LEECH THERAPY IN PERIANAL HAEMATOMA - A CASE REPORT

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INTRODUCTION:
From the very beginning of civilization, Leeches are used for sucking the vitiated blood to make the human body free from various diseases. Leeches were the primitive tool of surgical procedures since ages, and the importance of Leeches has not been diminished in modern era also. During the middle ages, the golden era for blood letting, leeches were used by almost all physicians to cure anything from gout to headaches, but now its use is restricted to certain centers for specific conditions. The world is coming back to leeches after the effects of leeching were clinically studied with evidence based documentation, especially in skin grafts refusing to take up and non-healing ulcers. In recent past years, various studies (clinical as well experimental) have been conducted globally to evaluate the efficacy of leech therapy in various ailments. So we decided to evaluate the efficacy of leech therapy in perianal haematoma. A thrombosed external haemorrhoid is commonly termed as a perianal haematoma. It is a small clot occurring in the perianal subcutaneous connective tissue, usually superficial to the corrugator cutis ani muscle. The condition is due to back pressure on an anal venule consequent upon straining at stool, coughing or lifting a heavy weight. The condition appears suddenly and is very painful, and on examination a tense, tender swelling which resembles a semi ripe black current is seen. The haematoma is usually situated in a lateral region of the anal margin.[1]

CASE REPORT
A 45 years old male patient attended the OPD of Shalya Tantra deptt. On 18/02/2015 with the complaints of pain and swelling in perianal region since three days. He gave history of constipation since five days; the pain was continuous and gets aggravated by defaecation and by sitting. On examination there was a small rounded swelling covered with tense stretched skin at the anal orifice at 3 O’ clock position. The diagnosis was confirmed as perianal haematoma and leech therapy was decided as a choice of treatment.

SUMMARY:
A 45 years old male patient presented with the complaints of pain and swelling in perianal region since 3 days. After local examination it was diagnosed as a case of perianal haematoma. The most commonly employed treatment for perianal haematoma is evacuation of the clot under local anaesthesia. In this case patient was explained about the surgical procedure but he was not willing for surgery and requested ayurvedic treatment. Hence, leech application was offered. After required investigations leech therapy was done and it was found to be very effective, it provided local analgesic, thrombolytic and anti-inflammatory action along with significant symptomatic improvement to the patient without any side effect or complication.

Key Words: Perianal haematoma, Anaesthesia, Ayurvedic treatment, Leech.
sucking it got detached from the site. The site was cleaned with freshly prepared *Triphala Kwatha* and “T” bandage was applied after sprinkling turmeric powder to the bleeding site. After falling off, the leech was made to vomit. The used leech was kept in a separate jar labeled with the details of the patient (name, opd/ipd number, date of application etc.).

After the completion of procedure the patient was shifted to the ward to observe any post therapy complication. The patient got immediate relief i.e. the size of the swelling was reduced and there was no pain in the perianal region. The patient was advised to take *Panchvalkala Kwatha* sitz bath every 12 hourly and *Triphala* powder 5gm at bed time with lukewarm water. Patient was observed for 2 weeks and he remained asymptomatic during that period.

**DISCUSSION:**

Pain during bowel movements that is described as “similar to one caused by a cut with sharp glass” usually indicate a fissure. This pain is most intense during the bowel movement and usually persists for an hour or so thereafter. Aching after a bowel movement can occur with internal haemorrhoids. Anorectal pain that begins gradually and becomes excruciating over a few days may indicate infection. A localized area with tenderness could signal an abscess. Anal pain accompanied by fever and inability to pass urine signals perianal sepsis and is an emergency. The acute onset of pain with a palpable mass is usually due to perianal haematoma(thrombosed external haemorrhoids). In this case acute pain and swelling in perianal region aggravated by defaecation and sitting were the main complaints of the patient. There was a small rounded swelling covered with tense stretched skin at the anal orifice at 3 O’clock position. Hence the diagnosis was confirmed as perianal haematoma and leech therapy was decided as a choice of treatment. Leech sucks the blood from the site of application and reduces the local pressure hence reduces pain and swelling. Leeches not only suck the blood but also leave behind their saliva, which contains enzymes that help to cure the disease. Secretions from the leech salivary glands contain anaesthetic, anticoagulant, anti-inflammatory, thrombolytic, vasodilator, bacteriostatic and analgesic substances. Eglins and Bdellins present in the saliva of leech act as anti-inflammatory agents thereby reducing inflammation maintain normal circulation and recover discoloration. Anesthetic agents present in saliva of leech reduce pain and tenderness and give symptomatic relief. Hirudin & calin are anticoagulant agents that effectively inhibit coagulation; destabilase...
has thrombolytic effect (dissolves fibrin).\(^5\) So Leech application was beneficial in this case.

**CONCLUSION:**

The treatment of perianal haematoma with leech application was found to be very effective. Hence it can be concluded that Leech application provides significant symptomatic relief to the patient of perianal haematoma without any side effect or complication and it can be an alternative treatment in the management of perianal haematoma in which surgery is advised and patient is not willing for same.

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