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A CASE STUDY ON THE EFFECT OF *MURIVENNA* IN HAEMORRHOIDAL THROMBOSIS

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ABSTRACT

Thrombosis is one of the main complication of haemorrhoids. The mainstay of treatment includes intake of analgesics and laxatives in the beginning. Haemorrhoidectomy is the treatment of choice if the condition persists even after the conservative management¹. This is a case of haemorrhoidal thrombosis, where the patient presented with mass remaining strangulated outside the anal verge with severe pain. The patient was treated with *Murivenna* and other ayurvedic medications. The procedure was effective in reducing the size of the mass and gave symptomatic relief.

KEY WORDS- Haemorrhoids, Haemorrhoidal thrombosis, Haemorrhoidectomy, *Murivenna*

INTRODUCTION

Haemorrhoids are dilated veins within the anal canal in the sub-mucosal region formed by the radicles of superior, middle and inferior rectal veins corresponding to 3'O clock, 7'O clock and 11'O clock positions². The prevalence of haemorrhoids is 50 to 85% globally and 75% in India³. It may be due to downward sliding of anal cushions associated with gravity, straining and irregular bowel habits⁴.

CAUSES⁵

1. Hereditary causes: ano-rectal deformity
2. Morphological-absence of valves in superior haemorrhoidal veins
3. Exciting causes-straining, constipation, carcinoma of rectum, portal hypertension, pregnancy
4. Diet-low roughage diet
5. Abdominal causes-ascites
6. Pelvic causes-gravid uterus, ovarian neoplasm
7. Neurological causes-paraplegia

TYPES⁶

Thrombosed piles (thrombosis of external piles) and haemorrhoidal thrombosis (thrombosis of internal haemorrhoids) are two different entities. The former presents with an acute swelling at anal verge accompanied with severe pain. In the latter one, haemorrhoid becomes dark purple or black in colour and solid in consistency. It occurs either at primary positions or in secondary positions. Ulcerations will be present over the masses. The anal margin becomes oedematous with severe anal pain. Thus, thromboses in haemorrhoids are of two types-external and internal.

CASE REPORT

A 65 year old female came to the Shalyatantra O.P.D of P.N.N.M Ayurveda Medical College on 25-7-2020 with complaints of mass remaining strangulated outside the anal

verge with excruciating pain even after hours of defecation. The patient had unsatisfactory hard bowel passage with minimal burning sensation since 2 days.

HISTORY OF PRESENT ILLNESS

A non-diabetic and non-hypertensive patient presented with prolapsed mass outside the anal verge with excruciating pain and minimal burning sensation since two days. Patient had unsatisfactory bowel movement, severe pain in low back and loss of appetite. There was no previous history of haemorrhoids or constipation. The patient came to the O.P.D. on 25-7-2020.

HISTORY OF PREVIOUS ILLNESS AND TREATMENT

Nothing relevant

FAMILY HISTORY

Positive paternal family history

PERSONAL HISTORY

Bowel-unsatisfactory

Appetite-reduced

Micturition-6 to 7 times/day

Sleep-sound

Diet-mixed

LOCAL ANO-RECTAL EXAMINATION

- Inspection- Interno-external pile masses present at all primary positions and few secondary positions with thrombosis and swelling. Ulcerations present over the 3'O clock mass.
- Digital examination and proctoscopic examination was not done in the initial days due to severe pain.



DIFFERENTIAL DIAGNOSIS

1. Prolapsed rectum
2. Carcinoma of rectum
3. Thrombosed piles (thrombosis of external piles)
4. Haemorrhoidal thrombosis (thrombosis of internal piles)

LABORTARY INVESTIGATIONS

TESTS	VALUES
Hb	12.4gm%
Total W.B.C. count	7200 cells/cumm
ESR	15mm/hr
Differential count:	
Polymorph	55%
Lymphocyte	41%
Eosinophils	4%

DIAGNOSIS

Haemorrhoidal thrombosis (thrombosis of internal haemorrhoidal masses)

TREATMENT

- OPD based treatment
- Consent obtained
- Infiltration done with 60 ml of *Murivenna* after lunch daily

PERIOD OF TREATMENT

15 days

INTERNAL MEDICINES

1. *Chiruvilwadi kashayam*- 90 ml twice daily before food (6am, 6pm)
2. *Avipathi churnam*- 2tsp with warm ghee at bed time

PROCEDURE

PRE-OPERATIVE

- Patient placed on lithotomy position on a sterile OT table
- Painting and draping done
- *Murivenna* loaded into 50 ml disposable plastic syringe, connected to an infant feeding tube.

OPERATIVE

- The tip of the infant feeding tube was lubricated with *Murivenna*
- It was carefully manoeuvred into the anal canal of the patient for a length of 2 to 3 cms without causing any discomfort.
- The syringe was slowly pushed, so that the oil percolates into the anal canal and to some extent, the rectum.
- The term of procedure was continued for 15 days.

POST-OPERATIVE

A pad soaked in *Murivenna* was applied over the prolapsed and thrombosed mass and bandaged carefully maintaining sterile precautions.

OBSERVATIONS AND ASSESSMENT



SL.NO.	SIZE	COLOUR	PAIN	ULCERATION
1 st day	Large and hard mass	Bluish black	Excruciating pain	Present
7 th day	Size reduced	Changed to reddish	Pain reduced	Reduced, still persist
14 th day	Reduced and becomes soft	Pink colour	++	++
18 th day	Considerable reduction in size	Reddish pink	+	+

FOLLOW UP

After 1 month, the whole haemorrhoidal masses: both internal and external components were completely reduced at all positions with a small residual mass at 11'O clock position. The patient was completely symptom free.

DISCUSSION

Ayurveda postulates mainly four fold treatment for the management of haemorrhoids- *bheshaja*, *kshara*, *agni* and *sastra*⁷. The so called condition of haemorrhoidal thrombosis is a distressing one. Patient was not willing to undertake the surgical treatment and thus treated with *shothahara* and *vranahara dravyas*. *Murivenna* was selected for it's anti-ulcer properties. It also possesses anti-inflammatory, anti-oxidant and healing properties. *Murivenna* also reduces pain, tenderness and swelling. For the preparation of *Murivenna*, the medium used is coconut oil; having *seeta veerya* suddenly reduces inflammation. *Matravasthi* was the procedure selected, as it is relatively easy to administer and relieves constipation.

CONCLUSION

- *Murivenna* was administered for 15 days after lunch which is effective in haemorrhoidal thrombosis and in reducing the size of the mass.
- Haemorrhoidal thrombosis with severe pain can be managed conservatively without surgery or prolonged hospital stay.
- This is a cost effective and easy treatment, recommendable for prospective studies involving larger trial groups.

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