The patients were selected from the case papers prepared at Government Ayurvedic Hospital at both Nanded and Usmanabad. They were selected on random basis. Exclusion criteria were as follows:

Very old, patients having cardiac complications, diabetic patients, allergic tendencies, asthmatic patients, and patients with prolapsed and complicated haemorrhoids were excluded from the present study.

PREOPERATIVE MEASURES (125):

To start with the patients were admitted after thorough enquire, one day prior to the injection therapy. All the preoperative preparations were carried out such as shaving around the anal and perineal region and skin preparation. Preoperative injections such as tetanus toxoid were given intramuscularly and the routine laboratory investigations for urine, blood and the stools were carried out. Also the blood pressure and other necessary
investigations if required like Electrocardiogramme were also carried out.

One day before the injections all the patients received as a routine measure, oral laxatives, or purgatives as per the patients condition and constitution.

One day before the operative (injection therapy) all the patients received soap-water enema atleast once but in some cases for two or three occasions till the rectal canal was clean and devoid of faecal matter. On the day of injections all the patients received injection Atropine 0.6 mg by intramuscular route.

ACTUAL INJECTION PROCEDURE:

This procedure was carried out under local anaesthetia employing xylocaine jelly to the anal mucosa. After the application of the jelly, patient was kept for 15 minutes to rest. The first few patients were treated at the usual lithotomy position, but without general anaesthesia. These patients were getting discomfort and pain because of side bars which were necessary for the lithotomy position. In the present study we have tried left lateral and right lateral position as per the need in the particular patient. Right lateral position for the three O clock
internal haemorrhoids and left lateral for 7 and 11 o clock internal haemorrhoids.

After giving the position the part was thoroughly cleaned with dettol solution or betadine solution. Then the drapping was done with sterile clothing. The PR examination was carried out to ascertain the other possibilities than piles such as tumours, polyps, foreign bodies and to generally assess the tone of the shincters etc. Then the proctoscopic examination was carried out. The lubricated proctoscope used was of the large size suitable for each patient's requirements. To introduce the proctoscope we have again applied xylocaine jelly to the proctoscope. To hold the proctoscope in position, one assistant is required.

In total we required four assistants. One for the instrument trolley. One for holding the proctoscope, one for the assisting in general such as for the focussing the light etc.

On the trolley, we need following equipments and instruments.

1. Injection apamarg Kshaar, 3 ampules each containing 2 ml, total 6 ml. (Total Apamarg Kshaar being 300 mg or 100 mg per ampule).
2. Large size proctoscope

3. 10 ml syringe

4. Spinal needle size: 22, 23 or 24 number

5. Xylocaine jelly

6. Two long straight artery forceps.

7. Gauze and surgical cotton pellets.

After inserting the proctoscope and after removing the obturater examining the piles first the largest sized pile was selected for injection APK (Apamarg Kshaar). The injection was made with the help of a 10 ml syring fitted with a 23 or 24 number spinal needle. The part over the pile was cleaned with the help of the cotton pellets held in artery forceps. The injections were made submucosally at the base of the each pile, care being taken to avoid intravenous injection of the APK. This was ascertained by aspiration and if the frank blood comes in the syringe then the needle is removed and reinserted submucosally at other sites. All the injections are made submucosally and around the vein. Normally if the injection is made in the submucosa there is no pain felt
by the patient but after introduction of the solution of AKP patient gets discomfort. It is well tolerated by the patient. If you pierce the needle very deep in the haemorrhoidal tissue, patients will get severe pain and he will not allow the injection APK solution to introduce further. This care was always taken. When the injection material was introduced correctly in the pile, the colour of the pile was changed from pink to white. The solution required for a large size pile was about 5 to 6 ml. Then the bleeding was controlled if at all it occurred, with the help of a small cotton swab held in the artery forceps. In case there is profused bleeding the injection procedure is postponed by a week or so. This was very rare.

We have found that instead of routine illumination an ENT head lamp is very suitable for lighting the pile area. This also eliminates one assistant. The assistant who holds the proctoscope must be trained as a very steady hand is required. If possible the chief surgeon alone can manage the procedure of holding the proctoscope with one hand and injecting the pile mass with the other. A long spinal needle is required as the length of the needle must traverse the hole length of the proctoscope and pierce the pile mass. So selection of a suitable length of needle is vital. The number is also important smaller the guage the better, as this will avoid unnecessary trauma and bleeding.
The proctoscope was slowly withdrawn. When the proctoscope was removed, the injected pile mass came out from the anal canal and looks like a prolapsed pile.

After that, a pad of cotton and gauze was kept at the anal region and held in place with the help of sticking plaster. After this, the patients were kept for observation for a few hours before sending them to their respective wards. They were discharged next day. Interesting cases were photographed with previous consent.

POST OPERATIVE CARE (Upto 24 hours):

In the post operative care, local examination of the anal region was carried out without proctoscope. The examination was for swelling, discharge, bleeding, and redness, etc. As well as general examination of the patient such as TPR, BP, RS, and CVS every two hourly for the first 6 hours and then, 6 hourly for 12 hours was carried out.

After 24 hours, every day local examination as well as general examination was performed next 7 days. On 3rd, 5th, and 7th day, gentle proctoscopic examination was performed to see the local effects of injections APK over the piles and other tissues.

Liquid diet was started after 3 hours after the injection like
tea, coffee etc. and semisolid food was allowed on the same day evening. Normal diet was allowed from the next day morning onwards. Special diets were advised particularly "Sasneha shaak, Yoosha, Mamsa Ras, Takra, Sooran, Go ghrut, Shalishashthik and Navaneet.

Apathyakara food stuffs like "Vidaahi", "Abhishyandee" and in Vihar "Vegawarodh", "utkatasan" and "Pravas" were asked to be avoided.

Along with the above mentioned diet anulomana dravyas like Gandharva Haritaki was given on the date of injection therapy in the evening and thereafter every day for 15 days.

The followup of the patient done for Three months every weekly for one month and fortnightly for the next two months.

Post operatively the swelling of the piles outside the anal orifice remains for 4 to 6 hours and gradually reduces to original size. The reddish coloured discharge is present upto 6 hours and mucoid discharge is present after third day and remains upto 5th day. Post operative proctoscopic examination is carried out on 3rd, 5th and 7th day. The findings are as follows:

The site of the injection is found to be inflammed, swollen and
there is slight mucoid discharge. Patient is afebrile and mild discomfort is present. There is no problem for defaecation. Patient can start his routine work after 2nd or 3rd day. Sedentary work is allowed on the same day evening. Uptill now no patient required any analgesic or sedative postoperatively. No antibiotics or no antiinflammatory agents were required in our study.

On the 2nd day patients were given Sit'z bath and "Gandharva Haritaki" every night as per individual requirement. Other drugs employed were antianaemic and general tonics. Drugs were also employed for the associated conditions like tenesmus, chronic colitis etc.

RUGNA PAREEKSHAN :

The dose of the injections was decided by prakruti, Age, sex, diet, size and gravity of piles and the general tolerance of the patients. This was from 2 ml to 6 ml at a time for two or three occasions.

In some patients two small sized piles injected in the same sitting, whereas in some patients the injections were not continued as there was bleeding, or inflammation. The bleeding
was caused because of the turgidity of the veins and an increased intravenous pressure.

In the procedures we have come across different types of patients of different age groups, sex and occupations etc. We have also noted with interest that hereditary certain plays its role as a couple of patients were brothers and sisters. A few cases turned out to be cancer rectum. They were referred to for further investigations and necessary treatment to other Cancer hospital.

DISCHARGE OF THE PATIENTS :

Usually the patients were discharged on 2nd day. Many patients were discharged on the same day evening.

ROUTINE FOLLOW UP :

This was carried out every day for about a week (7 days) and every week for another one month and every fortnightly for 2 months.

COMPLICATIONS :

There were no complications in our study. The condition of all the patients post operative was always very good and cheerful.
Patients Name ____________________________
Age___ Sex___ Weight. _______________________
Occupation________ Religion. ________________
Residence : ________________________________

O.P.D.R.No. ______
I.P.D. R.No. ______
Monthly Income (Family) ______
Education ________________
Employment / Unemployment ________________
DATE : _______________________

1. RUGNA PARISHAN
   1) Prakruti :- Vataj/Pitta/Kaphaj  
      Vat-Pitta/Vat-Kaphaj/Pitta-Kaphaj  
      Sannipataj.
   2) Vritti :- Satvik/Rajas/Tamas
   3) Satva :- Pravar/Madhayam/Awar
   4) Sara :- Rasa/Rakta/Mansa/Asthi/Majja/  
      Shukra/Ojas.
   5) Sanhanana:- Uttama/Madhayama/heena
   6) Agani:- Sama/Teekshana/Vishama/Manda.
   7) Koshtha:- Kroor/Madhyama/Mridu
   8) Aakriti:- Shool/Madhayama/Krisha.
   9) Satmya:- AHAR SATMYA/ VIHAR SATMYA.

2) HETU: AAHAAR :-
   Virudhashan-Adhayashana-Abhishyandi-Vidaahi-Sankeerna
   Vikrit Mansa Sevana-Ati mansa sevana-Guru-Madhur-
   Sheeta-Mandagnita-Madyapana.
   VIHAR :  
   Avyyayam-Ati maithun-Anuchit maithun-Diva Swapa- Utkat
   assana-Ati assan- "Riding" Gudaghat-Sheeta jala
   sparasha-guda gharshan-Ati Pravahana- vegavrodha-
   grabha pata-vishama prasava.
3) **SAMPRAPTI :**
1. Chaya :-
2. Prakopa :-
3. Prasara :-
4. Sthana Sanshraya :-
5. Vyakti :-
6. Bheda :-

4) **POORVA ROOPA :**

Daha-Trishna-Udgarahulya-Anannabhillasha-Apachan-Amlodgara-malvashthamaba-aatopa-aantra koojana- Guda Kartanvat peeda- Sakthi sadana- Balahani - tanda - nidra-Indriya daur balya -

5) **ROOPA :**


iv) Raktarsha :- Watankur-arakta varna-Rakta stravadhikya-pittaj Lakshana.

v) Sannipatajarsha:- Sarva dosh Lakshana Yukta.

vi) Sahajarsha :- Durdarshanani-Parusha-shveta-daruna-antar-mukha.

...3...
6) **ASADHYA LAKSHAN / UPADRAVAS:**
   Sarvangashotha-hridaya parshava shoola-sanmoha-vamana-
   j wara-trishna-gudapaka-arochaka- atyadhik rakta strava-
   atisaar.

7) **PRAKAR:**
   1. Doshaj.
   2. Bahya/Abhantar.

8) **CHIKITSA:**

   **KSHARA KARMA VIDHI:**
   i) Pradhan Karma :- Injection Appamarga Kshar.
   
   ii) Pashchat Karma :-
       a) Avgaah Sveda.
       b) Anuloman.
       c) Others.
   iii) Pathya :-
       Aahar :- Sasneha shak / Yavagu / Yush / Mansarasa/
       Takra/Suran/Gogrita/Yav/Shalishashtak/
       Navneet.
   iv) Apathya :-
       Aahar :- Vidhahi - Abhishandya etc.
       Vihar :- Vegavrodha / Uttakatasan/ Pravas etc.,
Complaints :-

H/O --

EXAMINATION :-

1. Systemic Exam.

2. Local Exam.
   a) Anal exam.
      i) External
      ii) Internal
         1. Per rectal
         2. Proctoscopy.
      iii) If necessary sigmoidoscopy & Biopsy.

3) Investigations
   A) Routine - i) Haemogram.
      ii) ESR
      iii) Urine
      iv) BSL
   B) Special investigations if required.
      i.e. BUL
      ECG etc,

4) Diagnosis ---
   i) Haemorrhoids grade - I/II/III
   ii) Fissure in ano
   iii) Fistula in ano
   iv) Others (Related to Ano rectal )

5) Etiology --
   1) Primary Haemorrhoids.
   2) Secondary Haemorrhoids.
      i) General Causes.
      ii) Local Causes.
6) Complications of the Haemorrhoids --

7) Anatomical signs.
   i) Primary 3,7,11, O'Clock position.
   ii) Secondary---------0'O Clock position.

8) Signs & Symptoms --

9) Treatment --
   1) General Treatment.
      a) for Anaemia.
      b) constipation
      c) Others.
   ii) Local Treatment.
      Inj. Appamarg Kshar
      at the site of Haemorrhoids,

10) Contraindications for injections
    i) Allergic reactions.
    ii) Asthamatic Patient.
    iii) Local infection.
    iv) Prolapsed Haemorrhoids.
    v) Profuse bleeding.
    vi) Others.

11) Injection procedure --
   1. Pre operative measures
      a. Date & Time.
      b. Laxative / Purgative
      c. Shaving.
      d. Enema
      e. Consent.
      f. Inj.T.T.
      g. Inj.Atropine.
      h. Test dose of Inj.Appamarg Kshar.
2) Actual Procedure
   i) Lithotomy / Lt.Lateral/ Rt.Lateral position.
   ii) Cleaning the part.
   iii) Proctoscopic examination.
   iv) Site of injection.
   v) Quantity of injection.

3) Photographs...
   a. Pre injection Photographs.
   b. Post injection Photographs.

12) Post operative close observation for 24 hours.

<table>
<thead>
<tr>
<th>Date</th>
<th>Hours</th>
<th>Local examination</th>
<th>General examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1st</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3rd</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6th</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12th</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18th</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>24th</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2nd day 8th.
     16th
     24th.

3rd day Morning
     Evening
<table>
<thead>
<tr>
<th>Date</th>
<th>Hours</th>
<th>Local Examination</th>
<th>General examination</th>
</tr>
</thead>
<tbody>
<tr>
<td>4th day</td>
<td>Morning</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5th day</td>
<td>Morning</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6th day</td>
<td>Morning</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evening</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7th day</td>
<td>Morning</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evening</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

13) Post Injection Proctoscopic Examination on
   1st day (if possible)
   II1rd day
   5th day
   7th day.

14) For Post Operative pain / Infection.
   a. Antibiotics
   b. Analgesic.
   c. Sedatives.
   d. Others.
15) Results/Complaints --
   a) Complete Relief.
   b) Mild relief.
   c) No relief.

16) Complications after injection.
   a) Early complications
   b) Late complications.
   c) Delayed complications
   d) Nil.

17) On discharge.
   a) Condition of the patient.
   b) Instructions to the patient.
   c) Follow up
      i) Every weekly for one month.
      ii) Fortnightly next 2 months.

18) After Results --
   a) Discussion on results.
   b) Conclusion.
   c) Remarks.

NAME __________________________

SIGNATURE ______________________

DATE :__________________________