



## Case Study

### AYURVEDIC MANAGEMENT OF THROMBOSED HAEMORRHOIDS (ICD-10-K 64.5)

**Snehal Patel<sup>1\*</sup>, B.Prabhakar<sup>2</sup>, D.Vijaya Laxmi<sup>3</sup>**

\*<sup>1</sup>PG Scholar, <sup>2</sup>Professor and HOD, <sup>3</sup>Assistant Professor, Department of Shalya Tantra, Dr.BRKR. Government Ayurvedic Medical College, Hyderabad, Telangana, India.

#### Article info

##### Article History:

Received: 26-11-2024

Accepted: 21-12-2024

Published: 15-01-2025

#### KEYWORDS:

Thrombosed pile,  
*Lasunadi vati*,  
Fibrinolysis.

#### ABSTRACT

Haemorrhoids, are described as swollen blood vessels in the anal canal, India has one of the highest rates of piles in the world, with about 11% of the prevalence rate. The prevalence of piles is higher in urban areas, and men are more likely to be affected than women. And this condition is one of the most common conditions seen in *Shalya tantra* OPD. Haemorrhoids typically results from persistent straining during bowel movements, which can occur in cases of constipation or diarrhoea. According to Ayurveda, haemorrhoids can be correlated with *Arsha* based on the *Lakshana*. Due to the limitations of standard medical treatments and a high rate of hesitance regarding surgical options, there is an increasing demand for alternative approaches to manage this condition. Thrombosed Pile mass is one among the complications of the haemorrhoids. It is an extremely painful condition characterised by dark purple or black solid mass and the anal margin becomes oedematous with severe pain. Pain may continue for a week or so until the oedema subsides and the thrombus is absorbed. In this case report a 30 year old male patient a known case of haemorrhoid came to *Shalya tantra* OPD at Dr.BRKR Government Ayurvedic hospital, Hyderabad with sudden onset of severe pain in anal region, Reddish and slightly bluish colour solid pile mass. And it was successfully treated with oral Ayurvedic medicine *Lasunadi vat*, *Arshohara vati* and *Panchasarkara churna* and without any surgical intervention. After one week of medication patient got complete relief from the symptoms. This paper is aimed to highlight and to know about properties of *Lasunadi vati* and its effect on thrombosed pile mass.

#### INTRODUCTION

The word 'Haemorrhoids' is derived from Greek word Haima (bleed) + Rhoos (flowering), means bleeding. The pile is derived from the Latin word 'Pila' means Ball.<sup>[1]</sup> There are different theories regarding the formation of the haemorrhoids like A) The varicose vein theory B) The sliding Anal lining (cushion) theory C) The vascular Hyperplasia theory D) The Theory of internal anal sphincter Hypertonia.

#### A) Varicose Vein Theory

This theory posits that haemorrhoids are essentially varicosities, or swollen veins, in the anal region. It suggests that increased venous pressure

leads to the dilation of the blood vessels, resulting in hemorrhoids.<sup>[2]</sup>

#### B) Sliding Anal Lining (Cushion) Theory

This theory suggests that hemorrhoids occur due to the downward displacement of the anal cushions during defecation. As the supporting structures weaken, these vascular cushions slide down and may become engorged or prolapsed. This process is exacerbated by factors such as aging and chronic straining during bowel movements, leading to the development of symptomatic hemorrhoids.<sup>[3]</sup>

#### C) Vascular Hyperplasia Theory

This theory indicates that hemorrhoids resemble erectile tissue due to hyperplasia (an increase in the number of cells) of the vascular structures. It suggests that increased blood flow and vascular congestion contribute to the enlargement of hemorrhoidal tissue.<sup>[4]</sup>

#### Access this article online

Quick Response Code



<https://doi.org/10.47070/ayushdhara.v1i6.1820>

Published by Mahadev Publications (Regd.)  
publication licensed under a Creative Commons  
Attribution-NonCommercial-ShareAlike 4.0  
International (CC BY-NC-SA 4.0)

## D) Theory of Internal Anal Sphincter Hypertonia

This theory suggests that increased tone or hyperactivity of the internal anal sphincter may contribute to hemorrhoid development. The elevated resting pressure can impede venous drainage from the anal cushions, leading to congestion and eventual prolapse.<sup>[5]</sup>

Each theory contributes to understanding hemorrhoid formation, but none fully explains all aspects of their pathophysiology. The sliding anal lining theory is currently the most widely accepted.

### Types

Internal: Above the dentate line, covered with mucous membrane.

External: Below the dentate line, covered with skin.

Interno-external: Occurs together

### Thrombosed pile mass

A thrombosed haemorrhoid is one among the complications of haemorrhoid. It occurs when a blood clot forms inside a haemorrhoidal vein, obstructing blood flow and causing a painful swelling of the anal tissues. Thrombosed haemorrhoids are not dangerous, but they can be very painful and cause rectal bleeding if they become ulcerated. It occurs either internally or externally fills with blood clots. The word "thrombosis," means clotting. Common occurrence is seen in young adults of all sexes.<sup>[6]</sup>

### Symptoms of Thrombosed Haemorrhoids Include

- Pain while sitting, walking, or going to the toilet to pass a stool.
- Itching around the anus
- Bleeding while passing a stool
- Dark purple or black colour mass around the anus.
- It can also become infected. This can lead to fever.

### Causes of Thrombosed Haemorrhoids

The exact cause of the thrombosed pile is unknown, it is linked to an increased intravenous pressure in the haemorrhoidal plexus which leads to rupturing of the endothelial lining initiating thrombosis, hard stool, constipation, excessive physical effort and use of dry toilet paper.

**Types:** 1. External 2. Internal

### Treatment for Thrombosed Haemorrhoids

Treatment of the thrombosed haemorrhoids is divided in to two types

1. **Conservative Management:** which includes stool softer, oral and topical analgesics, sitz bath, high fibre diet, increased intake of fluid, maintaining local hygiene.
2. **Surgical Management:** When a thrombosed hemorrhoid fails to respond to conservative management and symptoms persist. Drainage with

a radial incision and complete excision are considered the two conventional methods

### Case Study

#### Present Complaint

A 30 years old male patient came to OPD of Shalya tantra at Dr.BRKR. Govt. Ayurvedic Hospital, with complaints of severe pain at anal region, which was described as a constant, throbbing in nature, particularly exacerbated by sitting or during bowel movements since two days.

#### History of Present Illness

Patient was apparently normal before 2 days, then he suddenly developed pain over anal region with an associated mass per rectum, first he noticed a mild discomfort and swelling near the anus, which he initially attributed to his history of haemorrhoids and he used Ayurvedic oral medicine (*Arshohara vati, Panchsarkara churna*) for that. However, the discomfort quickly intensified into a sharp, throbbing pain that became constant and particularly painful when sitting or during bowel movements, he noticed occasional bleeding during defecation, with bright red blood on the toilet paper. He also observed an increasingly tender, swollen lump near the anus, which has grown in size and hardness over the past two days. The pain has become nearly unbearable rated at 8/10 in intensity, and is now affecting his daily activities and sleep. He denies any history of trauma or unusual physical activity prior to the onset of symptoms. In the past, the patient has had intermittent haemorrhoidal symptoms for about a year, typically resolving with over-the-counter treatments. However, he has never experienced symptoms this severe. Patient had no history of rectal surgery, and no family history of colorectal diseases. He reports feeling generally well aside from his current symptoms and denies any associated fever, chills, or abdominal pain.

#### Personal History

Appetite - Good

Sleep - Disturbed

Bowel - Constipated (on and off since more than 6 months)

Micturition – Normal

#### Habits

Non-smoker

Non-alcoholic

#### Examinations

BP - 120/80 mm of Hg

Pulse - 78/min regular

Temp - 98.6°F

**Systemic**

CNS: Conscious and oriented.

RS: No visible breathing distress; lung fields clear on auscultation.

CVS: Heart sounds S1 and S2 normal; no added sounds or murmurs detected.

P/A: Abdomen soft, non-tender, and normal bowel sounds present.

**Local examination****Inspection**

Reddish mild bluish globular mass of medium size at 7 and 11 'o' clock position perianal and sentinel tag present at anterior and posterior midline.

**Palpation**

Tender mass

**DRE:** the rectal walls feel smooth and free of any masses or irregularities. There was no any tenderness or induration noted within the rectal vault. The anal sphincter tone appears normal with good contraction upon insertion of the examining finger. No evidence of sphincter laxity or abnormal tone was noted. No evidence of abnormal findings such as polyps or tumors or ulcerations in anal canal or rectum

Proctoscopy: not done due to severe pain

**Blood Investigations**

Hb - 12.8 gm/dl  
TLC - 7200/cumm  
RBC count - 4.45 millions/cmm  
PCV - 33.7%  
MCV - 77.8 fL  
MCHC - 34.6 gm/dl  
MCH - 27.8 picogram  
Platelet Count - 2.80 Lakh/cmm  
Bleeding Time - 02 min 08 sec  
Clotting Time - 04 min 20 sec  
Blood Sugar Random - 98 mg/dl  
HbsAg - Non reactive  
HIV 1 (Antibodies) - Non Reactive  
HIV 2 (Antibodies) - Non-Reactive  
HCV-Non-Reactive  
VDRL-Non-Reactive

**MATERIALS AND METHODS****Type of study**

The present study is a case report on Ayurvedic management of thrombosed haemorrhoid.

**Source of Data**

A patient from the OPD of Shalya tantra, Dr.BRKR. Government Ayurvedic Hospital. Hyderabad.

**Treatment plan**

The details of treatment given with drug used, dosage, and duration are provided in table 1.

**Table 1: Medication given to the patient for one week**

S.No	Medication	Dosage
1	<i>Lashunadi vati</i>	1BD/AF
2	<i>Arshohara vati</i>	2BD/AF
3	<i>Pancha sarakara churnam</i>	½ TSF (bed time)

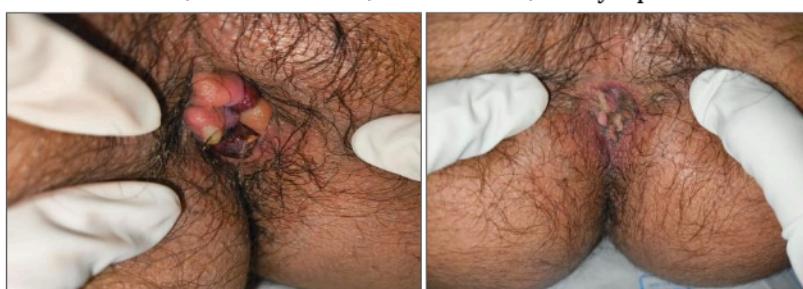
**OBSERVATION AND RESULT**

The assessment was conducted before treatment on the 0th day, and after treatment on the completion of the medication course on the 7<sup>th</sup> day. Throughout this period, the patient did not report any new complaints. Before treatment, the thrombosed pile mass was firm and tender [Figures 1]. After 7 days of oral medicine, a follow-up assessment showed a reduction in mass size, reduced tenderness, and significant improvement in patient comfort [Figures 2], and relief from the constipation.

**Table 2: Relief from symptoms after the treatment**

Variables	Day 1	Day 7
Pain	+++	-
Swelling	+++	-
Tenderness	+++	-
Discoloration	Reddish and slightly bluish	Normal skin colour

Mild: +; Moderate: ++; Severe: +++; No symptoms



**Figure 2: After treatment (Day7) Figure 1: Before treatment (Day1)**

## DISCUSSION

The results from day 1 to day 7 demonstrate a significant improvement in the patient's condition following treatment, with complete resolution of pain, swelling, tenderness, and discoloration. Initially, the patient experienced severe pain, with notable swelling and tenderness. By day 7, these symptoms had subsided entirely. Additionally, discoloration, which presented as reddish and slightly bluish on day 1, returned to normal skin colour by day 7. And the size of the pile mass reduced. These findings suggest that the treatment was highly effective in addressing not

only the symptoms but also the underlying inflammatory processes, leading to a rapid and comprehensive recovery within a week.

### Probable Mode of Action of Drugs

*Lashunadi vati* is useful in *Agnimandya, Ajeerna, Visuchika, Udarshoola, Adhma, Atopa*. All the ingredients have *Deepana, Paachana, Shoolahara* and *Vatanulomana* action. Ingredients of *Lashunadi vati* is described in the table below:<sup>[7,8]</sup>

Dravaya	Rasa-vipak-virya	Karma	Doshaghnata	Chemical content
<i>Lashuna</i>	<i>Pancharasa (except Lavana) - Katu-Ushna</i>	<i>Deepana, Paachana, Arshohara Shoolahara, Krumighana, Vinandhahara</i>	<i>Kapha-Vataghna</i>	Allicin, Ajoene, Diallyl sulfide
<i>Jeeraka</i>	<i>Katu-Katu- Ushna</i>	<i>Deepana, Paachana, Rochana, Vatanulomana, Shoolahara</i>	<i>Kapha-Vataghna</i>	Cuminaldehyde, Thymol, Terpenes, Carvacrol
<i>Saindhava</i>	<i>Lavan-Madhur- Sheetaa</i>	<i>Rochana, Deepana, Vatanulomana, Shoolahara</i>	<i>Tridosaghna</i>	Sodium chloride
<i>Gandhak</i>	<i>Katu, Tikta-Katu-Anushna</i>	<i>Krumighna</i>	<i>Vata-Kaphaghna</i>	Sulphur
<i>Shunthi</i>	<i>Katu-Madhur- Ushna</i>	<i>Deepana, Paachana, Rochana, Vatanulomana, Shoolahara, Truptighna</i>	<i>Kapha-Vataghna, Pitta aprakopi</i>	Gingerol, Shogaol, and zingerone
<i>Maricha</i>	<i>Katu-Katu- Ushna</i>	<i>Deepana, Paachana, Vatanulomana, Krumighna</i>	<i>Kapha-Vataghna</i>	Piperine, $\beta$ -caryophyllene, limonene
<i>Pippali</i>	<i>Katu-Madhur- Anushnasheet</i>	<i>Deepana, Paachana, Vatanulomana, Shoolahara, Truptighna, Mrudurechan</i>	<i>Kapha-Vataghna</i>	Piperine, essential oils
<i>Hingu</i>	<i>Katu-Katu- Ushna</i>	<i>Deepana, Paachana, Rochana, Vatanulomana, Shoolahara, Krumighna</i>	<i>Kapha-Vataghna</i>	Ferulenol, umbelliprenin, coumarins, sesquiterpenes, and sesquiterpene lactones,
<i>Nimbuka</i>	<i>Amla-Amla- Ushna</i>	<i>Deepana, Shoolahara, Vatanulomana, Krumighna</i>	<i>Tridosaghna</i>	Citric acid, ascorbic acid, etc

**Lasuna:** It exhibit thrombolytic activity, primarily attributed to its active component allicin. Studies indicate that garlic extracts can enhance fibrinolytic activity, effectively aiding in the breakdown of fibrin clots in the bloodstream. Fibrinolysis is the process by which fibrin clots get broken down. The activation of plasminogen to plasmin, facilitated by enzymes like tissue plasminogen activator (tPA), is crucial for dissolving these clots. Enhanced fibrinolytic activity can help alleviate the symptoms associated with thrombosed piles by promoting the re-absorption of the clot and reducing inflammation.<sup>[9]</sup>

**Jeeraka:** cuminaldehyde, thymol, carvacrol are the active components. Cuminaldehyde has anti-inflammatory and antimicrobial properties. Thymol exhibits potent anti-inflammatory effects, which can be beneficial in managing thrombosed hemorrhoids. By inhibiting inflammatory mediators, thymol can help to reduce swelling and pain.<sup>[10]</sup>

**Gandhaka:** It has ability to improve blood circulation and reduce inflammation in the affected area. According to homeopathic research articles Sulphur plays a role in resolving thrombosis by improving circulatory function and reducing swelling around the

haemorrhoidal tissue. This can lead to a decrease in pain and discomfort associated with thrombosed piles.<sup>[11]</sup>

**Maricha:** Piperine is the most notable alkaloid in black pepper, recognized for its anti-inflammatory and analgesic properties. These effects can help alleviate pain and inflammation associated with thrombosed hemorrhoids. It also enhances the bioavailability of various drugs, potentially improving the efficacy of treatments for haemorrhoids. Both piperine and  $\beta$ -caryophyllene can inhibit inflammatory pathways, which is crucial for managing the swelling and discomfort associated with thrombosed hemorrhoids.<sup>[12]</sup>

**Pipali:** Anti-inflammatory and analgesic properties **Sunthi:** Gingerol is well-known for its anti-inflammatory and antioxidant properties. It inhibits the production of pro-inflammatory cytokines such as TNF- $\alpha$  and IL-1 $\beta$ , which are involved in the inflammatory response associated with thrombosed piles. Zingerone, another compound found in ginger, also possesses anti-inflammatory properties. Gingerol and shogaol inhibit key inflammatory pathways, including the NF-B signaling pathway, which is crucial for the expression of many inflammatory mediators. This action helps to reduce swelling and pain.<sup>[13]</sup>

**Hingu:** Coumarins is one among the active component which has anti-inflammatory properties.

## CONCLUSION

This case study shows that with Ayurvedic medication we can effectively treat external thrombosed haemorrhoids.

## REFERENCES

1. SRB'S Manual of surgery by Sriram Bhat M, 5<sup>th</sup> edition, Chapter no 25: Rectum and Anal canal. Page no: 951
2. Margetis N. Pathophysiology of internal hemorrhoids. Ann Gastroenterol. 2019 May-Jun; 32(3): 264-272. doi: 10.20524/aog.2019.0355.
3. Sakr M, Saed K. Recent advances in the management of hemorrhoids. World J Surg Proced 2014; 4(3): 55-65 [DOI: 10.5412/wjsp.v4.i3.55]
4. Margetis N. Pathophysiology of internal hemorrhoids. Ann Gastroenterol. 2019 May-Jun; 32(3):264-272. doi: 10.20524/aog.2019.0355. Epub 2019 Jan 23. PMID: 31040623; PMCID: PMC6479658.
5. Margetis N. Pathophysiology of internal hemorrhoids. Ann Gastroenterol. 2019 May-Jun;32(3):264-272. doi: 10.20524/aog.2019.0355. Epub 2019 Jan 23. PMID: 31040623; PMCID: PMC6479658.
6. Medically reviewed by Cynthia Taylor Chavouste, MPAS, PA-C -Written by Lana Burgess - Updated on May 21, 2024
7. Ayurveda Sarasamgraha, Publication: Shree Baidhyanath Ayurveda Bhawan limited, Ilahabad. page no: 535
8. Dravya Guna Vijnana by Acharya Priyavat Sharma, Chaukhamba Bharati Academy, Varanasi, Volume- 2
9. Ansari.F et al. Study of garlic effect on fibrinolytic activity of the blood clot in vitro. Iranian Journal of Pediatric Hematology Oncology Vol1.No2.48-52.
10. Singh RP, Gangadharappa HV, Mruthunjaya K. Cuminum cyminum – A Popular Spice: An Updated Review. Pharmacogn J. 2017;9(3):292-301
11. Role of Sulphur in Haemorrhoids, Dept. Of Homoeopathic Pharmacy, Swami Vivekanand Homoeopathic Medical College, Bhavnagar
12. <https://ijpsm.com/Publish/Jan2021/V6I109.pdf> <https://pmc.ncbi.nlm.nih.gov/articles/PMC6479398/>
13. <https://www.frontiersin.org/journals/immunology/articles/10.3389/fimmu.2024.1400956/full>

### Cite this article as:

Snehal Patel, B.Prabhakar, D.Vijaya Laxmi. Ayurvedic Management of Thrombosed Haemorrhoids (ICD-10-K 64.5). AYUSHDHARA, 2024;11(6):231-235.

<https://doi.org/10.47070/ayushdhara.v11i6.1820>

*Source of support: Nil, Conflict of interest: None Declared*

### \*Address for correspondence

**Dr. Snehal Patel**

PG Scholar,  
Department of Shalya Tantra,  
Dr.BRKR. Government Ayurvedic  
Medical College, Hyderabad,  
Telangana.  
Email: [hanuman10tk@gmail.com](mailto:hanuman10tk@gmail.com)

Disclaimer: AYUSHDHARA is solely owned by Mahadev Publications - A non-profit publications, dedicated to publish quality research, while every effort has been taken to verify the accuracy of the content published in our Journal. AYUSHDHARA cannot accept any responsibility or liability for the articles content which are published. The views expressed in articles by our contributing authors are not necessarily those of AYUSHDHARA editor or editorial board members.