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## Conceptual Study of Anorectal Disorders

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### Abstract

The prevalence of anorectal disorders in the general population is between 5% and 15%. The faulty dietary pattern and life style, hereditary factors are important Etiological factors of this disease. Anorectal disorders are a group of medical Disorders that occur at rectum and anal canal region. Ayurveda have mentioned Various References in many Ayurvedic texts regarding Anorectal diseases and their Management after a long clinical experience as Arsha (Piles or Haemorrhoids), Bhagandara (fistula in ano) etc. The incidence of problem is increasing & challenging due to continue practice of Ahitsevan (harmful Substances), ignorance and busy lifestyle. The marvellous advancement in modern surgical field with Constant efforts has been made globally but still the anorectal disease has remained as a challenging task for its management. Due to factors like Hesitation, shyness, refusal of per rectal examination, Unawareness etc. patient Takes consultation late with much misconception. Change in lifestyle and food Habits had led to increase in gastrointestinal disorders. Anorectal disorders are the Conditions which primarily affects anus and rectum area. The common disorders of it includes hemorrhoids-Arsha, anal fissures-Parikartika and anal fistula these disorders are associated with defect in Functioning of digestive fire-Jatharagni. Any causative factor-Hetu for causing Mandagni results in vicious Cycle of indigestion and constipation. This tends to vitiation of Dosha-Vata, Pitta and Kapha, these Dosha then Affects Dushya-Skin-Twak, Mamsa and Meda thus forming the disease. A complete overlook from causative Factors-Hetu, its Samprapti-pathogenesis, signs-symptoms and treatment protocol in accordance Ayurveda. The vitiation of Doshas, leading to Mandagni and Apana vayu Imbalances. This imbalance results in the Stagnation of Mala in Gudavali, Eventually culminating in anorectal disorders. Ayurveda surgery and para-surgical Approaches gives several advantages in the management of such types of Conditions. This study aims to provide a Comprehensive and scientifically-backed Analysis on the Nidan samprapti and management of anorectal diseases.

**Keywords:** Anorectal Disease, Nidan, Samprapti, Guda, Apanvayu.

### Introduction

Ayurveda has a holistic approach to each and every Aspect of life and rightly called as science of life. Mandagni is stated to be the root cause of almost diseases. As we consider this as the prime causative factor-Hetu for the Presenting disease, the physical-mental and emotional Factors-Kayik-Vachik and Manasik Hetu responsible for the disease can be elaborated. The sedentary life Style, unhealthy food habits, low fiber intake, lack of Exercise, disturbed sleep patterns, lack of hygiene etc. In Context to Ayurveda the hetu can be discussed as, Mom Viruddha Ashana, Vega Vidharana, Vata-Pitta Prakopak Ahara Vihara, Ati Chankramana/Vyavyaya Resulting in Dosha Prakopa. Here the Ahara-Vihara Nidana along with other causative factors will be discussed. The Nidana thus causing vitiation of Dosha and Dushya resulting in pathogenesis-Samprapti of the Anorectal disorders will be briefed. Followed by the due Treatment protocol along with preventive aspect will be discussed.

In the context of Ayurveda, Gudagata Vikara denotes Afflictions of the anus and rectum, encompassing various

Common disorders like Haemorrhoids, Fistula-in-Ano and Fissure-in-Ano, etc. A haemorrhoid (Arsha) is Classified under the category of Ashtamahagad Vyadhi, Denoting severe and incurable ailments. Arsha emerges within the crucial site of Guda, known as a Marma, Likened to a formidable adversary. Fistula-in-Ano (Bhagandara) signifies a condition that results in a tear or discontinuity in the Guda and Vasti region. Fissure-in-Ano (Parikartika) is a condition of pervasive cutting and tearing pain, primarily localized in the Guda. Rectal

### Ahara Nidana

- Asatmya, Ajirna Ashana
- Paryushit ahara sevana
- Ati-Ushna, Tikshna Ahara Sevana
- Guru, Garishta, Vidahi Anaa Sevana
- Ruksha Ahara Sevana
- Viruddha Ahara Sevana

### Vihara Nidana

- Ati Chankramana
- Ati Vyayama/Vyavaya
- Avyayam
- Utkatasana
- Diwaswapa

### Other Nidana

- Vega Vidharana-suppression or initiation of natural Urges
- Vishamaasana and Yana-improper sitting position and continuous use of vehicles for traveling
- Anulomana-use of daily purgatives
- Sahaja-in born
- Lack of cleanliness leading to infection

### Pathogenesis Samprapti-

Any causative factor-Hetu for causing Mandagni results in vicious Cycle of indigestion and constipation. This tends to vitiation of Dosha-Vata, Pitta and Kapha, these Dosha then Affects Dushya-Skin-Twak, Mamsa and Meda thus forming the disease. The vitiation of Doshas, leading to Mandagni and Apana vayu Imbalances, is often a consequence of improper dietary practices and lifestyle habits. This imbalance results in the stagnation of Mala in Gudavali, eventually culminating in anorectal disorders. A complete overlook from causative Factors-Hetu, its Samprapti-pathogenesis, signs-symptoms and treatment protocol in accordance to Ayurveda.

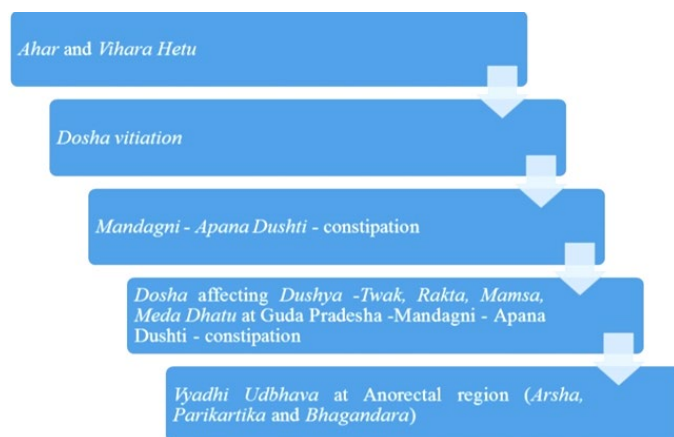


Fig 1: Pathogenesis of anorectal disease

### Lakshana

The signs and symptoms of the disorders of anorectal Region are more over much related to each other and also Resemble in the treatment protocol.

The Lakshanas are as follows

- Constipation
- Mandagni-loss of appetite and low digestive power
- Pain and swelling around the anal region
- Arsha-engorged veins around anus
- Bleeding through anal region
- Burning sensation in anal fissures
- Development of one or more track of defecation
- Itching sensation along with mucous discharge.

### Treatment

Several treatment methods have been recommended by both modern and Ayurvedic sciences. Modern medicine typically manages these conditions through the Administration of stool softeners, topical therapies such As nitroglycerin and surgery, etc. Ayurvedic treatments Involve drug therapy, Kshara

karma, Agni karma and Shastra Karma. Ayurveda places greater emphasis on Preventive measures rather than curative interventions. In This context, the primary cause often lies in constipation Due to Mandagni. To rectify Mandagni, considerable Attention must be paid to the Ahara and Vihara.

### Ayurveda mainly focuses on following treatment Methods:

#### a) Arsha (Piles)

Vagbhata says that Arsha Is swelling in anal canal which obstructs anal canal and troubling patient like enemy <sup>[1]</sup>. Sushruta has told that Arsha is a diseases In which vitiated Doshas along with Rakta (Blood) collects in the major vessels in body (Pradhan Dhamanis) and goes towards anal Canal and create a swelling (Ankur) <sup>[2]</sup>. While considering pathophysiology Sushruta says that Arsha is common in patients who have Mandagni (Poor digestive Power). So in treatment also Sushruta has Mention various treatments in which Bheshaja (Oral Medicine) is the first line of Treatment. Sushruta has mentioned four types of treat-ments in Arsha (Piles) <sup>[3]</sup>.

- Bheshaja (Oral Medicines)
- Kshar (Alkali)
- Agni (Heat-Cauterization)
- Shastra (Operative)

i). **Treatment by Bheshaja:** Medicinal Treatment should be given in piles which are new, having less involvement of Doshas, Having less symptoms. While treating Arsha by medicines or treatment should be arranged considering Agni (i.e. Digestion) of patient. Vagbhata has told that checking Agni (Digestion) of patient is very important in Arsha, Atisar and Grahani diseases as these are inter dependent diseases <sup>[4]</sup>. Also one should differentiate bleeding and non-bleeding piles. Vagbhata says that in non-bleeding piles Bhallataka (Aconitum Ferox) is important drug while in bleeding piles Vatsak (Holearhena Antidysentrica) is the main drug. Takra (Butter Milk) is the drug of choice in all kind of Arsha (Piles) in order to normalize vitiated Doshas and also to increase bala (Power) of patient. Sushruta has advised Panchakarma treatment in Vata dosha pradhan Arsha, Virehan in Pitta pradhan Arsha and Rrcta Prdhan Arsha. Shunthi (Zingiber officinale) and Kulith (Macrotyloma Uniflorum) in Kapha Pradhan Arsha. Charaka has given basic line of treatment in 14th Adhaya CharAkasambrita as, Abhyanga, Swedan, Dhuma, Avagaha, Lepa, Raktamokshana, Deepan, Pachana, Anulo-mana, Sarpi, Basti, Takra, etc., drugs.

ii). **Treatment by Kshar:** In piles which are soft, wide and deep should be treated by Kshar. Also Sushruta has told to use Kshar in the Arshas which are Vatakaphaja and Pitta Raktja. Kshar karma should be done in patient who is Balwan (having good strength). After giving proper position to patient one should introduce Arshoyantra (resembling Proctoscope) and apply Kshar. After applying Kshar wait up to counting 100 (Vakshatmatra) and close Ashoyarika the color of Arsha should be like ripen Syzygium (Pakwajambuphala). When this sign is achieved, wash pile mass with kanji (Acidic in nature) or curd. After this treatment patient should be advised to take proper diet and treatment should be repeated after seven days if required.

iii). **Treatment by Agni:** Agni Chikitsa (Treatment with heat cauterization) is advised in piles which are rough, immovable, big and hard Also Arsha which are Vata

Kapha Pradhan should be treated with Agni Karma.

- iv). **Treatment by Shastra:** Shastra Karma Chikitsa (Operative treatment) should be done in piles which are having small pedicle (Tanumoola), Elevated (Vchritani). Sushruta has mentioned to excise such piles with the help of instrument and should be cauterized immediately.

#### b) Parikartika (Fissure in Ano):

Parikartika Itself denotes the cutting pain. Though now a days Parikartika is separate disease but in the history it was mentioned a complication of some other disease or some Ayurvedic Procedures like Basti. Kashyap has described Parikartika as complication in pregnancy [12]. Sushruta mentioned Parikartika as A complication of one of the Panchakarma Treatment-Basti Sushruta doesn't mention directly Parikartika disease but he described a disease resembling it as Kshataguda while describing Netra Vyapad (complication of instrument of Basti) in Sushruta Chikitsasthan 36/6. Considering Treatment of Parikartika the main objective of treatment is to relieve pain, which provides relaxation of Sphincter. Sushruta has Advised to treat this condition same as Wound management mentioned in Sadyakshta-vidi (Treatment of traumatic Injury) Kashyapa has given detailed medicinal treatment of this diseases. He says Oral medicines should be prepared by Madhuka (Glycyrrhiza Glabra) Kantakari (Solanum Surattense) Shwadaunshtra (Tribulus Terrestris) etc. according to Dasha.

#### c) Bhagandar (Fistula in Ano)

Sushruta Has described Bhagandar disease like a disease in which there is Daran (deformity) of Pubis (Bhag), Guda (Anus) and Bati. Vagbhata says in Bhagandar there is pustule or swelling formation near anus within periphery of two fingers. In Purarrop of Bhagander Bhagandri Pildka (perianal abscess) is seen which should be treated first As first eleven types of treatments described In Shashtra Upakrama in the management of Vrana (Sixty types of treatment in management of wound) [16] Yoga Rtnakar has described various treatments for Bhagandari Pidaka as Raktamokshana (Bloodletting), Aganikarma (cauterization) and various Types of Lepa. (Local applications). Sushruta Has described detailed procedure of Ksharsutra Vidhi while describing Visarpa Nadi Stana Rog Chikitsitam Adhaya of Chikitsasthan. Sushruta told to find direction of Fistula with the help of Eshani (probe) and after finding direction apply a Thread which is incorporated with Kshar. Then tie this thread. This procedure should Be repeated till the track is fully cut In Case of multiple fistulae at anal canal (Shataponak) Sushrula has advised not cut All fistulae at a time but keep some fistulae Intact to prevent large wound which will be Difficult to heal. For this purpose four types of incisions are told-Ardhalanglak, Langlak, Sarvatobhadrak and Gotirthak. 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 diseases by Modern Science:

- a) **Piles:** Modern Medicine Sciences categories piles as external and internal. Internal piles are covered by mucosa membrane while external hemorrhoids are covered by skin.  
Treatment options involves mainly two-methods:
- i). **Dietary and Lifestyle Modification:** Increasing intake of Fibers or providing added bulk in the diet Might help. Eliminate straining during Defecation fiber supplement

reduced the Risk of persisting symptoms and bleeding But did not improve the symptoms of Prolapse, pain and itching.

- ii). **Injection Therapy:** This is treatment of Choice for first degree hemorrhoids and Also useful for early second degree hemorrhoids. The treatment includes giving Injection 5% phenol in Almond oil (3-5ml) in upper and of hemorrhoid above Level of anorectal ring. This injection causes fibrous tissue reaction in the Submucosa of anal canal.
- iii). **Elastic Banding (Barron):** This is used for second degree Hemorrhoids. Hemorrhoid tissue is grasped and rubber band is applied to base of hemorrhoids using an applicator. The tissue which is banded necrosis and sloughs away to leave a scar in the area of vascular pedicles.
- iv). **Cryosurgery:** 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 discharges.
- v). **Hemorrhoidectomy:** The indications for Hemorrhoidectomy are Third degree Hemorrhoids. There are manly two types of hemorrhoidectomy.  
a) Open Hemorrhoidectomy (Milligan-Morgen)  
b) Closed Hemorrhoidectomy.
- vi). **Stapled Hemorrhoidectomy:** Stapled Hemorrhoidectomy is one of the newer surgical technique for treating haemorrhoidal artery ligation it has rapidly became 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.

#### b) Fistula in Ano

Fistula may first present as an acute abscess or at times simply as draining sinus that may irritate the perianal skin Management of fistula include gentle probing along the dentate line for internal opening following Goodsall's Rule. Methylene blue is useful to identify track. Drainage of primary Intersphincteric infection in all types of Fistulas, well as the primary track across The external sphincter and secondary Tracks within the anorectal fossa is important for superficial fistulas involving Small quantities of sphincter muscle, Primary fistulotomy is simple and fistulas involving greater than one fourth to Placement should be preferred over primary fistulotomy. Seton placement-A Seton of monofilament nylon tied loosely. Around the fistulous track may be used to drain the transsphincteric fistula. The Seton may be removed 2 to 3 months later at which time the track may heal spontaneously. If not the track gradually over a few weeks and minimizes the sphincter defect and the risk of significant fecal incontinence. In rare circumstances with complex, deep or recurrent fistulas newer alternatives to fistulotomy are preferred to avoid the complication of fecal incontinence Fibrin glue injections of track and advancement flap closure of primary opening heal complex fistula.

#### c) Fissure In Ano

Treatment of fissure Includes conservative management medical Therapy and Surgical management.  
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- a) **Conservative Management:** Practice Parameters from American society of colon and rectal surgeons state that conservative therapy is safe has few side effects and should usually be first step in Therapy for all fissure types Breaking the Cycle of hard stool, pain and spasm is Primary aim of treatment by adequate Fluid, fiber and if necessary stall softeners.
- b) **Medical Therapy:** Mainly two topical Agents, Nitrates and calcium channel Blockers and one injectable agent, Botulinum of fissure in Ano.
- c) **Glycerin Trinitrate (GTN):** Chemical Sphincterotomy'' is the term used for Medical management of fissure in Ano with GTN. Nitrates are metabolized by Smooth muscle cells to release nitric oxide which is the Neurotransmitter mediating relaxation of internal anal Sphincter muscle. The most common Side effect of GTN are headache and Hypotension a second probable drawback is tachyphylaxis.
- d) **Calcium Channel Blockers:** Calcium Channel blockers prevent influx of calcium into smooth muscle cells, decreasing intracellular calcium and preventing Smooth muscle contraction. Postural dizziness or an unanticipated drop in blood.
- e) **Botulinum A Toxin Injection:** Botulinum A toxin is a potent neurotoxin and when injected into internal anal sphincter, it produces a chemical denervation of motor end plates with subsequent decrease in resting anal pressure and improved perfusion. Surgical Management) Manual dilatation of Anus Once the First line of treatment for chronic anal Fissure; manual dilatation in its original Form is found to cause variable degrees of hear of sphincter muscle. The aim of Procedure is to reduce sphincter tone by Controlled manual stretching of internal Sphincter. This procedure is gradually Being abandoned because it frequently Produced an uncontrolled tearing of Sphincter muscle which result in incontinence so sometimes balloon dilatation is Preferred over manual dilatation in order To achieve controlled pressure
- f) **Lateral Internal Sphincterotomy:** It is performed by two methods-open or closed. In both methods internal anal sphincter Fibers are divided laterally. This Sphincterotomy may cause incontinence in 0 to 50% of patients. Other complications are hematoma, abscess, formation recurrent ulcer formation and Persistent mucus discharge.

## Discussion

Piles, fissure and fistula are the common diseases occurring at anal region and we come across many patients with one of above problem. Various treatments are available in present era for each of these Condition. Each treatment is designed in order to achieve minimal complications and recurrence of the disease. As it is well known that recurrence of any of the above disease is common so in this review article detailed study of various treatment modalities was done. An Ayurvedic view as well as Modern view was studied. Now considering Arsha (Piles), Ayurveda science consider Arsha as a systemic disease so while giving Treatment Sushruta and other Samhita have Told importance of Agani (Jatharagni-digestive power) One should consider improvement of Agni (digestion) in order to Treat piles and after Agnivardhan four types of treatments are described, Bhesaja (medicines, Kshar (Alkali), Agni (Heat) and Shastrakarma (Surgery). Sushruta has told Last option of surgery for treatment if piles. Because

according to Sushruta, piles is disease of Rakta dhatu, vitiated with Tridoshas And collected at Dhamanias (veins) at anal Canal. While in modern science piles are considered as manly local entity and either Local or surgical invention is the main treatment of piles. Modern science describes various treatments like conservative method in which mainly treating constipation is concentrated. Sclerotherapy and banding is the Treatment where stopping of blood low in Pile mass (dilated haemorrhoidal veins) is Achieved, which resembles Ksharsutra ligation at base of piles described by Sushruta. The second most commonly occurring disease at anal canal is fistula in Ano which is described in Ayurveda Samhitas as Bhagandar. In case fistula in Ano, Sushruta Has advised to treat fistula in early stage in Order to prevent its progression. So Sushruta Has advised medical treatment in Bhagandari Pidaka (Perineal abscess) and if it bursts one should treat it as Vrana (Shasthi Upkrama) (Wound management). One of The best treatment option described by Sushruta for Fistula in ano is Ksharsutra in which application of treated incorporated With Kshar is applied in Fistula track and Replaced frequently in order to achieve cutting and spontaneous healing of track. Whereas modern science also describes operative method like fistulotomy but with Moderate risk of incontinence due to chances of cutting of sphincter. So in modern science also 'Seton' mentioned resembling Ksharsutra is described. Ksharsutra Described by sushruta is having medicinal Value too. So cutting and healing both can be achieved by Ksharsutra. Ayurveda science has not described it as separate disease but described As Parikartika with complication of some other diseases or procedures. Sushruta has mentioned mainly local treatment for Parikartika, resembling Vrana (Wound) management told in 'Sadyakshata Vyadhi'. The Main principle of Ayurvedic treatment is to Achieved sphincter relaxation and wound Healing. Same principle are described in Modern science also same, but beyond that Additional treatment like use of Glycerin Trinitrates, calcium channel blockers Botulinum-A toxin injection are also described. But comparing complication or side effects of these options, user of any one of these is defiantly restricted.

## Conclusion

Decision for right option of treatment for anorectal diseases is very important In order to avoid complications and recurrence. Looking towards treatment option Described by Ayurveda as well as modern Science we can conclude that many of the Principles for treatment Anorectal diseases like piles, fissure, and fistula are same. But considering, removing basic cause or break Cycle of pathophysiology, Ayurveda Samhita has elaborated more options. So in order To achieve complete cure one should consider operative methods describes by modern science along with Ayurvedic treatment In order to achieve holistic approach.

## References

1. Acharya Priyavata Sharma, Charaka Samhita, 1<sup>st</sup> Edition, Delhi: Chaukhambha Sanskrit Pratishthan, 2007. Cha. Su. 1/43:p.13.
2. Maharshi Susruta, Susruta Samhita, Edited by Dr. Anant Ram Sharma, Chaukhamba Surbharati Prakashan Varanasi, Volume 1, 2, 3, reprint 2010.
3. Vagbhata, Ashtang Hrudaya, edited by Dr. Bramhanand Tripathi, Chaukhamba Sanskrit Prakashan, Delhi, reprint 2009.
4. Acharya Charaka, Charak Samhita, edited by Dr. Brahmanand Tripathi, Chaukhamba Surbharti Prakashan, Varanasi, Vol. 1, reprint 2009.
5. Somen Das; A concise text book of Surgery;Seventh Edition; Publisher-Dr. S. Das; Kol-kataa 2012: 1077.
6. Dr. Sanjay Azad; Essentials of Surgery; Paras Medical Publication; Hydrabad; page 462.