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Review Article

PRACTICAL APPROACH FOR PREVENTION OF ANORECTAL DISORDERS THROUGH AYURVEDA

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ABSTRACT

Anorectal disorders are a group of medical disorders that occur at rectum and anal canal region. Ancient Seers of Ayurveda have mentioned various references in many Ayurvedic texts regarding Anorectal diseases (ARD) 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 Ahitasevan (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. Patient also neglected by clinician may perhaps due to various factors like involvement of faecal matters, more probability of recurrence & very complex related anatomy. The primary aim of this article is to collect the various preventive measures of Ayurveda and practiced by clinician with their usefulness. This also includes what are anorectal disorders, how they appear, their dreadful effect & the role of preventive measures in sufferer by applying on outdoor level. Many times elimination of a single known essential cause may be sufficient to hinder the disease.

Keywords: Prevention, Anorectal disorders (ARD), Ayurveda, Sitz Bath

INTRODUCTION

The Rectum is the lower part of the large intestine about 12.7 centimeters long between sigmoid colon and anal canal. The anal canal (about 3.8 centimetres long) is terminal portion of large intestine, its external aperture being the anus. This includes the internal and external sphincters muscles of the anus¹. The gudagataroga (anorectal disorders) is increasing day by day and a lot of misconception observes in patient care that most of them have complaints as “bhagandara, nasoor” or “bawashir” in common people. Ayurveda mention various anorectal disorders with their description like Bhagandara (fistula in ano), Arsha (piles or haemorrhoids), Parikartika (Anal fissure), Gudabhrmsha (rectal prolapse), Gudavidradhi (anorectal abscess), Gudagatavata, Sahaja Arsha etc and these are very well-known in present scenario also². The first aim of Ayurveda is to prevent the health of healthy individuals and the second aim is to cure the diseases³. The first aim focus on rogaanutpattikarbhava (factors inhibit the emergence of disease) and health promotion factors⁴. This is the milestone of Ayurveda which differ it from allopathic system. The Arsha and Bhagandara are listed as maharoga (Astanga Hridaya Nidanasthana chapter 08⁵, Astanga samgraha shareersthana chapter 11, Charak Indriyasthana chapter 09) & Mahagada (Sushruta sutrasthana chapter 33) category means great diseases, which are difficult to treat or incurable. The chronic nature of the disease leads to many misconception such as they are suffering from cancer or some other life threatening disease. As the disease is located in perianal and genital area therefore the shyness and hesitancy is the main cause of its ignorance. In initial stage, the diseases appear simply and patient

try to treat at own level for long duration. The problem endure due to people lack proper knowledge about anorectal diseases, lack of proper hygiene, sedentary life style or very hectic life style, ignorance of disease, lack of information about treatment options. So it is essential to offer the detail information about ARD in society and make awareness, which are helpful in early phase detection, facilitating to understand the severity of disease and method of prevention of disease. The objective of community medicine is to oppose the disease process in order to preserve the health, promote the health, prolong the life and to minimize sufferings by preventing the occurrence of disease.⁶ For the scientific approval of ancient concept of anorectal diseases in current time with various chief complaints etc, a survey on 1000 cases is also carried out. As per own experience gain after attending the patient, it came in mind that prevention and knowledge about anorectal diseases in community have to be beneficial.⁷

COMMON COMPLAINTS OF ANORECTAL DISEASE VICTIMS IN PRESENT ERA

Anorectal disease complaints ranges from simple irritating (pruritus ani) to potentially life-threatening (carcinoma of anus-rectum). A lot of patients attending at anorectal clinic of Sir Sunderlal Hospital BHU Varanasi (U.P. India) and Shalya OPD of Ch. Brahm Prakash Ayurveda Charak Sansthan Khera Dabar Najafgarh New Delhi. After doing treatment and observation in follow up reward a lot of experience regarding the disease and its course. There is various type of complain told by patient with their possible causes are mention below in Table 1.

Table 1: Common complaints of anorectal disease affected patient

Common complaints
<p>Pus discharge through perianal region (major complains)</p> <p>Pain during and after defecation at anal region (major complaints)</p> <p>Burning sensation during and after defecation at anal region (major complaints)</p> <p>Bleeding per rectum during & after defecation (major complaints)</p> <p>Sadaham-sarudhiram-atishaaryate (loose motion with burning sensation and blood mixed stool - Sushruta)</p> <p>Blood mixed stool</p> <p>Something coming out per rectal after defecation (Nirgacchati gudam vahii- Sushruta)</p> <p>Constipation, indigestion etc. (kosthabadhata, ajeerna, agnimandya etc.)</p> <p>Excess gas formation with belching.</p> <p>Feeling of heaviness at anal region.</p> <p>Boil, pain, swelling, redness around anal region</p> <p>A tag or mass present around anal region</p> <p>Itching around perianal region(gudakandu)</p> <p>Improper evacuation of stool</p> <p>Uncontrolled passes of stool (incontinence of stool)</p> <p>Manual removal of stool by patient</p> <p>Pus and mucus mixed stool</p> <p>Foul smell in stool (durgandha)</p> <p>Wound around perianal region, post-operative delayed wound.</p> <p>Wound including perianal, scrotum with foul smell, pus, slough (e.g. fourmier gangrene)</p> <p>Dirty patches on inner cloth at perianal site</p> <p>Passing of hard stool leads to bleeding per rectum (Sushruta).</p> <p>Abdominal pain, headache, no passes of flatus and faeces, cramps at leg region adhmaan etc due to suppression of urge of defecation (Charak sutra 07/08)</p> <p>Atipravritta-shonita-atiyogopdrava (Sushruta) means symptoms due to complication of excess bleeding per rectum.</p> <p>Bed ridden patient, comma patient, psychic patient, patient ignoring urge of defecation etc having complaints of formation of hard stool (fecolith).</p> <p>Due to shyness and hesitancy many patient complains some irrelevant things like weakness etc and hide the real scenario in first visit, but after proper history and counselling many patients told about originality and ready to anorectal examination.</p> <p>Other miscellaneous complaints like fever, burning sensation, thirst, syncope, abdominal distension, gurgling sound in abdomen, anorexia, feeling of heaviness in body etc.</p> <p>complaints associated with other diseases as diabetes mellitus, tuberculosis, obesity, irritable bowel syndrome, irritable bowel disease, lower gastrointestinal bleeding etc.</p>

COMMON CAUSES OF ANORECTAL DISORDERS

Inadequate (hina), improper (mithya) and excess (ati) contact of season (Kaala), objects of senses (Artha), activities (Karma) are the chief causes of diseases, whereas their proper contact is the chief cause of health⁸. Various factors which are directly or indirectly responsible for causing the problem as dietetic factors, occupational factors (e.g. drivers etc), irregular life style, due to

age factors, mental illness factors (person unaware & careless hygiene), improper hygiene (it causes a lot of skin disorders etc), iatrogenic causes, systemic disease factors (e.g. Diabetes mellitus, liver diseases), infections, agantuja factors(exogenous causes- e.g. accidental trauma, bad practices of objects towards anal region) etc. The common causes are mention in table 02 and majority of them are precipitating factors.

Table 2: Common causes of anorectal disorders

Common causes of anorectal disorders		
Congenital causes – These causes present since birth due to maternal and paternal factors (vitiating shukra and aartava of the parents). Congenital piles (Sahaj arsha), familial adenomatous polyposis, congenital anorectal malformation, imperforated anus, sanniruddhaguda (anorectal stenosis), sacrococcygeal teratoma, defect in urinary and genital system, agenesis of sacrum is another example of this.		
Acquired causes - The acquired causes includes ditetic factors, lifestyle causes and various others factors etc.		
Dietary causes	Lifestyle causes (Sharirik & Manshik)	Other causes
<p>Intake of excess fast food, packed food, spicy diet, maida etc.</p> <p>Lack of fibrous food in diet, lack of natural leafy vegetables.</p> <p>Irregular and intake of excess nonvegetarian diet.</p> <p>Ingestion of foreign body, asthishalya, krimi(worm) etc.</p> <p>Excess ingestion of kashayarasa, rukshaguna, vataprakopaka diet.</p> <p>Viruddha ahar (dietetic incompatibilities)</p> <p>Irregular diet habit as amount of diet is either to less or to more, taking meal before digestion of previous meal(adhyashan, visamasan) etc.</p> <p>No proper chewing of food.</p>	<p>Pravahan (Excess toileting time or excess straining).</p> <p>Utkat-ashana (specific posture create pressure at anal site- Sushruta)</p> <p>Unhygienic condition</p> <p>Ignorance of symptoms in initial phase</p> <p>Shyness and hesitancy.</p> <p>Bad habit of manual removal of stool by patient.</p> <p>Suppression of natural urges of defecation and apan vayu (gudagata vata – Charak sutra 7/8,12)⁹.</p> <p>Prishthayana(Sushruta)including</p> <p>Occupational e.g. drivers, hectic jobs(busy schedule), excess standing, sitting on hard surface-car-horse etc.</p> <p>Excess coitus, anal sex.</p> <p>Faulty life style, lack of exercise.</p>	<p>Lack of proper health care, unawareness of per anal care.</p> <p>Due to passing of hard stool, constipation (kosthabadhata), excess diarrhoea (atishaar) etc.</p> <p>Ruksha-durbala-deha (roughness, lack of ischiorectal fat)</p> <p>Weak digestive power (i.e. digestive insufficiency, aagnimandata), indigestion (Ajeerna), digestive gastroenteritis (Visuchika), food poisoning, paralytic ileus etc</p> <p>Age factors - e.g. Prolapsed rectum in childrens & old age commonly, fissure in ano is common in young persons.</p> <p>Iatrogenic causes - e.g. Injury at perianal region, perianal tear during delivery, surgical fault.</p> <p>Due to systemic diseases factors</p> <p>Spiritual causes and not follow of sadvritta (right conducts).</p>

	Increasing stress, disturb sleep Smoking, alcohol intake, tobacco chewing addiction. Intake of diet in hurry, curry, worry way.	
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PREVENTIVE METHODS IN CASE OF ANORECTAL DISEASES

As per Ayurveda most of the diseases (especially abdominal) are caused due to mandagni (digestive insufficiency), followed by indigestion, addition of unclean undigested material, constipation. So the primary aim of prevention is to improve

digestive power and regulate bowel habit. The concept of prevention is fruitful by giving proper instruction to the person that to avoid above mention causative factors and to follow healthy lifestyle. Most of them required fewer drugs, cured earlier & become healthier without any price. Appropriate treatments are given in anal discomfort with advice of following preventive measures as mention in table 3.

Table 3: Preventive measures in case of anorectal disorders

Dietary management	Lifestyle modification Physical and Mental	Other preventive measures
Increase fibre or roughage content in diet with proper fluid intake. Lesser intake of spicy diet, fast food, indigestible food, food made up of maida etc to avoid constipation. Avid excess intake of sweet, cold drinks, icecream, pija, buerger etc Regulate bowel habit, quantity and frequency of food intake as per need. Diet include cereals and pulses (Wheat flour with chokar, soya, gram, pea, arhar etc), vegetables(e.g. carrots, cabbage, spinach, tomato, potato, onion leafy vegetables), fruits(like apples, orange, cucumber, guava, papaya, lemon, amalaki etc), oil and ghee (musturd oil, cow ghee, erand oil, butter etc), probiotic foods like curd, Vitamin C, magnesium rich diet, daily salad intake etc. Drink luke warm milk after dinner. Avoid excess tea and coffee. Avoid non-vegetarian diet. Avoid tiffin supply diet. When constipated take Munakka(grape), Anjeer (common fig), kharjjoor(date).	Drink lukewarm water in early morning, Daily morning walk. Do not ignore the non-suppressible urges like defecation, flatus as mention by Charak, Vagbhatta. Avoid excess sitting or standing, avoid prolonged sitting on the toilet. Daily routine peranal care. Advise to avoid straining during defecation (Pravahan), Get daily exercise and yoga practice Sleep should be sound, regular, avoid emotional disturbances e.g. stress, fear or worry. Avoid smoking, tobacco chewing, drinking of alcohol. Take diet in relax way with proper chewing, no hurry, curry, worry. Follow aaharvidhividhan(diet regimen) – Food take timely, accustomed, clean, suited to health, unctuous, hot, easily digestible etc.	Advise to follow roga-anutpattikar bhava (preventive measures of diseases) of Ayurveda (Charaka.Sa.2/41, 43-47) Sitz Bath after defecation with lukewarm water. Advice of Maatra vasti (approximately 10 ml jaatyadi oil per rectal at rest phase) regularly in a day. Yoga practice like, Ashwanimudra, vajrashana, sarvangashana, pranayam etc. Take diet chart and consultation in special condition by their physician. Avoid pelvic floor damage and injury in rectum and anal. Take expert consultation to avoid surgical fault, trauma etc. Health education and proper communication about anorectal problems desirable in society. Surgical and medical management of underlying disease diagnosed.

DISCUSSION

Utkatashana, excess sitting, excess standing, excess straining causes haemorrhoids to pop out or prolapse and will worsen pain and bleeding. This may cause excess pressure at local site. If sitting for extended period of time cannot be avoided take frequent breaks to stretch and move around¹⁰. Irregular bowel habit, increase frequency of defecation and constipation alter consistency of stool; rub the anal canal, pushes anal cushion that creates many problems. When the urge of defecation and flatus feel passed it otherwise it may cause disturbance and problems related to gastrointestinal tract & anorectal region. Advise to control obesity as it causes deep gluteal fold, excess sweat, stasis of sweats and contamination occur which causes many disorders in body. Avoid spicy diet, fast food, packed food; as it digested with difficulty. Fibres are indigestible part of vegetables, fruits and grains which provides bulk to the food and thus plays an essential role in facilitating proper bowel function. Fruits, vegetables, pulses, grains, dry fruits, others (honey etc.) are useful. The viruddha ahar (dietetic incompatibilities) are diet having unlike potency and rasa that causes constipation, gastrointestinal problem, anorectal problem, pandu (anaemia), skin disease etc. for example - sour substance along with milk, banana with curd, cold and hot substances together, milk with salt, chicken with curd, fish with jaggery or sugar etc. The concept of ushnajala avgahan (hot sitz bath with lukewarm water) is mention in Sushruta in context to bhagandara¹¹. Practically little quantity of spatika (alum, fitkari) or tankan powder(borax) is added in lukewarm water and practiced twice in a day for five

minutes depending on condition. This should be done after defecation or as per need & keep the perianal area clean and dry. It reduces pain, swelling and provides cleanliness. The exercise and yoga such as simple walking etc. speeds up the intestines and improves the function of intestine. Ashwani Mudram, the pelvic floor exercise with contraction and relaxation of anal opening is beneficial in rectal prolapse, incontinence of stool. Vajrashan, halashan, sarvangashana, breathing and relaxation exercise etc. promote feelings of well-being, reviving body, stress relief, postural improvement. The cleanliness and life style modification is helpful to clean the local part and avoid unwanted pressure at perianal region. The daily peranal care as advised by Charak that

if you make purifying of feet & excretory orifices (and anal region) with water earth etc., it promotes intelligence brings about purity, cleanliness & longevity. It also eliminates inauspiciousness and the bad effects of kali¹² (i.e. age of vice). Wear dry inner garments, clean peranal by powder etc. The iatrogenic causes e.g. excess vaman, virechan, basti may create complication and is known as virechanavyapada & vastivyapada (Charak samhita siddhithana). Avoid pelvic floor damage in female during pregnancy, labour, trauma etc. The health information, education, and communication is an important approach to bring about changes in the knowledge, attitude and behaviour of the people for betterment of their health and the health of the family and community in which they live¹³. It promotes the health care and aware the people, make conscious about the health and identified the problem earlier. Change in lifestyle and food help a lot along with the medicine in anorectal

diseases. Ayurveda has miraculous result in these kinds of diseases¹⁴.

CONCLUSION

To succeeding proper instruction of prevention, it has been observed in follow up that patients cured earlier or delay the disease progression. The experience of daily clinical care is evidence for that how the occupation & life style affect the public health. In society most of the patients are treated by slight medicine with proper guidance, hygiene & preventive measures by providing awareness & knowledge about anorectal disorders. This prevents the recurrence of diseases, shortening the course of therapy, economically beneficial, decrease the visit etc.

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