

Management of Pregnancy Induced Hemorrhoids – A Detailed Case Study in Shalya Tantra

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Abstract: *Pregnancy induced hemorrhoids are one of the most commonly observed anorectal disorders in women during the antenatal period. Hormonal changes, constipation, venous stasis, increased intra-abdominal pressure, and reduced physical activity are the important factors responsible for the development of hemorrhoids during pregnancy. In modern medicine, hemorrhoids are described as enlarged and congested vascular cushions present in the anal canal. In Ayurveda, hemorrhoids can be correlated with Arsha, which is described among the Ashta Mahagada because of its chronicity, recurrence, and difficulty in management.*

Pregnancy hemorrhoids mainly occur during the second and third trimester and can produce symptoms such as pain during defecation, bleeding per rectum, itching, irritation, prolapse, and constipation. The condition significantly affects the quality of life of pregnant women. Surgical intervention is generally avoided during pregnancy unless severe complications arise; therefore, conservative management plays an important role.

Ayurveda provides safe and effective management through internal medications, dietary modifications, bowel regulation, and local therapies. The present article discusses a detailed case study of pregnancy induced hemorrhoids managed successfully through conservative Ayurvedic treatment in the Department of Shalya Tantra..

Keywords: Pregnancy hemorrhoids, Arsha, Garbhini Arsha, Shalya Tantra, Ayurvedic management, Conservative treatment

I. INTRODUCTION

Ayurveda is the ancient science of life that emphasizes prevention and cure of disease through maintenance of equilibrium of Doshas, Dhatus, and Malas. Shalya Tantra is one of the important branches of Ayurveda dealing with surgical and para-surgical disorders. Among anorectal diseases, Arsha occupies a significant position because of its chronicity and troublesome symptoms.

According to Acharya Sushruta, Arsha is a disease affecting the guda pradesha due to vitiation of Tridosha, mainly Apana Vata, along with involvement of Rakta and Mamsa Dhatu. The disease manifests in the form of fleshy growths producing pain, bleeding, discomfort, and difficulty during defecation.

Pregnancy is a physiological condition associated with profound anatomical, physiological, and hormonal changes. Increased progesterone causes relaxation of venous walls leading to venous dilatation, while the enlarging uterus compresses pelvic veins and inferior vena cava resulting in venous congestion. Constipation is also common during pregnancy because of reduced bowel motility and iron supplementation. These factors collectively predispose pregnant women to hemorrhoids.

The incidence of hemorrhoids during pregnancy is high, especially in the third trimester. Patients commonly complain of pain, bleeding, itching, burning sensation, and prolapse during defecation. Fear of defecation due to pain further worsens constipation and aggravates the disease.



Modern management mainly focuses on dietary regulation, stool softeners, topical applications, and surgery in severe cases. However, surgical procedures are generally postponed until after delivery. Ayurveda offers safer conservative management suitable during pregnancy, which helps relieve symptoms and prevent complications without harmful effects on the mother or fetus.

The present case study highlights the role of Ayurvedic conservative treatment in managing pregnancy induced hemorrhoids effectively.

AIM AND OBJECTIVES

Aim:

To evaluate the efficacy of Ayurvedic conservative management in pregnancy induced hemorrhoids.

Objectives:

1. To assess reduction in pain, bleeding, and itching.
2. To evaluate improvement in bowel habits and constipation.
3. To study the effectiveness of local Ayurvedic therapies in hemorrhoids during pregnancy.
4. To assess overall improvement in quality of life of the patient.
5. To evaluate safety of Ayurvedic treatment during pregnancy.

CASE REPORT

A 28-year-old primigravida female at 30 weeks of gestation attended the outpatient department of Shalya Tantra with complaints of pain during defecation, bleeding per rectum, constipation, itching around anal region, and protruding mass during defecation since 20 days.

The patient was apparently healthy before pregnancy. During the seventh month of pregnancy she developed constipation associated with hard stools and excessive straining during defecation. Gradually she noticed painful swelling around the anal region associated with mild bleeding streaks in stool. Symptoms increased over time causing difficulty in sitting and walking.

There was no history of hypertension, diabetes mellitus, inflammatory bowel disease, previous anorectal surgery, or trauma. No significant family history was noted.

The patient had undergone regular antenatal checkups and fetal growth was normal. She was taking iron and calcium supplements prescribed by the obstetrician.

Personal History:

Appetite – Normal

Sleep – Disturbed due to discomfort

Bowel – Constipated

Micturition – Normal

Diet – Mixed diet

Addiction – Nil

Menstrual History:

Regular menstrual cycles before conception.

Obstetric History:

Primigravida at 30 weeks gestation with normal antenatal progress.



GENERAL EXAMINATION

General examination revealed the patient to be moderately built and nourished. Pulse rate was 82/minute, blood pressure was 110/70 mmHg, and temperature was afebrile. Mild pedal edema was present, which is commonly seen during late pregnancy. No pallor, icterus, cyanosis, or lymphadenopathy was observed.

Systemic examination of cardiovascular, respiratory, and central nervous systems showed no abnormality.

Obstetric examination revealed uterine size corresponding to gestational age with normal fetal movements and fetal heart sounds.

LOCAL EXAMINATION

Inspection of the anal region revealed external hemorrhoidal swelling at 3 and 7 o'clock positions with mild congestion and tenderness. No thrombosis or ulceration was present.

Digital rectal examination was performed carefully and revealed mild tenderness without any mass lesion. Proctoscopic examination showed first and second degree internal hemorrhoids associated with congestion and minimal bleeding. No evidence of fissure-in-ano, fistula-in-ano, abscess, or malignancy was found.

DIAGNOSIS

Modern Diagnosis:

Pregnancy induced first and second degree hemorrhoids.

Ayurvedic Diagnosis:

Garbhini Arsha

Differential Diagnosis:

1. Fissure-in-ano
2. Rectal polyp
3. Fistula-in-ano
4. Rectal prolapse
5. Inflammatory bowel disease

TREATMENT PLAN

As the patient was pregnant, conservative management was selected. The treatment aimed at relieving constipation, reducing venous congestion, decreasing inflammation, improving digestion, and providing symptomatic relief.

Internal Medicines:

1. Triphala Churna – 3 grams at bedtime with lukewarm water.
2. Avipattikara Churna – 5 grams at bedtime.
3. Gandharvahastadi Kashaya – 15 ml twice daily after food.
4. Draksharishta – 15 ml with equal quantity of water after meals.

Local Treatment:

1. Sitz bath with warm Triphala Kwatha twice daily.
2. Local application of Jatyadi Taila over hemorrhoidal swelling.
3. Gentle cleansing of anal region after defecation.

Dietary Advice:

1. High fiber diet including green leafy vegetables and fruits.
2. Increased fluid intake.



3. Avoid spicy, oily, and fried foods.
4. Avoid prolonged sitting and straining during defecation.
5. Encourage mild physical activity and walking.

Lifestyle Advice:

1. Regular bowel habits.
2. Avoid suppression of natural urges.
3. Adequate sleep and stress reduction.
4. Left lateral sleeping posture for better venous drainage.

OBSERVATION AND RESULTS

The patient was assessed weekly for four weeks. Symptoms were graded based on severity.

Week 1:

Mild reduction in constipation and pain. Stool consistency improved slightly.

Week 2:

Bleeding episodes reduced considerably. Pain during defecation became less severe. Itching also reduced.

Week 3:

Patient reported comfortable bowel evacuation with minimal straining. Hemorrhoidal swelling decreased in size.

Week 4:

Bleeding stopped completely. Pain and itching became minimal. Prolapse during defecation reduced significantly.

Overall assessment showed marked symptomatic relief without any adverse effects on maternal or fetal health.

Symptom Assessment:

Pain – Reduced from severe to mild.

Bleeding – Completely absent after treatment.

Constipation – Significantly relieved.

Itching – Minimal.

Prolapse – Reduced considerably.

The patient tolerated treatment well and no complications were observed.

DISCUSSION

Pregnancy induced hemorrhoids are multifactorial in origin. Hormonal changes during pregnancy result in relaxation of venous walls and decreased bowel motility. Enlarging uterus compresses pelvic veins causing venous stasis and increased pressure in hemorrhoidal plexus. Constipation and straining further aggravate venous congestion leading to development of hemorrhoids.

According to Ayurveda, impaired digestion and vitiation of Apana Vata are the primary factors involved in the pathogenesis of Arsha. During pregnancy, altered dietary habits, reduced physical activity, and pressure of the growing fetus contribute to vitiation of Vata and impaired bowel evacuation. Pitta and Rakta involvement produce bleeding and burning sensation.

Conservative management is preferred during pregnancy because operative procedures carry risk and are generally postponed unless complications occur. Ayurvedic treatment focuses on correcting the root pathology through bowel regulation, improvement of Agni, and reduction of inflammation.



Triphala Churna acts as a mild laxative and improves bowel habits without causing irritation. It also possesses anti-inflammatory and antioxidant properties. Avipattikara Churna helps in reducing Pitta and relieves constipation. Gandharvahastadi Kashaya supports proper digestion and bowel movement.

Warm sitz bath with Triphala Kwatha improves local circulation, reduces edema, and relieves pain. Jatyadi Taila promotes wound healing and soothes the inflamed anal mucosa.

Dietary modifications play a very important role in management. Fiber rich diet and adequate fluid intake help soften stools and reduce straining. Avoidance of spicy and oily food prevents aggravation of Pitta and irritation of hemorrhoids.

The present case demonstrated significant improvement in symptoms within four weeks of treatment. Conservative Ayurvedic management proved safe, effective, and well tolerated during pregnancy. Early intervention prevented progression of disease and improved quality of life of the patient.

The study also highlights the importance of patient counseling regarding diet, bowel habits, and lifestyle modifications. Proper antenatal education can help reduce the incidence and severity of hemorrhoids during pregnancy.

II. CONCLUSION

Pregnancy induced hemorrhoids are commonly encountered in clinical practice and significantly affect the comfort and quality of life of pregnant women. Increased intra-abdominal pressure, venous congestion, constipation, and hormonal changes are important contributing factors.

Ayurvedic conservative management offers a safe and effective treatment modality during pregnancy. Internal medications, local therapies, dietary regulation, and lifestyle modifications help relieve pain, bleeding, constipation, and prolapse without adverse effects.

The present case study showed encouraging results with significant symptomatic improvement after four weeks of treatment. Early diagnosis and timely management can prevent complications and reduce the need for surgical intervention.

Ayurvedic management can therefore be considered a valuable supportive approach in pregnancy associated Arsha.

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