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CASE REPORT OPEN ACCESS

RAKTAMOKSHANA BY JALAUKA IN THE MANAGEMENT OF SHOPHAYUKTA CHARMAKEELA ARSHA W.S.R. TO INFLAMED SENTINEL TAG: A CASE STUDY

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ABSTRACT:

Chronic fissure in a no is characterized by a sentinel tag externally between which lies the slightly indurated anal ulcer overlying the fibers of the internal sphincter. Chronic fissure is an inflamed & indurated margin and a sentinel tag at its inferior margin, which is edematous & acts like a guard. It causes repeated infections, discomfort, burning sensation. *Charmakeela arshas* is an immovable growth in exterior skin, correlated with sentinel pile. Here the *shophayukta charmakeela arshas* (inflamed sentinel piles) are treated with *jalauka. Jalauka* has sheetha and madhuraguna because it helps to remove excess doshas from inflamed sentinel piles and helps to reduce pain and swelling. *Jalauka*vacharana done on inflamed pile mass for 3 days of interval of 1 day, other oral medications, *avagaha sweda* (sitzbath) and local application. This paper elaborates upon the effect of *jalaukavacharana* in the management of inflamed sentinel pile.

Keywords: *Jalaukavacharana, Charmakeela arsha,* inflamed sentinel pile, Chronic fissure in ano.

INTRODUCTION:

Chronic fissure in ano is an ulcer present in the longitudinal axis of lower anal canal commonly at midline anteriorly & posteriorly[1]. In male's fissure usually occur in midline posteriorly (90%) and much less commonly anteriorly (10%). In female's fissures on midline posteriorly are slightly commoner than anteriorly (60:40)[2]. Chronic fissures are characterized by a hypertrophied anal papilla internally and a sentinel tag externally between which lies the slightly indurated anal ulcer overlying the fibers of the internal sphincter[3]. Chronic fissure is having inflamed & indurated margin a sentinel tag at its inferior margin which is edematous & act like a guard. It causes repeated infections, discomfort, burning sensation. *Charmakeela arshas* (sentinel pile) is a skin tag in which *doshas* vitiates & produce symptoms like pricking pain due to vitiation of *vata*, growth of *arsha* increases due to *kapha dosha* & due to *pitta rakta* vitiation *keela* becomes hard and reddish black in color[4]. *Acharya Sushruta* has indicated *visravan /raktmokshana* in the management of hemorrhoids. It has been explained that, in protruded (*Nirgatani*) piles; *raktamokshana* is the choice of treatment, which relieves the pain. Due to increase in the *pitta* which is situated in *rakta dhatu* causes inflammation in sentinel tag. In the case where blood get vitiated by *pitta dosha* *jalaukavacharan* is the choice of *rakthamokshana* procedure. *Raktamokshana* can be carried out with the help of *jalauka*. Because *jalauka* having *sheeta* and *madhura guna*[6]; it helps to remove *pitta* from inflamed sentinel pile and helps to reduce pain along with that local blood supply is improved, local drainage system is improved, fresh RBCs are produced which are active. Along with this, saliva of leech contains bdellin and hyaluronidase element which acts as anti-inflammatory and antibacterial properties respectively[7]. In the present study the application of *jalaukavacharan* on a case of *shophayukta charmakeela arshas* (inflamed sentinel tag) is elaborated upon.

OBJECTIVES:

1. To review the sentinel tag in *Ayurvedic* classics.
2. To study the role of *raktmokshana* in *shophayukta charmakeela arsha*.

MATERIALS AND METHODS:

The method used for this study is clinical case study method. As a preliminary method Magsulf dressing done on inflamed sentinel tag along with oral medication but patient does not got relief. After that choice of treatment was *jalaukavacharana*. The materials used for the study included mainly *jalaukavacharana, matrabasti* with *jatyadi taila*, sitz bath with *triphala churna kwath* and

chandraprabha vati, *arshakuthar rasa*, cap herbolax (laxative) were used.

Case presentation:

A female patient named XX aged 65yrs c/o mass felt at anal region associated with difficulty in sitting and severe pain since 1 month along with hard stool. C/o burning sensation during defecation since 1 week. The symptoms increased since 1 week and patient was feeling difficulty in sitting position with severe pain for that patient came to our hospital for further management. The patient underwent per rectal examination, after per rectal examination was diagnosed as chronic fissure with inflamed sentinel tag at 12 o' clock. At first the patient was treated with Magsulf dressing for inflammation and severe pain for 2 days at outpatient department. But patient does not get relief therefore treated with *jalauka* for pain management for 5 days at in patient department. The *matrabasti*, sitz bath with *triphala churna kwath* was initiated for fissure management. After 5 days' examination done in which symptoms like inflammation, pain on sitting, hard stool, burning sensation during defecation got reduced significantly.

Management:

The management for chronic fissure with inflamed sentinel tag at 12 o' clock was done by following the medical regime mentioned below which included.

1. Magsulf dressing over inflamed sentinel tag for 2 days. (not get relief)
2. *Matrabasti* with *Jatyadi tail* 10 ml OD (for 7 days).
3. Sitz bath with *triphala churna kwath*. 10 min OD (for 7 days).
4. *Chandraprabha vati* 2BD A/F (for 1month).
5. *Arshakuthar rasa vati* 2 BD A/F (for 1 month).
6. Cap herbolax (laxative) 2HS (for 7 days).
7. *Jalaukavacharan* for 3 days of interval of 1 day.

RESULT:

	1st day		3rd day		5th day	
	Before	After	Before	After	Before	After
Pain (VAS scale)	10 Severe pain	6 Less severe pain	5 Moderate pain	3 Mild pain	1 No pain	0 No pain

Tenderness	Resist to touch	Tenderness with withdrawal	Mild tenderness with grimace	Little response to sudden pressure	No tenderness	No tenderness
Discoloration	Pinkish red	Pinkish red	Faint pink	Faint pink	Normal skin color	Normal skin color
Size	7mm	7mm	4mm	3mm	2mm	2mm

Image 1: Effect of Leech therapy before and follow-up

DISCUSSION:

After *jalaukavacharan* on the inflamed sentinel tag, the tag and its related symptoms assessed on 1st, 3rd, 5th day. It was observed that after 1st *jalaukavacharan* patient experienced instant relief from pain and tenderness at anal region. There were no significant changes in size and discoloration of

tag. On 3rd day of examination there was moderate pain level which became mild after application of *jalauka* on that day itself and also there was change in color of sentinel tag and size as compared to 1st day. When assessment done on 5th day there was no pain along with tenderness and color became normal like skin color significantly size of the sentinel tag reduced.

CONCLUSION:

Jalaukavacharana is an OPD procedure. The case study shows that *jalaukavacharana* is procedure which is helpful in reliving inflammation and pain of inflamed sentinel tag when there is no any other option available as surgical intervention is not possible due to presence of inflammatory condition. Thus from above case study, it is concluded that the *jalaukavacharana* procedure proves to be safe, easy, cost effective and good para surgical procedure.

Declaration of patient consent

The authors confirm that they have acquired a patient consent form, in which the patient or caregiver has granted permission for the publication of the case, including accompanying images and other clinical details, in the journal. The patient or caregiver acknowledges that their name and initials will not be disclosed, and sincere attempts will be undertaken to safeguard their identity. However, complete anonymity cannot be assured.

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