flow in the superior haemorrhoidal vessels supplying the anal cushions and hence leading to engorgement. This subsequently leads to development of hemorrhoids.

In FGHAL, the exact placement of all terminal branches of the superior rectal artery are found by intraoperative palpation at anal clock, 2 to 3 cm above the anorectal junction and then arteries are ligated.

CASE REPORT:

A 28yrs old male patient, came to SGAK hospital OPD with complaints of bleeding per rectum during defecation since 2 months. He also had complain of pain during defecation and loss of Appetite. Proctoscopic examination confirmed the diagnosis as a case of 3 o' clock bleeding hemorrhoid. The patient had taken medical treatment from local practitioner for 15 days which did not alter the signs and symptoms.

General examination

- General condition –average
- B.P -130/90mm of Hg.
- Pulse -88/min
- Height -160 cm
- Weight -72 kg
- Temp -98.6°F
- Resp rate -18/min
- Tongue –coated

Ashtavidha Pareeksha

- Nadi -88/min
- Mala -1 time/day
- Mootra -4-5 times /day
- Jihva –Malavrit
- Shabda –Samanya
- Sparsha –Anushna
- Drika –Samanya
- Akriti -Madhyama

Systemic Examination:

- RS –AEBE clear
- CVS- S1S2 N

Per Abdomen: soft

Per rectum Examination:

Externally: NAD

Digital Examination:

Mild anal spasm, Free Mucosa

Prostate Examination: Normal in size and soft in consistency

Proctoscopic examination: 2nd degree bleeding hemorrhoid noted at 3'0 clock position.

Procedure:

The patient was not willing to undergo any invasive surgery and hence the FGHAL was offered. This particular case was treated with FGHAL because arresting the bleeding was the major attention. The procedure was done under Spinal anesthesia with all aseptic precautions. After Lords Anal Dilatation, hemorrhoid artery was palpated with index finger and was ligated above the dentate line by using 2-0 vicryl and surgical knot was applied. It was repeated 1 centimeter above the first suture. The bleeding was arrested due to FGHAL. The proctoscope was then removed and the anal canal was irrigated with antiseptic solution. Anal packing was done and the patient was kept under observation for 6 hours in the postoperative ward. He was discharged after 2 days.

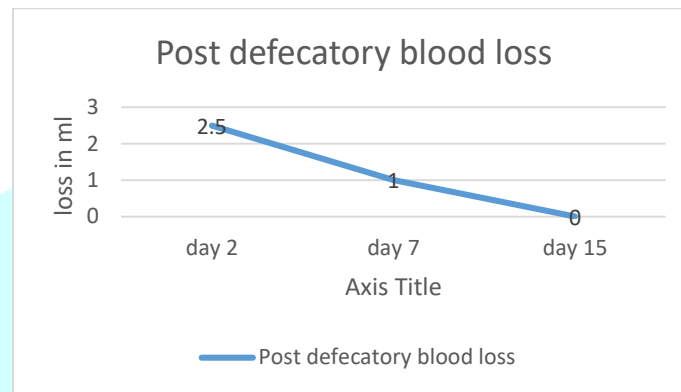
Observation:

1) Pain:

VAS score for postoperative pain

6hrs	3
12hrs	2
24hrs	2
36hrs	1
72hrs	1

2) Bleeding:



RESULTS:

The study included a patient of 28 years presenting bleeding per rectum, pain on defecation. Examination revealed he had grade 2 bleeding hemorrhoid. After the procedure spontaneous bleeding was stopped. But there was minimal post defecatory bleeding which eventually stopped after 7 days. There was minimal post-operative pain (as shown in table) which did not need much pain killers. Patient was discharged after 2 days when all the signs and symptoms were relieved. Follow/up was done weekly once for 2 weeks and no complications were seen.

CONCLUSION:

At present, many treatment methods are available for hemorrhoids, including conservative treatment, instrument treatment, and surgical treatment, such as hemorrhoidectomy, stapler hemorrhoidectomy (SH), FGHAL and Doppler-guided/-assisted HAL. MMH has obvious postoperative pain, secondary bleeding, long recovery period, and other shortcomings, it necessary to adopt techniques with better outcome. FGHAL is effective alternative to Miligan Morgan Hemorrhoidectomy especially in 2nd and 3rd degree bleeding hemorrhoids as it causes minimal pain and blood loss postoperatively. It is less invasive and more cost-effective. It also helps with early rehabilitation of patient.

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