Discussion
DISCUSSIONS

Piles, also called as haemorrhoids is a condition which is neglected by many in the initial stages and the treatment or the advice is sought only when the condition is aggravated and has become troublesome. This is especially true for the ladies. Because of the false ideas about shame and out of fear, it is observed that many ladies and women tolerate this serious condition and the diagnosis of piles is many times made at the time of delivery or some other unrelated condition of the genito urinary tract or the problems related to the perinium.

It is roughly estimated that every 10th person and every 8th woman suffers from piles or related condition and only a fraction of it reports to the hospital or the physician. The basic reasons are fear, shame and apprehension about the operative procedure.

Much modern information is available on the pathogenesis of piles and a number of factors are implicated including genetic factors. The basic pathology appears to be centered around the absence of valves in the veins, followed by the increased intravascular pressure, lack of suppurative structure around the vein, dietic
factors, personal habits and condition of liver are said to be the precipitating causes. On this background, modern surgical methods are still unsatisfactory, costly and may give rise to irreversible complications. The modern specific oral drug therapy is almost non-existing and local treatment is majoritily in the form of local painkillers and anaesthetic agents. On the other hand the science of Ayurveda has a plethora of both surgical and medical treatments and procedures, Ayurvedic drug treatment is in various forms and abviously this does not include local injectible treatment. Injectable drugs are modern development but this does not mean that injectibles can not be prepared from Ayurvedic drugs. The present study points out the fact that Ayurvedic drugs are converted into injectible then they can prove to be effective and with minimal risk.

Achyranthus aspera is one such Ayurvedic plant which is extensively used for various conditions including piles. To the best of our knowledge injectibles are not studied locally for the control and cure of piles, therefore it is not possible to discuss the present data in comparison to previous published work. Therefore the present discussion is centred around the data obtained during the clinical trials.
Table No. 1 shows general information. It clearly shows the maximum incidence in men in age group of 25 - 45 years, only three females have participated in this trial. But this mean that the incidence among them is less than the men. The less number of women participated can be attributed to fear, ignornance. To alay these factors more vigorous prapoganda among ladies is required. There is no anatomical difference in the pathology or the pathogenesis of the piles in the males and in females.

It is the authors opinion that the case for handling the pile is better in women than in men.

In the patients under this trial we have recorded almost 22 different complaints both subjective as well as objective as shown in talbe no. 8, 9, 10 and 11. These complaints are arranged in the order of frequency with which they occured. Bleeding, Malavsthabha, Apachana, Anannabhilasha, Anaemia Balhani is most important and formed the cardinal symptoms. The incidence of these symptoms was maximum in the age range of 35 - 55 and above aged group.

The effect of injection therapy is shown in table nos. 9, 10, 11 and 21 in which it is observed that the complaints of Bleeding, Malavsthabha, Apachna, Anannabhilasha, Anaemia progressively got reduced. There was 100% relief in the lower age groups of 15 to 35.
Almost half of the patients in all the groups obtained relief at the end of first week. Most of the patients obtained relief in second week and only a few obtained total relief at the end of third week.

The percentage relief considering all the age groups (total % relief) 100% in Malavsthambha and fever, others between 80 to 93% except Anaemia 54%, Balhani 61%, Tandra 73%.

As per the different groups, the results are

1) Age group between 15 to 25 - Almost 100% relief in all the complaints except in Anaemia 50% and in Balhani 75%.

2) Age group 25 to 35 - Almost 100% except 86% in Bleeding, 75% in Anaemia and 75% in Balhani.

3) Age group 35 - 45 - 100% relief only in Malavsthambha, Atop, Indriyadaurbalya, Nidra-Naash, Fever and Palpitation and in others the percentage relief was between 80 to 93% except in Anaemia 45%, Balhani 63% and Tandra 67%.

4) Age group 45 - 55 - Only 100% relief in Malavsthambha and Fever, other complaints relief was between 70 to 90% except in Anaemia 45%, Balhani 55%, Tandra 50% Indriyadaurbalya 58%, Palpitation 33%.
5) Age group 55 and above - 100% relief only in Malavsthambha and Fever, other % relief was between 70 to 83% except in Anaemia 36%, Balhani 36%, Sakthisadan 66%, Fissure in Ano 66%, Antrakoojan 60%, Tandra 50%, Nidra-Nash 66% & Indriyadaurbalya 42%.

There was minimum relief was obtained in Anaemia, Balhani, Indriyadaurbalya & Tandra. The cause may be because of Anaemia causing weakness and the cause of Indriyadaurbalya and Palpitation was because of Organic Pathology because of increased age. These complaints are mainly found in age group 45 - 55 and above.

The Injection therapy stop the bleeding but to recover the Anaemia it will take time thats why the relief in Anaemia was minimum.

In most of the patients constipation was psychogenic as the patients were afraid of defecation. Instructions regarding constipation for few days in the begining helped them to over come it. Reversible of Anaemia was found in the last week but not complete upto normal levels. On enquiry it was found that they were able to enjoy food better than before. The complaints like Aatop, Antra-kujan, Trushna, Apachan, Udgargahulya, Aamlodgar, Dha etc. disappear in the second week.

Early return to appetite and improved digestion was noted in the second week.
Periodic proctoscopic examination showed the changes as follows:

Injection site showed hypopigmented patch poor the veins and signs of sub mucous fibrosis followed by shrinking of engorged veins finally making it indistinguishable from the rest of the tissue. Digital palpation to confirm the site of injection was indistinguishable from the rest of the adjoining tissues.

After the local injection, the next 48 to 72 hours shows increase in the local temperature by one degree centigrade or two degree centigrade indicating better sub mucous capillary circulation and fibroelastic activity. This was true in the lower age groups.

In the present trial we did not come across side effects either locally or systemically. In general the injections were well tolerated by all the age groups of patients.

The injection therapy as used in present trial did not fear or apprehension in the minds of patients as it does not cause pain in comparison to modern Injection therapy, Para-surgical methods, Surgical Methods. Injection of Apamarg Kshar is cheap and effective.